

From: Vivian Dray

To: Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, whom I understand have been asked to consider the Abortion Law Reform

Subject: Suggested Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016 and accompanying explanatory notes

Date: 27/06/2016

I have serious concerns regarding Mr Pyne's Submission and would like to address several points that were made:

1. Reason for changing laws

One of the reasons noted for setting this review in motion was that already women are sometimes threatening to abort their babies themselves if they can't find someone to abort it for them. And also the fact was cited that doctors are already risking prosecution to perform abortion.

I find this logic disturbing in that it uses breaking the law as a reason to decriminalize. If we were to follow this thought a little further we would find that other things currently considered a crime, need only be done on a regular basis by enough people to have it considered for annulment. Where is the justice if a law can be abolished simply because enough people are breaking the law already and 'risking prosecution'. If we were to follow this logic in other areas of the law, we would have abolished speeding fines decades ago.

To those of us who see a baby rather than a fetus, this looks more like trying to decriminalize the murder of innocent children. Even if the majority of people agreed it would still not make it just.

2. Pulling out all stops to decide on a whim

Mr Pyne says that "surely a young person should not have to ruin their young lives by proceeding with a pregnancy if they are not ready and their family and doctor think it is unadvisable".

This pulls out all stops and allows ANY reason for abortion to prevail. It leaves it open for mere whim to decide on whether or not a baby is convenient at this time. The time to decide on whether or not it is convenient was when the couple had sex. There is an element of responsibility in becoming a parent which we as a society must accept.

3. Right of the mother vs right of the baby

It was stated that abortion was a "Basic human right". Is it?

This implies that the baby has ZERO RIGHTS. Tell me what makes a woman more important than her child? How can any woman live with her conscience when she has killed her own child for any reason at all? The answer is that very few can. The mother herself faces the risk of emotional and psychological damage when her conscience is violated in this way. I have attached some

statistics regarding the effects on the mothers which can also be found at <http://www.theunchoice.com/pdf/FactSheets/RecentResearch.pdf> and are quite startling to note.

4. Still an offence for others to kill the child

Mr Pyne noted that “this would not repeal section 313, killing an unborn child, which makes it a crime to prevent a child being born alive by any act or omission of such a nature that if the child had been born alive and had then died, the person would have been deemed to have then unlawfully killed the child.”

This makes no sense on any level. It would then be okay for a mother to kill her child but nobody else! The only person who has a “right” to kill a child is the one who is supposed to be the child’s greatest protector.

The only difference then as to whether it is a criminal offense is the emotional state of the mother: does she WANT the child or does she not? If she wants it great, nobody can take it from her without landing up in jail. But if she doesn’t, nobody can hold her accountable.

5. The law we ‘want’ vs the law we have

It was stated that “there seems to be a real disconnect between what the law is, what people think it says and what people believe it should be.”

I put it to you that the answer to the disconnect between the law we want and the law we have, is simply to obey the law we have. We cannot always have our own way when it means the death of someone else in order for us to have it.

6. Protect the vulnerable

I truly believe that it is possible to protect both the women and the children. We don’t need more ways to justify getting rid of children but practical help when these women find themselves pregnant and don’t feel that they can cope with the child for whatever reason. I want vulnerable women protected but helping them to kill their offspring is not helping them!

I have already mentioned the psychological effects on the women but there is also a man involved in each case. Sometimes this person is a man who actually wants that child and yet has no choice in the matter. How does it affect these men? They are also vulnerable.

7. Effect on medical professionals

It also talks about protecting the vulnerable medical profession “that are currently risking prosecution to assist them”. I am quite sure that there are also many medical professionals who have a conscience that tells them NOT to do this. Please do not allow this to become something that is mandatory for medical professions to take part in. Please don’t assume that referring them to someone else will keep their conscience clear because this is like hiring a hit man to keep yourself from feeling guilty.

I used to work as a registered nurse and know without a doubt that if I had been put in that situation I would have felt no option but to leave the profession. I

would rather lose my job than take part in what I consider to be a gross injustice. You will lose many medical professionals if you allow this to happen. Medical professionals are already under a lot of stress and this may give a false sense of alleviation for those who agree with abortion but it will create huge added stress and guilt for those who are on the other side.

8. Cost to the nation

Mr Pyne's submission states that this is "not anticipated to cause any increased costs to the state of Queensland". I believe this is a false claim that does not consider the ongoing emotional and psychological effects on the mothers. It also does not consider the loss of medical staff where they might be pressured to perform abortions against their conscience and end up leaving. The stress in a relationship where the father actually wants the child but has no choice in the matter, will also put huge pressure on relationships no less than the pressure of having the child. Pressure on relationships also costs our society and affects the whole family.

Thank you for considering my submission. Below is the data that I mentioned above.

