



Submission in Response to Bill Proposed by Rob Pyne MP -- “Abortion Law Reform”

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The Independent support agency, Priceless Life Pty Ltd T/A ‘Priceless House,’ has prepared the following submission by way of response to the proposed bill regarding Abortion Legislation presented in Queensland Parliament:

Preface

As an apolitical organisation we usually seek to steer clear of political conversation. However, our Board has deemed that as a care and support agency, we have a duty of care to those we have helped and continue to assist to weigh in at this particular time when discussing changing abortion law in Queensland. Indeed, we feel our experience at the coalface of problem pregnancy care will be noteworthy to decision makers.

Hence, our submission seeks to provide some stories to highlight certain points which tend to push back **against** the proposed bill as it stands.

Note that surnames of clients have not been used for the sake of confidentiality. But the clients mentioned are prepared to meet with MPs and Committee members to directly recount their cases first hand.

On the Topic of Accessibility to Abortion

The [explanatory note](#) around the bill quotes another agency providing similar consultancy to ours claiming women are experiencing restrictions to accessing an abortion.

However, in our 21 years of operating as support agency for those Queenslanders seeking counselling, mentoring and other resources when facing unplanned or problem pregnancies, our highly-trained team at Priceless House have never noticed any difficulty for our clients seeking to obtain abortions whatsoever.

Rather, our observations note constructs in our state which often place undue pressure on a woman in such situations. When doing post-termination grief counselling, such imposed haste in making this life-altering decision is one of the bigger regrets voiced. (We will speak to this later)

First Trimester, Surgical Abortion Access

One of our clients, is corporate high-flyer Emma. Between the ages of 16 and 30 she had **8 surgical terminations** within her first trimesters, around the 10-12 week mark, under this law. She claims to have *never* experienced any issue in obtaining a single one of those.

Emma says she wishes even at the 7th time she entered a clinic that the abortion clinicians had questioned her decision and asked her what else was going on. Emma claims her counselling was not counselling but rather leading questions and that the personnel were “only too happy to take my money.” She wonders now why she was never informed of the well documented post-abortive pathology which sees a self-harming pattern of trying to “replace” the baby but then feeling “unworthy” of continuing it.

She says she got no answers or healing after going to a variety of psychologists and counsellors and attempting to self medicate with drugs, bad relationships and alcohol or a high flying corporate life. It was only in discovering our specialist post-abortive counsellors that she could begin healing from the “great trauma the abortions have caused” her as she found the underlying reason for “this devastating repeat behaviour.”

Mid to Later Term Abortion

The proposed bill seeks to **broaden the gestational period** women can access pregnancy terminations in the state up to term - i.e. 40 weeks gestation.

Based on our direct, case-based knowledge we can report that we know that later term abortions are already accessible in Queensland.

At an organisational level, some of the reasons we have witnessed for these include: loss of partner, possible abnormality of the baby, sex selection or selective reduction (when there is a multifetal pregnancy.)

We have had clients who have felt great pressure to terminate when their 20 week ultrasound has presented likelihoods of Trisomy 21 (Karen aborted at 25 weeks in St Andrew’s Hospital Spring Hill); or amniotic fluid leakage at 19 weeks (Kylie terminated at Gold Coast Hospital).

In both the cases above, neither woman were provided with more than a recommended “few days” to make a decision, even though the procedure would have been the same in either case with a bit more time. At no stage were they offered counselling or encouraged to seek second opinions.

In Karen’s case, when asking for an autopsy to be performed it was found that the baby had no abnormality.

In Kylie’s case, she wasn’t offered the care protocol of antibiotics and time to see whether the baby would miscarry naturally. No-one asked her for her pregnancy history either which showed that she had experienced amniotic fluid loss in both her prior pregnancies but both children were healthy.

We can see openly that some day surgeries openly promote their services to include later term abortions such as the Salisbury Day Surgery (19 weeks and 6 Days.)

But as aforementioned, it’s clear that **late term abortions are already accessible for reasons other than genetic disorders** and the like.

For example, last year a 16 year old Muslim girl, Sara, texted our counselling line from an abortion clinic where her Mother was trying to force her to terminate against her will. The clinic had been willing to continue with the procedure even though she was **27 weeks gestation** but we were able to support her voice and her whole family eventually.

