

## *Psychology of Abortion Studies Published Since 2002*

<i>Publication information</i>	<i>Comparison groups</i>	<i>Data source and sample demographics</i>	<i>Outcomes examined</i>	<i>Controls</i>	<i>Positive methodological Features</i>	<i>Results</i>
1) Coleman, P. K., Reardon, D. C., Rue, V., & Cogle, J. (2002). <b>State-funded abortions vs. deliveries: A comparison of outpatient mental health claims over four years.</b> <i>American Journal of Orthopsychiatry</i> , 72, 141-152.	Women who aborted (n=14,297) or delivered a child (n=40,122) while receiving medical assistance from the state of California (Medi-Cal) in 1989 and who had no psychiatric claims for 1 yr prior to pregnancy resolution. Delivery group had no subsequent abortions.	<b>California Department of Health Services Medi-Cal data</b> All low-income Delivery: Avg. age: 25.4 Avg. number of mos. of eligibility: 27 Abortion: Avg. age: 24.6 Avg. number of mos. of eligibility: 31	Out-patient mental health claims – total number and numbers for specific diagnoses	- Pre-pregnancy psychological difficulties - Age - Months of eligibility	- Used actual claims data, eliminating the concealment problem - Avoids recruitment and retention problems - Eliminated cases with previous psychological claims - With claims data, avoids simplistic forms of assessment - Comparison groups are likely very similar except for the abortion experience - Extended time frame, with repeated measurements enabling more confidence in the causal question	Within 90 days after pregnancy resolution, the abortion group had 63% more total claims than the birth group, with the percentages equaling 42%, 30%, 16%, and 17% for the 1 <sup>st</sup> 180 days, yr 1, yr 2 and across the full 4-yr study period respectively.  Across the 4-yrs, the abortion group had 21% more claims for adjustment reactions than the birth group, with the percentages equaling 95%, 40%, and 97% for bipolar disorder, neurotic depression, and schizophrenia respectively.
2) Reardon, D. C., Cogle, J., Rue, V. M., Shuping, M., Coleman, P. K., & Ney, P. G. (2003). <b>Psychiatric admissions of low-income women following abortion and childbirth.</b> <i>Canadian Medical Association Journal</i> , 168, 1253-1256.	Women who aborted (n=15,299) or delivered a child (n=41,442) while receiving medical assistance from the state of California (Medi-Cal) in 1989 and who had no psychiatric claims for 1 yr prior to pregnancy resolution. Delivery group had no subsequent abortions.	<b>California Department of Health Services Medi-Cal data</b> All low-income Delivery: Avg. age: 25.5 Avg. # of mos. of eligibility: 27 Abortion: Avg. age: 24.8 Avg. # of mos. of eligibility: 31	In-patient mental health claims – total number and numbers for specific diagnoses	- Pre-pregnancy psychological difficulties - Age - Months of eligibility	- Used actual claims data, eliminating the concealment problem - Avoids recruitment and retention problems - Eliminated cases with previous psychological claims - With claims data, avoids simplistic forms of assessment - Comparison groups are likely very similar except for the abortion experience - Extended time frame, with repeated measurements enabling more confidence in the causal question	Within 90 days after pregnancy resolution, the abortion group had 160% more total claims than the birth group, with the percentages equaling 120%, 90%, 111%, 60%, 50%, and 70% for the 1 <sup>st</sup> 180 days, yr 1, yr 2, yr 3, yr 4, and across the full 4-yr study period respectively.  Across the 4-yrs, the abortion group had 110% more claims for adjustment reactions than the birth group, with the percentages equaling 90%, 110%, and 200% for depressive psychosis, single and recurrent episode, and bipolar disorder respectively.

