COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

SENATE

COMMUNITY AFFAIRS LEGISLATION COMMITTEE

Reference: Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005

THURSDAY, 20 JULY 2006

ADELAIDE

BY AUTHORITY OF THE SENATE

INTERNET

The Proof and Official Hansard transcripts of Senate committee hearings, some House of Representatives committee hearings and some joint committee hearings are available on the Internet. Some House of Representatives committees and some joint committees make available only Official Hansard transcripts.

The Internet address is: **http://www.aph.gov.au/hansard**

To search the parliamentary database, go to:
http://parlinfoweb.aph.gov.au

SENATE

COMMUNITY AFFAIRS LEGISLATION COMMITTEE

Thursday, 20 July 2006

Members: Senator Humphries *(Chair)*, Senator Moore *(Deputy Chair)*, Senators Adams, Barnett, Nettle and Polley

Substitute members: Senator Stott Despoja for Senator Nettle

Participating members: Senators Abetz, Allison, Bartlett, Bernardi, Mark Bishop, Boswell, Bob Brown, Carol Brown, George Campbell, Carr, Chapman, Colebeck, Coonan, Crossin, Eggleston, Chris Evans, Faulkner, Ferris, Fielding, Forshaw, Heffernan, Hogg, Hurley, Joyce, Lightfoot, Ludwig, Lundy, Mackay, McEwen, McGauran, McLucas, Milne, Nash, Nettle, O'Brien, Parry, Patterson, Payne, Robert Ray, Siewert, Stephens, Stott Despoja, Watson, Webber, Wong and Wortley

Senators in attendance: Senators Adams, Humphrey, Moore, Nettle, Stott Despoja and Webber

Terms of reference for the inquiry:

Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005.

WITNESSES

Committee met at 9.05 am

d'LIMA, Mr David Terence, National Field Officer, Festival of Light Australia

PHILLIPS, Mrs Roslyn Helen, Research Officer, Festival of Light Australia

RUSSELL, Mr Paul, Senior Officer, Office of Family and Life, Catholic Archdiocese of Adelaide

CHAIR (Senator Humphries)—The Senate Community Affairs Legislation Committee is inquiring into the Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005. What we are doing in Adelaide today, as we have been for the last couple of days in Melbourne and Sydney, is to arrange the program so that groups of witnesses are coming in at the same time and each group represented at the table has the opportunity to make an opening statement, and then the committee is asking questions of those people represented.

In this case, I welcome representatives of the Festival of Light Australia and the Catholic Archdiocese of Adelaide. Thank you very much for coming. We have the submissions that you have lodged, Nos 12 and 25 respectively. Thank you for those. I think you have been provided with information about parliamentary privilege and the protection of witnesses and evidence that apply in these circumstances. Would you like to start with an opening statement before we proceed to ask you questions?

Mr Russell—Thank you. We have great difficulty accepting the use of the term 'non-directive counselling' in the concept of pregnancy services defined in this bill in question, as the term for the purposes of the bill at least means a service that refers for abortion. We say this for a number of reasons, the primary reason being that the term 'non-directive' has a specific meaning in psychology. It describes a form or a mode of counselling that has no direct relationship to a specific outcome. In fact, it could be said that to offer a referral for abortion puts at risk the very notion of non-directive counselling.

To be truly non-directive, a service or counsellor should support a client by (a) calm reassurance—I think that is fairly obvious; (b) helping them to work through their thoughts and feelings in a rational way; and (c) closing at a point where the client feels that they have the internal resources available to them to make rational decisions, albeit possibly at a later time; nor should it be that a counsellor should insist upon or work towards a resolution at the close of a session or series of sessions.

Primarily, the counsellor should be concerned that the client has worked through their situation and that they indeed seem confident about making their ultimate decision. Counsellors are not salespeople. They do not have to close a deal at the end of their time with a client, nor should they. We should remember that a counsellor is most probably not the only resource that the client has; that the client should be encouraged to talk things over, away from the counselling environment. Indeed, the definition of 'non-directive counselling' suggests that the counsellor should assist the client to discover his or her own resources which, quite reasonably, might include other persons. What I am leading to is, obviously, that the definitions upon which the bill relies heavily for its logic and framework are, in our opinion, hopelessly flawed.

A non-directive pregnancy counselling service need not offer any kind of support for a decision for any of the three options per se. This would not diminish the service in terms of its counselling function at all. It may be considered reasonable to discuss these options in the context of counselling to help the client work through her own thoughts, but little more than that is needed to retain a genuinely non-directive outlook.

As I alluded to before, to provide referral for abortion, even if requested, is possibly to truncate the natural decision-making process. This is an intervention that is, essentially not pro-woman but rather pro a resolution—a 'let's close the deal' mentality. On the matter of referrals, as a number of submissions have already made abundantly clear, in medical parlance 'referrals' are understood to be the preserve of medical practitioners in referring clients to medical specialists. This, indeed, infers a level of scrutiny that counsellors are not qualified to make.

The wording of the bill suggests that it is common practice for counselling services to refer a pregnant woman directly to an abortion provider. This practice may (a) be a hindrance to the decision-making process, as I have already suggested; (b) open the service up to possible claims of coercive behaviour or practice; and (c) possibly jeopardise the health of the client. While it may be that a medical referral is not required to present to an abortion provider, as we have already said, a firm break between the counselling and the decision, or an action upon a decision, should be seen as best practice. In short, removing that practice of referral and replacing it with a policy of encouraging a visit to a GP, for example, is in every sense in the best interests of the client.

If this committee, in our opinion, wants to make a serious difference by really improving public health, as one of its objects states, then the cessation of the practice of referral would be a significant start. Thank you.

CHAIR—Thank you, Mr Russell. Mr d'Lima and Mrs Phillips, would you both like to make an opening statement?

Mr d'Lima—I will make an opening statement, if I may.

CHAIR—Sure.

Mr d'Lima—Thank you very much to the Senate for the opportunity to make our written submission and also to speak to it today. At the Festival of Light Australia we value greatly the democratic freedoms that we enjoy in the nation and, while we recognise that there are different perspectives on many issues, we value the process by which groups of various interests can make their point and we thank the committee for listening to us today as we present our reflections on the document that we have presented and as we answer questions a little later.

Let me take the committee briefly through the submission, if I may. We applaud the comments of Senator George Campbell on page 1 of our submission. He says:

... this is a complex bill and great care will be needed to properly assess its impact on advertising and the provision of information re pregnancy counselling services.

We believe that the bill is not good public policy for the reasons that I will explain. Our primary concern relates to the validity and reach of the bill—this is part 2 on page 1. We note

that in section 51 of the Constitution, which details the legislative powers of the Commonwealth, there does not seem to be any head of power to enable it to legislate directly either concerning pregnancy counselling services or advertising. We note that there is an anticipation of the possibility of the states referring the matter to the Commonwealth, but we are aware that there is no such request currently, and so it seems a little strange that the bill would anticipate that or proceed in its absence.

We also believe that the High Court—we have not made this point in the submission but I just make it now—does not recognise heads of power to be interpreted widely or allows those heads of power to be interpreted too widely, so there is a serious concern that we have about whether the Commonwealth has the necessary head of power to enact this bill. Further, we point out that censorship is a state matter and the control of the telephone directory arguably is a type of censorship. We are concerned, in fact, that a ramification of the bill would be to enable our nation to go further down the path of mad political correctness, if I can use that term, and I draw the committee's attention to page 3 of the Adelaide *White Pages* directory, where there is a reference in the 24-hour services to the name Abortion Grief Counselling and there is a 1300 number.

Underneath the term 'abortion grief counselling', we read: 'Does not refer for abortions.' I would have thought that it would have been fairly obvious to anyone that abortion grief counselling does not in any way purport to refer for abortions. So it is rather unnecessary and, as I say, an example of political correctness perhaps gone made to put that in. That is another concern that we have in regard to the bill.

In our submission we then move to section 3, which deals with non-directive pregnancy counselling services, and on top of page 2 we have detailed the three options that would be required under this bill. We point out that not all of these three are equally accessible choices and nor equally helpful, and so there is a question as to whether it would be misleading to require counsellors to take these on board somehow as equally accessible or equally helpful.

I would like to table a document which makes the point of how different these are or, I should say, how concerning the matter of termination of pregnancy is, and I refer to a document which is a transcript of a Channel 7 *Today Tonight* episode on 11 July, where a 15-year-old young woman gives her testimony as to the way in which the counselling provided to her prior to her making the choice to have a termination was, in fact, most directive and arguably incompetent. With the chair's leave, could we table that document, please.

CHAIR—Yes, certainly.

Mr d'Lima—I have 10 copies.

Mrs Phillips—Could I intervene here to say that that program showed the 15-year-old girl in tears, having had an abortion at a government funded pregnancy advisory centre. She is now suicidal. She was actually saying on the program that she really wanted to be dead because she so regretted what she had done, and at various stages she broke down in tears when she was being interviewed. They explained the counselling that was given, and it was to tell her that she had her whole life ahead of her and that she had so much she could do with her life, but if she had a kid it would ruin everything.

I am concerned that this bill makes no recommendations about government funded agencies like that that are clearly directive, do not say that they provide any support for women to continue their pregnancies and do not say that they generally, I understand, do not refer for adoption, and it is a very biased bill dealing with only one kind of counselling agency and not the flaws in the other counselling agencies. We also have the actual TV footage, if the committee would like to view that in their own time.

Senator STOTT DESPOJA—Is there a section on the advertising of pregnancy counselling that you would like to refer us to? I just had a quick look, and I wondered if you wanted to highlight for us, so we do not have to read through it, where the bit about the bill is or the advertisement relating to pregnancy counselling, given that is the issue we are covering.

Mr d'Lima—In the *White Pages*, do you mean?

Senator STOTT DESPOJA—No, *Today Tonight*. Where is the reference to the advertisement in that transcript?

CHAIR—We are probably getting to the stage of questions rather than presentation.