Recent Research

Abortion's Harm to Women

<http://www.theunchoice.com/pdf/FactSheets/RecentResearch.pdf>

- 1. 62% Higher Risk of Death from All Causes, 2.5 Times Higher Risk of Suicide**
Compared to women who give birth, women who abort have an elevated risk of death from all causes, which persists for at least eight years. Higher risk of death from suicide and accidents were most prominent. Projected on the national population, this effect may contribute to 2,000 - 5,000 more deaths among women each year.¹
Southern Medical Journal, 2002
- 2. 3.5 Times Higher Death Rates from Suicide, Accidents, Homicides (Suicide 6 Times Higher)**
Researchers examining deaths among the entire population of women in Finland found that those who had abortions had a 3.5 times higher death rate from suicide, accidents, or homicides in the following year. Suicide rates among aborting women were six times higher compared to women who gave birth and two times higher compared to women who miscarried.²
European Journal of Public Health, 2005
- 3. Abortion Deaths Underreported on Death Certificates**
A study of medical records in Finland found that 94 % of maternal deaths associated with abortion are not identifiable from death certificates alone. The researchers found that linking death certificates to medical records showed that the death rate associated with abortion is three times higher than that associated with childbirth.³
Paediatric Perinatal Epidemiology, 2004
- 4. 65% Suffered Trauma, 31% Had Health Complications**
In this study comparing American and Russian women who had experienced abortion, 65% of American women studied experienced multiple symptoms of post-traumatic stress disorder (PTSD), which they attributed to their abortions. Slightly over 14% reported all the symptoms necessary for a clinical diagnosis of abortion induced PTSD, and 84% said they did not receive adequate counseling. 31% had health complications afterwards.⁴
Medical Science Monitor, 2004
- 5. 64% Involve Coercion, 84% Not Fully Informed**
In the above study comparing American and Russian women who had experienced abortion, 64% of American women reported that they felt pressured by others to abort. 84% said they did not receive adequate counseling.⁵
Medical Science Monitor, 2004
- 6. Abortion Linked to Wide Range of Mental Health Disorders**
A survey of 5,877 women found that women who had abortions were at higher risk for various mental health disorders. Researchers studied 15 different mental health problems, including anxiety disorders (panic disorder, panic attacks, agoraphobia, post-traumatic stress disorder), mood disorders (bipolar disorder, mania, major depression) and substance abuse disorders. Abortion made a significant contribution for 12 out of the 15 disorders studied.⁶
Journal of Psychiatric Research, 2008
- 7. 30% Higher Risk of Mental Health Problems After Abortion; Abortion Offers No Benefits**
An ongoing survey of women in New Zealand found that women were 30 percent more likely to experience substance abuse, suicidal thoughts, anxiety disorders and major depression after abortion than after other pregnancy outcomes. No increase in mental health risks was found among women who continued an unplanned pregnancy, and the researchers said there was no evidence abortion offered any mental health benefits to women.⁷
British Journal of Psychiatry, 2008

8. **Higher Rates of Depression, Substance Abuse, Suicidal Behavior After Abortion**
In a New Zealand study, women who had abortions subsequently experienced higher rates of substance abuse, anxiety disorders, and suicidal behavior than women who had not had abortions, even after controlling for pre-existing conditions. Approximately 42% of women with a history of abortion had experienced major depression in the last four years (nearly double the rate of women who had not been pregnant and 35% higher than those who carried to term).⁸
Journal of Child Psychology and Psychiatry, 2006
9. **Significantly Higher Risk of Clinical Depression**
Compared to women who carry their first unintended pregnancies to term, women who abort their first pregnancies are at significantly higher risk of clinical depression as measured an average of eight years after their first pregnancies.⁹
British Medical Journal, 2002
10. **65% Higher Risk of Clinical Depression**
Analysis of a federally funded longitudinal study of American women revealed that, compared to women who gave birth, women who aborted were 65% more likely to be at risk of long-term clinical depression after controlling for age, race, education, marital status, history of divorce, income, and prior psychiatric state.¹⁰
Medical Science Monitor, 2003
11. **30% Higher Risk of Generalized Anxiety Disorder**
Researchers compared women who had no prior history of anxiety and who had experienced a first, unintended pregnancy. Women who aborted were 30% more likely to subsequently report all the symptoms associated with a diagnosis for generalized anxiety disorder, compared to women who carried to term.¹¹
Journal of Anxiety Disorders, 2005
12. **Five Times Higher Risk of Substance Abuse**
Women who abort are five times more likely to report subsequent drug or alcohol abuse than women who deliver.¹²
American Journal of Drug and Alcohol Abuse, 2000
13. **Unintended First Pregnancies: Increased Substance Abuse if Women Abort**
Among women who had unintended first pregnancies, those who had abortions were more likely to report, an average of four years later, more frequent and recent use of alcohol, marijuana, and cocaine than women who gave birth. This is the first study to compare substance abuse rates among women who had unintended pregnancies.¹³
American Journal of Drug and Alcohol Abuse, 2004
14. **Nearly Twice as Likely to Be Treated for Sleep Disorders, Which Are Often Trauma-Related**
In a record based study of nearly 57,000 women with no known history of sleep disorders, women were more likely to be treated for sleep disorders after having an abortion compared to giving birth. Aborting women were nearly twice as likely to be treated for sleep disorders in the first 180 days after the pregnancy ended compared to delivering women. Numerous studies have shown that trauma victims will often experience sleep difficulties.¹⁴
Sleep, 2006
15. **Records-Based Study Indicates More Outpatient Psychiatric Care**
Analysis of California Medicaid records shows that women who have abortions subsequently require significantly more treatments for psychiatric illness through outpatient care.¹⁵
American Journal of Orthopsychiatry, 2002
16. **160% More Likely to be Hospitalized for Psychiatric Treatment**
A review of the medical records of 56,741 California Medicaid patients revealed that women who had abortions were 160% more likely than delivering women to be hospitalized for psychiatric treatment in the first 90 days following abortion or delivery. Psychiatric treatment rates remained significantly higher for at least four years.¹⁶
Canadian Medical Association Journal, 2003

