

# Family First

## Additional Comments

### Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005

The *Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005* would have numerous effects, the most serious of which are:

- Obliging pregnancy counselling agencies that have a conscientious objection to referring for abortions to print a statement in all their advertising or publications similar to suggested words in the Bill, which are "this service does not provide referrals for termination of pregnancy". Failure to do this could result in a fine of more than \$1 million.
- Ensuring that pregnancy counselling agencies that do not refer for abortions are not allowed to be listed in the "24 hour health and help call pages" of the telephone directory, regardless of whether they print the required statement in advertising and publications.

The Bill is flawed because it links counselling with referrals for abortion.

It is also flawed because it adopts an ideological position by limiting its concern solely to whether or not agencies refer for abortion. The Bill dictates that agencies must refer for abortion if asked after counselling, or be labelled as biased.

FAMILY FIRST is proudly pro-woman which is why FAMILY FIRST believes the Bill should have focussed on ensuring we have the best possible pregnancy counselling services for Australian women. We should have the highest possible standards of counselling and look at ways to improve existing counselling services.

Catholic Social Services Australia summarised some of the broad problems of the Bill:

The bill singles out particular pregnancy counselling services—namely, those that do not provide referral to termination providers—and places onerous requirements on them to advertise in a particular way under threat of criminal penalties. The bill defines pregnancy counselling so broadly as to catch in its net a vast array of service providers, medical practitioners, educators and others. It further defines advertising so broadly as to capture every conceivable form of publication or notice, whether made to the public or not.<sup>1</sup>

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1 Mr Frank Quinlan, Catholic Social Services Australia, Committee Hansard 22 June 2006, page 21.

## **What is non-directive counselling?**

It is clear that the term “non-directive counselling” means different things to different people.

The Bill defines non-directive counselling as “a service that offers counselling, information services, referrals and support on all three pregnancy options being (a) raising the child; or (b) adoption; or (c) termination of pregnancy: and will provide referrals to termination of pregnancy services where requested.”

The Department of Health and Ageing has a different understanding of what non-directive counselling means:

Counselling is really about the process of supporting decision making and ensuring that the counsellor assists the client to explore their feelings in relation to the issue. The issue of what happens once the client has made the decision and whether there is ongoing referral is a different issue from whether nondirective counselling is being provided.<sup>2</sup>

Other evidence highlighted that pregnancy counselling should not be viewed as solely a medical service:

Pregnancy counselling services should not be seen as exclusively medical services. There is a need for women to be able to explore non-medical options. There is also a need for women who may want to continue a pregnancy to have access to support services. To medicalise pregnancy counselling would suggest that medical interventions are the only services available.<sup>3</sup>

Pregnancy Counselling Australia argued that:

It is not our role as a counselling service to refer women to an abortion facility. We are a non-medical organisation and we do not have the authority to issue a referral for a medical procedure.<sup>4</sup>

As Open Doors Counselling pointed out, an abortion referral can influence a client's decision and is not compatible with non-directive counselling:

... an abortion referral from a counsellor can be perceived by the client as the counsellor's assessment of her suitability for abortion. This is out of place in non-directive, client-centred counselling, and can cause premature foreclosure of the client's own decision-making process.<sup>5</sup>

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2 Ms Carolyn Smith, Department of Health and Ageing, Senate Community Affairs Committee Estimates Hansard, 1 June 2006, page 69.

3 Dr Nicholas Tonti-Filippini, submission 10

4 Pregnancy Counselling Australia, submission 29, page 3.

5 Open Doors Counselling and Educational Services Inc, submission 78, page 2.

## **Decision-making counselling and pre-termination counselling**

It emerged that the counselling commonly offered can be broken up into two broad groups: decision-making counselling and pre-termination counselling. This leads to the problem of women not having the opportunity to properly consider what decision is right for them:

We also hear of women talking about that experience at the clinic as being more about pre-termination counselling. I think this is really important. For example, it says, ‘This is what the procedure will look like; this is what to expect,’ and those types of things. There is perhaps not as much time spent on whether or not this decision is right for them. I have heard women say that, because they have come to a clinic that provides termination, there is some kind of assumption that that is the decision that they need to take. We see that there are a range of concerns. We very much want to see counselling as being independent of providers who may have an interest in the service of termination.<sup>6</sup>

Ms Jacinta Collins from the Caroline Chisholm Society pointed out that:

... when you look at what [organisations such as Reproductive Choice Australia] characterise as appropriate options counselling—when you get through stage 1 and stage 2 of what they regard as the process—you see that stage 3 deals solely with pre-termination issues and does not deal with other issues women might have, such as ambivalence about a termination, and what support might be appropriate in those circumstances.<sup>7</sup>

One abortion clinic worker admitted that not all women attending an abortion clinic received decision-making counselling.<sup>8</sup>

## **Full information offered by agencies that do not refer for abortion**

There was some confusion over the sort of counselling offered by agencies that do not refer for abortion.

