

5 September 2018

Committee Secretary
Health, Communities, Disability Services and Domestic and Family Violence Prevention
Committee
Parliament House
George Street
BRISBANE QLD 4000

By email to health@parliament.qld.gov.au

Dear Sir/Madam,

Termination of Pregnancy Bill 2018

Thank you for the opportunity to provide a submission as part of the Committee's consideration of the *Termination of Pregnancy Bill 2018*.

Due to other commitments noted in our email of 3 September 2018 requesting an extension (which was not granted), our submission is briefer than we intended. However, we would welcome the opportunity to expand on the points we raise at a public hearing on the Bill.

We also ask that you please take into account our previous submissions on the recent two abortion law reform bills and the Law Reform Commission review.

In Queensland today, it is legal to have an abortion to protect a woman from serious danger to her life, physical or mental health. As one of the most common medical procedures in Australia, with 1 in 3 women experiencing an abortion, and around 14,000 being performed in Queensland each year, it is also readily and safely accessible.

The Bill repeals criminal sanctions for abortion, legalises abortion 'on request' up until 22 weeks gestation, legalises abortion up until full term with minimal safeguards, requires doctors with a conscientious objection to refer for abortions, and instates 150m 'safe access zones' around clinics performing abortions.

By allowing abortion 'on request' up until 22 weeks, the Bill makes lawful abortion for any reason, including for discriminatory reasons such as sex and disability selection. While the Bill purports to make abortion a 'health issue' this provision effectively treats it as a non-health issue by making abortion available on demand without the need for any medical grounds at all.

Making abortions lawful for non-medical reasons fails to recognise that abortion itself carries with it risks of physical and psychological harm,¹ and unnecessarily puts women at risk. It also gives the green light for women to undergo an abortion based on their current circumstances – such as work/study pressures, lack of emotional or financial support, domestic violence and so on – without actually addressing these underlying issues.

Much has been said by advocates of the Bill about how greater access to abortion will help women experiencing domestic violence. What they fail to mention is that the Bill provides no protections for women who are coerced into having abortions, that abortion does not in any way undo or address domestic violence, and that in the case of women suffering domestic violence, abortion heaps further violence and trauma upon these women.

In fact, by making abortion lawful for any reason, the Bill removes protections for women against abortion coercion. Whereas now abortions can only lawfully be performed on health grounds, under the Bill where abortion is permitted for any reason, women are even more vulnerable to coercion from their partners or family. In light of the recent NRL scandals where it was found that players had coerced their girlfriends into having abortions,² we should be seeking to implement more protections for women, not to take away the limited ones that exist.

In addition to making abortion lawful for any reason, the Bill also removes protections for late term abortions, including abortions on viable babies up until full term.

The Bill legalises abortion after 22 weeks (with no upper limit) where two medical practitioners consider that in all the circumstances the abortion should be performed – that is, all relevant medical circumstances, the woman's current and future physical, psychological and social circumstances and the practitioner's professional standards and guidelines. This 'single broadly expressed ground' is not any *clearer* than the current law, it is just far wider. It is also arguably so broad as to be meaningless, effectively allowing abortions up until full term for any reason, just like the highly criticised Pyne bills.

Removing protections against late term abortions is dangerous for women and for a Bill that seeks to 'modernise' the current law, it is out of step with common practice in other jurisdictions,³ with medical knowledge of foetal viability and pain,⁴ and with medical advances including progress in neonatal care.⁵ Just last week there was a beautiful viral

¹ Fergusson DM, Horwood LJ and Boden JM, "Abortion and mental health disorders: evidence from a 30-year longitudinal study" (2008) 193 BJ Psych 444 at 449.

² Wong, R., "Abortion coercion: the NRL still has a long way to go in its treatment of women", 20 March 2017: www.onlineopinion.com.au/view.asp?article=18914.

³ In many European countries, abortion is only allowed up until 10-12 weeks, after which there are strict conditions that need to be met for an abortion to be performed (<http://www.euronews.com/2016/04/14/europes-abortion-rules---no-single-policy/>). In the UK, abortion is only allowed up until 24 weeks to prevent physical or mental health risks to the woman or her other children. It is only allowed after 24 weeks under strict conditions (Abortion Act 1967 (UK), s 1(1)).

⁴ Doctors on Fetal Pain, www.doctorsonfetalpain.com/.

⁵ Salter J, "Premature babies: How 24 week-old babies are now able to survive", The Telegraph (17

video circulating on social media of a baby born at 22 weeks being discharged from a hospital in Alabama.⁶ The current bill would allow babies of the exact same gestation to be aborted 'on request' and for even older babies to be aborted with minimal safeguards.

The Bill seeks to 'modernise the law', yet does not make any attempt to understand and address the present-day societal issues, which might make women view abortion as their only choice. Women who abort often cite reasons such as fear of intimate partner violence,⁷ coercion from their partner or others, study or career pressures, and a lack of financial and emotional support.⁸

Instead of simply providing women with the so-called "choice" of abortion on demand, we need to do far more as a society to address the underlying causes and provide them with positive alternatives that are not going to expose them to further harm.

This includes progressing real alternatives for women facing unplanned pregnancies, and addressing issues of domestic violence, access and affordability of child care, flexible workplace and study arrangements and access to pregnancy and counselling support. Any bill that seeks to reform abortion law should address these issues as a matter of priority.

Given the pressures and lack of support that often drive women to seek an abortion, as well as the physical and psychological risks inherent in abortion, safeguards to ensure women are giving fully informed consent are also palpably absent from a bill that seeks to modernise abortion laws.

Moreover, by introducing 'safe access zones' around abortion clinics, the Bill prevents vulnerable women from accessing support or information in the very situation which they might need it most. Discussions about the abortion between a woman and her partner, relative or friend, or other person seeking to offer her support close to the clinic would become a crime. This isolates a woman intending to have an abortion by cutting her off from any support at all.

Advocates of the Bill claim that it clarifies the current law and aligns it with current clinical practice, promotes women's health, and brings the law into the 21st century. In reality however, the Bill is a radical departure from the current law, is counter-productive to women's health, and falls far short of legislation that is suitable for our society today. It removes important protections afforded to women, children, medical professionals

November 2014), <http://www.telegraph.co.uk/women/womens-health/11121592/Premature-babies-How-24-week-old-babies-are-now-able-to-survive.html>; "Premature babies", Better Health Channel, <https://www.betterhealth.vic.gov.au/health/healthyliving/premature-babies#>.

⁶ USA Children's & Women's Hospital, www.goo.gl/UMnqtq

⁷ Taft AJ and Watson LF (2007), Termination of pregnancy: associations with partner violence and other factors in a national cohort of young Australian women, *Australian and New Zealand Journal of Public Health* Vol 31, No 2, pp 135-142.

⁸ Finer LB, Frohworth LF, Dauphinee LA, Singh S and Moore AM (2005), Reasons U.S. women have abortions: quantitative and qualitative perspectives, *Perspectives on Sexual and Reproductive Health* Vol 37, No 2, pp 110-118.

and citizens under the current law and fails to address the very real issues women are struggling with.

It's 2018. We can, we must, do better than this for women, our children and our community.

Please do not hesitate to contact me on 0402 221 347 or by email: rachael.wong@womensforaustralia.org, if you require further information or clarification.

Yours sincerely,

A handwritten signature in black ink that reads "Rwong". The signature is written in a cursive, flowing style.

Rachael Wong
Managing Director