17. **Abortion Increases Risk of Domestic Violence, Relationship Problems for Both Women and Men**
Compared to those with no history of abortion, both women and men who had an abortion with their current partner were more likely to report domestic violence, arguing about children and feeling that their lives would be better if the relationship ended. Women who had an abortion with their current partner reported more arguments about money and relatives, and were more likely to experience sexual dysfunction after abortion with a current or previous partner. Men reported more problems with jealousy and drug use after abortion with a current or previous partner.¹⁷
Public Health, 2009
18. **Father's Role Significant in Deciding Pregnancy Outcome; Abortion Linked to Later Problems**
A survey of low-income women who had a previous child found that women who felt they could not rely on their partner to help in caring for the child were more likely to have an abortion. Women who had an abortion were more likely to report subsequent violence by their partner and to report heavy alcohol abuse (three times more likely) and cigarette smoking (twice as likely).¹⁸
International Journal of Mental Health & Addiction, 2008
19. **Screening for Known Risk Factors Would Dramatically Reduce Abortions**
This study is an analysis of 63 medical studies that identify risk factors that predict negative psychological reactions to abortion. The review concludes that the number of women suffering from negative emotional reactions to abortion could be dramatically reduced if abortion clinics screened women for these risk factors.¹⁹
The Journal of Contemporary Health Law and Policy, 2004
20. **Subsequent Children Are Negatively Affected**
The children of women who had abortions have less supportive home environments and more behavioral problems than children of women without a history of abortion. This finding supports the view that abortion may negatively affect bonding with subsequent children, disturb mothering skills, and otherwise impact a woman's psychological stability.²⁰
Journal of Child Psychology and Psychiatry, 2002
21. **Drug Abuse During Subsequent Pregnancies Five Times More Likely**
Among women delivering their first pregnancy, women with a history of abortion are five times more likely to use illicit drugs and two times more likely to use alcohol *during* their pregnancies. This substance use places their unborn children at risk of birth defects, low birth weight, and death.²¹
American Journal of Obstetrics and Gynecology, Dec. 2002
22. **Increased Smoking and Drug Abuse During Subsequent Pregnancies**
A study of women who had just given birth found that compared to women who had experienced other types of pregnancy loss or had never had an abortion, women who had previously had an abortion are more likely to smoke, drink alcohol, or use marijuana, cocaine, or other illegal drugs during pregnancy.²²
British Journal of Health Psychology, 2005
23. **95% Want To Be Fully Informed of All Statistically Associated Risks**
Women considering elective surgery, such as abortion, consider all information about physical or psychological risks to be very relevant to their decisions. 95% of patients wished to be informed of all risks statistically associated with a procedure, even if the causal connection between the procedure and risk has not been fully proven.²³
Journal of Medical Ethics, 2006
24. **Teens Have More Mental Health Problems After Abortion, Even With Unplanned Pregnancies**
A nationally representative study found that teen girls who abort unintended pregnancies are five times more likely to seek subsequent help for psychological and emotional problems compared to their peers who carry unintended pregnancies to term. Teens who aborted were also three times more likely to report having trouble sleeping and nine times more likely to report subsequent marijuana use.²⁴
Journal of Youth & Adolescence, 2006

25. Abortion Increases Risk of Later Miscarriage by 60%

Researchers in the U.K. surveyed women ages 18 to 55 about their reproductive histories, life-styles and relationships and found that women who had a previous abortion had a 60% higher risk of miscarriage during a later pregnancy.²⁵

BJOG: An International Journal of Obstetrics & Gynecology, 2006

The Elliot Institute was involved in many of the studies listed above. For more information, visit www.TheUnChoice.com.

Citations

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