Senators Adams and Nettle claimed that Pregnancy Help Australia is "not allowed to give any information regarding a termination".<sup>9</sup>

Others giving evidence appeared to have a similar misunderstanding. They seemed to confuse providing information with providing a referral:

... I think a lot of young people would assume, that they would get help support and explore all options ... I think that is the entire problem that this bill is trying to overcome ... I assume that young women would be quite

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6 Ms Mary D'Elia, Caroline Chisholm Society, Committee Hansard, 18 July 2006, page 9.

7 Ms Jacinta Collins, Caroline Chisholm Society, Committee Hansard, 18 July 2006, page 5.

8 Dr Allanson, Fertility Control Clinic, Committee Hansard, 18 July 2006, page 47.

9 Committee Hansard, 19 July 2006, page 10.

concerned to realise later on that they were not provided with all the options that were available to them.<sup>10</sup>

FAMILY FIRST believes it is important to stress that pregnancy support agencies that declare a conscientious objection to providing a referral for abortion do provide information to women on all the options including abortion. All they do not provide is a referral.

Mrs Garratt from Pregnancy Help Australia said "all our counsellors are trained to say, 'We cannot provide you with a referral for termination services. We can, however, talk to you about your options and give you information about abortion procedures, etcetera, if that is what you want to do.'<sup>11</sup>

Ms D'Elia from the Caroline Chisholm Society stated:

We do not refer for the termination of a pregnancy. We are not medical practitioners. That is the role of a medical practitioner. But we are happy to talk about all the options that are available for a woman to explore. We do explore all three options that are available. If someone was to ask for a referral for termination we would say that it is really important for them to seek further counselling and support from their GP or local hospital. We do not provide a direct referral to a termination clinic; we believe that it is important for there to be the intervention of a medical practitioner in that process.<sup>12</sup>

## **Referring for abortion**

The Bill wrongly assumes that pregnancy counselling that does not include a possible abortion referral is no good. As one submission put it, the Bill:

... is based on a biased and unfounded assumption that the only legitimate pregnancy counselling services are those which refer for abortion.<sup>13</sup>

The emphasis on referral is against the advice of the Department of Health and Ageing, which said in relation to pregnancy counselling services it funds:

We are not expecting them to provide specific referrals to specific termination services. We think it would be very difficult for any telephone counselling service to do that, and that is not required.<sup>14</sup>

FAMILY FIRST believes it is in fact inappropriate for pregnancy counsellors to assume a medical role and refer for abortion:

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10 Ms Sarah Wickham, National Union of Students, Committee Hansard, 18 July 2006, page 32.

11 Mrs Deborah Garratt, Pregnancy Help Australia, Committee Hansard, 22 June 2006, page 41.

12 Ms Mary D'Elia, Caroline Chisholm Society, Committee Hansard, 18 July 2006, page 13.

13 Festival of Light Australia, submission 12.

14 Ms Murnane, Department of Health and Ageing, Committee Hansard, 22 June 2006, page 2.

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A referral for a termination of pregnancy, a referral for a surgical procedure, is a medical referral and should be treated that way ... You cannot expect counselling services to provide medical referrals.<sup>15</sup>

While the Australian Medical Association (AMA) gave evidence that “you need a referral from a medical practitioner to access a clinic specifically set up to perform abortions”<sup>16</sup>, the Committee later heard that the AMA was wrong:

When the AMA appeared before you, they said that they understood that you did require a doctor’s referral for abortion. In reality, often a doctor within a clinic can conduct that referral, but that is certainly not what seems to be implied from the evidence that came from the AMA or their understanding of the situation. If you look at the submission of the Bessie Smyth Foundation, they say that it is not the case that a medical referral is required for a termination. I think there is still much in that area that needs to be addressed in terms of what is good practice before we go down the path of saying, ‘We’re going to use these sorts of phrases to prescribe how people delivering services can advertise.’ That is probably the main problem I see with this particular approach.<sup>17</sup>

Even supporters of the Bill acknowledged that clients can self-refer for abortion:

You do not actually need a referral to go to a doctor or a family planning clinic or to access abortion. You can self-refer.<sup>18</sup>

It was also pointed out that abortion clinics are prominently advertised and easy to access.

