Submission No 36

INQUIRY INTO REPRODUCTIVE HEALTH CARE REFORM BILL 2019

Organisation: Women and Babies Support (WOMBS)

Date Received: 14 August 2019

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13 August 2019

The Standing Committee on Social Issues
New South Wales Parliament

By email: committee.socialissues@parliament.nsw.gov.au

Dear Members of the Standing Committee on Social Issues,

Re: The Reproductive Health Care Reform Bill 2019

Please find the following submission concerning the "Reproductive Health Care Reform Bill 2019 (Second Print)", which is hereafter referred to as 'the bill.' On behalf of Women and Babies Support (WOMBS) and those for whom we advocate, I look forward to discussing this bill with you further at the public hearing on Wednesday.

Introduction

Women and Babies Support (WOMBS) is a not-for-profit organisation that advocates for the needs of women and their babies during and after a pregnancy in challenging circumstances.

In a challenging pregnancy, a woman has only two options presently available to her - to continue or end the pregnancy. Ending a pregnancy, particularly early in gestation, is already legal and readily accessible in New South Wales.[1]

At Women and Babies Support we are particularly concerned that women in challenging circumstances feel equally they have the option to continue a pregnancy, hence that they have a choice and that they do not feel their only option is an abortion. A situation where a woman is considering terminating a pregnancy is not an easy one for any woman and the needs of women in a crisis are individual and often complex.

Hence support offered to a woman in those circumstances must necessarily meet those complex needs. It may include social, relationship, financial, practical and/or medical.

[1] Abortion is legal in New South Wales in Common Law and under the Levine test to preserve a woman's life and health *R v Wald (1971)*. In this, doctors may take social circumstances into consideration. (*CES v Superclinics 1995*)

Anything less than the support a woman needs in order to feel she can continue a pregnancy if she so wishes, is in effect, coercive. Likewise every woman needs and deserves freedom from pressure and any coercive play from others that is intended to influence her pregnancy decision.

At WOMBS we also aim to raise community awareness of the facts of human life, of pregnancy, abortion, pregnancy outcomes and the need for appropriate support in our communities. We conduct research in these areas and are particularly interested in the experiences of women and others in the community around a pregnancy decision and health outcomes. As part of our research, we are familiar with the work of pregnancy support services across New South Wales.

Preamble to this inquiry on the bill

Prior to addressing the bill itself in this inquiry, it is appropriate to note the contempt for due process that has resulted in the swift passing of the bill through the Legislative Assembly.

It has been a gross negligence on the part of the New South Wales government, particularly the Premier, to permit and facilitate debate on an abortion bill with only two working days since it's introduction to Parliament. The Premier has gravely neglected her responsibilities to the people of New South Wales to ensure they have adequate time to have their say on a new proposed law on abortion.

Again the swift referral of this bill for inquiry under this committee and allowing only three days for the public to make submissions on the bill is a grossly inadequate timeframe for the public to properly respond.

Even with such short timeframes, there has been great public outcry and opposition to this bill. Over a thousand people have signed a petition organised by WOMBS asking New South Wales Parliamentarians to reject this bill. There have been day and night protests attended by hundreds of people outside Parliament during the entire course of the debate on the bill in the Legislative Assembly.

The public outcry has also widely played out in the media with dismay expressed at both the content of this bill and the way it has been handled by the NSW Parliament. As Gemma Tognini from the Daily Telegraph said yesterday in an article titled, "This fight is not over. Stand for the rise of Loud Australians as the public responds to the NSW government completely shutting them out of the ongoing abortion debate,"

> *"In the same week that federal Labor (rightly) implored the government for better bereavement services for the families of stillborn babies, members of the NSW Parliament were cheering out the passage of legislation that makes ending life up to 22 weeks quite simple and provides no mandate to care for babies who by some bloody miracle might survive an abortion. Help me out here, someone. Which babies are we allowed to care about?"*

Even less than a week since the introduction of the bill, many members of the Legislative Assembly mentioned in debate that they had had an overwhelming response by way of email and phone calls from their constituents urging them to oppose the bill. Even those members who spoke to support the bill mentioned that the vast majority of people in their electorates had contacted them urgently with their concerns over the bill.[2]