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3) Reardon, D. C., Cogle, J., Ney, P. G., Scheuren, F., Coleman, P. K., & Strahan, T. W. (2002). <b>Deaths associated with delivery and abortion among California Medicaid patients: A record linkage study.</b> <i>Southern Medical Journal</i> , 95, 834-841.	Women who aborted or delivered while receiving medical assistance from the state of California (Medi-Cal) in 1989 and died between 1989 and 1997 (n=1,713)	<b>California Medi-Cal records and death certificates</b> All low-income Delivery: Avg. age: 25.6 Abortion: Avg. age: 24.8	Death due to various violent and natural causes	- Pre-pregnancy psychological difficulties - Age	- Used actual claims data, eliminating the concealment problem - Eliminated cases with previous psychological claims - Avoids recruitment and retention problems - Comparison groups are likely very similar except for the abortion experience - Covered 8 yrs post-pregnancy	- With adjustments for age, women who aborted when compared to women who delivered were 62% more likely to die from any cause. More specific percentages are given below. Violent causes: 81% Suicide: 154% Accidents: 82% All natural causes: 44% AIDS: 118% Circulatory disease: 187%, Cerebrovascular disease: 446% Other heart diseases; 159% - Fairly similar results were obtained when we controlled for prior psychiatric history as well.
4) Coleman, P. K., Reardon, D. C., Rue, V., & Cogle, J. (2002). <b>History of induced abortion in relation to substance use during subsequent pregnancies carried to term.</b> <i>American Journal of Obstetrics and Gynecology</i> , 187, 1673-1678.	Women who carried a pregnancy to term with a history of one prior abortion (n=74) were compared to women with one prior birth (n=531) and no prior pregnancies (n=738)	<b>National Pregnancy and Health Survey</b> Avg. age: 26.5 yrs Marital status Married: 71.5% Not married: 29.5% Ethnicity Hispanic: 18.4% Black: 11.4% White: 64.3% An avg. of 5 yrs had elapsed since a prior abortion and an avg. of 3.42 yrs since a prior birth.	Substance use of various forms during pregnancy	Results were stratified by potentially confounding factors (marital status, income, ethnicity, and time elapsed since a prior abortion or birth)	- Nationally representative, racially diverse sample - Measured substance use at a time when abortion-related stress is likely to be exacerbated	- Compared with women who had previously given birth, women who aborted were significantly more likely to use marijuana (929%), various illicit drugs (460%), and alcohol (122%) during their next pregnancy. Results with only first-time mothers were similar. - Differences between the abortion group and the prior birth and no prior pregnancy groups relative to marijuana and use of any illicit drug were more pronounced among married and higher income women and when more time had elapsed since the prior pregnancy. - Differences relative to alcohol use were most pronounced among the white women and when more time had elapsed since the prior pregnancy.

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<p>5) Cogle, J., Reardon, D. C., &amp; Coleman, P. K. (2003). <b>Depression associated with abortion and childbirth: A long-term analysis of the NLSY cohort.</b> <i>Medical Science Monitor, 9</i>, CR105-112.</p>	<p>First pregnancy event of either an abortion (n=293) or delivery (n=1,591) between 1980 and 1992</p>	<p><b>National Longitudinal Survey of Youth</b>  Abortion:  Avg. age: 30  Ethnicity:  Hispanic: 23%  Black: 24%  White: 57%  Avg. income in 1992: \$33,554  Delivery:  Avg. age: 30  Ethnicity:  Hispanic: 21%  Black: 24%  White: 55%  Avg. income in 1992: \$33,969  Avg. of 8 yrs had elapsed since the 1<sup>st</sup> pregnancy event</p>	<p>- Symptoms of clinical depression</p>	<p>- Prior psychological state, age, race, marital status, divorce history, education, and income (stratification by ethnicity, current marital status, and history of divorce)</p>	<p>- Nationally representative, racially - diverse sample  - Controlled for prior psychological state and several other variables  - Extended time frame</p>	<p>- Women whose 1<sup>st</sup> pregnancies ended in abortion were 65% more likely to score in the “high-risk” range for clinical depression.   - Differences between the abortion and birth groups were greatest among the demographic groups least likely to conceal an abortion (White: 79% higher risk; married: 116% higher risk; 1<sup>st</sup> marriage didn’t end in divorce: 119% higher risk).</p>
