



## **ABORTION LAW REFORM (WOMEN'S RIGHT TO CHOOSE) AMENDMENT BILL 2016 AND INQUIRY INTO LAWS GOVERNING TERMINATION OF PREGNANCY IN QUEENSLAND**

### **SUBMISSION**

#### **Women's Forum Australia: Who we are and our position**

1. Women's Forum Australia (**Women's Forum**) is an independent think tank established in 2005 which seeks to be a powerful and positive force for change by promoting the dignity of women and their unique and critical role in society through research, education, mentoring and advocacy. We conduct evidence-based research, develop and deliver high quality education programs to women and men, mentor women to be agents of positive social change and influence in the home, the community and the paid workforce, and inform government legislation and policies on issues of relevance to women's health, well-being and safety.
2. For our society to be genuinely pro-woman on the sensitive issue of unplanned pregnancy, it is critical for us to consider legislation, policy and practices in a holistic and considered way. Simply focusing on providing women with the apparent "choice" of abortion whenever they want it does not address or resolve the crux of the problem – that is, it does not resolve the underlying issues which make a woman feel, when faced with an unplanned pregnancy, that terminating it is their only choice.
3. The *Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016* (the **Bill**) is being put forward as promoting women's health and women's rights. However, Women's Forum is of the view that legislating for abortion on demand is counter-productive to both women's health and their rights, particularly given that it is proposing:
  - no regulation of abortion on demand, with no recognition of the significance of the decision for women and the potential risks and harms to them,
  - no safeguards to ensure that women are giving fully informed consent;
  - no attempt to understand and address the societal issues which might make women view a termination as their only choice.

Women's Forum notes that the Queensland Government has recently conducted a review into its adoption laws, to which Women's Forum made a number of recommendations for much needed reform in its submission. We commissioned a research report in 2014 – *Adoption Rethink* – to look into the reasons behind the 97% decline in adoptions in Australia. The evidence clearly suggests that, despite the mistakes of the past, **adoption remains a viable alternative for women, children and families in need**. An open adoption process, appropriately and sensitively managed, can provide positive long-term outcomes for birth parents, adoptees and adoptive parents.

4. In this submission, Women's Forum **recommends** that the Queensland Government:
- I. Conduct research and make publicly available transparent data and information which shows:
    - the number of abortions already occurring in Queensland each year;
    - the stage of pregnancy at which those abortions are occurring;
    - the reasons women cite for having abortions;
    - the number of women who would choose an abortion if they had an alternative;
    - the kind of information available to women when making a decision to terminate a pregnancy, including the psychological and physical risks; and
    - the number of doctors that have a conscientious objection to abortion, and at what stage, as well as the number of doctors that are refusing to perform abortions because of the Code;
  - II. Commission research into the actual harms of abortion, prior to any reform, and make this information available to women, generally and when faced with unplanned pregnancy;
  - III. Following research into the reasons women choose termination, support real choice for women by addressing any societal barriers that might give women the option to choose to continue their pregnancy. These include:
    - urgently progressing real alternatives for women facing unplanned pregnancies, including much-needed adoption reform; and
    - addressing domestic violence, access and affordability of child care, incentives for flexible workplace and study arrangements and access to pregnancy counselling and psychological support/treatment; and
  - IV. Put in place legally mandated informed consent requirements and mandatory waiting periods for women considering an abortion, including:
    - Prescribing the information to be provided to women when making their decision, including information about foetal development, the harms and risks of abortion and the full suite of alternative options;
    - Offering women the opportunity to undergo an ultrasound prior to making a decision;
    - Imposing a mandatory waiting period following the woman's first consultation with a doctor before the abortion may be performed, during which the woman must be provided access to counselling; and
    - Requiring women to access unbiased and objective counselling, which is independent of abortion providers.
5. Women's Forum is, in principle, against the criminalisation of women who have an abortion, as we consider that there are systemic issues which mean that women are not provided with all the support available so that they can make a real choice. However, we are firmly of the view that **the legalisation of abortion on demand is not the answer**. We are of the view that the Bill is ill-conceived, short-sighted and attempts to provide a "quick fix" to what is an extremely sensitive and complex issue for women. Women's Forum believes that **women deserve better**.