> Member for Blacktown (12:36) - "*My electorate office has had approximately 300 emails or phone calls; only a few were in favour of the bill and the rest were against it."*
>
> Member for Gosford (12:52) who voted for the bill and apologised to her constituents who asked her to vote differently - *"Many community members have contacted our office team at Gosford - constituents and people living beyond the Gosford electorate - to voice their concerns."*
>
> Member for Hawkesbury (13:08) - *"In the brief time that Hawkesbury constituents have become aware of this bill before Parliament, I have received very concerned emails and calls with over 90% of callers who have contacted my office against this bill.."*
>
> Member for Wyong (13:15) who supported the bill despite the majority of people contacting his office opposing it - *"As other members' offices and staff have, my office and staff have received many calls and 133 emails. Of those the majority were probably against this bill…"*
>
> Member for Upper Hunter (7/8/19, 13:31) - "*Many of my constituents have contacted me and the vast majority - approximately 85% to 90% - are urging me not to vote for this bill."*

This bill appears to be the revisiting of a bad abortion bill debated upon and rejected in the Legislative Council only two years ago. In 2017, a similar bill to decriminalise abortion was introduced into the Legislative Council by the Greens, Mehreen Faruqi. It was rejected for its extremity and failure to adequately regulate abortion. Whilst the drafting of this bill in 2019 is an improvement on the 2017 bill, the end result is virtually the same: the legalising of abortion to birth that is largely unrestricted and would result in the intentional death of tens of thousands of babies. Safeguards for the health of women have been removed and the freedoms of health practitioners to practice according to their conscience overridden.

[2] New South Wales, Parliamentary Debates, Legislative Assembly, 7 August 2019, pp.24 - 33.

The Reproductive Health Care Reform Bill 2019 (Second Print)

Prior to going through a number of the provisions of the bill, WOMBS states emphatically from the outset that this is an appalling bill and it should be rejected it in entirety.

This bill provides for abortion on demand up until 22 weeks of pregnancy and then beyond that for such a broad range of reasons to make abortion available for virually any reason throughout all nine months of pregnancy.

This bill, if made law, will be directly responsible for the intentional and direct ending of the lives of tens of thousands of unborn babies in New South Wales and due to the nature of the bill which permits abortion on demand, it will result in the ending of the lives of more babies than under the current law.

In its current form it does not contain any protections for preborn children whatsoever, including from sex selection abortions, from a negative prenatal diagnosis, or from any other reason that an abortion may be sought. Abortions could be legally performed on healthy mothers with healthy babies right throughout the nine months of pregnancy. Babies who survive a failed abortion are not protected with a provision for medical care under this bill.

It is a dangerous bill not only for unborn citizens of the state but also for their mothers. The bill fails to legisate abortion for the best interests of the mother's health. Removing these provisions from the current law means that abortions may be performed without any consideration given to the impact on a woman's physical or mental health.

This bill will allow more women to be pressured and coerced than under the current law because (unlike the current law) it will allow abortions for any reason. It does not contain any provisions towards ensuring that two channels of support be offered to women in challenging pregnancies - not just the one channel - abortion - but another channel also - that of support to continue a pregnancy.

This bill imposes upon the freedoms of medical practitioners in New South Wales to practice according to their best professional judgement and according to their conscience. It will not provide for the conscientious objection of health practitioners by requiring them to provide information to a health practitioner who does not have a conscientious objection, hence requiring them to facilitate the process of a woman obtaining an abortion.

It would be a bad law and despite the recommendations outlined in this submission the bill cannot be remedied to an acceptable piece of legislation. The bill should be rejected by the NSW Legislative Council in entirety.

However, since the terms of reference for this submission require comment on the bill, this submission will now refer to specific provisions in the bill.

Issue 1: Definitions

The definition of a 'termination' under the bill.

As defined by the bill, a ***termination****:*

> 'means an intentional termination of a pregnancy in any way, including, for example, by -
> a) administering a drug, or
> b) using an instrument or other thing.'