Senator STOTT DESPOJA—Okay. I just thought it would make it easier for us.

CHAIR—I might invite Mr d'Lima and Mrs Phillips to finish their presentation and then we will ask questions.

Mr d'Lima—I was principally referring to that document in relation to the fact that if a counsellor attempts to counsel to (a) raise the child, (b) raise adoption as a possibility or (c) terminate pregnancy, the danger is that they will attempt to present those as equally valid or equally accessible or equally worthy choices. The point we are making is that that is not the case, and the evidence of the concern we have about the termination of pregnancy is detailed in the document that has been tabled.

Then we discuss the practical difficulty of achieving so-called non-directive counselling and we refer to the third European meeting on the psychosocial aspects of genetics 1992. They say there that non-directive genetic counselling is not achievable in practice. Then in our submission at page 3, at the top of the page, we draw the committee's attention to the fact that a majority of Australians are concerned about abortion and believe that it involves the taking of a human life. So it appears to us that the Senate has a responsibility to legislate in accord with public concern on the matter and not to enable pregnancy termination to be presented as an equal alternative with life-preserving options.

Then in section 5 we speak about deceptive notification and advertising. We note that the bill would create an unrebuttable presumption that a counselling service that does not refer for abortion is engaged in misleading or deceptive advertising. As I have indicated from the *White Pages*, I think that is not a real concern that our community should be addressing. We would ask the question: where is the evidence that people are being misled?

We believe also that it is not appropriate for an organisation to advertise services that it does not provide. We also note that the penalties that are provided for those who would be in breach of the law if the bill were to be passed are extremely onerous—up to 10,000 penalty units for a corporation and up to 2,000 penalty units for a person and, at $110 per penalty unit, that equates to a $1.1 million fine for a corporation or $220,000 for an individual—and we are

concerned that the advertising, which may consist of items as modest or innocent as perhaps a business card, a balloon, a car sticker or a fridge magnet, which certainly cannot be expected to detail all the aspects of service provision, let alone services not provided, may cause individuals or corporations to fall foul of the law if this bill were passed.

Then in section 6 we have our recommendations, which just summarise what I have said, so I will not repeat those. Again, let me take the opportunity to thank the committee for its willingness to hear the views of various groups, and we commend our submission to its favourable consideration.

CHAIR—Thank you, all three of you, for those opening presentations. Senator Moore?

Senator MOORE—I want to ask everybody about the issue of clarity in advertisements, so that, if someone was seeking information about all the options, how they would get that information. Before I do, Mr Russell, I want to ask about your submission where you talk about the 'hubris' surrounding the bill, and I am interested to find out from the process what you mean by that.

Mr Russell—This is just a shorthand comment, and forgive me if it is misleading. There was a lot of talk about this bill. It is as simple as that.

Senator MOORE—And your definition of 'hubris'?

Mr Russell—Just general talk—all sorts of talk.

Senator MOORE—That is not my understanding of the definition of 'hubris'.

Mr Russell—Fine.

Senator MOORE—I am interested in a public document, which is seeking to work together to come up with some result, using a term of that kind.

Mr Russell—The wrong use, I accept, and I apologise.

Senator MOORE—The legislation and the general discussion surrounding the bill is what you meant? Okay, that is fine.

Mr Russell—Thank you.

Senator MOORE—I know that the organisations have read the bill very carefully. In terms of the legislation as it is there, what is the problem from the point of view of looking at an advertisement, which is what the focus is—it is not a value judgment about the options—in terms of people who are seeking information, knowing clearly by an advertisement the kinds of information that they will be provided with? What is the problem with that?

Mr d'Lima—The problem is that it requires agencies to declare what they do not provide. But it is more than that. It relates to the question of what valid choices are available to people and the manner in which those choices are expressed. As I said, in the list of the three options that counsellors would be required to provide information about—raising the child, adoption or termination of pregnancy—if a counselling agency is required to present those as being equally valid options, then it is doing the client a great disservice, because they are not equally valid options, they are not equally accessible choices and the ramifications of the three are very different.

Senator MOORE—That is a philosophic position of different agencies. You would accept that?

Mr d'Lima—It is a philosophical difference of agencies indeed. Agencies ought to be entitled to have their ethos without having to disavow services that they do not provide.

Senator MOORE—Sure. Yes.

Mr d'Lima—But my colleague Mrs Phillips, I am sure, would like to elaborate on that.

Mrs Phillips—In South Australia if you go to the *Yellow Pages* and you look up 'abortion' it will refer you to 'pregnancy termination services' on page 1579. Under 'pregnancy termination services' there is only one service listed—Pregnancy Advisory Centre in Woodville Park—which is government funded, government run. That is the service which Vanessa Bushnell explained on Channel 7. She had a pregnancy terminated at 18 weeks and she is now suicidal because the counselling was clearly quite inadequate for her.

Above that, you will find the heading 'Pregnancy counselling and related services'. It is clear that these are different from pregnancy termination services because it says Birthline Pregnancy Support, Genesis Pregnancy Support and Harmony Pregnancy Care and Beyond; very clearly different. I would maintain that if this bill is concerned about inadequate advertising, under 'pregnancy advisory centre' it should say, 'We hardly ever refer for adoption.' In South Australia only about three babies born here a year are adopted.

Senator MOORE—Mrs Phillips, do you know that as a fact?

Mrs Phillips—I suggest that you ask the counsellors who are appearing before you later today.

Senator MOORE—We will be pleased to do that. But just in terms of the evidence, is that an opinion?

Mrs Phillips—That is anecdotal evidence gleaned from women who have later regretted their abortion and gone to counselling services with abortion grief, and explained that their counselling before the abortion was quite inadequate.

Senator MOORE—Right.

Mrs Phillips—The bill does not mention that any pregnancy advisory centre should put, 'We generally do not refer for adoption and we do not provide ongoing support for women who want to continue their pregnancies.' The bill is only concerned about agencies which provide pregnancy support and insists that they also say, 'We do not refer for abortion.' So I would maintain that the motivation for the bill is ideological bias.

Senator MOORE—That is an opinion?

Mrs Phillips—That is my opinion.

Senator MOORE—Sure. Mr Russell, your opinion of the advertising component for a person who is seeking information? I do not think there has been any argument about that fact that if someone is pregnant there are three paths that they can take. I think that is agreed. People will have positions about their own views about what should happen, but there are three paths. In terms of the advertising component, as we see it in the process of general

advertising, I would hope that you agree there is nothing in the bill that stops any service providing any kind of counselling that they want as long as people know before they go?

Mrs Phillips—Except that the bill would penalise those services which do not refer for abortion.

Senator MOORE—I will come back. But, Mr Russell, in terms of your view, what is the problem specifically with the advertising directness, so that if someone is seeking support on the presumption that there are three options, they know that the service they are going to will either provide information on all three or none, or one? That is the core nub of the process.

Mr Russell—There are a number of levels to that. I think David d'Lima covered it quite well. I do not see that anyone should be compelled to advertise what they do not supply. We are dealing with a situation here that is very difficult. We are talking about people in crisis, so I recognise all of that. But at the same time we could turn it around, could we not? Mrs Phillips quoted names like Genesis and a number of other agencies that offer pregnancy counselling support. For example, I know that Genesis provides far more services than I would expect many others to, including all sorts of financial support and all sorts of other ancillary packages for women who choose to go ahead with their pregnancy, and they are offered free of charge in the main as I understand it.

Are we then compelling the counselling services that do refer for abortion to say, 'We do not provide this, we do not provide that'? Where do we stop? It is just an assumption, I suppose, but if someone is ringing up a 1300 number or an after-hours number for some support the likelihood is that they will look at the first number they see in the 24-hour pages or, as Mrs Phillips has pointed out, they may go somewhere further down in the directory and find a number. It seems to me that people will come to that point when they speak to someone on the phone; in different places essentially. Some will be saying, 'I'm in trouble. I want an abortion.' Some will be saying, 'I'm in trouble. I don't know what to do.' It is not an unreasonable expectation for them to be told at some point, 'If you're coming here for an abortion we won't, but if you want to talk about it we can talk.'

To me it seems the main point is to get someone on the phone. These services, I would hope, look at and consider their clients as every counsellor should with a high amount of dignity and empathy for their predicament and be very gentle and very clear. Counsellors by and large in my experience are the kind of people who are very clear about what they say. They are the kind of people who make it very obvious in a professional manner what is going on and what they can do. I think it is far more important to get people talking at that point than it is to say, 'We do or do not do X or Y.'

I think, Senator, you mentioned in your second reading speech that Sensis now seems satisfied with the listing in the 24-hour service pages. I cannot really see a need to go any further. We know that there is an advertising code of practice with which all these people must comply. As far as I can see, all service providers take that responsibility seriously. Where there is perhaps an individual egregious misadvertising, then of course the advertising association itself has recourse to its members, as I expect would any decent politician whose attention was brought to it. I just do not see that we need to change anything.

Senator MOORE—But is there a problem with the concept?

Mr d'Lima—Yes, there is.

Senator MOORE—Yes, Mr d'Lima. What is the problem with the concept of advertising?

Mr d'Lima—The problem is that the term 'refer for termination' is not a legally real term. There is no power for anyone to refer for abortion except for a doctor. So if someone comes to me and I am counselling them and they say, 'I want an abortion and I want you to refer me so that I can have an abortion,' my simple answer is that I have no power to do so. If they need to go and see a doctor that is their decision. I am happy to suggest any number of doctors that they could go to. No counsellor has the power to refer a person for a termination.

Senator MOORE—If it said, 'Provide information on services that provide termination'?

Mrs Phillips—But that is not what people understand the word 'refer' to mean.

Senator MOORE—My question was if it said, 'Refer for information about termination.'

Mr d'Lima—I can provide that. Any counsellor, not matter what their ethos, and if they are doing their job properly, would be very pleased to explore philosophically all the options so we do not have a problem with that.

