



PRESIDENT

SI South Queensland
Cesarina Gigante
M: 0417 070 923

PRESIDENT ELECT

Gayle Carrick

**IMMEDIATE PAST
PRESIDENT**

Ralda Forzin

SECRETARY

Pat Redknapp

TREASURER

Maria Mijts

PROGRAMME

Christine Johnstone

ADVOCACY

Kylie Hillard

Email:

sisouthqueensland@siswp.org

SISWP

Head Quarters
PO Box 746
Surry Hills NSW 2012
Contact Details
Ph: +612 9690 2261
Fax: +612 9690 2231

Email: hq@siswp.org

The Research Director
Health, Communities, Disability Services and Domestic and Family
Violence Prevention Committee
Parliament House
BRISBANE QLD 4000

Email: abortionlawreform@parliament.qld.gov.au

Dear Colleague

**Submission on Abortion Law Reform
(Woman's Right to Choose) Amendment Bill 2016**

Recommendations

1. We recommend that pregnancy termination law reform be enacted to decriminalise pregnancy terminations.
2. If legislative change is enacted, the legislation should refer to pregnancy terminations using respectful and non-stigmatised language.
3. If enacted, the government should ensure appropriate accessibility is provided to women across Queensland, and consideration be given to having public hospitals provide pregnancy terminations to ensure a safe, secure and monitored environment for women, aside from being performed by independent practitioners and / or clinics.
4. A medical oversight board should be established to determine the pregnancy termination gestation point, undertake annual reviews of same, establish guidelines, practices and procedures for pregnancy terminations, and maintain a register and oversight of medical practitioners, clinics and hospitals undertaking procedures.
5. Consideration be given as to how women under 18 years of age may be permitted to access pregnancy terminations if legislation is enacted.

Background

6. Sorooptimist International works to ensure that the voices of

women and girls around the world are included in international decision making and the policy setting, as well as within Australia. Soroptimist International is active at all of the major United Nation centres around the world maintaining a network of permanent representatives. The organisation holds a General Consultative Status with the United Nations Economic and Social Council and maintains official relations with several agencies and technical bodies.

7. Soroptimist International, though not an abortion or pro-choice lobby group, as an organisation internationally endorses the general right of the girl child to be free from sexual harm, and the right to every girl child to have a child hood without being a victim of child marriage, or other sexual exploitation. As an organisation, Soroptimist International promotes access to health services, family planning services and family planning education for women and girls.¹
8. The Region of Soroptimist International of South Queensland² in providing this submission emphasises that we are not lobbying for abortion or pro-choice for women, but as an advocacy body for women, our membership base consists of women professionals including doctors, medical professionals and other health professionals who are impacted by the consequences of legislation that criminalises pregnancy terminations as the law presently stands in Queensland.
9. This submission reflects the views of the majority of our members, and we acknowledge that some of our members may have alternate views.

Impact of domestic and family violence issues

10. As an advocacy body for women, our members regularly advocate for the eradication of domestic and family violence.
11. Women are at an increased risk of experiencing violence from an intimate partner during pregnancy and unintended pregnancy is often an outcome of an existing abusive relationship. Domestic and family violence, if it already exists in a relationship, is likely to escalate during pregnancy, or if absent until that time, commences during pregnancy.³
12. As noted in the “*Not Now Not Ever*” Report, some studies place the frequency of violence during pregnancy at 42%, with 17-20% of women experiencing domestic

¹ “Where We Stand” Position Statements accessed September 2015, <http://www.soroptimistinternational.org/>

² Covering a broad area from the Gold Coast, Toowoomba to Deception Bay area

³ Website: Australian Institute of Family Studies; <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood>, accessed 29 June 2016

violence for the first time while pregnant.⁴ Almost 60% of women who had experienced violence by a partner were pregnant at some time during the relationship. Of these, 36% experienced the abuse during their pregnancy and 17% experienced abuse for the first time when they were pregnant. In addition, the frequency and severity of violence increases during pregnancy and physiological abuse also increases.⁵

13. Reproductive control, coercion and sexual assault by an abusive partner may result in both unintended pregnancies and forced terminations of pregnancy. In one study, women described various ways in which abusive partners had controlled their reproductive and sexual choices including sabotaging their contraception; refusing to use contraception; rape; and attempting to influence the outcome of pregnancies.⁶

14. It highlights the plight of women who experience domestic and family violence.

Indigenous women

15. As an advocacy body for women, our members regularly advocate for issues affecting Indigenous women.

16. There are a variety of health disadvantages experienced by Indigenous persons and women in Australia that arises from a complex set of historical, economic and social issues.