It is assumed that under this bill a 'termination' is intended to mean the same as the commonly used term 'abortion'. However, the definition given in the bill is not clear on this.

The usual understanding of an 'abortion' is the intentional termination of a pregnancy in any way *that aims at the death of an embryo or fetus.* The terms 'abortion' and 'termination' are used interchangeably throughout this submission, according to this definition.

However, a pregnancy may be ended intentionally for a medical necessity using a drug or an instrument but where the aim is not the death of the child. For example, a treatment for ectopic pregnancy by administering the drug RU486. Another example is an early induction of labour or 'early delivery' using drugs or through a C-section due to a medical condition of the mother.

These terminations of pregnancy do not come under the usual definition of abortion and are not usually considered abortions (induced or 'elective' abortions) by the medical community. Medically, an abortion is any ending of a pregnancy before viability and include spontaneous abortions (miscarriages) or induced abortions.

Hence it is assumed that some procedures that involve the intentional termination of pregnancy are not included in the definition of a ***termination*** under the Reproductive Health Care Reform Bill 2019. However this is an assumption and it should be clear under the bill. It is an important distinction to make.

Recommendation 1: The definition of ***termination*** under the bill is amended to:

As defined by the Reproductive Health Care Reform Bill 2019 a ***termination*** refers to:

> 'the intentional termination of a pregnancy in any way, that aims at the death of an embryo or fetus, including for example, by -
> a) administering a drug, or
> b) using an instrument or other thing.'

Issue 2: Part 2, 5 Termination by medical practitioners at not more than 22 weeks

This section permits the intentional and direct ending of the lives of unborn children in New South Wales for any reason.

Abortion on demand also exposes the women of New South Wales to greater risk of harm when there is no requirement for the provider to consider the relative risk to their health by undergoing the termination. 'Health' may allude to the physical health of the woman but health also includes her mental health. Research has been clear for a long time that abortion is a risk factor for mental health problems for women across the globe and this is acknowledged by those on both sides of the abortion debate.[3] In particular, the pre-abortion conditions identified by international research which indicate a higher risk of mental halth problems include women who experience coercion or pressure to have an abortion.[4]

This bill opens up the possibility of more women being coerced to abort because they may be pressured to abort legally *for any reason* up until 22 weeks of pregnancy. We know currently that women are being coerced under the existing laws of New South Wales. A Galaxy poll of New South Wales residents conducted in 2017 found that one in four people personally knew one or more women who had been pressured to have an abortion.[5] WOMBS has heard the stories of some of these women who have been coerced into abortions as part of our research into what support is offered women in challenging pregnancies:

> *"I only wished in all of the unplanned pregnancies I faced that just one person had said to me, 'I'll help you' or 'I'll support you' or 'I'll point you in the right direction', not one and I've had eight abortions. That's a lot of situations that I've faced. Every single time,* ***every single time,*** *I was coerced, forced or abused into having an abortion." - Emma*[6]

> *"Client L came to us pregnant and afraid of her ex-partner. She had had 12 terminations with at least 2 late term. She was being coerced by her ex-partner who threatened to 'sever his arm' if she continued the pregnancy."*[7]

The current provision, section 545B of the Crimes Act which makes it an offence to compel another person to do or to refrain from doing an act using intimidation or violence, has been inadequate to deter people from coercing women into having an abortion. In the Legislative

[3] Attachment 1: Legge, T. 2018. Abortion Reform in Australia. *A White Paper - June 2018. Policy Recommendations for Immediate Consideration by Governments of Australia.* Women and Babies Support International. p.26.

[4] AMRC, 2011. Induced Abortion and Mental Health. 8. Findings of the steering group. *'There were some additional factors associated with an increased risk of mental health problems specifically related to abortion, such as pressure from a partner to have an abortion.'*

[5] Attachment 2: What NSW Really Thinks About Abortion. May 2017. *Conducted by Galaxy Research, p.4.*

[6] Attachment 1: Legge, T. 2018. Abortion Reform in Australia. *A White Paper - June 2018.* p.14.

[7] See Appendix 1 for this and other stories of women's experiences with termination.