The false implication to be drawn from the language of the Bill and accompanying rhetoric is that a lack of a ‘referral’ by a pregnancy counselling service somehow prevents the woman who is being counselled from accessing abortion services if she wishes to do that after being offered all alternative assistance. This is absurd. Abortion services are advertised in newspapers, telephone directories ...<sup>19</sup>

FAMILY FIRST strongly believes that abortion referrals are not an integral part of pregnancy counselling. They can even frustrate a counsellor's ability to help women make a fully informed and considered decision.

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15 Dr Nicholas Tonti-Filippini, Committee Hansard, 18 July 2006, page 14-15.

16 Dr Haikerwal, Australian Medical Association, Committee Hansard, 22 June 2006, page 34.

17 Ms Jacinta Collins, Caroline Chisholm Society, Committee Hansard, 18 July 2006, page 7.

18 Ms Richards, Australian Reproductive Health Alliance, Committee Hansard, 22 June 2006, page 16.

19 ACT Right to Life Association, submission 56, page 11.

## Are pregnancy counselling agencies misleading women?

The Bill contains allegations of impropriety against pregnancy counselling agencies that do not refer for abortion.<sup>20</sup> But the allegations are made by agencies which are abortion clinics or refer to abortion clinics.<sup>21</sup>

One of the main sources of allegations was Dr Susie Allanson who works for Melbourne abortion provider The Fertility Control Clinic.<sup>22</sup>

Many of the allegations in Dr Allanson's submission were reproduced by GetUp – another organisation lobbying for the Bill – on its internet site. In an interesting comment on the issue of transparency, GetUp did not reveal to its readers that the source of the allegations was an abortion clinic – which is surely a relevant issue.<sup>23</sup>

Despite concealing the truth from its readers, there were some telling comments on the GetUp blog. One of the comments on the blog was from a woman who decided to test the claims GetUp made about Pregnancy Counselling Australia:

Wednesday, June 07, 2006

I rang the line today with a plausible story, just to see what they would say and to make up my own mind, and felt that the advice was reasonable so on this occasion I cannot support this campaign. Perhaps subsequent advice might have been inappropriate but my half hour conversation with a counsellor was balanced and fair.

Posted by **Deb Lloyd** at 4:46:31 PM

Pregnancy Counselling Australia pointed out “our advertisement in the 24-hour section of the White Pages reads ‘Alternatives to abortion & post-abortion counselling.’ This clearly states that we are concerned about supporting pregnant women and those negatively affected by the abortion decision. Sensis has agreed that our advertisement does comply with their requirements. Our web site, [www.pregnancycounselling.com.au](http://www.pregnancycounselling.com.au) also states that we do not refer for abortion. Our Duty of Care does not allow us to refer for any service that can cause harm.”<sup>24</sup>

Further, Pregnancy Counselling Australia stated:

With every caller, where possible, a counsellor is trained to give our .Duty of Care Statement.

- We are not a medical centre.

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20 Eg. Senator Stott Despoja, Senate Hansard, 23 June 2005, page 4 and Natasha Stott Despoja, Telling the truth on pregnancy, *Herald Sun*, 18 July 2006, page 18.

21 For example, submissions 2, 38, 57, 85.

22 Dr Susie Allanson, The Fertility Control Clinic, submission 2.

23 See GetUp Blog <http://www.getup.org.au/blog.asp> accessed 7 July 2006.

24 Pregnancy Counselling Australia, submission 29, page 2.

- We are not a legal service.
- We do not recommend any procedure that may cause physical or psychological harm so we do not refer for abortion.<sup>25</sup>

Other agencies are also open about their position. Mrs Garratt from Pregnancy Help Australia said:

all our counsellors are trained to say, 'We cannot provide you with a referral for termination services. We can, however, talk to you about your options and give you information about abortion procedures, et cetera, if that is what you want to do.'<sup>26</sup>

Pregnancy counselling agencies that do not refer for abortion are quite clear about their position. The Bill appears to be more about discouraging women from contacting these agencies simply because they do not do abortion referrals.