Senator MOORE—Mrs Phillips, if it said, 'Refer for information about termination'?

Mrs Phillips—I think that is a very funny terminology: refer for information. Do you mean 'provide information'? That is a more straightforward term. I understand that all the counselling agencies listed here do that. I received yesterday an email from Genesis Pregnancy Support and they say, 'For the last year we've had 21 women or girls contact us.' That is only 21 out of the 5,000 women who had abortions in South Australia last year. That is the ballpark figure; a very small number. They get no funding at all except from voluntary donations from the public.

The only advertising is this tiny little ad in the *Yellow Pages*. 'For the last year, we had 21 women and girls contact us. When they are asking us advice on their pregnancy, we always go through the options of keeping their baby, considering adoption or fostering and abortion and the short- and long-term implications of their decision and how it will affect them, the father and their family and friends. We do not push them one way or another. In fact, we reinforce the fact that it is their decision alone.'

I spoke yesterday to Birthline Pregnancy Support. They sent me by fax a page from their last annual report of all the phone calls that they receive in a year, and how many are related to women considering abortion. In the whole year only 345, at most, were phoning them about that. Many phone about other pregnancy related problems—'I've taken this drug. Is this dangerous?' 'I've had a miscarriage'—all sorts of pregnancy related problems and they are seeking support, which is what the advertisement offers them.

Again, Birthline discusses all options with the women who come to them. They do not refer the women to get an abortion but they do provide full information on the implications of that decision, as they do provide information on the implications of the other decisions that they might make.

Senator MOORE—Chair, in the interests of time, I will pass on to other people; but if there is time, I would like to come back and ask more questions about that.

CHAIR—Understood.

Senator MOORE—I will just refer to Mr Russell—maybe you would like to check out the definition of hubris. It is what I thought, Mr Russell. We always offer people the opportunity to amend or change their submissions and you may want to amend or change your submission.

Mr Russell—I apologise. I have a dictionary back in my office. I should have used it.

Senator STOTT DESPOJA—I might just follow on from Senator Moore's line of questioning to you, Mrs Phillips. I just want to make sure I got that correct. You were talking about 345 calls or thereabouts.

Mrs Phillips—They said 325 women said the reason they were ringing was because they were considering abortion but when the phone call proceeded, another 20 women indicated that that was really what they were ringing about. They did not indicate at the beginning. So I have used the figure 345 because sometimes women do not want to come out up-front with the reason for their call.

Senator STOTT DESPOJA—I am just wondering—and I take on board your point that information is offered on those three options but not the issue of referral for a termination—

Mrs Phillips—They do not actually say, 'If you want a termination, here's Dr X. He'll give you one.'

Senator STOTT DESPOJA—Or refer to maybe another counselling service or clinic, not necessarily that performs a termination; but I am wondering if there are a number of those women who want more information on how they can access a termination. What happens then with those 20 or so people? Are they referred in any way?

Mr d'Lima—There is no access. The point is that they would need to go to a doctor if they have a medical or psychological issue. That is a choice that they have to make themselves. If someone says to me, 'Can you help me'—

Senator STOTT DESPOJA—I understand that. Let us go back a step. What would you say to them? You do not say, 'You need to go and see a doctor'? Does the phone call end, or, 'We can't help you any further,' or, 'I'm sorry, we don't refer to anything to do with abortion'? I am just wondering at what point the conversation ceases or the next step is offered to, or not offered to, those women.

Mr d'Lima—I cannot speak on behalf of the agencies that do the counselling, only hypothetically. If someone were to ask me, 'I would like to have an abortion. Can you help me to have one?' I would say, 'Can we discuss it?'

Senator STOTT DESPOJA—I guess I was asking Mrs Phillips in the context of her discussion with the counselling services as to what they do with those—given that we have specific numbers.

Mr d'Lima—I understand that they would reply as I have indicated, that they would say, 'Let's talk about it.' Dr Toni Turnbull, who is a GP here in Adelaide, regularly counsels women who are coming to her facing a crisis pregnancy. I am not sure whether they directly ask her, 'Can you give me an abortion?' or whether they just arrive and say, 'I'm pregnant and

I'm not sure what to do,' but she will invariably say to them, 'There's no need to rush into any decision. Think about it. Let's talk about it,' and she will encourage them to go away for a week or so and to listen to the inner voice, as she uses that phrase. She finds that that is an acceptable manner of counselling for her.

Senator STOTT DESPOJA—I guess I am talking about the women who have made their decision and, at the end of the phone call, what happens next?

Mr d'Lima—They do not really have power to choose abortion. They may have an inclination but a doctor may say to them that the medical crisis—

Senator STOTT DESPOJA—I understand the legalities. In the interests of time, what I am interested in is: at the end of the phone call, I am talking to a counsellor, my decision is, 'Thank you for talking to me. I'd like to obtain a termination.' Does the phone call end?

Mr d'Lima—But, Senator, please understand what I am trying to say. They do not have the—

Senator STOTT DESPOJA—I do understand that she then goes to a doctor, although there is a process in Australia of self-referral. Nonetheless, I just want to know what happens at the end of the phone call. Do they say, 'Okay, I understand. We don't refer for terminations,' that is it?

Mr d'Lima—But they do not have power—

Senator STOTT DESPOJA—Mrs Phillips, do you understand what I mean? I am just wondering what happens to those—

Mrs Phillips—I understand what you are getting at, but I am concerned that that would be almost illegal, to refer them on; given that the law in South Australia says that an abortion is only legally performed when, in the opinion of two doctors, there would be a greater risk of continuing the pregnancy than terminating it. The evidence before me of the serious psychological risks, as the Fergusson study in New Zealand showed, not to mention all the other physical risks, means that it is almost always more of a risk for a woman to have an abortion than to continue the pregnancy.

Senator STOTT DESPOJA—So obviously they do not refer them to any other service or counselling?

Mrs Phillips—I think it would be unethical for them to say any more than David d'Lima has indicated.

Senator STOTT DESPOJA—Thank you very much. Mrs Phillips, what if, on that phone call, I say, 'I am seriously considering adoption now'? What would happen next? Would they be referred to a particular service or the community services or health department? What would happen to me in that circumstance?

Mrs Phillips—We cannot speak on behalf of these counselling agencies. I understand that Birthline could not appear here. They told me, 'Our constitution forbids us from being involved in any kind of political action or lobbying.' They were most distressed about that because they could not speak for themselves by the way their constitution was set up. I cannot speak for them, but maybe the committee would like to talk to them.

Senator STOTT DESPOJA—Yes, we can pursue that. That is a fair point. I want to return to section 4 of the Festival of Light Australia submission. I just wanted to double-check a couple of things. First of all, Mr d'Lima, would you table—because I think it is important for the committee—the information you have about constitutional validity, because obviously if the bill is unconstitutional it would be useful to know; but that is obviously contrary to my legal and drafting advice. But if you would table yours, I think that would be beneficial for the committee.

Mrs Phillips—Could we table a copy of the Australian Constitution, section 51, which outlines the Commonwealth powers which do not mention advertising and do not mention pregnancy counselling.

Senator STOTT DESPOJA—Certainly. I am sure we have the Constitution.

Mrs Phillips—I would think so.

Senator STOTT DESPOJA—But in terms, Mrs Phillips, of your interpretation of section 51—

Mrs Phillips—I think that is in our submission, isn't it?

Senator STOTT DESPOJA—No.

Mr d'Lima—No, we have not detailed that. We are happy, if we may take the question on notice, to provide some documentation.

Senator STOTT DESPOJA—Of course you may; absolutely. Thank you for that. So you do have legal advice?

Mr d'Lima—Yes, we have some information that we can table but it is not in a form that I can table today.

Senator STOTT DESPOJA—That is fair enough. Section 4 states:

> The Bill assumes that it is good public policy to favour only those pregnancy counselling services which "provide referrals to termination of pregnancy services where requested".

I just need to work through this with you. 'Favour': in what sense does the bill favour?

Mrs Phillips—Because it would provide penalties only for those pregnancy counselling organisations which do not directly refer for abortion and no penalties for agencies like the Pregnancy Advisory Centre in Woodville which does not provide ongoing support for women who want to continue their pregnancy.

Senator STOTT DESPOJA—What section of the bill provides those penalties for organisations that do not refer for terminations? I do not have it before me. I have the bill, obviously, but I do not have that section. Could you point out what I am missing here?

Mr d'Lima—On page 5 of the bill, section 6.

Senator STOTT DESPOJA—Section 6, 'Requirements for advertising or notification of pregnancy counselling services'. So section 6 which of course deals with penalties for someone who engages in misleading or deceptive advertising. That is right. How would the bill penalise services that do not refer for terminations?

Mr d'Lima—No, it would not do that.

Senator STOTT DESPOJA—So it would not do that?

Mrs Phillips—Sorry. I think it is section 6 we are talking about where it specifically says:

(1) A person that advertises or notifies a pregnancy counselling service that does not provide referrals for terminations of pregnancy must include in the advertising or notification material the statement that "This service does not provide referrals for terminations of pregnancy" or a like statement.

So the bill is specifically penalising pregnancy counselling services which do not provide referrals for abortions if they do not state that in their advertisements, whereas it makes no mention of counselling agencies which do refer for abortions but do not provide ongoing support for women who choose to keep their babies. It does not require them to put that in the ad, so it is a very much biased bill.

Senator STOTT DESPOJA—Mrs Phillips, under your interpretation of this legislation do you understand that no organisation, whether they include all options or refer for termination, that all those services are entitled to remain in operation and their services are not threatened in any way? Mr Russell?

Mr Russell—I understand that, yes.

Senator STOTT DESPOJA—Some of your comments on the bill in your opening submissions suggested that that may have been a different interpretation by the Office of Family and Life. I think you mentioned that a referral for terminations would on the one hand be a hindrance, or even a coercion. That was in your opening statement. I want to make sure that I have that correct; that that would be somehow a hindrance or a coercive practice, to provide a referral for terminations.