<p>6) Coleman, P. K., Reardon, D. C., &amp; Cogle, J. (2002). <b>The quality of the caregiving environment and child developmental outcomes associated with maternal history of abortion using the NLSY data.</b> <i>Journal of Child Psychology and Psychiatry and Allied Disciplines, 43</i>, 743-758.</p>	<p>Mothers with (n=672) and without a history of abortion (n=4,172) prior to childbirth, with children between the ages of 1 and 13 yrs</p>	<p><b>National Longitudinal Survey of Youth</b>  Post-abortive:  Avg. age: 31  Ethnicity:  Hispanic: 25%  Black: 31%  White: 44%  Avg. income in 1992: \$30,162  Non post-abortive:  Avg. age: 31  Ethnicity:  Hispanic: 22%  Black: 30%  White: 48%  Avg. income in 1992: \$30,325</p>	<p>- Emotional and Cognitive support in the home   - Math, reading, and vocabulary tests   - Problems behaviors</p>	<p>- Ethnicity  - Marital history  - Number of children  - Child age and gender  - Maternal age, depression, and education  - Family income</p>	<p>- One of very few studies to consider the effects of maternal history of abortion on children’s behavior and development  -Large, nationally representative, racially diverse sample  -Extended time frame  - Controls for several potentially confounding variables</p>	<p>- Lower emotional support in the home among 1<sup>st</sup> born 1- to 4-year-olds of mothers with a history of abortion.  - When there was a history of abortion, children (2<sup>nd</sup> &amp; 3<sup>rd</sup> born. 1 to 4-yr-olds) of divorced mothers experienced lower levels of emotional support than children of non-divorced women. Decreased emotional support was not observed among children of divorced women with no history of abortion.  - More behavior problems among 5 to 9-yr-olds of mothers with a history of abortion.</p>

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7) Coleman, P. K., Reardon, D. C., & Cogle, J. (2005) <b>Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy.</b> <i>British Journal of Health Psychology, 10, 255-268.</i>	Women with a history of abortion (n=280), miscarriage (n=182), and stillbirth (n=30) were compared to women without the respective forms of loss: no miscarriage, n= 221; no abortion, n=144; no stillbirth, n= 371 Comparisons were also made based on pregnancy wantedness	<b>Washington DC Metropolitan Area Drug Use and Pregnancy Study</b> Full-sample demographics (1992): Married: 32% Age: 18 or under: 9.3% 19-25: 37.4% 26-34: 40.3% 35 or older: 7.8% Income: Under \$10,600: 35% \$10,600 - \$19,000:16% \$19,100 - \$30,000:12% \$30,100 - \$50,000:12% Over \$50,000:14% Ethnicity: Black: 79.3%, White: 12.4%, Other:4%	Use of alcohol, illicit drugs, and cigarettes during pregnancy	- Other forms of loss - Age - Marital status - Trimester in which prenatal care was sought -Education -Number in household	- Mostly Black sample (few if any post-abortion studies have focused on this group) - Enabled comparison of various forms of perinatal loss	- No differences were observed in the risk of using any of the substances measured during pregnancy relative to a prior history of miscarriage or stillbirth. - A prior history of abortion was associated with a significantly higher risk of using marijuana (201%), cocaine-crack (198%), cocaine-other than crack (406%), any illicit drugs (180%), and cigarettes (100%). - No differences were observed in the risk of using various substances relative to pregnancy wantedness, with the exception of the risk of cigarette use being higher when pregnancy was not wanted (90%).