Assembly debate on the bill, the member for Wakehurst raised this existing provision as a reason to object to the member for Mulgoa moving an amendment for a specific provision in the bill that would make coercion of a woman to have an abortion a crime.[8]

By opening up abortion access for any reason prior to 22 weeks, this would expose both women and health practitioners to accept an abortion, for any reason, under pressure from others. This bill is not in line with the views of New South Wales citizens on abortion and has been overwhelmingly rejected by the public since it was introduced only a week ago. The Galaxy poll in 2017 reported that half of New South Wales voters would not allow abortion after eight weeks of pregnancy. This includes 15% who would not allow abortion after five weeks and 22% opposed to abortion at any time.[9]

This section also puts undue pressure on health practitioners, even those who have a conscientious objection to abortion under the Act, to perform or facilitate a woman obtaining an abortion for any reason. What will be the new process for doctors and health practitioners?

Why should the taxpayer pay for an elective, medical procedure that is not medically necessary and not justified on health grounds?

Recommendation 2: This section is the foundation of the legality of abortion under the bill and is completely unacceptable and out of line with community expectations. The bill should be entirely rejected.

[8] New South Wales, Parliamentary Debates, Legislative Assembly, 8 August 2019, 80 (Brad Hazzard).
[9] Attachment 2: What NSW Really Thinks About Abortion. May 2017. *Conducted by Galaxy Research, p.5.*

Issue 3: Part 2, 6 3) b) Qualifications of specialist medical practitioners to assess a person's current and future physical, psychological and social circumstances'

How can medical practitioners practicably assess the social/future impacts on a woman's health for a late-term abortion when this requires an psychological and social assessment?

Is there some specialist knowledge or qualifications required for a practitioner who is trained to provide abortions to also make a psychological and social assessment of the person?

How could this be carried out by every medical practitioner for every woman requesting a late term abortion?

Recommendation 3: The requirement that medical practitioners assess a person's current and future psychological and social circumstances is impracticable. Delete Part 2 6 3) b) of the bill.

Issue 4: Section 7, Requirement for information about counselling

This whole section assumes firstly that the medical practitioner who will be performing the termination is the same medical practitioner who must assess the woman as to whether or not it would be beneficial to discuss assessing counselling with her. In reality, medical practitioners who perform terminations do not usually have the initial consultation with the woman who is seeking an abortion. This may be with the woman's GP, a counsellor with Family Planning NSW or a clinic staff worker or someone else apart from the medical practitioner who would perform the termination.

How would this section be practicable if the medical practitioner who would perform a termination is not the person who, in current practice, assesses and/or consults with a woman over her decision to seek an abortion?

Secondly section 7 1) a) requires that the medical practitioner (assumedly the person who would perform the termination) must 'assess whether or not it would be beneficial to discuss with the person accessing counselling...' This is entirely subjective and inappropriate. Aside from the issue that the medical practitioner who would perform the termination would not generally stop to discuss counselling with the woman, even if that was a requirement and the provider was under law required to make this assessment, there is a conflict of interest.

The provider of a termination should not be responsible for making an assessment as to whether or not counselling should be discussed with a woman prior to a termination, particularly when that assessment is entirely subjective and the counselling is optional.

Medicare item numbers for non-directive counselling (4001, 81000, 81005 and 81010) exclude 'GPs, psychologists, social workers and mental health nurses who have a *direct pecuniary interest in a health service that has as its primary purpose the provision of pregnancy termination services."*[10] Due to the vested interests of abortion providers, this provision within Medicare is entirely appropriate. However, a number of women who have shared their stories with Women and Babies Support claim they did not receive adequate counselling at abortion clinics:[11]

> *"Blankly they booked me in, took my money, gave me a five minute counselling session where basically they twisted everything to suggest abortion was my obvious best path.. and I use the word 'counselling' very loosely because someone asking, "Do you want to go ahead with this and you say 'Um, yes', is not counselling. Not one person warned me of the dangers, emotionally, physically, or spiritually... Not once, not once did they suggest perhaps I might need other support options or put me in touch with an independent counsellor." - Emma*

[10] Department of Health. Non-directive pregnancy support counselling. 2013. *Australian Government.* Exclusions:http://www.health.gov.au/internet/main/publishing.nsf/content/health-pcd-pregnancy-support.htm

[11] Attachment 1: Legge, T. 2018. Abortion Reform in Australia. *A White Paper - June 2018.* p.22 & 23. See also Appendix 1.

