

Abortion Law Reform Bill Submission

Thank you for accepting and considering my submission. I have followed the proposed questions outline.

1. What policy objectives should inform the law governing termination of pregnancy in Queensland?

The Queensland State Government should continue to protect it's citizens and have laws around abortion that protect women, children and those in the medical profession.

2. What legal principles should inform the law governing termination of pregnancy?

Currently abortion is a crime, and that is how it should remain for the following reasons: The termination of a life should not be an everyday occurrence in our state. It should only be undertaken in exceptional circumstances after extensive consideration and consultation. Our current laws reflect this and should not be reformed.

3. What factors should be taken into account in deciding if a termination of pregnancy is lawful? (e.g. consent of the woman, serious danger to the woman's life, the woman's physical and mental health, other factors?)

Currently our practice is to only allow abortion in the case that a woman's physical or mental health is in serious danger. This law should remain, however our health regulators and legislators need to consider how they can uphold this law and ensure that it is being followed.

Doctors allowing and performing abortions regularly under this exception are acting unethically as they are manipulating this exception to absurd extremes, and even allowing abortions in the cases where a woman states that she would be in financial stress if she continued with the pregnancy.

The evidence shows that less than 1% of abortions in Queensland are carried out due to the serious physical danger a woman would be in as a result of continuing the pregnancy.

The overwhelming majority of abortions are carried out under the loophole of mental health grounds. However, the reality is that women feel that abortion is their only choice as they are not given time and support to consider the alternatives such as continuing with their pregnancy, giving their child up for adoption, or finding ways to overcome the barriers that they initially face.

4. Should termination of pregnancy be regulated according to the period of gestation? If so, how should the law apply to particular gestational periods?

Abortions should not be an everyday occurrence in Queensland, for the reasons stated above. If further access to abortion is provided by this bill, there must be a safeguard for the child in terms of gestational periods.

In 2015, 27 babies who were aborted in Queensland were born alive and left to die - some with only the midwife to comfort them in their dying hours. This is unconscionable.

If any laws reducing the criminality of abortion are passed, they must have a limit of 12 weeks gestation.

5. Should the law in Queensland provide for conscientious objection by health providers?

Abortion involves ending the life of a child. It often leads to poor mental health outcomes for women (see list of studies below). Health providers take an oath to do the best for their patients and should not be put in a position of having to carry out an abortion if they do not believe it is in the best interests of the mother or the child.

A sample of the studies and their findings:

- PK Coleman (2006) "Resolution of unwanted Pregnancy During adolescence through abortion versus childbirth: individual and family predictors and psychological consequences." *The Journal of Youth and Adolescence* 35: 903-11. (Adolescents who aborted an unwanted pregnancy were more inclined than adolescents who delivered to seek psychological counselling. They also reported more frequent problems sleeping and more marijuana use.)
- J Cogle, DC Reardon, PK Coleman, (2003) "Depression associated with abortion and childbirth: a long-term analysis of the NLSY cohort", *Medical Science Monitor*, 9(4):CR105-12. (Women who aborted had significantly higher depression scores 10 & 17 years after their abortion than those who gave birth).
- DM Fergusson, LJ Horwood, JM Boden, (2008) "Abortion and mental health disorders: evidence from a 30-year longitudinal study", *British Journal of Psychiatry* 193: 444-51. ("unwanted pregnancy leading to abortion was likely to be a risk factor for subsequent mental health problems, whereas unwanted pregnancy leading to live birth was not")
- DM Fergusson, LJ Horwood, JM Boden (2009) "Reactions to abortion and subsequent mental health", *The British Journal of Psychiatry* 195:420-426. ("those having an abortion and reporting negative reactions had rates of mental health disorders that were approximately 1.4 - 1.8 times higher than those not having and abortion." and "There is no evidence in this research that would suggest that unwanted pregnancies that come to term were associated with increased risks of mental health problems or that abortion mitigated the risks of mental health problems in women having unwanted pregnancies.")

6. What counselling and support services should be provided for women before and after a termination of pregnancy

Abortion is not good for the health of a woman and her child. Our laws and policies need to be designed to decrease the number of abortions happening. Women who are considering having an abortion must have access to counselling that genuinely considers the woman's best interests, and gives them time to consider their options. Women must

also look at their baby via an ultrasound so that they are aware of what they are considering and can see for themselves that their foetus is not just 'a clump of cells'.

7. Please inform the committee about your views on any other aspects of the Bill and the terms of reference.

While fathers are affected by abortion to a less obvious degree than mothers, currently there is no provision in our laws or practices for them to have a say in the case of a termination of pregnancy. Men need to bear responsibility for their actions, and making abortion a 'women's right to choose' issue, denies them the opportunity of bearing responsibility at this time, and having a say in the fate of their unborn child. Our current laws and practice also in this way subtly support the fallacy that contraception is a woman's 'problem'.

Currently there is not requirement for a child to obtain their parent/guardian's permission to obtain an abortion. Whether the pregnancy arose from consensual or non-consensual sex, a girl under the age of eighteen is not able to make a decision that takes into account the serious long-term mental health implications for her

Abortion law reform must be considered in the light of our State's restrictive Adoption laws. Adoption is often the best outcome in the case of an unwanted or unexpected pregnancy, both in terms of the child and their mother, and also for the couple who is so desperate to welcome a baby into their family.

Submission made by:

Victoria Walker

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