### The Bill

6. On 10 May 2016, the Independent Member for Cairns, Mr Rob Pyne MP, introduced a Private Member's Bill to decriminalise abortion in Queensland. The Bill is deceptively simple: it seeks to omit three sections of the Queensland Criminal Code (the **Code**) to stop abortion from being a

crime. Currently, the defence to criminal abortion in sections 224, 225 and 226 is found in section 282 of the Code.

7. In his second reading speech, Mr Pyne stated that the removal of these sections from the Code would “*remove the necessity to rely on... section 282 components (a) establishing an exceptional case; and (b) serious danger to the mother’s life or her physical and mental health.*”<sup>1</sup> Indeed, Mr Pyne stated quite emphatically that “[s]hould this Bill pass, the decision for the doctor would simply need to be that continuing the pregnancy poses a bigger risk to the woman than terminating it.”<sup>2</sup> It is not clear on what basis Mr Pyne claims that the doctor would need to adhere to any test of “risk” to the woman. The effect, rather, is abortion available on demand, whenever requested and in whatever circumstance.
8. The Bill was referred to the Queensland Parliamentary Health, Communities, Disability Services, and Domestic and Family Violence Prevention Committee for consideration and we make our submission to this Committee.

## Issues with the current push for reform

### Immediate issues with the Bill

9. It is clear that Mr Pyne’s push to decriminalise abortion is essentially geared at ensuring that women have access to abortion on demand. Irrespective of whether decriminalisation should occur, the legalisation of certain behaviours or practices is usually accompanied by a proposal to regulate the newly legal behaviour or practice. The Bill does not make any attempt to regulate legalised abortion. In addition, comments made by Mr Pyne in his second reading speech make it clear that Mr Pyne himself is not aware of what the abortion procedure entails, the complexity of the issues surrounding termination of pregnancy and the need to ensure that there are appropriate safeguards to protect women so that they can make a fully informed decision.
10. For example, the Bill repeals sections 224 to 226, but does not amend or repeal section 313 of the Code, being the “child destruction offence”. Section 313 (1) provides that
 

*“Any person who, when a female is about to be delivered of a child, prevents the child from 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 be deemed to have unlawfully killed the child, is guilty of a crime, and is liable to imprisonment for life.”*
11. As the Bill essentially allows abortions to occur up to full term, there would be a number of termination procedures that could potentially fall within section 313 (1) in its current form. Procedures for late term abortions often require “live birth” to occur. An example of this is partial birth abortions, which involve certain measures collapsing the child’s skull and breaking its neck after the woman’s cervix is dilated. It should be noted that it was recently reported that 204 “live birth” late term abortions have occurred in Queensland between 2005 – 2015, (with 27 in 2015). Standard practice is that these babies are not fed and allowed to starve to death.<sup>3</sup> No discussion has been had about whether the legality of this practice will or should be affected by the Bill.
12. The Bill also does not attempt to build in any safeguards for women by requiring that they give informed consent. A number of other jurisdictions recognise the importance of this, and provide for it in their legislation, as we will discuss further below.

13. This lack of attention to safeguards may be because there has not been adequate recognition of the potential harm of abortion procedures to women. We note that the harm to women, both physically and psychologically, is likely to be increased the further along the woman is in her pregnancy. This is likely to be one of a number of reasons that other jurisdictions have taken the approach of restricting and regulating terminations after certain gestational periods.
14. Mr Pyne said that he deliberately has not “*made any suggestion in relation to gestation periods, whether it be 24 weeks, 20 weeks or whatever, because my main concern is that this parliament get together and pass law reform in this area. We need something that a majority of MPs in this place can support.*”<sup>4</sup> In our view, this statement captures in a nutshell the lack of forethought, consideration and awareness of the issue that has driven the push for this Bill. We consider that any attempt to introduce legislation of this nature warrants more investigation and consideration than simply ensuring that a ‘majority of MPs’ are in agreement on such an arbitrary matter. Surely, as a minimum, careful consideration should be given to evidence-based medical research, input from medical practitioners, pregnancy counselling specialists etc.
15. Finally, we note that there is nothing in the Bill that addresses the protection for doctors to make a conscientious objection to performing a termination procedure. This issue is complex and sensitive. It is not unreasonable that, due to various risks of harm to mother and child, some doctors may be opposed to terminating pregnancies on the basis that abortion falls outside their conception of medicine as a healing profession. It is also widely acknowledged that doctors have a range of ethical views depending on the developmental stage of the foetus or gestational period of the pregnancy. Further, we note the findings of a recent Queensland study on community attitudes to abortion were that eight in ten voters (79%) support conscientious objection provisions allowing doctors and nurses to opt out of having to perform abortion operations against their will.<sup>5</sup> This issue has not been contemplated at all in the current Bill.