[After leaving an abortion clinic] - "A few days later I looked at the receipt and to my surprise I noticed that there was actually a counselling fee included in the price but I never received counselling." - 'Hannah'

Jaya Taki shared her story publicly in 2017 about being coerced into an abortion by her then partner, an NRL player and in the inadequacies of the counselling she received at an abortion clinic:

> *[On speaking with a "counsellor" at a Sydney abortion clinic]... "I remember thinking that you have a counselling session beforehand and that's when they decide if you can have an abortion or not. The first question she said was, 'How long have you been together?' I said, 'Oh, four months.' She said, 'Oh yeah, I can see why you'd want an abortion.' And I remember thinking, 'Please ask me more questions. Please ask me if this was my choice.' And she said, 'Yeah, I get it, you don't want a baby that early in your relationship.' No-one supported me and I thought that that was my final chance. I was hoping that she would sign off and say, 'This woman cannot have an abortion.' Instead she gave me an envelope and said, 'Make sure you put your money in there.'" - Jaya Taki*

It would appear that because anyone working at an abortion clinic cannot receive Medicare rebates for non-directive counselling (that requires a minimum of 20 minutes counselling), adequate counselling is not being provided at clinics. This is an added cost to clinics, or a cost passed on to the woman. Due to the pecuniary interest of abortion clinics in providing termination services, there is little incentive to provide any lengthy counselling that would provide a woman with the time and support needed for her to consider continuing a challenging pregnancy.

Furthermore, there is no law in Australia that requires someone providing a counselling service to have either qualifications or experience.[12]

Out of the two options in a challenging pregnancy the easiest option is getting an abortion. It's far harder for women in pregnancy in difficult and challenging circumstances to find the assistance they would need from outside those closest to them to continue their pregnancies and hence have that option.

It is important that assistance offered to women in these circumstances is non-monetised and separated from the conflict of interest of providers of abortion - i.e. that the counselling and support services they can avail are publicly funded independent of the services offered by abortion providers.

It is essential that pre-termination counselling meeting minimum requirements and information on independent, non-directive counselling is offered to women who directly

[12] Better Health Channel. Counsellors. Victoria State Government. https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/counsellors

present at clinics, without having had the opportunity for prior counselling. Inadequate counselling prior to a procedure is a risk factor for negative mental health effects after an abortion.[13]

It should be mandated that at clinics uncounselled women are offered and can receive adequate non-directive counselling through referral to an independent counsellor, including for counselling that is publicly funded Time to make a considered decision prior to a termination should be provided for.

In the observation of WOMBS, the practices of pregnancy and post pregnancy support services in New South Wales have a strong commitment to best practices, offering holistic support services and client centred care.[14]

Recommendation 4: The Medical Practitioner who would perform a termination on a person should not be responsible for assessing whether or not to discuss accessing counselling with that person.

Section 7, Requirement for information about counselling could be modified, for example:

1) Before performing a termination on a person under section 5 or 6, a medical practitioner must-

    a) have evidence in writing that the person has received non-directive counselling or has been offered this counselling, and

    b) if the person can't show that they have received non-directive counselling, the medical practitioner must discuss counselling with the person, provide a referral for it to an independent counsellor and not provide a termination on that person for at least five days after the medical practitioner has provided that information to the person.

[13] ARMC, 2011. Induced Abortion and Mental Health. p.79.
[14] Attachment 1: Legge, T. 2018. Abortion Reform in Australia. *A White Paper - June 2018.* p.19.

Issue 5: Section 9 Registered health practitioner with conscientious objection

We are appalled by the content of this section and object to it entirely. We have grave concerns not only for the health practitioners who would be implicated but for the *women (or children)* at risk of coercion and pressure to have an abortion from another person. This section would actually protect and assist, in law, a person who is coercing another person to have an abortion.