These are the kinds of abortions that see the birth of living children and are often termed as “botched,” leaving the baby to die. [27 such cases were recently reported, as the Committee would be aware.]

In this case we already had a relationship with Sara and one of our affiliate Obstetricians, whom she had been seeing, was able to inform the clinic of our knowledge and they didn't proceed with the termination.

We believe our various cases demonstrate the great risk that women may feel enormous, undue pressure to consider terminating their pregnancies throughout the entirety of their pregnancy if legislation were to change to expand it to be merely a variety of “health procedures” on offer for any reason.

Ease of Access to RU486 and Informed Consent Issues

Of equal concern, our clients often report they **do not fully experience their right to informed consent** in the matter here in Queensland. Some, it seems, are actually misled with the provision of incorrect information.

For example, we have had clients with a pregnancy as early as 5 weeks instructed by abortion clinicians to “make a decision quickly for the RU486 to function” when, in fact, the pills can cause a loss of the baby as late as 9 weeks. (Note that the Salisbury Abortion Clinic says they will only provide medical abortions up to 7 weeks. Is this because a surgical abortion brings in more money? It would be interesting to understand the reason behind this.)

Many are not informed that it's possible to reverse the effects of the first pill if they regret taking it at that point. One woman reported that her abortion provider told her there was “nothing that can be done” and that they received “about 10 of these calls a week.”

Along with our affiliate network, we have been involved in helping a number of women access their right to the basic progesterone protocols developed to block the effects of that first pill and thus maintain a healthy pregnancy to term.

“The Law is Outdated”

We would like to address points raised in the [“Explanatory Note”](#) regarding the bill.

This claims that the laws are “outdated” and irrelevant.

But, we have many cases from the last 24 months which demonstrate how women feel that their rights were in fact safeguarded by the current legislation. That under the current law, women can avoid forced abortion.

Case A: Pressure from a partner to abort

Deborah says her unplanned, but much wanted baby, Tia, wouldn't be here today if this legislative change had already taken place as her (now ex) partner and his family were placing enormous pressure on her to abort. She was able to turn to the current law to push back against them and claim that she didn't fit into any of the “exceptions” stipulated there.

Case B: Pressure from government workers and consultants

Clients from overseas who experience unexpected pregnancies are faced with a financial dilemma that the system says is impossible and thus tends toward encouraging termination.

One client, Rachna, on a Bridging Visa E was recommended by government-funded Legal Services and Immigration officials to “abort or end up in detention” when her partner left her after suddenly revealing his intentions for marriage were false and that he actually had a wife and child in New Zealand.

When she discovered the current law, she felt she was able to have a voice because her bicornuate uterus meant that this might be her only chance to have a child at all. We were able to support her choice to have her baby safely in Australia and she has now reintegrated well back into her family of origin.

Case C: Pressure from school, counsellors etc.

When Krystine discovered she was pregnant at 15 years of age, her school principal said she would be facing significant academic penalties if she continued her pregnancy; her school counsellor said she would likely have “no future” and, she reports that the counsellor at another crisis pregnancy counselling agency, (whose name we will not mention,) suggested she would “get fat” and be less likely to “hold onto your partner” if she maintained the pregnancy. Interestingly enough, her boyfriend at the time was supportive and Krystine reports that both he and she suffered greatly post the termination. A suffering no-one had prepared her for.

The Bill’s Title: “A Woman’s Right to Choose.”

Choice is something all peoples of a democratic society should have fair access to. When it comes to aborting a baby at any stage of gestational development, there are many peoples rights which come into question.

Women’s Rights

Firstly, you may see from the cases mentioned above already how we can observe women’s experience of “Choice” in Queensland Currently.

Certainly women are at the centre of the pregnancy and decision making experience but again, we see they often feel pushed and pressured, even forced into “choosing” abortion.

Many of our **clients do not feel they were afforded the option to take a moment to access support to consider alternatives**, however, our concern is that with a change in law that considers abortion as just another medical procedure and then women may feel that their concerns could be minimised.

Yet if women were to really experience true choice, they should be afforded their right to ALL information about their options and offered support. There are a plethora of alternatives around an unplanned or problem pregnancy that sit under the basic headers of – adoption, legal guardianship, foster care, adaption/parenting, abortion.