#### **Is there real quantitative and qualitative evidence about current abortion practices in Queensland?**

16. One motivating factor driving this push for reform appears to be the apparent ‘lack of availability of abortions’ in Queensland due to the uncertain legal status resulting from criminalisation. Pro-choice organisation, Children by Choice, state that they have received 118 contacts relating to self-abortion or threats of self-abortion in the past year.
17. Women’s Forum, while being firmly of the view that the widespread availability of abortion is not beneficial for women, queries the veracity of these assertions. The very limited information available is that:
- abortion is generally widely available in Queensland. The Queensland Government has clear policies governing termination practices in place based on the current legal framework<sup>6</sup> and medical abortion is available through GPs who are certified prescribers of termination-inducing drugs;
  - there are a number of abortion clinics that operate in Queensland<sup>7</sup>, and abortion is also available in hospitals; and
  - while the Queensland Government does not officially collect statistics and data on abortions performed in Queensland, there is some evidence to suggest that between 2005 and 2013, the rate of abortion as against the number of total births ranged between 16.4% to 21.6% (being between 12,405 in 2013 to 15,453 in 2009)<sup>8</sup>. Although the research in this area is notably scarce, studies and a Parliamentary research brief from 2005 estimated the number of *induced* abortions alone in Australia at 70,000-80,000 each year.<sup>9</sup>

18. The case referred to in Mr Pyne's second reading speech details devastating circumstances in relation to the 9 week pregnancy of a 12 year old.<sup>10</sup> However, this case is clearly a tragic exception that is not a common one. The Bill is clearly based on emotive and symbolic grounds rather than carefully considered legislation based on evidence. Women's Forum believes that it is crucial for any legislative reform in this area to be evidence based. Anecdotal stories provided by a number of pro-choice advocates cannot constitute the evidentiary base for such significant change in this area.

**Recommendation 1:** The Queensland Government conduct research and make publicly available transparent data and information which shows: the number of abortions already occurring in Queensland each year; the stage of pregnancy at which those abortions are occurring; the reasons women cite for having abortions; the number of women who would choose an abortion if they had an alternative; the kind of information available to women when making a decision to terminate a pregnancy, including the psychological and physical risks; and the number of doctors that have a conscientious objection to abortion, and at what stage, as well as the number of doctors that are refusing to perform abortions because of the Code.

### **Does the Bill genuinely reflect community attitudes towards abortion?**

19. A study conducted on attitudes to abortion by Galaxy Research in May 2016 produced its findings from 400 randomly selected participants in Queensland. The study's findings showed vast community concern about the physical and physiological impacts of abortion on women, including:
- Widespread acceptance that abortion can harm the mental and physical health of a woman (84%). Those aged 18-34 years (90%) are the most likely to have concerns about the harm to the physical and mental health of the woman.
  - Widespread belief in Queensland (94%) that before having an abortion a woman should receive free independent counselling and information so that she can make a fully informed decision.
  - Strong support (87%) for a waiting period of several days between making an appointment for an abortion and the actual operation.
20. Overwhelmingly, the Queensland community reflected in this study acknowledged harms suffered by women as a result of abortion as well as the need for these women to have the opportunity of making fully informed and conscious choices about their bodies. If there is a need to modernise and clarify the law to reflect current community attitudes and expectations, such statistics fly in the face of any suggestion that the proposed changes to the Act "reflect modern values"<sup>11</sup> in Queensland.
21. The study also found that most voters in Queensland (72%) would not allow abortion after 13 weeks. This includes 50% that would allow abortion up to 13 weeks and 22% opposed to abortion at any time. Further, three quarters of Queensland voters (75%) believe parental consent should normally be required for girls under the age of 16 to have an abortion. It is clear that the Bill does not reflect current community attitudes towards abortion in Queensland.