This section protects ***a person*** seeking a termination for a woman to obtain information and direct access to an abortion for that woman. This person, i.e. the ***first person*** in the bill is someone who may be actively coercing and pressuring a woman into having an abortion, for example, a parent, a male partner or even a medical practitioner who wishes to facilitiate an abortion for a woman after a prenatal diagnosis. As one woman disclosed when seeking pregnancy support:

> *Client J – fell pregnant to her medical intern GP who then because of his cultural background and the possible impact on his medical career strongly coerced her to terminate. Having previously had a termination, she was hesitant to go through the procedure again and sought the counselling and support of her local pregnancy centre... "*[15]

This section would *open up a greater risk of a person being pressured or coerced into an abortion* because it specifically refers to how a person (the ***first person***) is to be dealt with if they inquire about a termination for another person. The health practitioner with the conscientious objection is to provide an easy path for the first person who is *not* the woman (or child) the termination would be performed on, to get advice on the performance of a termination on her by a medical practitioner who would either perform the termination themselves (9, 3) a) and b) i) ii), assist in the performance of a termination (8, 3) b) ii) or make a decison about a late-term abortion (9, 1) a) iii) which refers to section 6).

In short this section would point those who may be coercing a person to have an abortion directly to the abortion providers who would faciltiate this and who have vested interests in providing an abortion, particularly late-term abortions under section 6, which are very risky to the physical and mental health of the mother and also very expensive.

As an added violation of the freedom of people involved, this section *requires a health practitioner with a conscientious objection to facilitate this process which could involve coercion and by its ends generate more business for abortion providers.*

Concerning the rights of health practitioners: the requirement for a health practitioner who has a conscientious objection to abortion to provide information about another who does not have a conscientious objection *is a requirement for a health practitioner to be involved in a person facilitating an abortion.*

[15] Appendix 1.

This section is unnecessary when any person seeking information on a termination can simply google to find abortion providers. It is also impractical that any health practitioner with a conscientious objection would know, or keep a list of particular health practitioners do not have a conscientious objection to abortion or perform it, in order to provide this information to a person who is seeking an abortion for another. This section completely ignores the right of the person on who the termination would be performed from receiving full information and non-directional support.

In practice this section would gravely and wrongly impose on the freedom of health practitioners to exercise professional judgment concerning a person's health and circumstances in pregnancy.

Further to our concerns about this section protecting and actually assisting people who may be coercing a woman to have an abortion, it would result in health practitioners feeling they cannot say anything to the person seeking information about a termination about the only other option in a pregnancy decision - i.e. the option to continue the pregnancy.

Regardless of the personal views of any health practitioners on abortion, they should not be compelled, under law, to assist a woman, or anyone else seeking an abortion for a woman, only in the path to an abortion. All persons seeking information from a health practitioner have the right to receive information on the other option that should be available in pregnancy and from any health practitioner who is approached on this.

Recommendation 5: Section 9 poses an appalling risk to the health of a person on which a termination is performed in that it would actively assist people who may be coercing them to have the termination. In an unbelievable violation of the rights of health practitioners who have a conscientious objection, this section would require them to participate in this process. This section is another reason why the bill should be rejected in entirety.

Issue 6: Amendments for Consideration

During the course of debate on the bill in the Legislative Assembly, fourteen amendments were proposed and seven amendments passed.

Some of the Amendments for Consideration that failed in the Legislative Assembly should be considered again by this committee and be recommended to the Legislative Council.

A. Terminations on children under 16 years of age

The current bill does not provide for protection of minors against abortion coercion and also would allow children who are sexually abused or the victims of statutory rape to continue violating their victims. Sometimes the perpetrators of these children are their own parent or legal guardian.

Recommendation

Our recommendation to modify counselling requirements under the bill (see Issue 4) would provide minors with greater protection from abortion coercion and harm from the procedure due to lack of informed consent or the offering of other options.

The committee should also consider making recommendations that non-directional counselling services screen for coercion of minors and sexual abuse, including repeated sexual abuse where abortion can be used to protect perpetrators.