Mr Russell—I was going to change that actually, but I did not in the end.

Senator STOTT DESPOJA—Maybe when you tackle the hubris issue—

Mr Russell—I was going to amplify because I thought the question would come back, but it would not have changed the intention. I said at point (b) that this practice may open the service to possible claims of coercive behaviour or practice. What I was referring to there—and I will give you an example, I do not have the figures with me—was up until a few years ago the Family Planning Association of Western Australian in their annual report tabled a reference to the outcomes of their counselling.

From my memory, something in the order of 70 per cent of their outcomes were referrals for abortion. They have ceased the practice, I believe, of publishing that matter in their annual reports. I do not think the rate of abortion per pregnancy is anything like nearing three in four, so it leaves a question in mind, as a personal point, about what is happening there. Is there a push within that organisation for women to go towards abortion? That is what I am referring to. I am not saying they are doing it, mind you. What I am saying is the fact that there is this referral option or practice is leaving organisations open to that kind of criticism.

Senator STOTT DESPOJA—Those organisations that refer to adoption agencies, is that a hindrance or a coercion?

Mr Russell—Clearly very few do by the numbers that Mrs Phillips quoted.

Senator STOTT DESPOJA—I actually acknowledge that in Australia today.

Mr Russell—I do not know where there are actual referrals, or whether in the context of counselling, it is, 'Here is a pamphlet on this. Here is a "this" on "this". You've got your three options here. Go away and think about it.' I think that is probably more likely what happens. If it is not what happens, it is probably what should happen. So I do not know that there should be in any sense a formal referral from the end of that counselling service. I think the break is important there.

We talk about cooling off, don't we, in professional contracts? Have that break, as David talked about—a comment from Dr Toni Turnbull—'Go away and have a think about it. What are your resources? Who are the friends you can talk to about this? What are the important people in your life saying to you?' Those kinds of things. 'Have a break. If you want to, come back.' I think that should be the ultimate aim of a counselling service, so that people in crisis can go away feeling fairly confident that they know what they can do to get themselves out of this situation. They go away feeling calmed and reassured about who they are and how to deal with the problem that they face.

Senator STOTT DESPOJA—That of course goes to a broader issue—one that Mrs Phillips also brought up—and that is the quality and the nature, and any kind of regulatory framework or assessment of counselling standards, in pregnancy counselling. I think the bill does not deal with that, and I am very excited to hear the Festival of Light and others think that that would be a good idea. So perhaps we will pursue that as a committee in another inquiry or for another bill because I think it would be great to organise some counselling standards in this area.

However, this bill specifically deals with misleading and deceptive advertising, as you know. It is not intended and the effect of the bill is not to favour a particular organisation over another, however, it does apply penalties to any organisation that is deceptive or misleading in its advertising. I take on board all your concerns, but specifically yours, Mr Russell, in relation to section 7 of the bill. I think that you have come up with a good idea.

Mr Russell—There is a first for everything.

Senator STOTT DESPOJA—You see, I am determined to get 'hubris' out of your submission:

> A solution in the public interest would be for the Commonwealth to fund a comprehensive listing of pregnancy counselling agencies.

Mr Russell—I think some of my colleagues might raise their eyebrows at that a little, but it came to me just as a point of reference. I think you may have mentioned, Senator—it may have been in your second reading speech as well—that there are not many services that are actually open 24 hours, so who could therefore list in 24-hour services.

Senator STOTT DESPOJA—Yes.

Mr Russell—I think in one of the submissions of one of my Catholic colleagues that you have heard earlier there was a table of funding; quite clearly a disparity between the amount of funding that, for example, went to family planning associations and that which went to other counselling services.

Senator STOTT DESPOJA—Sorry. You are talking in relation to pregnancy counselling services?

Mr Russell—Yes.

Senator STOTT DESPOJA—So the Family Planning Association obviously—five per cent of their activity—so probably apples and pears in that one.

Mr Russell—It is an oblique reference, yes. Nonetheless the point is that the 24-hour services we referred to—I am not sure if Genesis is 24 hours now?

Mrs Phillips—No, it is not.

Mr Russell—It is not. But most of those are staffed by volunteers. It occurs to me that these smaller agencies, that you could term 'pro-life' I suppose, that struggle along like Genesis that do not particularly have any funding, or they have very little funding, provide an enormous amount of volunteer service to the nation, and I think support good public policy in making available options and a place to go and someone to talk to. I cannot see why some of the other agencies that perhaps are better funded, perhaps through Family Planning Australia or through whatever services, do not have their own 24-hour services. If we are really talking advertising standards, if you look at the reference that Mrs Phillips quoted to you earlier and in fact you look at the 24-hour services there, there is a paucity of options and alternatives.

Senator STOTT DESPOJA—I know we may have differing views on what should or should not advertise in the 24-hour section, but in any section of the phone book. I would anticipate, based on your comments in the submission and here today, that if, for example, an organisation that did provide termination referrals as well as all-options counselling—so my definition of 'non-directive'; it may not be yours—you have said you think they should be up-front about the services they provide?

Mrs Phillips—And do not provide.

Mr d'Lima—That would be in the interest of equity, but we have a philosophical difficulty with the government listing organisations that refer so-called for abortion. More than that, we believe that it is not a physical reality for them to be able to refer for abortion for the reasons I have indicated.

Senator STOTT DESPOJA—Mr d'Lima, if it said in an advertisement, 'Pregnant, upset, confused, need advice? Pregnancy counselling. Do not do referrals for terminations,' do you think people might not ring that service?

Mrs Phillips—I think that is why the bill is here, isn't it? You think that people are ringing that service thinking that they might get an abortion out of it and are persuaded not to have the abortion, whereas if they saw up-front that there is no possibility of referral to abortion, they would not ring it.

Senator STOTT DESPOJA—I think the intent of the bill is to provide maximum information and transparency for women who ring those services. The intent of the bill is not to encourage, or otherwise, women to have abortions, but I take on board that interesting insinuation and—

Mrs Phillips—But clearly the bill does not want full information available, because it does not suggest that there should be any penalty for the Pregnancy Advisory Centre, which fails to say it does not provide ongoing support for women who want to continue their pregnancy, so the bill is really not interested in that glaring problem.

Mr d'Lima—If ever there was a misleading title, it would be Pregnancy Advisory Centre at Woodville.

Mrs Phillips—Yes, because it does not offer advice generally to—

Senator STOTT DESPOJA—We might actually pursue their advertisement at some stage.

Senator WEBBER—I have the *Yellow Pages* in front of me too, and the Pregnancy Advisory Centre only advertises under Pregnancy Termination Services.

Mrs Phillips—That is right.

Senator WEBBER—So it seems to me that it is actually pretty transparent.

Mrs Phillips—It is pretty clear.

Senator WEBBER—It is clear and up-front. It would seem to me that they comply with the proposed bill. I cannot find their ad in Pregnancy Counselling and Related Services, so I do not understand the point.

Mrs Phillips—The point is that they are both services related to pregnancy and they both offer pregnancy counselling, but only one of them offers support for women who make a choice to continue a pregnancy.

Senator WEBBER—But this organisation only chooses to advertise—

Senator STOTT DESPOJA—That is an important point.

Senator WEBBER—under Pregnancy Termination Services.

Mrs Phillips—In this section of the *Yellow Pages*.

Senator WEBBER—That is right.

Mrs Phillips—You will find in the *White Pages*—

Senator WEBBER—The *White Pages* is another issue that I am going to take up with Sensis, because it is not clear at all on any of the issues.

Mrs Phillips—But you are not concerned that the Pregnancy Advisory Centre fails to indicate its bias, as revealed in that Channel 7 program *Today Tonight*?

Senator MOORE—Mrs Phillips, how do you know that? How do you know what their processes are?

Mr d'Lima—The testimony from the young woman.

Senator MOORE—You have one person.

Mr d'Lima—Exactly.

Senator MOORE—That is the basis of your statement, is it?

Mrs Phillips—No, I have further anecdotal evidence from women who have suffered abortion grief and have explained to counsellors the kind of counselling they got from Woodville Park.

Senator MOORE—So it is the quality of the counselling?

Mrs Phillips—Indeed, it is, and this bill is not concerned about the lack of transparency in advertising of the Pregnancy Advisory Centre in Woodville Park.

Senator MOORE—We are.

Mrs Phillips—Well, why does the bill not single out, in the way that it does for, say, pregnancy support agencies, that if they do not put in their ad, 'This service does not provide ongoing support for women seeking to continue their pregnancy,' they will suffer a penalty of $200,000?

Senator WEBBER—Mrs Phillips—

Senator STOTT DESPOJA—If they are guilty of deceptive or misleading advertising, it will apply—

Mrs Phillips—Under section 6—

Senator STOTT DESPOJA—to them as well.

Mrs Phillips—if they do not put this statement in their ad, the penalty for a person is a maximum of 2,000 penalty units, which, if you work it out at $110 per penalty unit—

Senator STOTT DESPOJA—It is not if they do not put it in—

Mrs Phillips—is $200,000.

Senator STOTT DESPOJA—Excuse me, this is such an important point. It is not if they do not put it in the ad; it is if they are guilty of misleading, and that is that they give an assumption in the advertisement that they do provide that service and they do not. So most of the services which you are speaking about today, or informing us about, who have proud stances on the options they provide—who are not afraid to say, 'We have a particular view on life and we do not refer for terminations'—I presume would not have a problem with this service, because they would be proud of their policy and they would not mislead in their advertisements in any way. I have to believe that of the organisations you are representing, otherwise it would be very concerning to me that any organisation would want to deliberately mislead or deceive. If no-one is misleading or deceiving by giving a pretence that they provide all options, then what have they got to be afraid of? What have they got to be afraid of? This is transparency.

Mrs Phillips—With respect, you are saying the same thing. You are saying that Birthline would have to, under your bill, put in its ads, 'We do not refer for abortion.'