Research shows - (“Adoption Rethink,” Womens Forum Australia 2014) - that a woman who continues her pregnancy and gifts her baby up for adoption has much less psychological stress than those who discontinue their pregnancies. But we know that adoption, legal guardianship, short term fostering or in family care are rarely offered as alternative options.

The very definition of **choice** is the act of selecting one of two or more possibilities, options or alternatives.

Informed Consent should also mean access to all information about the procedures about to be performed. There are many risks to consider - both physical and mental.

Physical Post-Abortive Suffering

In reference to the physical, we have a client who had to have a hysterectomy three weeks ago because the surgical procedure at a reputable abortion clinic perforated her uterus too badly.

Other clients have had difficulty falling or maintaining a pregnancy due to post abortive scar tissue.

Most of our clients have never been informed of these other risks:

a. Abortion increases the risk of premature births with future pregnancies.

A German study (6) which examined over 2.2 million pregnancies found:

- women who had 1 abortion had a 30% increased rate of very premature birth (<32 weeks).
- women who had 2 or more abortions had a 90% increased rate of very premature birth.
- It is well documented that premature birth can cause cerebral palsy and other problems in newborns.

b. Abortion increases the risk of placenta praevia with future pregnancies.

An American study (7) found abortion increased the risk of placenta praevia by 700%.

- Placenta praevia is where the placenta covers the opening to the cervix. It can cause maternal bleeding, endangers the unborn child and requires Caesarian delivery.
- Placenta praevia also increases the risk of premature birth with later pregnancies.

c. Abortion increases the risk of breast cancer.

Whether abortion is an independent risk factor for breast cancer is a matter of controversy. However, there are a number of well established risk factors for breast cancer which are affected by abortion.

For example:

- women who never have children have higher average rates of breast cancer compared to women who have at least one child
- women who have their first child at an older age have higher average rates of breast cancer compared to women who have their first child at a younger age.

Abortion delays the age at which many women will have their first child, thus contributing to an increase in their breast cancer risk. Less commonly, some individuals who have abortions end up never having a child, which also contributes to the risk of breast cancer.

The above effect is not disputed by any medical or scientific professionals.

Whether abortion contributes to increased breast cancer risk, independently of its effects on other risk factors, (the "independent risk") is disputed by many medical and scientific professionals.

However most published studies have found abortion to be an independent risk factor for breast cancer. As of late 2013, 58 out of 74 published studies supported the existence of abortion as a risk factor for breast cancer. http://www.bcpinstitute.org/PDF/BCPI-FactSheet-Epidemiol-studies_11_2013.pdf

Studies on female rats (8) have found rats which were given abortions had higher rates of breast cancer compared to rats which never became pregnant.

Post-Abortive Psychological Suffering

Our counsellors often receive calls from post abortive women choking back sobs as they've asked, "I'm not getting over this, why aren't I getting over this?" We also receive calls from men, whose babies have been aborted without their consent - a whole demographic completely ignored in the clamor for easier access to abortion.

We offer an internationally renowned program called "Hope Alive" which is a 30 week program because we have seen that just basic, singular counselling doesn't necessarily achieve the depth of healing from the trauma abortion is empirically proven to cause.

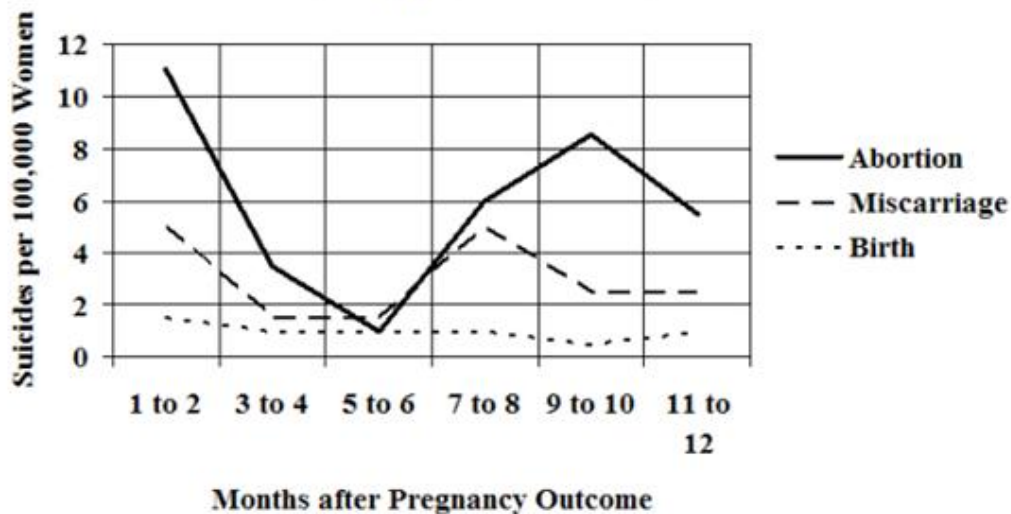
We also know that:

a. Abortion is linked to increased rates of suicide.

A study from Finland (2) analysed the deaths of all Finnish women aged 15 to 49 over a 14 year period (between 1987 and 2000):

- The suicide rate within 1 year of abortion was 600% larger compared to within 1 year of childbirth.
- For girls aged 15 to 24, the suicide rate within 1 year of abortion was more than 12 times larger compared to within 1 year of childbirth.
- The rate of death from accident within 1 year of abortion was 450% larger compared to within 1 year of childbirth.

Note: the second suicide spike approximates the baby's due date.



b. Abortion is linked to increased rates of depression and drug and alcohol abuse.

A New Zealand study (3) which followed over 500 women from ages 15 to 30 found:

- women who had abortions had a 30% increased rate of mental disorders including depression, anxiety and substance abuse. In most cases, these women had no problems before their abortion.

An Australian study (4) which followed over 1200 women from ages 14 to 21 found:

- among women with no pre-existing depression or substance abuse, those who had abortions had more than double the rate of alcohol abuse and 3.6 times the rate of illicit drug use compared to those who gave birth.

Women who show signs of distress at the time of their abortion, are at significantly more risk of long term depression (5).

Paternal Rights

In our counselling work, we also see male clients - both pre-decision or post-abortive.

Nobody wants to see women jailed or prosecuted but the exceptions allow them not to be. Yet, shouldn't we be we considering the other "what ifs?"

What about surrogacy situations where an impregnated woman changes her mind and decides to terminate?

What about a man who has been told he's unlikely to conceive and yet has a partner fall pregnant to him but she then decides to terminate? Where do the other parties stand?

When people think about unwanted pregnancies they tend to focus on the woman involved.

Most people, however, don't tend to think about the father. But we have found that he has just as much at stake from both a legal and emotional standpoint. For this reason, there's a growing paternal rights movement that advocates for the father's inclusion in the decision-making process.

We might argue that it's a matter of upholding these men's civil rights. Just as some women consider legalising abortion an issue of individual liberty, many men view legal recognition of, and support for, fatherhood as ensuring their fundamental civil liberties.

Some feel strongly that putting maternal rights above those of the father is gender discrimination and that serious legal ramifications that can put men at a severe disadvantage.

For instance, except in clear cases where a mother is deemed unfit due to drug issues or emotional disorders, she is almost universally awarded the children in a custody battle.

In terms of male exclusion from the abortion process, it could be argued that he is unfairly deprived of the joys of fatherhood as he has no say in whether or not a pregnancy is terminated. On the flip side, having no say can also force him into parenting or paying for child support as he has no way of legally objecting to her carrying the pregnancy to term.

Several international legal battles have been fought over whether or not men should be given equal say in the decision about abortion. To date, no courts have ruled in favor of the father. That doesn't mean, however, that men aren't entitled to these rights.

In Closing

Quality choices counselling with an unbiased professional is key to the wellbeing of all parties in such circumstances but is unfortunately often not accessed. It would be prudent for any legislation around abortion to stipulate this requirement.

Studies also show that the unplanned pregnancy is rarely the problem in and of itself and that, alongside an integrated practice model with proficient pragmatic support, ongoing mentoring and good medical treatment, women and their partners often opt to continue to birth.

Indeed 84% of women reported that they would have continued their pregnancy had they felt more supported. (Zimmerman, *Passage Through Abortion*, 110-112,143; Reardon, *Aborted Women*, 11-20.)

We would welcome the opportunity to speak with those discussing this new bill via some concerns that arise from our lived experience around the abortion issue in Queensland.

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