B. A termination performed by a qualified person but outside the provisions of the bill should be a criminal offence

This bill does not provide any due recognition for the offence of an intentional and direct attack on the life of a child in the womb for any reason, as it should. This is the primary reason the bill should be rejected in entirety.

Notwithstanding this, the law should also afford women the best protection against unsafe terminations and unscrupulous abortion providers. We know that women have and will be harmed by serious medical malpractice in the provision of terminations. Disciplinary action over providers by peak medical bodies is insufficient as a deterrent and in ensuring women receive justice in the law for grevious bodily harm they may experience at the hands of abortion providers.

Recommendation

The amendment for consideration put forward in the Legislative Assembly by the member for Mulgoa should be reconsidered by the Legislative Council. For example, on page 9, the Division 12 heading could be modified to read “Unlawful termination of pregnancies” and the following section inserted:

Section 2.1 [2] *Insert*
(3) A medical practitioner who performs a termination other than in accordance with the *Reproductive Health Care Reform Act 2019* commits an offence.
Maximum penalty - 7 years imprisonment.

C. Abortion coercion should be a criminal offence

The amendment for consideration put forward in the Legislative Assembly by the member for Mulgoa should be reconsidered by the Legislative Council. This provision is necessary because the existing provision in the Crimes Act has not effectively deterred people from coercing women to have an abortion.

Even the medical director of Marie Stopes Australia concedes in their White Paper, 'Hidden Forces: Shining a Light on Reproductive Coercion' that when it comes to the abortion decision 'there are times when it is clear that coercion is at play.'[16]

Coercion, along with ambivalence (mixed feelings) about the abortion decision or difficulty or distress in making a decison are risk factors for serious psychological problems after an abortion.[17]

Abortion coercion is a form of domestic violence and should be a crime, with similar penalties to other unlawful acts in the bill that could result in severe trauma to the person on which a termination is performed. (i.e. maximum penalty 7 years). For example, as suggested by the member for Mulgoa:

Section 545B Intimidation or annoyance by violence

Insert after section 545B(1) -

1A) For the purposes of subsection 1), if a person is convicted of an offence under that subsection involving any of the following circumstances the maximum penalty is 7 years imprisonment -

a) Using intimidation or annoyance to compel a person to have a termination performed,
b) Using intimidation or annoyance as a consequence of a person abstaining from having a termination performed.

[16]Marie Stopes Australia. Hidden Forces - Shining a light on reproductive coercion. p. 13.

[17] TFMHA, 2008. Report of the APA Task Force on Mental Health and Abortion. p. 92. http://www.apa.org/pi/women/programs/abortion/mental-health.pdf
AMRC, 2011. Induced Abortion and Mental Health. p.8.

Issue 7: Data Collection

Data collection on terminations in New South Wales is inadequate. Reliable statistics on abortion are unavailable, even federally through the use of (two) Medicare items. There are flaws in reporting protocols. Collection of data via Medicare item numbers for terminations does not prevent the misreporting of induced abortions as spontaneous abortions (miscarriages) or pregnancies ended before viability for medical reasons because the same procedure is used for many (dilation and curette) and claimed under the same item number.

Medical abortion procedures are also not required to be reported on retrospectively to ensure the patient completed the procedure. Furthermore details of women's experiences of abortion and health outcomes are rarely collected and insufficient in detail to confidently speak to policy making.

Recommendation 7

Reporting on terminations should commence in New South Wales. A provision could be inserted in the bill to ensure this happens and in a timely manner, similar to section 14, which requires a review and report (on gender selection) within 12 months after the commencement of the Act. A similar requirement could be made for data collection to commence within 12 months of the Act.

This need for data collection is especially important in the instance of this bill which provides for abortion on demand until 22 weeks gestation and which means in practice a woman is not required to give reasons or details around a termination. That is, if a provision is *not* made for data collection in the bill, then it would not necessarily occur at any satisfactory level if this bill became law.