### **A better solution for women**

22. Unfortunately for women, the debate about abortion has been overtaken by the push to provide more abortion to women under the guise of "choice". Having choice implies choosing between two or more viable options. In reality however, most women who choose to terminate do so because they feel that they have no other choice but to have an abortion.
23. To provide real choice to women, policy and lawmakers must make an effort to understand and directly address both underlying reasons women choose to terminate their pregnancies and the significant physical and psychological harms to women.

## Abortion harms women

24. When introducing the Bill, Mr Pyne stated that “[i]t is about time our laws... trust and empower women to make decisions about their own bodies.”<sup>12</sup> Ironically, nothing in the Bill addresses the need for women to provide informed consent. Informed consent is a key component of informed-decision-making and hence is critical to making a real choice. Informed-decision-making is a long established principle of health care in Queensland.<sup>13</sup>
25. Women’s Forum, since its 2005 research report entitled “*Women and Abortion*”<sup>14</sup>, has continued to monitor research around the world relating to the harmful impact of abortion on women.
26. In terms of physical harm, infection which may result in infertility or an increased risk of stillbirth, is one widely recognised risk. A Danish study of 13,000 women found that women who had had an induced abortion and had subsequently suffered infections had a high risk of stillbirth in their subsequent pregnancies.<sup>15</sup>
27. Other complications from surgical terminations include haemorrhage, uterine perforation, cervical laceration, future pregnancy complications (such as increased risk of premature birth) as well as the need for further surgery such as hysterectomy. Physical complications increase significantly for each week of the pregnancy<sup>16</sup>. This increased risk to women depending on the relevant gestational period is another reason why any amendment to the laws surrounding abortion should consider whether abortion should be permitted at all after a certain time.
28. Medical abortion (involving only the use of drugs) is often perceived to be safer and less traumatic. However, a UK study found that women found it more painful and stressful – in particular, seeing and feeling the aborted foetus was distressing.<sup>17</sup> Another UK study stated that women were often not told that they would see the foetus, and then “*some people look and they are so upset because it’s a perfectly formed little baby and they didn’t expect it to be like that*”.<sup>18</sup>
29. Women who have abortions are also at a more increased risk of maternal death or suicide. The Queensland Government itself has recognised this risk, stating:  
*“Suicide is the leading cause of death in women within 42 days after their pregnancy and between 43 days and 365 days after their pregnancy. There appears to be a significant worldwide risk of maternal suicide following termination of pregnancy and, in fact, a higher risk than that following term delivery.”*<sup>19</sup>
30. In terms of psychological harm, most researchers agree that at least 10-20% of women suffer from severe negative psychological complications<sup>20</sup>, which impacts a high number of Australian women, given it is estimated a third of Australian women will terminate at least one of their pregnancies.
31. Women are also at higher risk of depression<sup>21</sup>, post-traumatic stress disorder<sup>22</sup> and other psychiatric disorders, as well as increased drug and alcohol use.<sup>23</sup> In depth interviews with women have shown that these psychological harms are often long-term, emerging months or years after the termination. While these reactions are often cited as “normal” by health professionals, we need to ask ourselves whether decisions which have such significant psychological effects on women are truly empowering.
32. There is a clear lack of awareness among the general public about the harms of abortion to women. This is clear from the generalised statement made by Mr Pyne that, “[s]urely 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 their doctor think it inadvisable”.*<sup>24</sup>

33. We refute the assumption that a young life is going to be ‘ruined’ by continuing a pregnancy and the corresponding assumption that it would not be ruined by experiencing an abortion. **The assumption that abortion is a procedure without consequences is simply false.**
34. From our research, it is evident that **abortion harms women**. More evidence and research must be conducted into the risks and harms to women so that there is a solid evidence base to inform any policy change. It is also critical that research into these risks is made available to women to empower them to make an informed decision. Women need objective and unbiased information to make a decision, not just assurances from their abortion provider or doctor that the abortion is fairly “safe”.

**Recommendation 2:** That the Queensland Government commission research into the actual harms of abortion, prior to any reform, and that this information should be made available to women, generally and when faced with unplanned pregnancy.