8) Reardon, D. C., Coleman, P. K., & Cogle, J. (2004) <b>Substance use associated with prior history of abortion and unintended birth: A national cross sectional cohort study.</b> <i>Am. Journal of Drug and Alcohol Abuse, 26, 369-383.</i>	Women with prior histories of delivering an unintended pregnancy (n=535), abortion (n=213), or no pregnancies (n= 1144)	<b>National Longitudinal Survey of Youth</b> Demographics measured in 1988 Delivery: Married: 66.5%, Avg. age: 26, Avg. income: \$22,949 Abortion: Married: 43.7%, Avg. age: 26, Avg. income: \$27,076 No pregnancies: Married: 35.4%, Avg. age: 26.3, Avg. income: \$29,667. An avg. of 4 yrs since the target pregnancy	Use of marijuana, cocaine, and alcohol	- Age - Ethnicity - Marital status - Income - Education - Pre-pregnancy self-esteem and locus of control	- Nationally representative, racially - diverse sample - Controlled for prior psychological state and other variables - Extended time frame - All women were experiencing an unintended pregnancy	- Compared to women who carried an unintended first pregnancy to term, those who aborted were 100% more likely to report use of marijuana in the past 30 days and 149% more likely to use cocaine in the past 30 days (only approached significance). Women with a history of abortion also engaged in more frequent drinking than those who carried an unintended pregnancy to term. - Except for less frequent drinking, the unintended delivery group was not significantly different from the no pregnancy group

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9) Cogle, J., Reardon, D. C., Coleman, P. K., & Rue, V. M. (2005). <b>Generalized anxiety associated with unintended pregnancy: A cohort study of the 1995 National Survey of Family Growth.</b> <i>Journal of Anxiety Disorders, 19</i> , 137-142.	First pregnancy event of either an abortion (n=1,033) or delivery (n=1,813). All were unintended pregnancies	<b>1995 National Survey of Family Growth</b> Abortion: Ethnicity: Hispanic: 10%, Black: 26%, White: 61% Avg. income: 376% of poverty level Delivery: Ethnicity: Hispanic: 14%, Black: 36%, White: 47% Avg. income: 234% of poverty level Avg. age, both groups: 32. Avg. of 13 yrs since the 1 <sup>st</sup> pregnancy event	Symptoms of Generalized Anxiety Disorder – lasting for a period of at least 6 months.	- pre-existing anxiety, age, and race (stratification by ethnicity, current marital status, and age)	- Nationally representative, racially - diverse sample - Controlled for prior anxiety - Extended time frame - All women were experiencing an unintended pregnancy	- The odds of experiencing subsequent Generalized Anxiety was 34% higher among women who aborted compared to women who delivered. - Differences between the abortion and birth groups were greatest among the following demographic groups: Hispanic 86% higher risk; unmarried at time of pregnancy: 42% higher risk; under age 20: 46% higher risk.
10) Rue, V. M., Coleman, P. K., Rue, J. J., & Reardon, D. C. (2004). <b>Induced abortion and traumatic stress: A preliminary comparison of American and Russian women.</b> <i>Medical Science Monitor 10</i> , SR 5-16.	Russian (n=331) and U.S. (n=217) women who had experienced one or more abortions and no other forms of loss	Data collected in health care facilities (hospitals, clinics, and physician's offices) by Vincent Rue and colleagues  Russian: Avg. age: 28, 59% married, 63% employed full-time U.S.: Avg. age: 34, 49% married, 34% worked full-time An avg. of 5.8 yrs had elapsed since the Russian women's abortions, and 10.6 yrs had elapsed since the U.S. women's abortions	Symptoms of Post Traumatic Stress Disorder	- Severe stress symptoms prior to the abortion - Other stressors pre- and post-abortion - Several demographic variables - Psycho-social variables (harsh discipline, sexual, physical, and emotional abuse, parental divorce, etc.)	- Extensive controls for background variables - One of few cross-cultural comparisons in the literature	- U.S. women reported more stress, PTSD symptoms, and other negative effects than Russian women. - Russian women scored higher on the Pearlman Traumatic Stress Institute Belief Scale, indicating more pronounced disruption of basic needs impacted by trauma (safety, trust, self-esteem, intimacy, and self-control). - No differences relative to perceptions of positive effects (improved partner relationships, feeling better about oneself, relief, feelings of control). - The percentages of Russian and U.S. women who experienced 2 or more symptoms of arousal, 1 or more symptom of re-experiencing the trauma, and 1 or more experience of avoidance (DSM-IV diagnostic criteria) were equal to 13.1% and 65% respectively.