Details in relation to terminations should include demographic and social characteristics, counselling or pregnancy support services availed, referrals, circumstances of pregnancy, domestic violence, special needs, reasons for considering termination and post termination complications or psychological difficulties.[18]

Conclusion

This bill would be a bad law that is responsible for the intentional and direct ending of the lives of tens of thousands of unborn children in New South Wales and should be rejected in entirety. The Parliamentarians responsible for this bill know its a bad bill and this is why they have sought to ram it through Parliament with such scarce time for public consultation. Public indications since its introduction are that the majority of the citizens of this state strongly oppose this extreme abortion bill. It should not be passed by the NSW Legislative Council and under the conditions by which it has arrived within the council.

[18] Attachment 1: Legge, T. 2018. Abortion Reform in Australia. *A White Paper - June 2018.* p.46.

APPENDIX 1: STORIES OF WOMEN: From Pregnancy Support Centres in NSW

Client A- a 32 year old mother who struggled with financial difficulties and lived in housing commission was pressured into having an abortion by her mother. She then later regretted that decision, severely resented her mother and then told the counsellor that she wanted to go straight back out and have a baby. She received counselling for 6 months after her termination.

Client Z having had 4 terminations and saying she regretted each of these decided to see a counsellor to help her navigate the fears and concerns she had around the current pregnancy. She said ‘she just needed help to have the confidence to have the baby’ and with the support offered to her then decided to keep her current baby and carry to full term.

Client L came to us pregnant and afraid her ex- partner. She had had 12 terminations with at least 2 late term. She was being coerced by her ex-partner who threatened to ‘sever his arm’ if she continued the pregnancy. Finding a safe place to talk and express her fears she decided to continue her pregnancy and carry to term.

Client H – After having 4 terminations in her teens, having 2 babies removed from her care. She decided to see a counsellor and continue her pregnancy with the support of her local pregnancy and medical practitioners.

Client S – had had 5 prior terminations and was working as a dancer in a club. When she found out she was pregnant to a married man who later advised her he wanted no part in the pregnancy, she decided to carry the pregnancy to term. She had no family and no support but was able to access full comprehensive care and support from a local pregnancy centre that has established her and her son with everything they need to have a strong future.

Client J – fell pregnant to her medical intern GP who then because of his cultural background and the possible impact on his medical career strongly coerced her to terminate. Having previously had a termination, she was hesitant to go through the procedure again and sought the counselling and support of her local pregnancy centre that helped her navigate the challenges of an unplanned pregnancy and now her and her son are thriving.

Client M – found out she was pregnant when she was in a women's refuge with her 7yo son after escaping an extremely abusive and violent man. The thought of parenting again and solo terrified her. When the refuge referred her to the pregnancy centre she was able to convey all her concerns. After talking things through with a professional counsellor and hearing of the support that was available to her she made the decision to continue her pregnancy and is now the happy and flourishing mum of 2 boys.

Client A – Mrs A came to us deeply upset at finding out she was pregnant at 40. Having had 2 perfect children, her and her husband had decided their family was complete. She was now ready to get back in the workforce and move on to the next phase. Her 2nd pregnancy was wrought with morning sickness and the thought of going through that again seemed too

much. After chatting with her counsellor through all her options, Mrs A and her husband decided to continue their pregnancy and find the right medication for her morning sickness.

Client K – Came to us for counselling around her unplanned pregnancy. After 4 miscarriages and a stillbirth they were told by doctors that their daughter conceived through IVF would be an only child. When she found out she had conceived naturally she was greatly concerned that this pregnancy would end in the same tragedies as before. Termination became a valid option to prevent her from the heartache that she knew too well. After coming to the pregnancy support centre, she was encouraged to see her obstetrician asap and explore all her options, her and her husband chose to continue the pregnancy. She is now carrying her 'miracle baby'.

The stories of support offered to post-abortion women are much the same, but their grief and trauma are being navigated by professional counsellors that will see them for as long as they like for free until they are at a place where they feel 'whole again'.

ATTACHMENTS:

1. T. Legge. 2018. Abortion Reform in Australia. *A White Paper - June 2018. Policy Recommendations for Immediate Consideration by Governments of Australia, following Collaboration between Experts and Community Members from all sides of the Abortion Debate.* Women and Babies Support International.

2. Abortion Rethink. What NSW Really Thinks About Abortion. May 2017. *Conducted by Galaxy Research.*