### **Why is the bill so one-directional?**

The Bill is consumed by the issue of abortion referrals. But abortion is only one possible outcome from pregnancy counselling.

Dr Nicholas Tonti-Filippini challenged the bias in the Bill:

Surely, if they are non-directive and if they are going to be required to refer for anything, they should be required to refer for the range of possible services, including abortion. I do not think that it is proper that they do refer, but what I am saying is that, if you are going to require them to refer, why only for abortion? Why not require them to refer, if the woman wants it, to pregnancy support services?<sup>27</sup>

Ms Tankard Reist pointed out that:

The Bill's underlying assumption is that pregnancy support agencies which are not directly connected to the abortion industry require scrutiny – but that abortion providers who provide counselling and organisations that routinely refer to them do not need to be transparent about their positions and activities in the same way.<sup>28</sup>

The Caroline Chisholm Society gave evidence that rather than a one directional policy towards abortion, many women are unaware of the range of supports available to help them have their babies:

Very often we hear women that are very distressed perhaps months or years afterwards who will say, 'I was not given the right information. I was not

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25 Pregnancy Counselling Australia, submission 29, page 3.

26 Mrs Deborah Garratt, Pregnancy Help Australia, Committee Hansard, 22 June 2006, page 41.

27 Dr Nicholas Tonti-Filippini, Committee Hansard, 18 July 2006, page 8.

28 Ms Melinda Tankard Reist, submission 3, page 1.

given a range of supports. I did not know that there was support for me to study and have my baby. I did not know that I could continue in my career.' Those women in our community are very distressed about not being given supports and options to continue their pregnancy.<sup>29</sup>

... the initial reaction from many women and their partner or friends is: 'You must terminate this pregnancy because this, this and this are a problem.' One of the concerns for me is that if we move down a path which states there is no referral or there is referral then we are not looking at whether or not there is good counselling practice in those different places; we are simply saying, 'This is a service that may or may not be provided.' There are many women, and I meet them all the time, who will not have the opportunity, if this is where we move with this legislation, of exploring all of the options that are open to them and thinking about what that might mean for them.<sup>30</sup>

FAMILY FIRST believes all women should have the opportunity to find out about all their options when faced with a difficult pregnancy. The emphasis should not be on whether counselling organisations refer for abortion, but on ensuring the highest standards of counselling.

### **What would be the effect of publishing a statement on non-referral in all advertising?**

In order to avoid a fine, those counselling organisations that do not refer for abortion would have to publish a statement on all their advertisements and publications making their position clear.

This would discourage women from contacting them.

A number of organisations highlighted the problems of printing such a statement.

The Caroline Chisholm Society argued that:

We would be very clear that we are not directive within our counselling and yet having to state that openly works in the reverse, if you like. By stating that I am not a non-directive service under your definition then in fact what I am stating is that I am directive, and my social workers would walk out on that basis, and rightly so, because they would be misrepresented by the organisation if I were to sign a form that effectively said they were directive counsellors.<sup>31</sup>

Women's Forum Australia argued that it was not fair to force counselling agencies to publish such a statement as:

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29 Ms Mary D'Elia, Caroline Chisholm Society, Committee Hansard, 18 July 2006, page 10-11.

30 Ms Mary D'Elia, Caroline Chisholm Society, Committee Hansard, 18 July 2006, page 6.

31 Ms Mary D'Elia, Caroline Chisholm Society, Committee Hansard, 18 July 2006, page 13.



... the phrase 'does not refer for abortion' is a politically polarised phrase—we all know that. For that to be insisted to be in advertising is politicising what I see as a medical or community service to women in crisis pregnancy. I actually think it increases the misleading nature of advertising rather than decreases it.<sup>32</sup>

Dr David van Gend agreed transparency was important and necessary, but said the required declaration would make organisations appear harsh and unapproachable:

We are all happy with the idea of openness and honesty—there is no problem with that—but we do not want ways of being transparent which in fact put off people who otherwise would have talked to the counsellor and benefited from the counsellor. We do not want them to miss out on the benefit that this organisation, for instance, has given for 30 years because they have been put off by an appearance of harshness which does not exist or by an appearance of monomania about whether or not we refer which does not exist. Do you see my point? It is purely out of concern that women get the good things of the service without being put off by a slightly artificial and unfair focus on the statement 'We do not refer for abortion'.<sup>33</sup>

### **Problems in pregnancy counselling**

FAMILY FIRST believes the Bill is fundamentally flawed because it does not focus on the quality of pregnancy counselling services. That should be our focus. That should be our number one priority.