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11) Coleman P, Maxey CD, Rue VM, Coyle CT (2005). <b>Associations between Voluntary and Involuntary Forms of Perinatal Loss and Child Maltreatment among Low-Income Mothers.</b> <i>Acta Paediatrica</i> ,94.	The 518 participants included 118 abusive mothers, 119 neglecting mothers, and 281 mothers with no history of child maltreatment Reproductive loss information: 100 women had a history of one abortion and 99 had a history of one miscarriage/stillbirth	<b>Fertility and Contraception Among Low-Income Child Abusing and Neglecting Mothers in Baltimore MD Study</b> Marital status: Single (78.8%); Separated (18.9%); Married (2.3%). Avg. age: 27. Avg. # of children: 2.64 Ethnicity: Black (79.9%); White (19.7%); Other (4%) Education: >or= 11 years (59%); High school diploma (32%); 13-16 years (9%)	- Child physical abuse - Child neglect	Demographic, personal history, and social variables found to be positively correlated with the forms of child maltreatment examined. - The form of loss not being analyzed	- Use of confirmed cases of child maltreatment - An extended time frame - Diverse sample - Controls for several potentially confounding variables	- Compared to women with no history of perinatal loss, those with 1 loss (voluntary or involuntary) had a 99% higher risk for child physical abuse. - Compared to women with no history of induced abortion, those with 1 prior abortion had a 144% higher risk for child physical abuse. - A history of 1 miscarriage/stillbirth was not associated with increased risk of child abuse. - Perinatal loss was not related to neglect.
12) Coleman, P. K. (2006). <b>Resolution of Unwanted Pregnancy During Adolescence Through Abortion versus Childbirth: Individual and Family Predictors and Consequences.</b> <i>Journal of Youth and Adolescence</i> .	Adolescents in grades 7-11 who experienced an unwanted pregnancy That was resolved through abortion (n=65) or delivery (n=65)	<b>National Longitudinal Study of Adolescent Health</b> Abortion group: 15 to 19 years of age (76.4%); under 15 (23.6%) Parents' marital status: married (51.8%); not married (48.2%) Parental income: under \$40,000 (52.8%); \$40,000 or more (47.2%) Birth group: 15 to 19 years of age (80.4%); Under 15 (19.6%) Parents' marital status: married (43.6%); not married (56.4%) Parental income: under \$40,000 (63.6%); \$40,000 or more (36.4%)	- Counseling for emotional problems - Trouble sleeping - Cigarette smoking - Marijuana use - Alcohol use - Problems with parents because of alcohol use - School problems because of alcohol use	- Demographic, educational, psychological, and family variables found to predict the choice to abort	- Nationally representative, diverse sample - Exclusive focus on unwanted pregnancies - Implemented controls for several potentially confounding variables - Use of two waves of data - longitudinal	- After implementing controls, adolescents with an abortion history, when compared to adolescents who had give birth, were 5 times more likely to seek counseling for psychological or emotional problems, 4 times more likely to report frequent sleep problems, and they were 6 times more likely to use marijuana.

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13) Reardon, D.C., & Coleman, P. K. (2006). <b>Relative Treatment Rates for Sleep Disorders Following Abortion and Childbirth: A Prospective Record-Based Study.</b> <i>Sleep</i> , 29, 105-106.	15,345 women who had an induced abortion and 41,479 women who delivered and had no known subsequent history of induced abortion while receiving medical assistance from the state of California (Medi-Cal) in 1989 and who had no sleep claims for 1 yr prior to pregnancy resolution. Delivery group had no later abortions	<b>California Department of Health Services Medi-Cal data</b> All low-income Delivery: Avg. age: 25 Avg. # of mos. of eligibility: 27 Abortion: Avg. age: 25 Avg. # of mos. of eligibility: 31	Sleep disturbances identified by ICD-9 treatment codes for non-organic sleep disorder and sleep disturbances	- Claims for sleep disorders - Age - Months of eligibility	Used actual claims data, eliminating the concealment problem - Avoids recruitment and retention problems - Eliminated cases with previous sleep claims - With claims data, avoids simplistic forms of assessment - Comparison groups are likely very similar except for the abortion experience - Extended time frame, with repeated measurements enabling more confidence in the causal question	- Women were more likely to be treated for sleep disorders following an induced abortion compared to a birth.  -The difference was most pronounced in the first 180 days post pregnancy resolution and was not significant after the third year. Specifically, there was an 85% higher risk for sleep disorders associated with abortion at 180 days and increased risks of 68%, 40%, 41%, and 29% for the 1 <sup>st</sup> year, 2 <sup>nd</sup> year, 3 <sup>rd</sup> year, and across the full 4 year study period respectively.
