

Submission to the

Senate Community Affairs Committee Inquiry

Transparent Advertising and Notification of Pregnancy Counselling
Services Bill 2005

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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 that has been 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 higher levels than the recent past we still have a long way to go before equity in the higher education sector is finally 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. Within 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, and then there is the extreme lack of childcare places available to those who study at university, which results 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 undertaking tertiary study and it is through the work of women's departments that they are best dealt with.

My name is Caitlyn O'Dowd. I am a third year Arts student studying at The University of Melbourne and I have chosen to take the time to write a submission into this Senate Inquiry because I feel very strongly about the sentiments raised in South Australian Senator Natasha Stott Despoja's Private Member Bill- Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005.

Currently the laws that regulate the pregnancy counseling services of Australia are too vague. As these organisations do not charge for the services that they provide to the community they are not subject to the Trades Practices Act (1974) meaning that they are not required to tell the truth and are free to engage in misleading or deceptive advertising and the National Union of Students believes that something must be done to change this.

At the moment the federal government is allocating over \$240, 000 a year to the Australian Federation of Pregnancy Support Services (AFPSS) for pregnancy counseling services and it has been proven that the AFPSS is linked to anti-choice organisations and that it doesn't refer for terminations¹ and there are only two dedicated pro-choice pregnancy counseling services in Australia- Children by Choice and the Bessie Smyth Foundation neither receives any Commonwealth funding.

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 when faced with an unintended pregnancy – parenting, adoption and abortion. However it has become ever so increasingly the case that many of those so called Pregnancy counseling services are really what is termed "False Providers". False providers are services that publicly claim to provide independent, non-sectarian, all-options counseling to women either facing an

¹ www.reproductivechoiceaustralia.org.au

unplanned pregnancy or are interested in having an abortion, yet refuse to discuss abortion as a reproductive health choice or refer to appropriate organisations as termed in the National Health and Medical Research Council (NHMRC) report *Services for the Termination of Pregnancy in Australia A Review: Draft Consultation Document (1995)*. Many of these false providers are known to disguise themselves under neutral names such as “*Pregnancy Counselling Link*”, “*Pregnancy Help Line*” or “*Pregnancy Counselling Australia*” but they are really give anti-choice counseling or simply don’t even discuss or refer abortion as a reproductive option that is available to women. This point has been proven through Dr Monica Allen’s address to the Australian Federation of Pro-Life Pregnancy Support Services in 1985 confirming the anti-choice counseling stance not to refer directly or indirectly clients 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 organization, 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 our steering any the less against what we are all about*. “

Moreover, Reproductive Choice Australia also notes through reports they are given from women who call these false providers that they actually give out deliberately misleading or false information about the risks associated with abortions, with the risks being purposely distorted in order to scare women away from the choice of abortion. In comparison the risks associated with carrying the pregnancy to term are denied. False providers rely upon the promotion of false claims that abortion harms women by causing breast cancer, infertility or post-abortion grief. However the truth is 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 with Australian population data was used in the

analysis. 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.

Women who contact pregnancy counselling services are at a point of complete desperation and vulnerability and these false providers consciously prey on their fragile emotional state to exert their own personal opinions and actively work to convince women not to abort their unintended pregnancies, completely disregarding the women's personal needs and circumstances. Women who interact with these services are continually made to feel guilty with reports claiming that women are told that they are "baby killers".

The most basic ethical obligation a counsellor has to their client is to refrain from imposing their own personal values on to the client. It is not uncommon for people who undertake counselling to subconsciously seek solutions to their problems from their counsellor. Those who feel particularly vulnerable may unquestionably accept what their counsellor says. However, the primary objective of the counsellor's role is to facilitate the 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 states that best-practice pregnancy options counselling should 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 goes further on to suggest that proper pregnancy options counselling requires: the legitimisation 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 regarding an unintended pregnancy should be able to expect from the service that they have approached: 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.

I believe that the same woman who seeks and receives professional counselling for her personal life and relationships through other forms of counselling should be able to expect the same degree of professionalism, objectivity and support, when she seeks counselling for an unintended pregnancy and it is the job of the federal government to ensure that this happens.

The government needs to urgently move to regulate pregnancy counselling in Australia and this can be done by supporting this Private Members Bill to ensure the counselling provided is objective, non-directive and includes information on all three pregnancy options. After all women have the right to know what sort of pregnancy counselling service they are contacting (ie. Anti-choice or non-directive) when they seek information about whether or not to continue a pregnancy.