

**Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016
and Inquiry into laws governing termination of pregnancy in Queensland**

Personal Submission to the Health, Disability Services and Domestic and Family Violence
Prevention Committee

Dear Committee,

I support Mr Pyne MP's Bill for abortion law reform in Queensland, and the removal of abortion from the *Criminal Code 1899* (Qld).

The criminalisation of abortion compromises the accessibility of services, the availability of information, and a woman's ability to negotiate a system which straddles both criminal law and health services provision. The continued criminalisation of abortion suggests that women are incapable of making the right decision for themselves and require State intervention in their lives. Queensland's current abortion laws ignore the many and varied valid reasons women have for choosing abortion, including the failure of modern contraception, as well as the profound detrimental impacts of forced continuation of pregnancy.

Mr Pyne's proposed law reform is necessary to end the current legal ambiguity that the case law has created as to when abortion may be provided lawfully. The current state of the law leaves many women and doctors confused about their rights and liabilities. The fact that medical practitioners remain vulnerable to criminal prosecution has affected the willingness of many doctors to perform abortions, develop the necessary skills, or even make appropriate referrals.

The criminal law as it stands contributes to, and creates, many barriers for women to accessing safe abortion in Queensland, exacerbating potential social and emotional impacts of unplanned pregnancy. Unplanned pregnancy and abortion are a reality of women's lives. It is estimated that half of all pregnancies in Australia are unplanned, and that over one in four Australian women will have an abortion as some point in their life. No contraception is 100 per cent effective, and rates of sexual coercion are high. No woman wants to have an abortion, but safe and legal services need to be available for when they deem it necessary in their circumstances. Criminalising abortion prevents this from happening.

Barriers of limited or conflicting information, clinic location, and cost of abortion services are all amplified for women experiencing domestic violence. Women in domestic violence relationships have compromised autonomy, access to finances, and capacity to access information and support due to the perpetrator's violence and control. Between 6 and 22 per cent of women seeking an abortion report recent violence from an intimate partner, and concern about violence is a major reason why some women decide to terminate their pregnancy. Pregnant women also face an increased risk of intimate partner violence, and research also shows that physical violence in abusive relationships often begins during pregnancy or, if violence already existed, increases in severity.

Women who report domestic violence as a reason for abortion describe not wanting to expose children to violence.

Women experiencing domestic violence are over-represented amongst those seeking abortion: women seeking abortion due to domestic violence are not a small, dismissible exception to the norm. The current laws limit access for these women, and the most vulnerable in our community are placed in even greater danger.

There are alternatives to criminalisation, including regulating provision through health legislation, which allow for safe and lawful access to abortion. Decriminalisation of abortion has not increased levels of abortions provided in any jurisdiction in the world which has legislated to enable safe and legal access. Women who identify that abortion is the right decision for them, will seek out a termination regardless of the law: unfortunately, abortion is currently an option with significant financial and emotional cost. Similarly, legalising abortion has not contributed to women accessing terminations at a later gestation. It sadly must be emphasised that the current propaganda around nine-month abortions is entirely false, with no clinics or practitioners in Australia or elsewhere, ever considering engaging in such a practice. Currently terminations after 20 weeks gestation are rare, and are usually due to circumstances including domestic violence, difficulty in locating a provider, diagnosis of fetal abnormality, inappropriate referrals, financial and geographic barriers, or other practical reasons. With greater accessibility at earlier trimesters, the smaller number of later gestation terminations will decrease even further.

Sections 224, 225 and 226 of the *Criminal Code* should be repealed. Today abortion is one of the safest medical or surgical procedures when performed by a qualified health professional. Current regulation of abortion through clinic and hospital licensing conditions, and professional practice standards are sufficient to ensure best outcomes and safety for women and their doctors.

Any new law should not contain a requirement for mandatory counselling or mandatory referral to counselling, or any mandatory delay or cooling off period. Most women are sure of their decision to terminate, often because they have assessed they are in no position to parent or participate in appropriate pregnancy care. Women experiencing domestic violence or financial hardship, or facing the barriers of geography to access health services, may not have the luxury of attending multiple medically-unnecessary appointments prior to the procedure itself. Unbiased and non-directive counselling and support must be available for women who choose to access it, but compulsory requirements is not best practice nor in the best interests of Queensland women.

Thank you for the opportunity to make a submission to this inquiry.

Kind Regards

Katherine Kerr

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