Senator STOTT DESPOJA—Or like statement. Just make clear the services that are offered.

Mrs Phillips—But you are not unhappy if other organisations, like the Pregnancy Advisory Centre, do not put, 'We do not provide ongoing support for women seeking to continue their pregnancy.'

Senator STOTT DESPOJA—If they advertised as a non-directive counselling service and they failed to provide those three options, you bet I'd be happy and they would be guilty under this legislation! It applies across the board.

Mrs Phillips—Then why doesn't the legislation make it equally clear that any counselling agency that does not provide support for women to continue their pregnancy has to say so? It spells it out very clearly for the others, but it does not spell it out for the Pregnancy Advisory Centre. It is targeting one particular type of agency. It is not targeting others.

CHAIR—I have to say I support that contention. I cannot see where in this bill it requires that an agency which does not provide ongoing support for pregnancy is required to advertise.

Senator STOTT DESPOJA—That is your opinion from the chair, which is an interesting point in itself. Having said that, my definition of 'non-directive pregnancy counselling' is there for all to see. If people would like to provide alternative definitions so that the bill could be interpreted in a way that would suit their purposes, including that of the chair, then feel free to amend it. However, my definition of 'all options' and 'pregnancy counselling' in a non-directive context—and, Mr Russell, I thank you for providing a bit of the context and the background about 'non-directive', and we could debate that issue but I will not do that now—is the definition that I have chosen in the bill.

The committee process allows the time to debate, where there are differences, but the most important point is that organisations, such as Festival of Light, understand that unless someone deceives or is misleading in their advertisements they will not attract the penalties. In relation to the definition of 'non-directive pregnancy counselling', yes, it does involve information and support on all three options, including being up-front about the fact that, if you are going to say you provide abortion services, abortion counselling or whatever it may be in terms of the terminology, that includes referrals.

Mrs Phillips—Senator, why is it misleading for Genesis Pregnancy Support to simply say that is its name? Why does it have to say anything more? I would have thought 'pregnancy support' is very clear; that they are there to support your pregnancy. Why is that any more misleading than Pregnancy Termination Services saying Pregnancy Advisory Centre, Woodville Park?

Senator STOTT DESPOJA—Mrs Phillips, the point of this committee is, unfortunately for you, that I get to ask the questions. My response to that is: that is my interpretation. I think 'termination' in itself is a very clear word, very specific and understandable. I also think that, when you talk about pregnancy support, abortion counselling and any other references we have seen to a range of *White Pages* and *Yellow Pages* ads before us over the last week, it is not clear. There will be women who ring up with an interest in information on all options, including the possibility of referral for termination, and it will not be clear. What is wrong with giving women—or their families, for that matter—information in an advertisement, which is their first port of call when, as Mr Russell said often, people are in crisis and they want to make a full and informed decision? That is all it is about.

Mr Russell—Can I comment there, Senator, please?

Senator STOTT DESPOJA—Absolutely. This committee has all gone a bit wacky.

Mr Russell—Unfortunately, I think when you have a term similar to, 'This agency does not refer for termination'—

Senator STOTT DESPOJA—Or like statement.

Mr Russell—We are not talking about people who are paying for a service, so we can hardly talk about unfair advantage in business in this regard, but what I would like to suggest is that—

Senator STOTT DESPOJA—It would be a bit more serious than that, in fact.

Mr Russell—We are talking about professional or at least well-trained counsellors, and I take on board your point about maybe creating some standards there. Let us say there is an agency that does not refer for abortion, and says so. It would still, if it were a good counselling agency, discuss the three options.

Senator STOTT DESPOJA—Sure.

Mr Russell—So what is the problem?

Senator STOTT DESPOJA—There is no problem with that.

Mr Russell—But, hang on, we have just basically turned away, essentially, a bunch of people that have gone—

Senator STOTT DESPOJA—Why have you turned them away, Mr Russell?

Mr Russell—Because people will look at that and say, 'Well, I'm not sure about what I want to do but I might want an abortion so therefore I'm not going there,' when the reality—

Senator STOTT DESPOJA—What is wrong with that? Is that not an informed judgment for someone to make? 'I might go to a different place.'

Mr Russell—Perhaps it is, but I think it is a judgment in error, because effectively they could still go there and they could come away with the thought in their mind, 'Yes, I'm going to have a termination and I'm going to go and see my GP or look up the *White Pages* or *Yellow Pages* and find an abortion service.' The counsellors are going to give those three options in discussion, most certainly, and they should, otherwise they are not worth what they are getting paid.

Mrs Phillips—Well, they don't!

Mr Russell—They should.

Mrs Phillips—But they are not getting paid.

Mr Russell—That is right. In many cases, they are not. But effectively we are narrowing the band of discussion of those counsellors, in a sense, to two options.

Senator STOTT DESPOJA—We are not narrowing it.

Mr Russell—I think by putting a statement like that—

Senator STOTT DESPOJA—No, it is just reflecting what they already do or do not provide. If they do not provide referrals, then they are hardly going to discuss that.

Mr Russell—I am sorry, I do not agree; but can I come back to one other comment.

Senator STOTT DESPOJA—I think it is important. I think your points are very valid but I think you can provide a discussion on one, two, three options but you need to be up-front about it when they ring up; and the same point Mrs Phillips made, if an organisation does not provide a particular service—

Mr Russell—I would go back to the thrust of my argument which suggests that the referral option should be removed.

Senator STOTT DESPOJA—Because it limits the discussion?

Mr Russell—No. I think there is a possibility that it will limit discussion.

Senator STOTT DESPOJA—Or it will limit the people who phone.

Mr Russell—It also limits the decision-making process. I think it truncates it somewhat because I think people should go away.

Senator STOTT DESPOJA—Sorry, are you talking about decision-making counselling or are you talking about non-directive?

Mr Russell—I think essentially non-directive counselling does not bring a client necessarily to a resolution at the end of the counselling period. I think it is a far better practice to create a cooling-off period or a gap. 'Here's the information. You go away. You said you want to talk to your friends, your GP, whatever. Go and do that. You've got a plan now. Go and make that decision for yourself. Come back if you've got any problems with it.' That is a far better way to go.

Can I go back earlier to my comment about listings that you picked up and thanked me for, Senator. That was made in the framework of a situation where you do not have that referral option, because I believe that that is the best practice. It is as simple as that.

Senator STOTT DESPOJA—Let us clarify then. Are you changing that to, 'The Commonwealth to fund a comprehensive list of pregnancy counselling services'—that is what you have now—'provided they do not refer for terminations'?

Mr Russell—No, the thrust of my statement today is that where I think we should go is to take away that referral situation. If we are taking away that referral situation, I think give it a full listing. I am not suggesting we should list in terms of what is going on in this building, because I quite frankly do not agree with your definition.

Senator STOTT DESPOJA—But Commonwealth funding of a list should only apply for those that—

Mr Russell—No, it should apply for all, but all with the removal of the referral. The government could not apply funding for a listing that excludes some and includes others. That is, I think, your point.

Senator STOTT DESPOJA—But looking at fairness, you are talking about including all? So those that are non-directive, as per the definition of this bill, those that would actually—

Mr Russell—As per the definition that I gave.

Senator STOTT DESPOJA—From my perspective, then, you are talking about including those agencies that do refer for terminations? Or you are talking about knocking them out?

Mr Russell—No, I am just talking about the situation where the referral option is not in there. That is consistent with what I am saying.

Senator STOTT DESPOJA—That is just referrals for terminations, it is not referrals to other agencies or referrals for adoption?

Mr Russell—As I said, I think best practice is that there are essentially no referrals. 'Here are your options.'

Senator STOTT DESPOJA—No referrals for anything?

Mr Russell—Basically yes.

Senator STOTT DESPOJA—Gosh, they are going to be short phone calls!

Mr d'Lima—It depends what you mean by referral. I do not know that I have the power to refer anyone to Centrelink.

Senator MOORE—The power to refer to Centrelink?

Mr d'Lima—Yes.

Senator MOORE—Define 'refer'.

Senator STOTT DESPOJA—I do not think anyone has the power to refer anyone.

Mr d'Lima—We need our dictionary again. I can suggest that they go to Centrelink. I can give them a phone number. I cannot write something down and say, 'This is your authorisation to take with you now.' That is how I understand referral medically.

Senator ADAMS—While we were in Melbourne, we had Pregnancy Counselling Australia table a document. They have thought about their advertising and obviously thought about the bill and discussed it all. They have come up with a new ad which states, 'Pregnancy Counselling Australia'. First dot point, 'Pregnancy counselling'. Second dot point, 'Alternatives to abortion'. Third dot point, 'Post-abortion help'. Then their 1300 number appears, and they are a 24-hour service. To us, that is very clear about what they are doing.

I am from a rural area and I have had a number of rural women talk about no GP or a GP who does not prescribe the pill and in other areas the pharmacist does not dispense the pill and any sort of discussion about termination just is not on. A lot of rural areas now have no access to GPs or very small access. The other thing is that confidentiality in a very small town is really difficult. These people rely solely on their telephone service in the *Yellow Pages*. It is very hard in Western Australia. Most terminations are done in Perth, simply because in the smaller regional centres, nobody is prepared to do that.

I have had a number of complaints that they have rung different numbers and not had a really good consultation. They have decided they are looking at all the options and they want to be informed on all options; so I was very happy with what you said about these agencies here in South Australia because unfortunately it does not happen where I come from. You either have the termination clinics, which have the same rules about what they do. But for someone that really wants to explore all the options, they really are having problems.

The Australian Medical Association in Canberra came up with a comment there that they are worried about pregnancy counselling services that do not disclose what they are really

about. It means that if someone has a bad run with whoever they have rung—perhaps two or three or even four different organisations; and got the same thing—then no-one can help them if they have made that decision to consider a termination, because they cannot get the information.

The AMA have just said that they really feel it is far better if the organisation that the women are speaking to is up-front in saying that, so that the time is not held up. If they have had a bad experience, they are not game to go back and another couple of weeks goes on.