### **Women need more support not more abortion**

35. In light of the significant harms of abortion noted above, surely policy and lawmakers should be seeking to answer the next obvious question: why do women choose abortion? By focusing on simply providing women with the “choice” of abortion on demand, the more difficult question of addressing the reasons why women choose to have an abortion, and providing her with all the support available so that she has a real choice, is effectively avoided.
36. In fact, research shows that the majority of women choose to terminate their pregnancy because they do not feel they have a choice. The main reason behind this is that they lack adequate support, including financial and emotional support:
- 75% of women who abort claim they can’t afford financially to have a child;
  - 65% of women who abort claim their partner could not cope;
  - 45% of women who abort claim they do not have support to continue;
  - 35% of women who abort claim that others say they should terminate;
  - 35% of women who abort claim their relationship would be at risk if they continue;
  - Only 20% of women who abort claim they do not ever want (more) children; and
  - Only 5% of women who abort claim it is a result of forced sex<sup>25</sup>.
37. A 2007 Australian study found that other reasons for termination included fear of violence, in addition to a lack of support, a lack of self-confidence and even coercion.<sup>26</sup> The study noted that very few of these women were aware of the potential harms of abortion. That study found that partner violence is the strongest predictor of abortion in young women, with abused women having a higher incidence of abortions (2 or more). An American study found that 39.5% of the women interviewed seeking an abortion had suffered abuse.<sup>27</sup>
38. The affordability of raising a child and/or the fear that having a child will jeopardise their career is another factor – a study found that of 2,249 women seeking an abortion, 60% stated that they could not afford a baby at the time.<sup>28</sup> The desire to study and work is another reason cited.<sup>29</sup>

39. During pregnancy, and particularly with additional external pressures, women are especially vulnerable to anxiety and depression, with up to 1 in 5 pregnant women experiencing feelings of depression, although few are diagnosed and treated.<sup>30</sup> In addition, studies have found that a high proportion of women seeking abortion (46%) experience a conflict of conscience in doing so.<sup>31</sup> Although many women experience a sense of relief straight after a termination, studies have shown that there is a decreasing sense of satisfaction with their decision over a 2 year period, with 10.8% dissatisfied 1 month following the termination, increasing to 16.3% dissatisfied and 19% regretting the decision.<sup>32</sup>
40. 'Choosing' an abortion under such circumstances is not choice, it is desperation. Promoting abortion in these circumstances is merely addressing the consequences rather than the root causes. As a society we owe it to all women to promote alternatives that address the situations that lead women feeling forced into making a decision to abort. This is particularly given the feelings of regret that may follow, if not more serious physical or psychological harm.
41. Women's Forum urges the Queensland Government to conduct research into the reasons cited by women to terminate their pregnancy, and, where possible to take concrete steps to resolve them by addressing those barriers directly. **Women need more support, not more abortion.**
42. These measures could include:
- Continuing more initiatives to stop domestic violence against women, and to provide them with support;
  - Better access and affordability for child care for women with children;
  - More incentives to employers and educational institutions to promote flexible workplace arrangements and study practices;
  - Access to objective, unbiased and potentially longer periods of counselling and psychological support and treatment for women who are seeking terminations, and/or who may be prone to depression or anxiety during pregnancy.
43. Real alternatives for women to termination also urgently need to be explored. In our submission to the Department of Communities, Child Safety and Disability Services, we made a number of recommendations to improve the current adoption system. A key guiding principle in our submission is that adoption as an institution is first and foremost a response to a need (being the needs of vulnerable women facing a crisis pregnancy and vulnerable children in need of a stable, loving and permanent family), and only a means of family formation for adoptive parents in the second place.