Even supporters of the Bill admitted it would not improve the quality of counselling:

I do not think it is the intention of this bill to try to seek the provision of quality services. As I understand it, the intent of the bill is around advertising and making advertising clear.<sup>34</sup>

Everyone agreed the standard of pregnancy counselling in Australia could be improved.

A supporter of the Bill stated "... I think there are good quality termination services that do offer some counselling and I think there are some absolutely shabby ones that we could all be deeply mortified about ..."<sup>35</sup>

Others stated their broad concern about the quality of pregnancy counselling:

... anecdotally I have come across problems across the spectrum also in terms of service delivery in this area. My concern is that the approach in

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32 Dr Johanna Lynch, Women's Forum Australia, Committee Hansard, 19 July 2006, page 47.

33 Dr David van Gend, Committee Hansard, 19 July 2006, page 51.

34 Dr Taft, Public Health Association of Australia, Committee Hansard, 18 July 2006, page 51.

35 Ms Marie Coleman, National Foundation for Australian Women, Committee Hansard, 22 June 2006, page 19.

this bill does not cover the breadth of those problems. Even some of the submissions that have been supporting the bill imply that they would like to see better professional development and accreditation, and that path taken to try and improve the professionalism of service delivery in this area. That is, indeed, to be commended.<sup>36</sup>

... we could also cite many examples of poor practice or misinformation at the other extreme. We do not believe that simply insisting that there be a statement around referral for abortion or non-referral for abortion is going to achieve good practice in this area.<sup>37</sup>

A number of concerns were highlighted, including the need to separate counselling and the abortion clinic<sup>38</sup>, and that many women have counselling and an abortion on the same day.

FAMILY FIRST was alarmed by evidence that women attending some agencies had same day abortion referrals. Another concern is that many women were not offered decision-making counselling but only the more limited pre-termination counselling:

‘Pregnancy counselling’ as a broad term should also refer to advocacy and referral. Not everyone wants counselling. Many women will use the resources, knowledge, skills and supports that they already have in their lives to make a decision. When they go to a counsellor, it is more about going to a service to assist them in working through the decision and taking action. So, within the counselling strategies that are used, nondirective is one, but so is information provision.<sup>39</sup>

Dr Allanson conceded that the Fertility Control Clinic provides same day abortions for about half their clients<sup>40</sup>. The Royal Women's Hospital said that although "around 75 to 80 per cent of women can [proceed immediately to an abortion], after they have indicated they are clear in the decision and they do not require further in-depth counselling ...", the only reason they do not have a same day abortion was "purely through the demand on the service ...".<sup>41</sup>

The great majority of women attending a Melbourne abortion clinic had an abortion "... because 90 per cent of them have no doubts about their decision then it is at least 90 per cent [of clients who walk in the door and decide to have an abortion]. Out of that other 10 per cent, it might be five out of 10 who would end up having a termination."<sup>42</sup>

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36 Ms Jacinta Collins, Caroline Chisholm Society, Committee Hansard, 18 July 2006, page 4.

37 Ms Mary D'Elia, Caroline Chisholm Society, Committee Hansard, 18 July 2006, page 4.

38 Dr Johanna Lynch, Women's Forum Australia, Committee Hansard, 19 July 2006, page 52.

39 Ms Hardiman, Royal Women's Hospital, Committee Hansard, 18 July 2006, page 49.

40 Dr Allanson, Fertility Control Clinic, Committee Hansard, 18 July 2006, page 54.

41 Ms Hardiman, Royal Women's Hospital, Committee Hansard, 18 July 2006, page 55.

42 Dr Allanson, Fertility Control Clinic, Committee Hansard, 18 July 2006, page 46.

At the same time Dr Allanson conceded that "I have heard of some women who have talked about a previous abortion where they have felt that they were rushed, where they have felt that they did not get the opportunity for any real counselling."<sup>43</sup>

FAMILY FIRST was alarmed at evidence that some "providers actually impose a financial *disincentive* to continue the pregnancy. The Pre-term Foundation as well as Australian Birth Control Services charge a counselling fee of \$50 only in the event that the woman chooses *not* to proceed with the termination."<sup>44</sup>

FAMILY FIRST believes this is shocking in the extreme – that women are financially penalised for deciding to have their babies.