Mr d'Lima—I do not understand what information they are asking. If they phone up an organisation that does not encourage them to have a termination—

Senator ADAMS—It is not that. They cannot get any information about it. They will get the information about continuing their pregnancy, they will get the information about how they can adopt their child if they go on to term, but—

Mr d'Lima—Yes, but if they want they want information about pregnancy termination, surely they should speak to a physician?

Senator ADAMS—It is the point of being out there in a rural area, desperate, really upset. It is hard. It is fine if you have somewhere to go to.

Mr d'Lima—If I were the counsellor, I am not a medical person. I cannot presume to—

Mrs Phillips—And there are serious risks with abortion, just as there are—

Senator ADAMS—I am fully aware, so we do not need to go down that track. That was my job before I started this.

Mr Russell—It occurs to me, in reflecting on Senator Stott Despoja's comments about perhaps a standard of counselling, that if we are looking at non-directive—let us just talk about non-directive in terms of the psychological understanding, the professional understanding of it—why aren't we looking at creating a standard of counselling that says, 'You will discuss the three options,' and leave it at that? Then can we not ask people who advertise, the agencies themselves, to have a line, as many places do, 'This organisation abides by the XYZ code of standards.' That covers it all.

Then for someone who has in their mind that they want to have a termination and sees, 'Does not discuss termination', that barrier is not there and we have a standard, which I think is a useful thing. Then, having a standard as well, we have an opportunity for when those standards fail and when counsellors from any angle do not behave in a manner that is consistent with their code, there is some recourse under law or to some other standard. If we looked at it that way, I do not think we would have a need to look at the framework of this bill.

Mr d'Lima—The point is that there is no option for termination apart from medical assessment. Someone might have an inclination, they might have an ambition, for a termination but they have no option for a termination. They have a freedom or an option to go to their doctor and to discuss the matter.

Senator WEBBER—That is in your state. We need to be clear: it is different state by state.

Mrs Phillips—Then obviously this is a state matter, not a Commonwealth matter.

CHAIR—I think that is right. Abortion is a state matter.

Senator STOTT DESPOJA—Sorry, Chair. Thank you for your interpretation again, but the issue of trade practices law is a Commonwealth matter.

Mrs Phillips—Exactly.

Senator STOTT DESPOJA—Thank you. This bill is based on the Trade Practices Act and, Mr d'Lima, you have already outlined your concern with the penalty units. I am sure you will take up those same concerns with the government over the exact same penalty units that apply under the Trade Practices Act.

Mr d'Lima—There is a difference, though, because corporations are often profit-making organisations, whereas the small organisations we describe are not corporations, but the same penalty would apply to them though they are not corporations.

Mrs Phillips—It would bankrupt them because Birthline has an annual budget of $55,000. If they were fined $200,000—

Senator STOTT DESPOJA—I am sure that Birthline are not going to engage in misleading and deceptive practices. I do not think that we should make that—

Mrs Phillips—But you are saying what they are doing now is misleading and I do not believe it is. I believe it is misleading for a pregnancy advisory centre by its very name, to say, 'Offers advice on pregnancy' when it does not offer ongoing support for women who need help to continue their pregnancy. So just the name, I believe, is misleading. But your bill would not touch them.

Senator STOTT DESPOJA—It would if they were engaging in misleading and deceptive advertising.

Mrs Phillips—I believe they are but you are saying that they are not because your bill does not—

Senator STOTT DESPOJA—My understanding is that they are all options, counsellors, but we should have this debate—

Mrs Phillips—Your bill is very narrowly targeted.

Senator STOTT DESPOJA—We will interrogate them later. Don't worry! No-one is spared on this committee. We talk to everyone.

Senator WEBBER—I want to continue with that discussion, Mrs Phillips, on the provision of ongoing support for pregnant women.

Mrs Phillips—Yes.

Senator WEBBER—I refer you to our *Hansard* of the hearing we had in Melbourne, because when the Pregnancy Counselling Australia people appeared before us they said they were not in a position to provide ongoing support for pregnant women. If a woman needed ongoing support, they would have to refer her to someone else. So under your strict definition, they would not be able to advertise either.

Mrs Phillips—I am not supporting the bill at all.

Senator WEBBER—I have got that message loud and clear.

Mrs Phillips—I do not think, under the Trade Practices Act on which this bill is based, that any company is required to provide information on services that it does not provide. David Jones might advertise blouses and shoes and it does not have to say in that advertisement, 'We do not sell bread.'

Senator WEBBER—Right.

Mrs Phillips—That is why I feel this whole bill is ill conceived.

Senator WEBBER—Well, in some cases David Jones do sell bread, but that is another issue altogether. They have a food hall in my home town. Perhaps another way of looking at it would be—and this is just me speaking off the top of my head; it is not necessarily my view—that part of the joys of processes like this, particularly when you have a relatively short bill, is that you can consider amendments to the bill. We have already talked about alternative wording. Perhaps a concept would be that these organisations have to say what they do provide: an organisation would say, 'We do provide ongoing parenting or relinquishment support,' because then it would be very clear what they do not provide. Would that be a problem?

Mrs Phillips—It would be a problem insofar as you are mandating particular wording in particular advertisements which you do not require for any other business. For example, some businesses have very short, sharp advertisements, just to catch the eye. You are saying that in this particular case you cannot have these short, sharp advertisements; you have to say, 'This, this, this and this'—make it full of other information. Firstly, I do not think that it is a power of the Commonwealth to say that, to control advertising in different states in this way and, secondly, I feel that it is unwarranted.

Senator WEBBER—How was the banning of advertising of cigarettes done—cigarette smoking? Does the Commonwealth support that? Has the Commonwealth been involved in that?

Mrs Phillips—I cannot give you information on that.

Senator WEBBER—It is health related advertising. It is not allowed on television, which is something that the Commonwealth controls the licensing of; it is not allowed in the print media.

Mrs Phillips—If you are going to go along that line—

Senator WEBBER—It is not allowed in the phone book.

Mrs Phillips—I think it would be a very good idea if abortion advertising was completely banned, because I believe abortion is harmful to health and has caused many deaths and future problems, such as infertility. Therefore, it might be a good idea if, instead of looking at this bill, you look at a bill to ban all forms of advertising for termination services.

Senator WEBBER—My life would be a lot easier if we just banned advertising. I am sure that during elections people would love it if political parties were banned from advertising.

Mrs Phillips—Perhaps we could ban all advertising for harmful operations such as terminations.

Senator WEBBER—All advertising. Then you would not need a *Yellow Pages* this big. There are other ads. People on this committee are sick of hearing this, but I now have the Adelaide *Yellow Pages*—I have closely read the Melbourne and Sydney *Yellow Pages*, a couple of pages of both; I will not misrepresent entirely—and I want to return to perhaps a way around this, because we are trying to come up with some form of consensus. It is around an issue that raises a lot of passion but I am looking at a page and there are ads of relative size, nothing to do with the same service. Down here there is one that is about the same size as the Pregnancy Helpline—'computer to metal plate' it says—and it talks about the sizes of the mechanics they can deal with and the services that they provide. What would be wrong with having an ad that talks about the service you provide, the support that you are prepared to provide?

Mr d'Lima—We would prefer to leave that up to the individual agency to govern its own advertising, so if it wants to say, 'We do this and this,' so be it. But we do not think that it is really a requirement of the Commonwealth to supervise that.

Senator WEBBER—Therefore, it is okay for me to ring an agency—to go back to what Mr Russell was saying, if someone rings up and says, 'I want an abortion and I want help,' it is okay to have an ad in there from an organisation that cannot give me the help that I want.

Mrs Phillips—What if somebody rings up and says, 'I want to smoke. I'm 16 and I want help,' should I help them to buy some cigarettes?

Senator WEBBER—If you want to set up an organisation that wants to provide that, as long as it is operating within the law—

Mrs Phillips—Well, it is not within the law, and I would claim that in our state most of the abortions performed are not according to law.

Senator WEBBER—That is a matter of state law. The regime in which women access terminations does vary from state to state. Again, when we were talking to the people from Pregnancy Counselling Australia, they gave us evidence that when they changed their ad at first it said, until there was a bit of a fuss; 'pregnant and need help' and it gave their contact details. When they had to make that change—and we have seen their new ad and I think it is a step in the right direction—and they listed alternatives to abortion, the number of phone calls that they received dropped. So there were obviously women contacting that agency because they had a view about the kind of support that they needed. When it was advertised that they offered alternatives to abortion, they realised that that was not the service for them.

Mrs Phillips—I think that is a tragedy because it showed that those women who did not phone because of the new ad were missing out on vital information that they needed about the risks of abortion; information which I know is not provided by the Pregnancy Advisory Centre.

Mr d'Lima—Their choice is prejudiced by the advert, depending on why the advert was changed. Why was the advert changed?

Mrs Phillips—Pressure from people like Senator Stott Despoja, I presume.

Senator WEBBER—But when they took that one step closer to complying with this legislation—

Mr d'Lima—What legislation?

Senator WEBBER—women that had obviously decided that that was the avenue that they wanted to go down—

Mr d'Lima—What legislation, Senator?

Mrs Phillips—They were anticipating this bill would pass.

Senator WEBBER—This is an issue that Senator Stott Despoja has pursued for some time, as I am sure you are aware, being from South Australia. When they took that one step, there was a decrease in the number of phone calls. We had evidence yesterday from other organisations that said that they thought that would happen as well.

Mrs Phillips—Yes, and that would be a tragedy.

Senator WEBBER—It seems to me that there are a number of women that read these ads that are not as clear, like this one, 'Are you pregnant, alone, needing help; need someone to talk to; scared, confused?' If they had to have in there something along the lines of the current legislation that, 'We do not refer,' or, 'We will offer ongoing support for parenting and relinquishment,' if that meant that people were not ringing them, that means those people are fairly clear about the decision they have made. They just want some counselling along the way about the process that they have to go through.

