## **Submission to the**

## **Senate Community Affairs Committee Inquiry**

Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005

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Phone: (03) 9650 8908 Email: womens@nus.asn.au The National Union of Students (NUS) is the peak representative body for higher education students in Australia. It is a voluntary federation of university student organisations who through their democratic processes elect to become affiliate members. Currently NUS has just over 70 member organisations with a combined membership of over 650,000 students. As well as a national office based in Melbourne, NUS also has state and territory branches in the Australian Capital Territory, Queensland, New South Wales, South Australia, Victoria, Western Australia and Tasmania.

The National Union of Students operates within a departmental structure designed to best respond to the priorities of university students. The current NUS departments are: Education, Welfare, Women's, Queer, Environment, Small and Regional campuses as well as administration. NUS also formally recognises and financially supports the National Liaison Committee for International Students (NLC) as the autonomous representative body for all university international students.

Women's departments are a vocal and important component of university structure and campus culture. Although women are enrolling in higher education at elevated levels then the recent past we still have a long way to go before equity in the higher education sector is reached. It still takes women on average 3 times longer to pay off their HECs debt compared to their male counterparts, starting salaries for female graduates are on average 16% lower than men working in the same field, in universities 80% of all academic staff positions above senior lecturers are occupied by men, 47% of women living in university colleges report being sexually harassed at some stage of their time living on campus, not to mention the extreme lack of childcare places available to those who study at university resulting in extremely restricted access to tertiary education to carers of small children (70% of which are women). These are just a few of the issues that women will face while they are studying and it is the women's department who are best equip to deal with them.

NUS believes that the laws that regulate pregnancy counselling services in Australia are inadequate. Under the current law these organisations do not have to operate under the regulations of the Trade Practices Act 1974 effectively meaning that they are not

prohibited from engaging in misleading or deceptive advertising. NUS also recognises that this has had a significantly disturbing impact on the health and well being of women who access these services and we strongly urge the federal government to support this private members bill to put an end to this unacceptable behaviour.

Pregnancy Counselling Services are meant to be places where women can go to get non-directive and up to date information on all three pregnancy options – parenting, adoption and abortion. However sadly there have been numerous reports that some organisations that present themselves as Pregnancy counselling services are really "False Providers". A "False Provider" is described in the National Health and Medical Research Council (NHMRC) report *Services for the Termination of Pregnancy in Australia A Review: Draft Consultation Document (1995)* as someone who although publicly claims to provide independent, non-sectarian, all-options counselling to women either facing an unplanned pregnancy or are interested in having an abortion, refuse to discuss abortion as a reproductive health choice or refer to appropriate organisations.

As far back as 1985 it has been shown that "False Providers" do exist to a certain extent. Dr Monica Allen's address to the Australian Federation of Pro-Life Pregnancy Support Services 1985 publicly states that there are pregnancy counselling service providers who operate in Australia that do not refer clients directly or indirectly to the option of abortion: I believe that if we send an abortion-seeking client to another professional or government or non-government agency or hospital for abortion counselling, and we do not know whether or not that person at the other end is going to be 100% pro-life, then I would regard that as a soft abortion referral... if we are a pro-life organisation, and we do believe that unborn life is precious, we have to be very careful along what path we steer our clients. The fact that they have already chosen the path anyhow doesn't make doesn't make our steering any the less against what we are all about".

Women who contact pregnancy counselling services tend to more often than not to be at a point of utter despair and vulnerability. There have been numerous reports that some pregnancy counselling service providers consciously pray on women's fragile emotional state to exert their own personal opinions and actively work to convince women not to abort their unintended pregnancies. Some women who have used these services are continually made to feel guilty and called names such as "baby killers".

Some women who have had interaction with these services say that they give out deliberately misleading or false information about the risks associated with abortions, these risks being purposely distorted to scare women away from the choice of abortion and in comparison the risks associated with carrying the pregnancy to term are denied. These organisations termed "false Providers" rely upon the promotion of false claims that abortion harms women by causing breast cancer, infertility or post-abortion grief. However they neglect to mention that in 2003 the US National Cancer Institute concluded that abortion or miscarriage does not increase a women's subsequent risk of developing breast cancer and also in 1989, the American Psychological Foundation concluded that terminating a pregnancy posed no hazard to a women's mental health and The World Health Organisation (WHO) also recently concluded that early abortion is one of the safest and simplest of surgical procedures.

One of the most important factors that is currently being over looked in this situation is the basic ethical obligation a counsellor has to their client - refraining from imposing their own personal values on to their client. It is not uncommon for people who seek counselling to subconsciously search for the solutions to their problems from their counsellor. Those who are at the most vulnerable may unquestionably accept what their counsellor says. However, the primary role of the counsellor is to facilitate their clients realisation of their own solutions to their problems and this can only occur in a safe environment in which the client can act freely without judgement.

The National Health and Medical Research Council (NH&MRC) report outlines the best-practice pregnancy options counselling stating that it must be "based on the respect for the women's autonomy to make decisions, and is designed to support the women's decisions, rather than to influence or subvert her decision-making process".

The report further outlines that proper pregnancy options counselling requires: the legitimation of the women as a competent person by affirmation of her capacity to decide; an acknowledgement that the women's values are what should drive the decision; and encouragement to trust in her decision.

Also that women seeking counselling for an unintended pregnancy should be able to expect from the service that they have undertaken: that the counsellor has formal qualifications and ongoing external supervision; that the counsellor understands and obeys the implications of ethical standards (i.e. confidentiality, honesty, respect, integrity and objectivity); that information provided to the women is accurate and up to date and is not based on the opinion of the counsellor; that the goals of the counselling session meet the individual needs of the woman; and that the counselling session focuses on the empowerment of the woman and that it promotes decision-making and coping skills.

NUS believes that all woman have the right to expect the same degree of professionalism, objectivity and support, from all forms of counselling. The government must urgently move to regulate pregnancy counselling in Australia by supporting this Private Members Bill to ensure that the counselling provided is objective, non-directive and includes information on all three pregnancy options. Women have the right to know what sort of pregnancy counselling service they are contacting when they seek information about whether or not to continue a pregnancy and if nothing is done to change this the government will be selling out Australian women.