14) Coleman P, Rue VM, Coyle CT, & Maxey CD (2007). <b>Induced Abortion and Child-Directed Aggression Among Mothers of Maltreated Children,</b> <i>Internet Journal of Pediatrics and Neonatology</i> , 6 (2)	237 mothers who were residents of Baltimore and were receiving AFDC. Women with and without a history of abortion were compared relative to child-directed physical aggression. All the women had a history of child maltreatment	<b>Fertility and Contraception Among Low-Income Child Abusing and Neglecting Mothers in Baltimore MD Study</b> Avg. age: 28.4 Avg. # of children: 3.5 Ethnicity: Black 72.2% White: 27.8% Education: >or= 11 years (72%); High school diploma (23%); 13-16 years (5%)	Frequency of throwing objects, shoving, slapping, kicking/biting, hitting, and beating  Frequency of physical punishment in general	- Non-voluntary perinatal loss - Socio-demographic, family of origin, and partner aggression variables associated with the choice to abort	- Use of controls  - Examined a previously under-investigated segment of the population: predominantly poor, Black women	- Abortion history was associated with significantly more frequent maternal slapping, hitting, kicking/biting, beating, and use of physical punishment in general.

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<p>15) Coleman, P. K., Rue, V., Spence, M., &amp; Coyle, C. (in press). <b>Abortion and the sexual lives of men and women: Is casual sexual behavior more appealing and more common after abortion?</b> <i>International Journal of Clinical and Health Psychology.</i></p>	<p>Non-institutionalized U.S. residents, ages 18 to 59.</p> <p>Men and women with and without abortion experience.</p>	<p><b>National Health and Social Life Survey (NHLS)</b></p> <p>Among the males sampled 105 (12%) reported having experienced a partner abortion and 767 (88%) did not; whereas among the females, 214 (19.6%) reported having had an abortion and 877 (80.4%) did not.</p> <p>For the full sample, 43% were female and 57% were male. The majority of the respondents were White (71.4%), with 16% Black, 9.4% Hispanic, 1.9% Asian/Pacific Islanders, and 1.2% Native Americans.</p> <p>Education: 14.5% had not graduated from high school, 63% were high school graduates, 15.5% were college graduates, and 6.9% reported an advanced degree.</p>	<p>1) Endorsed appeal of impersonal sexual behaviors (sex with more than one partner, forcing another to have sex, being forced to have sex, watching others have sex, sex with strangers.)</p> <p>2) Willingness to have sex with someone only if in love.</p> <p>3) Number of sex partners in the last year.</p> <p>4) Sexual behavior with a friend and sexual behavior with an acquaintance over the past 12 mos.</p> <p>5) Impersonal sexual behaviors that occurred at least once in the last 12 months (group sexual activity, sex during a casual encounter, forced sexual activity, payment for sexual activity, and purchasing or renting an x-rated video.)</p>	<p>Controls for family of origin, socio-demographic, reproductive history, and sexual history variables predictive of the choice to abort.</p> <p>Female predictors of abortion: first vaginal intercourse, having lived with both parents at age 14, number of live births, having had a miscarriage, frequency of religious attendance, age.</p> <p>Male predictors of a partner abortion: age left home, educational level attained, partner miscarriage, marital status.</p>	<p>- Use of controls.</p> <p>- Inclusion of men</p> <p>- Large, nationally representative, ethnically diverse sample.</p> <p>- First published study to explore associations between abortion and casual sex.</p>	<p>-Using the female data, abortion was associated with more positive attitudes toward sex with strangers and with being forced to have sex.</p> <p>-With the male data, a partner abortion was associated with attitudes endorsing sex with more than one partner and with strangers.</p> <p>-Both men and women with an abortion experience reported higher levels of disagreement with a statement reflecting willingness to have sex only if in love, reported more sex partners in the last year, and were significantly more likely to have sex with an acquaintance.</p> <p>-Males who experienced a partner abortion were more inclined to have sex with a friend compared to males who never experienced a partner abortion.</p> <p>-An abortion history was associated with a significantly higher likelihood of engagement in specific impersonal sexual behaviors in the previous 12 months: sex during a casual encounter, having forced another to have sex, having been forced by another to have sex among the women sampled.</p> <p>-Engagement in group sex, sex during a casual encounter, having paid for or having been paid for sex, and having purchased or rented an X-rated video were associated with a partner abortion among the males.</p>