Mrs Phillips—Like Vanessa Bushnell.

Senator WEBBER—I do not know that young woman. You may. I do not know her. For every anecdote that one side of the argument throws up the other side can throw up three or four. I am not interested in that. What I am interested in is the bill. What I am interested in is advertising.

Mrs Phillips—Senator, I am interested in the tragedy of abortion and the very great physical and mental health risks associated with it.

Senator WEBBER—I understand that you have very deeply-held views about that and I respect that. But this bill is not about the legalities or otherwise of termination. This bill is about advertising.

Mrs Phillips—Well, this bill should be about women's health, I would have thought.

Senator WEBBER—It seems to me that when Pregnancy Counselling Australia—and the other evidence we had yesterday—had to change their ad to allude to the fact that they did not support termination and they recalled a drop-off in people making phone calls, then we do have a problem with the transparency. If I am a woman who has made that decision, who wants counselling to support that decision and reassure me through that process, what is the point in me ringing an organisation that will not support that? That wastes my time and your volunteer's efforts.

Mr Russell—Senator, surely that is just a matter of a phone call. If you have made that decision already and you are ringing up and you are in any doubt about what is there—in fact, regardless of whether you are in any doubt, you are still likely to say, 'I'm ringing up because I want to have an abortion. Will you help me do that?' Surely that is the first thing that most

people would say if that is their decision already. What have they lost? They have not even paid for the phone call, because it is a 1300 number.

Senator WEBBER—To be blunt, Mr d'Lima said, in response to Senator Stott Despoja, if I rang up and said that, he would say, 'Let's talk about it.' If you are not going to talk me through the process and what it is going to mean in an objective manner and help me take the next step, why can't we have that up-front here now so I can ring someone that will?

Mrs Phillips—Because there are a lot of people, like boyfriends and parents, who want to pressure girls to have an abortion when it is not really the girl's wish, and this was the case with Vanessa Bushnell. If her boyfriend had been advising her and had seen, 'We do not refer for abortion,' he would steer her very clearly away from such a counselling agency, which she needed, to the Pregnancy Advisory Centre, which would up-front offer abortions. You are not looking at it from the reality that many women in Australia are having abortions not because they really want one but because others—boyfriends, husbands and so on—are pressuring them against their real will.

Senator WEBBER—That is a debate for another day. As I say, I do not want to get into the anecdotal stuff, because we can all play that game. This is a debate about transparency of advertising.

Mrs Phillips—I am saying that—

CHAIR—Do we have a question?

Senator WEBBER—I'm done! We are going to have to agree to disagree.

CHAIR—Senator Nettle?

Senator NETTLE—I was going to let Mr d'Lima know that the AMA—the Australian Medical Association—appeared before the committee when we had our hearing in Canberra, and they thought that the words 'refer' and 'referral' were generic terms that did not just relate to a medical procedure. I also wonder whether Mrs Phillips was aware that the World Health Organisation has said that early abortion is one of the safest and simplest surgical procedures around. I thought you might want to know—

Mrs Phillips—I also know that it took the World Health Organisation 45 years to acknowledge that the contraceptive pill with oestrogen and progesterone is actually a carcinogen, and it may take them even longer to acknowledge that there is a definite link between early abortion, particularly of a first pregnancy, and later breast cancer. So I really do not think that the World Health Organisation is on top of the risks of early abortion.

Senator NETTLE—You do not need to respect the World Health Organisation, but I do. Both of you in your submissions referred to a document 'What Australians really think about abortion'. Are you able to table that document?

Mrs Phillips—Has that not already been tabled; the research done by the Southern Cross Bioethics Institute?

Senator NETTLE—No, this seemed to be referring to a different document when both of you mentioned it.

Mr d'Lima—Market Facts (Qld) Pty Ltd, 'What Australians really think about abortion'.

Senator NETTLE—Yes, that is the one.

Mr d'Lima—I have the reference with me but nothing further.

Mrs Phillips—We can provide it for you later.

Senator NETTLE—That would be great, thank you. That is all.

Mr d'Lima—If I can respond to Senator Nettle's comment about referral, I say again that if someone came to me and said, 'I would like to have an abortion,' I have no power to refer them for an abortion.

Senator NETTLE—You had indicated earlier what your view of the word 'referral' was, so I just wanted to alert you to what the view of the Australian Medical Association was.

Mr Russell—Senator, you may not have heard earlier, but the thrust of what I was trying to say essentially was that, whether it is a formal referral or whether it is, 'We'll ring you up and make that call now or we'll organise an appointment for you'—so whether it is a referral of form rather than a technicality—I still support the idea of counselling agencies not doing that. I support them not doing that for all three options, as we have already discussed, but simply to discuss it, to provide the information, to give the client the resources to make their own mind up and to draw in the resources they need to make that decision. So I think it is almost immaterial whether it is a formal referral or not, from my perspective anyway.

Mr d'Lima—But if someone came to me with a sore throat, it would be meaningless for me to say, 'I'm going to refer you to a doctor.' I would say to them, if I was a counsellor, 'Look, don't you think you ought to go and see your doctor and discuss it?' You can call that referral if you like. I am happy with that, but—

Senator NETTLE—Yes, we are.

Mr d'Lima—the point is that what then happens next is out of my jurisdiction. The person will then discuss with the doctor their sore throat, and whether there would then be an operation or medication is nothing to do with me, as the counsellor perceiving that it is a matter that needs some medical attention. So it is meaningless to say that I have referred you for a procedure. Do you understand what I am saying?

I cannot say to the person who has the sore throat, 'I'm going to refer you because I agree with you that you need your tonsils out,' or, 'I agree with you that you need to have this particular medication.' The counsellor has no competence in that area. The counsellor can say, 'Look, don't you think you ought to go and discuss this with your doctor.' That is irrespective of the procedure that is in mind, and I think that is a very important point to make.

CHAIR—Thank you. Senator Adams had a follow-up question about abortion and breast cancer.

Senator ADAMS—Mrs Phillips, do you have some evidence that can be tabled about your—

Mrs Phillips—Abortion and breast cancer? I can table a number of things. These two papers are from reputable journals. This is a resource paper we produced last year on a number of risks associated with abortion that are not being canvassed by places like the

Pregnancy Advisory Centre. In relation to abortion grief, I cannot table the Fergusson study done in New Zealand. You know the Christchurch—

Senator ADAMS—Yes, I do know that. That involved a cohort of 42, so unfortunately it has not been looked upon as such strong evidence as it could have been if they had had a larger cohort. There were some discrepancies with that.

Mrs Phillips—In terms of methodology, it is far superior to most studies that have been done. Given that the researcher, Fergusson himself, was pro choice and not expecting the outcome, I think it needs to be taken serious note of.

Senator ADAMS—There are some other arguments, but I would like to draw your attention—

CHAIR—Before you go on, I think you were still tabling some documents.

Senator ADAMS—On the breast cancer research.

Mrs Phillips—There is another document, produced some years ago, of an Adelaide radio program on the ABC, where Philip Satchell opened the lines to women who had had an abortion and who may have regretted it, and he was overwhelmed by the callers. Some of them said on radio that they had never told anybody about their abortion and their subsequent great grief. This just might throw some light on a hidden problem that is often not recognised. I may have some other things. Yes, an article by Charles Francis QC published last year.

Senator ADAMS—Yes, we know all about that.

Mrs Phillips—And you know about a consent form for abortion provided in a Texas abortion clinic, where the people agreeing to an abortion have to note that the risks include bleeding, with the possibility of requiring further surgery or a hysterectomy; perforation of the uterus or damage to bladder, bowel or blood vessels; abdominal incision, an operation to correct the injury; infection of female organs, uterus tubes or ovaries; sterility or being incapable of bearing children; incompetent cervix; failure to remove all products of conception or continuation of the pregnancy or depression or post-abortion stress syndrome or possible increased lifetime risk of breast cancer. I believe that this information is not being provided at the Pregnancy Advisory Centre in Woodville Park.

Senator ADAMS—I do not know about that. But I would like to draw your attention, as I did to Dr Francis in Melbourne, to a study that has been done by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. They have published a book *Termination of Pregnancy: a resource for health professionals*. They say:

> The evidence does not support an association between termination of pregnancy and infertility, ectopic pregnancy—

which is another myth that seems to be going around, and goodness knows how that could happen—

> or breast cancer.

The analysis done here was 53 studies and included 83,000 women with breast cancer. That concluded that abortion does not lead to breast cancer. That is a study that perhaps you would like to see.

Mrs Phillips—Is that a recent one?

Senator ADAMS—This is 2005, yes.

Mrs Phillips—I understand that study quoted some studies from which it drew its conclusions and left out some very important studies which drew the opposite conclusion. In fact, there is evidence that that particular analysis was very selective in the evidence that it used.

Senator ADAMS—I would say that, looking at the Scandinavian results and also the Brind one, they were relying heavily on data from self-referrals.

Mrs Phillips—No, not all the studies were self-referrals.

Senator ADAMS—I am talking about the Brind study, which is the one that is normally brought up.

Mrs Phillips—Brind was a meta-analysis of many different studies.

Senator ADAMS—I just wanted to say that. Getting back to the World Health Organisation, I gather you do not have much time for their efforts.

Mrs Phillips—I did not say that. I said it takes them time to get on top of the latest research. One of the studies often quoted is the Danish study by Melby et al. That looked at women on the public record who had had breast cancer and also women on the public health record who had had an abortion. Abortion was legalised in Denmark way back in 1939 and women who had had abortions were on the public record, but not obviously on computer, at that early stage. The results were not computerised until about 1973.

Unfortunately, Melby did not record women who had had an abortion before 1973 because they were not on the computer records, so many women who subsequently got breast cancer and had had a previous abortion in the Melby study were recorded as not having an abortion, which completely skewed the results. When Professor Brind went through and redid the analysis, he found that in fact the Melby study showed quite a significant relationship between abortion and, later, breast cancer. This is the problem that we are faced with.