Some of our recommendations specifically related to birth mothers, including that they have the ability to specify characteristics of adoptive parents of their child and exploring the option of commencing (and if reasonable in the given case, finalising) adoption orders while the baby is still *in utero*, provided that the birth mother can withdraw consent for a reasonable period after the birth. These were based on the evidence canvassed in our *Adoption Rethink* report. **It is critical that Queensland continue to progress its much-needed reform of its adoption laws.**

**Recommendation 3:** That the Queensland Government, following research into the reasons women choose termination, support real choice for women by addressing any societal barriers that might give women the option to choose to continue their pregnancy. These include **urgently progressing real alternatives for women facing unplanned pregnancies, including much-needed adoption reform, as well as addressing: domestic violence, access and affordability of child care, incentives for**



## flexible workplace and study arrangements and access to pregnancy counselling and psychological support/treatment.

### Safeguards are required to protect women

44. Proposed legalisation of a previously criminalised activity is usually the subject of significant analysis and deliberation and accompanied by considered regulations. This Bill however simply provides abortion on demand without regulation, failing to ensure that vulnerable women facing an unplanned pregnancy are empowered to make a choice by giving informed consent.
45. Women are more vulnerable to physical, emotional and psychological stress during pregnancy. During this time in their lives women need greater support in all aspects of their health. When faced with circumstances that force a woman to consider termination, this need for access to the full range of support and options available to her is even more acute. Where support is lacking, incidences of undue influence are more likely to impact upon a woman's decision-making.
46. Ensuring women's rights to both safety and informed decision-making is a priority provided for in abortion laws of other jurisdictions. Women's Forum have not looked to other Australian laws in great detail, as these are far less developed than those in international jurisdictions. We note that the Victorian legislative model for abortion is the most radical legislative model for abortion in Australia and should not be adopted by the Queensland Government. It is out of step with the current trend for abortion laws internationally and with medical advances including progress in neonatal practices.

### *Informed Consent and Mandatory Counselling*

47. Informed consent is a legal and ethical right for all individuals who undergo medical procedures or treatment. It includes the right to receive relevant, accurate and unbiased information prior to receiving medical care in order to make decisions based on sound judgement.<sup>33</sup>
48. In the U.S. 33 states have passed informed consent laws for abortion, independently of the general medical principles regarding informed consent that exist in every state.<sup>34</sup> 24 of these include the requirement to undergo an ultrasound.<sup>35</sup> Further, 38 U.S. states mandate that women receive counselling prior to an abortion, and 30 of these detail the information women must be given.<sup>36</sup>
49. Nearly all the U.S. states require that information be provided to women about the abortion procedure and foetal development, some also compelling disclosure of the gestational age of the foetus.<sup>37</sup> 25 states require that information about the risks of abortion be disclosed, including the potential physical and psychological risks for the woman.<sup>38</sup>
50. Specific requirements for informed consent prior to abortion are also common in European countries, including:
  - Belgium: Laws provide that before performing an abortion the doctor must inform the patient of the medical risks, and also inform her of options that would be available to her if she chose not to have an abortion, such as adoption.<sup>39</sup> Variations on these obligations exist in Iceland, Denmark, Spain, Norway, Finland and Germany;<sup>40</sup>
  - France: Laws require a woman to be informed during the first consultation about the medical and surgical methods of abortion, the risks and potential side effects.<sup>41</sup> It also provides that the patient be offered consultation with a marriage counsellor, family planning counsellor or social services, both before and after the abortion. The woman is free to decline or accept these offers of consultation, but pre-abortion consultation is mandatory for minors.<sup>42</sup> Information on social

services, counselling support and/or medical assistance is also provided to women in Iceland, Spain and Norway.<sup>43</sup>

- Netherlands: Laws require an operating doctor, following a consultation with the woman in person, to “advise her on the different options available” and “inform her of the medical risks”.<sup>44</sup> Abortion law in this country provides for administrative regulations: “setting forth conditions governing the provision of assistance and the reaching of decisions designed to ensure that any decision to terminate a pregnancy is taken carefully and is reached only if the distress in which the woman finds herself leaves no other choice.”<sup>45</sup> Such conditions are to ensure that the woman is given assistance and is well informed; that the physician is satisfied that the woman has made the abortion request “of her own free will, after careful consideration;” and that the physician performs the operation “only if it can be considered justifiable on the basis of his findings.”<sup>46</sup>

### ***Mandatory Waiting Periods***

51. The Netherlands laws require mandatory waiting periods following the woman’s first consultation with a medical practitioner before the abortion may be performed. Similar requirements exist for other jurisdictions such as Belgium, Italy, Germany, Spain and the United States.
52. In the U.S. 28 states require women to wait between 24 and 72 hours, before proceeding with the abortion procedure.<sup>47</sup> Other countries specify longer periods - Italy invites the woman to postpone her decision for 7 days<sup>48</sup> while Belgium and the Netherlands both mandate a period of 6 days. In Germany and Spain a waiting period of three days is required.
53. Both the mandatory provision of objective information to women, mandatory counselling and imposed waiting periods are clearly intended to have the combined effect of, as far as possible, allowing vulnerable women to stop to consider all the facts and options available to them when faced with an unplanned pregnancy. Women’s Forum urges the Queensland Government to consider a similar framework to protect women and ensure that they are best equipped to make an informed decision.

