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### Statement of Anne Speckhard

My name is Anne Speckhard. I am an Adjunct Associate Professor of Psychiatry at Georgetown University Medical Center and have until recently worked as a Professor of Psychology in Vesalius College, the Free University of Brussels. I have worked extensively as a researcher and a clinician on the subject of postpartum responses including posttraumatic response to abortion. I have published extensively on the subject and given expert testimony in US Congress, US courts.

I have been asked to give a psychological assessment of the case of Crystal Osler. While I have not had an opportunity to interview Crystal yet I will do so upon my arrival in South Africa on April 11, 2007. My provisional assessment of this case based only on the documentation I have seen, may be summarised in the following conclusions:

It appears that at age 18 Crystal Osler was pregnant and likely in denial about her pregnancy since she had allowed it progress over twenty weeks without telling her parents or doing anything to address it. This is a common response in teenagers who are afraid and simply “dissociate” the fact of pregnancy out of their conscious awareness. Some of these go on to give birth in strange circumstances – as in girls who give birth at high school dances and barely recognizing the child as their own, dump it in a trash can and go on to continue dancing. Unlike these girls, Crystal did admit to pregnancy when challenged by her high school guidance teacher, although she continued in the dissociative mode by claiming that abortion would be the right answer for her, despite the counselor even chiding her - telling her that she was too sensitive a person to be able to deal with an abortion. This was likely a very intuitive and good assessment of Crystal who simply wanted to evade and hide her problem and who stated she was afraid of her parents response.

The counselor however did not continue to support Crystal and act on the fact she had pointed out to Crystal - that her sensitivities would be deeply offended by

abortion- and get her the support she needed to deal productively with the pregnancy and resolve her fears of her parents. Instead she changed her tack and set Crystal up for an abortion – without her parent's knowledge, despite knowing that Crystal's mother had previously objected to such practices of making appointments for Crystal without her parent's involvement.

Crystal did not attend the first appointment, another sure sign of her ambivalence, denial about the pregnancy, and true wish not to end it in abortion. Instead of working with these obvious signs of ambivalence and getting support for Crystal as she herself had pointed out that Crystal was not likely to survive well – psychologically that is – an abortion, she instead made a second appointment and pressured Crystal to keep it.

Crystal kept the second appointment at a clinic of very dubious reputation. This clinic as I understand has now been convicted of breaking the South African law and provides abortions beyond the legal limit. As I understand things Crystal received no counseling, was not physically examined to determine gestational age, did not receive an ultrasound or blood test, did not give informed consent and could not possibly have consented to her late term abortion because she was never told she was far beyond the legal limit for an abortion. Yet the clinic recorded it as a twenty week pregnancy based on information Crystal gave them about her last menstrual period which means they knew that they were dealing with a late-term abortion. Besides the grave danger of this abortion to her own body and to her fetus who was far enough advanced so that in many countries he would be considered legally a person deserving full medical care and protection, the provision of such a late-term abortion has the possibility of grave psychological damage as well.

Crystal was sent home unaccompanied and without her parents knowledge of her condition and after clandestinely taking medication her labor began in the night. Only then did she see a real doctor who diagnosed her pregnancy as 26-28 weeks and sent her to the hospital with instructions to try to suppress labor – to save the fetal child and stop Crystal from undergoing such a traumatic experience no doubt.

The labor was not stopped, a 28 week old son was born who died four hours later. It is unclear if he died because he was not given medical attention or if he would have died in any case.

Crystal now has to live with a)that she allowed herself to be pressured into an abortion about which she was highly ambivalent; b)that she participated in the abortion of healthy twenty-eight week baby boy; c) that she experienced both labor and childbirth of a son who is no longer with her and d)that she has many psychological responses which have led to additional losses in her life.

Crystal as I understand it has been diagnosed with posttraumatic stress disorder. This does not surprise me and I would expect it as highly likely given the particulars of her case. Although a good student prior to the abortion she dropped out of school in response to it and did not continue her education – ending up in a vocation beneath her abilities. She broke up with her boyfriend, probably because she could not handle the feelings engendered by the abortion. She now has trouble – grief and guilt and trauma responses as I understand it – when she sees her sister's and sister in law's pregnancies and newborn son. These all seem to be indicators of a loss of ability to function in direct response to the abortion trauma. There are likely to be many more.

The damages to Crystal likely include a serious case of posttraumatic stress disorder which include features of complicated mourning and depression; survivor guilt and grief over her aborted fetal child.

I cannot comment further on the case or give a firm diagnosis without first reading all the pertinent documentation having to do with the case and doing an in-depth assessment. I hope this provides a good idea of my views on this case at this point in time. I reserve the right to update them as I am provided further opportunities to learn the particularities of the case.

Anne Speckhard, Ph.D.

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