

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

Via abortionlawreform@parliament.qld.gov.au

From Stephen and Ruth Limkin

Via contact details provided.

To

Ms Leanne Linard MP, Member for Nudgee, Chair
Mr Mark McArdle MP, Member for Caloundra, Deputy Chair
Mrs Tarnya Smith MP, Member for Mount Ommaney
Mr Sid Cramp MP, Member for Gaven
Mr Aaron Harper MP, Member for Thuringowa
Mr Joe Kelly MP, Member for Greenslopes

Thank you for the opportunity to provide a submission to the inquiry.

We understand that this proposed Bill was put forward by the former ALP member, Mr Rob Pyne MP, with limited stakeholder consultation. Mr Pyne's testimony to the committee indicates that he did not consult with stakeholders who provide support programs to women following unexpected pregnancy. Rather the consultation was with providers of abortion services and those who may refer to these services.

Regardless, it is our assumption that most stakeholders involved in this conversation share a common desire to help women. That desire is one to be commended, even when there is variance as to how that help is best provided.

We submit that one important aspect of this discussion is the idea that women should be truly free in their decision making, being both fully informed and free of duress.

We submit that the proposed Bill exposes women to an environment of undue pressure which has negative implications for informed consent free of duress.

It does this in the following ways:

Gender pressure.

The proposed legislation provides no prohibition against abortion for the reason of sex selection. According to the UN, female foeticide and infanticide results in about 200 million fewer girls in the world a year. As per reports in *Sunday Herald Sun May 5 2013*, sex selection abortions do occur in other states in Australis. This is the antithesis of the kind of society we wish to build in Queensland. Instead, we wish to see men and women, and boys and girls equally valued and protected.

Domestic violence pressure

It is not uncommon for women in domestic violence situations to experience pressure to abort. The current law provides some protections against this however the proposed legislation would fail women in this situation, as they

would be vulnerable to this pressure without legal buffers for the entire 9 months of their pregnancy.

Ethical pressure

The proposed legislation would make medical professionals vulnerable to employment pressures to participate in a procedure designed to end life rather than protect and promote life. This is contrary to medical oaths and the underlying philosophy of the Hippocratic oath. Participating in abortions may also violate their conscience, a factor not considered in the proposed legislation.

Social pressure

The proposed legislation provides no legislative support for women who wish to consider other alternatives. The law is a teacher and, through the proposed legislation's wholesale acceptance of abortion up until birth for any reason, such activity would be normalised. Thus, women who receive a diagnosis of health concerns for their child would face increased implicit or explicit pressure to end the pregnancy.

Mental Health and Emotional pressure

A friend, when pregnant with twins, had a genetic counsellor tell her that she should abort one of the twins to find out for sure if they had specific genetic diseases. The twins were born perfectly healthy. It is well documented that post-abortion regret and grief is experienced by some women¹. Yet the proposed legislation, by removing all restrictions, would normalize this procedure. It is reasonable to conclude that normalizing a procedure would likely increase its occurrence. This may place women at higher risk of adverse mental health outcomes. According to the 2011 British Journal of Psychiatry, 400 international studies into the psychological risks associated with abortion concluded that 20-30% of women who had an abortion suffered from serious, prolonged, negative consequences².

We submit that the case for change has not been made by the proponent of the Bill.

For the reasons outlined above, and many others, the Bill should be rejected.

Thank you.

¹ Trudy M. Johnson, M.A., LMFT. (2015). Understanding Abort on Grief and the Recovery Process. *Psych Central*. Retrieved on June 29, 2016, from <http://psychcentral.com/blog/understanding-abortion-grief-and-the-recovery-process/>

² Dr Prisca Coleman, Abort on and mental health: quantitative syntheses and analyses of research published 1995-2009. *The British Journal of Psychiatry*, 2011, <http://bjp.rcpsych.org/content/199/3/180>;