17. In terms of birth rates, census data from 2011 reveals a higher birth rate for indigenous teenagers with teenage Indigenous women being almost five times more likely than that of all teenage women to become pregnant.⁷

18. When considered against the rates of domestic and family violence for indigenous women, reported as being two to four times higher than non-indigenous women, and more likely to result in hospitalisation⁸ and rates of sexual abuse for indigenous persons in Queensland as nearly four times higher than non-Indigenous persons,⁹

⁴ Website: Queensland Department of Communities <https://www.qld.gov.au/community/documents/getting-support-health-social-issue/dfv-report-vol-one.pdf>, accessed 29 June 2016, page 143

⁵ Website: Queensland Department of Communities <https://www.qld.gov.au/community/documents/getting-support-health-social-issue/dfv-report-vol-one.pdf>, accessed 29 June 2016, page 195

⁶ Website: Australian Institute of Family Studies; <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood>, accessed 29 June 2016

⁷ Australian Bureau of Statistics (2012) *Births, Australia, 2011*. Canberra: Australian Bureau of Statistics cited on website: Australian Indigenous Health Info Net <http://www.healthinfonet.ecu.edu.au/population-groups/women/reviews/our-review#fnl-15>, accessed 29 June 2016

⁸ Website: Australian Institute of Criminology http://www.aic.gov.au/media_library/conferences/2003-abuse/stanley.pdf, accessed 29 June 2016, page 5; Website: ANROWS <http://anrows.org.au/sites/default/files/Fast-Facts---Indigenous-family-violence.pdf>, accessed 29 June 2016

⁹ Website: Australian Bureau of Statistics <http://www.abs.gov.au/ausstats/abs@.nsf/0/A06006790A9C4474CA2577360017A885?opendocument>, accessed 29 June 2016

it highlights the plight of Indigenous women as well.

Terms of Reference

1. Existing practices in Queensland concerning termination of pregnancy by medical practitioners and

4. Legislative and regulatory arrangements in other Australian jurisdictions including regulating terminations based on gestational periods

19. Some of our members have expressed concern as to the appropriateness of termination procedures being undertaken, particularly when late in the gestation period and ethical issues that arise in this regard.

20. And, pregnancy terminations, particularly those carried out at a later gestation point in pregnancy, carry greater risks to the woman.

21. Factors that impact on late gestation terminations may include prohibitive costs of a pregnancy terminations that vary depending on the gestation point at which the pregnancy is terminated where the procedure is not at present subsidised by Medicare or other public health funding in Queensland.

22. For women from low socioeconomic groups, or from regional areas, accessibility to services may also pose a barrier to timely access to pregnancy terminations.

23. Delays caused by accessibility and affordability of services ought not be a prohibiting factor if the law is changed, nor should it be a reason contributing to late gestation termination.

24. For the above reasons, it is recommended that consideration be given to enabling pregnancy terminations to occur in public hospitals, not just at clinics.

25. And, in relation to pregnancy terminations, it is our members view that if performed they:

25.1. Be ethically carried out;

25.2. Be carried out safely for women in a properly monitored environment; and

25.3. Be carried out by properly trained and qualified experts.

26. In order to achieve this, and address concerns that may exist around gestation points, we recommend that:

26.1. A medical oversight board be established;

26.2. That board, based on medical knowledge, establish gestation periods at which pregnancy terminations be safely and properly undertaken;

26.3. That there be annual legislative review of the gestation periods recommended by the oversight board;

- 26.4. The board maintain a register of practitioners, clinics and hospitals undertaking pregnancy terminations;
 - 26.5. The board review the qualifications and training of registered practitioners to ensure appropriately qualified personnel carry out pregnancy terminations; and
 - 26.6. The board establish practices and procedures that are subject to regular review for conducting pregnancy terminations.
27. Other than as outlined above, our members are of the view that medical practitioners and relevant medical entities can more properly respond to these terms of reference, and determine appropriate and safe pregnancy termination practices.

2. Existing legal principles that govern termination practices in Queensland and 3. The need to modernise and clarify the law (without altering current clinical practice), to reflect current community attitudes and expectations

28. As a non-legal body, these terms of reference fall outside our organisational scope, however, we make the following observations and submissions.
29. Our members strongly support the decriminalisation of the current pregnancy termination related provisions of the *Criminal Code 1899* (Qld).
30. Our members hold the view that whether persons are prosecuted or not is not the issue, and consider that no medical professional, allied health, other health worker or parent ought to face the risk of criminal charges when a pregnancy is terminated.
31. Our members also consider that if the current legislative regime is varied by decriminalising pregnancy terminations, that additional legislative reform be considered to ensure that the *Criminal Code 1899* (Qld) reflects that persons who assault a pregnant woman or harm an unborn child otherwise remains liable to criminal prosecution.
32. As outlined in this submission, while not all of our members hold this view, the majority are of the view that legislative reform is necessary to protect medical and health related professionals.

5. Provision of counselling and support services for women

33. Access to counselling pre- and post- termination is essential when considering pregnancy terminations.
34. On line and help line counselling ought not be the only option as face to face

counselling has clear benefits, and women in regional or remote areas ought to have ready access to those services.

35. As an advocacy body representing women and girls, the issues around consent to termination of pregnancy's for women under 18 also becomes relevant.

36. If new legislation is enacted, consideration would need to be given of how a woman under 18 years of age could access pregnancy terminations and the role, if any, counselling would play in this.¹⁰

Conclusion

37. We are happy to be involved in any additional consultation that may take place on this submission and the Bill, as well as later reviews of the Act and establishment of the surrounding infrastructure.

**Sincerely,
Kylie Hillard**

**Spokesperson
Region of Soroptimist International of South Queensland**

Enquiries to:
Kylie Hillard, Spokesperson, Soroptimist International of Brisbane Inc,

¹⁰ The position varies in other states – for example, in some states, parental consent is required for women under 16 years (SA and NT), in some states counselling before the procedures if compulsory (Tas) and some require a parent to be given the opportunity to be involved in counselling (WA): website <https://www.angloinfo.com/australia/how-to/page/australia-healthcare-pregnancy-birth-termination-abortion> accessed 30 June 2016