**Recommendation 4:** That the Queensland Government put in place legally mandated informed consent requirements and mandatory waiting periods for women considering an abortion, including:

- Prescribing the information to be provided to women when making their decision, including information about foetal development, the harms and risks of abortion and the full suite of alternative options;
- Offering women the opportunity to undergo an ultrasound prior to making a decision;
- Imposing a mandatory waiting period following the woman’s first consultation with a doctor before the abortion may be performed, during which the woman must be provided access to counselling; and
- Requiring women to access unbiased and objective counselling, which is independent of abortion providers.

### ***Other considerations***

54. Other issues that the Government should consider include:
  - Potential restrictions on the availability of abortion based on gestational periods due to the exponentially increased physical and psychological risks the further along an abortion is performed in the gestational period. In Belgium, Czech Republic, Finland, France, Germany and Norway, legal abortion is limited to the first 12 weeks, except in specified circumstances (usually requiring assessment and approval).<sup>49</sup> Other countries, (Czech Republic, Finland, Germany, Netherlands, Norway, Spain and Sweden<sup>50</sup>) have strict upper limits which prohibit abortion past

the point of foetal viability (usually 20-24 weeks). The presence of a serious threat to the woman's life is commonly the sole exception to these prohibitions.

- Requirements for parental/guardian notification or involvement where minors present for an abortion procedure (e.g. Czech Republic, Netherlands, Iceland and Norway<sup>51</sup>);
- Promoting the involvement of the father where appropriate (e.g. Finland and Iceland<sup>52</sup>);
- Limiting the types of persons appropriate to perform abortion procedures (e.g. medical practitioners only) to ensure they are carried out safely;
- Ensuring adequate protection of the rights of medical practitioners to maintain conscientious objections.

## Conclusion

55. In light of the research and evidence on this issue, Women's Forum strongly believes that any legislative or policy changes that truly seek to promote women's welfare in relation to abortion must take into account evidence of the harmful impact of abortion on women's health, the current lack of informed consent and the current lack of support for women seeking abortions in Australia. We need to provide our women with more information and more support.

56. If changes are to be made, they should be directed at addressing these pressing issues, rather than exacerbating an already flawed system by legislating for abortion on demand. The Bill in its current form has not been properly thought through. On such a sensitive and complex women's issue, it is critical that any changes be evidence-based and shown to benefit women. **Women deserve better.**

## REFERENCES

- <sup>1</sup> Pyne, R., Second Reading Speech, *Abortion Law Reform (Women's Right to Choose) Amendment Bill*, Hansard p 1527.
- <sup>2</sup> *Ibid.*
- <sup>3</sup> Bavas J., "Rise in Queensland babies surviving late-term abortions and being left to die, figures show", 16 June 2016: <http://www.abc.net.au/news/2016-06-15/babies-of-late-terminations-left-to-die-without-care/7512618>.
- <sup>4</sup> *Id.*, Note 1.
- <sup>5</sup> Galaxy Research 2016, Abortion Study, The Australian Family Association, viewed 19 June 2016, [http://www.family.org.au/reports/May\\_2016\\_Abortion\\_Galaxy\\_poll.pdf](http://www.family.org.au/reports/May_2016_Abortion_Galaxy_poll.pdf).
- <sup>6</sup> Queensland Maternity and Neonatal Clinical Guidelines, "Therapeutic termination of pregnancies", <https://www.health.qld.gov.au/qcg/documents/g-ttop.pdf>.
- <sup>7</sup> See, for example, Dr Marie Stopes clinics in all major Queensland cities: <http://www.drmarie.org.au/locations/#QLD>.
- <sup>8</sup> <http://www.johnstonsarchive.net/policy/abortion/australia/ab-aust-qld.html>.
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