Ms Mary D'Elia from the Caroline Chisholm Society pointed out that:

... there are often examples where women talk about having their counselling on the same day that they have a termination. We would argue very strongly that some time between counselling and the procedure, to consider what some of the different options might be, is quite important. Women talk about attending clinics with their partner and feeling that they are quite pressured to continue because they have not had any opportunity for space or time from that time in the counselling room.<sup>45</sup>

Rushed or limited counselling means some women later regret their decision. Ms D'Elia noted that when she has public speaking engagements about the services offered by the Caroline Chisholm Society:

... women come up to me and they say, 'I wish I had known about your service when I was pregnant. I wish I had known that there were supports out there to continue my pregnancy.' I think that is a really sad position for us to be in as a community—that so many women make that statement days, weeks and years after having terminated their pregnancy or perhaps having moved forward with their pregnancy but struggled with it."<sup>46</sup>

To improve counselling - without targeting particular groups for ideological reasons – some witnesses suggested improving accreditation and standards across the sector.

Dr Tonti-Filippini suggested:

That is what I would like to see happen in pregnancy counselling—accurate, full, comprehensive material information, as is required by every other profession in that respect. To me that resolves the problem that is attempted to be addressed by this bill. I think the policy would be better addressing professional standards and accreditation to ensure that

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43 Dr Allanson, Fertility Control Clinic, Committee Hansard, 18 July 2006, page 47.

44 Women's Forum Australia, submission 43.

45 Ms Mary D'Elia, Caroline Chisholm Society, Committee Hansard, 18 July 2006, page 9.

46 Ms Mary D'Elia, Caroline Chisholm Society, Committee Hansard, 18 July 2006, page 6-7.

pregnancy counselling meets the requirements that are there for every other profession.<sup>47</sup>

Proper standards and accreditation would ensure that women do not feel rushed to make a decision, that counselling services are separate to abortion clinics and that women are aware of practical alternatives to abortion.

### **Banning pregnancy counselling agencies from the 24 hour health and help call pages**

Even supporters of the Bill, such as the Australian Reproductive Health Alliance, said it was unfair that organisations that do not refer for abortion, but which complied with the legislation, would still be banned from listing in particular parts of the White Pages.<sup>48</sup>

### **Government funding for pregnancy counselling**

Some witnesses and Senators claimed the Federal Government provided more funding to Pregnancy Help Australia than to organisations that refer for abortion.

The Australian Reproductive Health Alliance claimed "the only government service funded solely for pregnancy counselling and advice does not currently provide the full range of information about all options."<sup>49</sup>

The Department of Health and Ageing made it clear that Pregnancy Help Australia "... is certainly not the only organisation the Australian government funds [for pregnancy counselling]. The Australian government also funds Family Planning Australia ... and its state and territory subsidiaries through the public health outcome funding agreements to a substantially larger degree overall than this program [for funding Pregnancy Help Australia]."<sup>50</sup>

### **Conclusion**

FAMILY FIRST believes the *Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005* is an ideological attack on the tremendous work of pregnancy support agencies that do not refer for abortions.

That is outrageous.

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47 Dr Nicholas Tonti-Filippini, Committee Hansard, 18 July 2006, page 6.

48 Ms Richards, Australian Reproductive Health Alliance, Committee Hansard, 22 June 2006, page 18.

49 Ms Richards, Australian Reproductive Health Alliance, Committee Hansard, 22 June 2006, page 13.

50 Mr Andrew Stuart, Department of Health and Ageing, Senate Community Affairs Committee Estimates Hansard, 1 June 2006, page 71.

FAMILY FIRST is proudly pro-woman which is why FAMILY FIRST believes the Bill should have focussed on ensuring we have the best possible pregnancy counselling services for Australian women. We should have the highest possible standards of counselling and look at ways to improve existing counselling services.

FAMILY FIRST was horrified to learn that some agencies actually impose a financial penalty on women who decided to have their babies.

Sadly, the Bill does nothing to address the quality of pregnancy counselling.

Nor does the Bill address the poor standard of counselling in agencies that do refer for abortion. And the Bill fails to ensure that abortion referral agencies provide help to women who decide not to have an abortion.

The Bill merely dictates that agencies must refer for abortion if asked after counselling, or be labelled as biased.

FAMILY FIRST strongly believes this Bill should not receive support.

Senator Steve Fielding  
Leader of the Family First Party  
Family First Senator for Victoria