Senator ADAMS—Okay. I would like to quickly finish this. There is a World Health Organisation document—their fact sheet 2040; this was June 2000:

Induced abortion does not increase breast cancer risk.

So that is their assessment.

Mrs Phillips—Yes, and that is based largely on the Melby study which they thought was reliable but in fact was not.

Senator ADAMS—They have got 10 studies here. Anyway, thanks—

Mr d'Lima—There are certainly many studies on both sides. But it may well be the case that we are at the stage in the research where smoking was perhaps in the fifties or sixties and it may turn out to be the case that there are grave risks linked to abortion that are yet to be more thoroughly identified.

Senator ADAMS—It worries me, with the number of complaints that we have had, that breast cancer is used as the No. 1 scare tactic for not having an abortion and I do not like that.

Mrs Phillips—I do not believe that it is a scare tactic, Senator. I think it is important that women be told the risk.

Senator ADAMS—Yes, I think it is, too.

Mrs Phillips—There has only been one Australian study and that was done here in Adelaide in the late 1980s. I remember it well because it was reported in the paper that some people were concerned about the increasing rate of breast cancer and they thought that diet might have something to do with it. So they did a very careful study, and I remember reading a couple of years later that they found no clear result; no link with breast cancer and diet. What I did not know and what was not found out until about seven years later was that the study, as well as looking at diet, did a reproductive history of all the women in the study, including prior abortions and, whereas they found no link between diet and breast cancer, they found a 160 per cent increased risk between breast cancer and a prior abortion. But they did not publish that part of the study. It was published in Canada seven years later as part of another much bigger study.

Senator ADAMS—Can you give us the name of that?

Mrs Phillips—I referred to it in an article I wrote. I will give you full details later.

CHAIR—Yes, we can take it on notice.

Mr d'Lima—The point is that there is very inadequate research being done into this question.

Mrs Phillips—The research was done but it was covered up. That is the problem. It was suppressed.

CHAIR—Thank you for that. I have a couple of questions for you. First of all, though, I think your view that the effect of the legislation would be about diverting women away from pregnancy counselling services which do not offer referrals for abortion is precisely accurate. That is my personal opinion and I think that is an issue that we need to address in looking at this bill.

You made the comment in your opening presentation that the advertising that is affected by this legislation will affect things like car stickers, badges and fridge magnets, which would obviously have difficulty in carrying the disclaimer that is referred to here. I assume it is the case that pregnancy services in this state occasionally do carry advertising or issue things like car stickers, fridge magnets and so on.

Mr d'Lima—Yes. At the Royal Adelaide Show every year there is a stand by organisations that are trying to promote awareness of the first nine months of human life. They certainly hand out balloons and other literature.

CHAIR—I would like to follow-up the comment that you made, Mr Russell, about wanting to ban referrals. You say that it should be possible to remove the right of counselling pregnancy services to refer for an abortion. In the context of this debate that we have been having about what 'referral' means, I assume that you are referring there to the medical referral concept.

Mr Russell—I think it is fairly clear that people can self-refer for abortion anyway, so there is no need for a formal referral, as my colleague David has pointed out. A formal medical referral is not possible because we are not talking about medical personnel. We are talking about a kind of referral that is an incidental one, where they are saying, 'Can I make a call for you?' or, 'Here's a note. Can you go and see this one?' or, 'Give me five minutes and I'll make a time for you to see XYZ.'

All types of referral to all types of services, I think, should be left on the table; just leave the information with the client: 'Here it is. We've discussed these three options. Are you happy that you think you know everything there is to know about those three options? Is there anything else you want to know? Here's your plan. Go away, do it. The phone numbers are there or your options are there. Make your choice.' I think that is a far better way to go.

CHAIR—A sort of level playing field concept you are talking about.

Mr Russell—Yes. Personally, I have been involved in counselling in an informal sense for some time, working with homeless young people. If you have a mindset that you want to achieve with a client an outcome in a crisis situation, you have to be very careful about their rights; particularly in numerous cases where I have counselled young people—usually at two or three o'clock in the morning because it never happens in business hours, does it?—who are suicidal. There has to be some direction in that kind of circumstance. That is why I mention in my submission that I do not think you can be non-directive in every circumstance. But certainly the minimum push was often to say, 'Can you write me a little note that says you won't kill yourself till tomorrow'—sometimes a simple thing like that—and then tomorrow is a new day and you start over again. But you try not to influence a person who is in a very fragile circumstance until such time as you are able to lay out their options for them, discuss with them what they really want to achieve or what their problem is and give them the tools or let them see that they actually have the resources within themselves and amongst their friendship networks to deal with it and, 'If you need to see a professional person, here are your options.'

CHAIR—That would not obviously prevent someone in a counselling situation from referring someone 'to a doctor' for them to get advice.

Mr Russell—As David said, the suggestion is, 'Look, I think you should see your doctor.' That is a reasonable thing to say. It is not a directive or a referral; it is a reasonable comment.

CHAIR—I might leave my questions there. Do you want any follow-up, Senator Moore?

Senator MOORE—Yes. What is the distribution of your newsletter?

Mrs Phillips—It is part of our national magazine *Light*. We have a circulation of about 7,000.

Mr d'Lima—No, it is 9½ thousand.

Mrs Phillips—Nine and a half now? That was only 7,000.

Senator MOORE—Is it the kind of thing that is available at the show?

Mrs Phillips—No, that is not available.

CHAIR—We have had a lot of questions, as you can see, and there may be some more that have not been asked yet. Are you happy for us to place on notice with you any questions that we have not been able to ask today?

Mr d'Lima—Yes, by all means.

CHAIR—Great. Thank you very much for an energetic engagement to begin the day and thank you also for the submissions that you have lodged. We will take a short break.

Proceedings suspended from 10.46 am to 11.04 am

[11.04 am]

HAYES, Ms Ann-Marie, Co-chair, Women's Services Network of South Australia

RIPPER, Dr Margaret Ruth, Convenor of Steering Committee, Coalition for Women's Right to Choose

ROLLS, Ms Marilyn Joy, Committee Member, Coalition for Women's Right to Choose

CHAIR—The Community Affairs Legislation Committee is resuming its hearing into the Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005. It is my pleasure now to welcome representatives of the Coalition for Women's Right to Choose and Women's Services Network of South Australia. Thank you for being here and for the submissions which we have received; Nos 74 and 72 respectively. I think you have had information provided to you on parliamentary privilege and the protection of witnesses and evidence. We might plunge straight in, and I will invite you to make opening statements and then we will proceed to ask you some questions. Would the Coalition for Women's Right to Choose like to go first?

Dr Ripper—Thank you very much. It would probably make my opening remarks easier if I were able to circulate the health pages of the Adelaide telephone directory so that we are all referring to the same piece of paper.

CHAIR—Certainly.

Dr Ripper—Put simply, this bill is about providing transparency to consumers about what pregnancy counselling services do and do not offer. In particular, any service which does not provide support and information for women seeking abortion will be required to state this clearly. The provisions of the bill will also make it clear to women what they can and should expect by way of nonpartisan, non-judgmental information from organisations which advertise themselves as non-directive and which have taxpayer support. This would be a great improvement.

Currently it is possible for organisations which are opposed to abortion to disguise themselves as pregnancy counselling services and disseminate misinformation which appears to be designed to dissuade women from abortion. A newly released report from the special investigations division of the US House of Representatives reveals exactly this practice among the so-called pregnancy resource centres run by groups opposed to abortion. With the permission of the chair, I would like to table that document. It speaks directly to the advertising issue which is at the core of this bill.

CHAIR—Certainly.

Dr Ripper—In Australia the confusion and lack of transparency about pregnancy counselling services is addressed in our submission. It is also clearly illustrated in the 24-hour help pages of the Adelaide telephone directory which I have given you. You will see from my highlighting that there are four entries related to pregnancy services. The first we have already heard about this morning; abortion grief counselling. However, I do draw the committee's attention to the fact that it does exactly what the bill would have all services do, in that it specifies that it does not refer for abortion.

The other three entries would appear, on the surface, to provide assistance to women seeking information about pregnancy options. As it happens, none of these is non-directional in the terms specified in this bill. None provide full, accurate and nonpartisan information about the option of terminating a pregnancy. Yet as you see, Birthline specifically mentions that all options are discussed. You have seen from the case study reference in our submission the sort of discussion that at least one young woman in Adelaide received when she sought information about abortion from that organisation.

Pregnancy Counselling Australia state that they provide alternatives to abortion. Clear enough, it would seem. However, their website, which would also be covered in this bill, provides a distorted and extreme misrepresentation of abortion and its alleged dangers, including the following assertions. First:

> Abortion ... can leave permanent physical damage as well as the potential of chronic psychological problems ... those who experience abortion are seldom told about the likely physical and psychological side effects which may stay with them for the rest of their lives

Further, it falsely asserts:

> Most studies conducted so far show a significant link between abortion and breast cancer—

And:

> The risk of miscarriage is greater for women who abort their first pregnancy.

This misinformation is contradicted by reputable medical research bodies, including the World Health Organisation, as we have heard, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the National Institute for Health in the US, which have weighed the available evidence and concluded that there is no link between abortion and mental illness, between induced abortion and breast cancer or induced abortion and infertility.

This bill will require that taxpayer supported pregnancy counselling services advertise whether they provide accurate evidence based information on all three pregnancy options. It is entirely possible to establish standards for evidence and to make pregnancy counselling services accountable for the information that they disseminate, just as would be expected for any other medical service.

The final entry in the help pages is for Pregnancy Help Line which describes itself misleadingly as offering both pregnancy options, as well as alternatives to abortion. Very little information is available on their website. However, under the section titled 'Support and information links' nothing is provided about the options of abortion or adoption. Clearly, they do not provide what a naive reader would presume to be all options.

Finally and crucially, the bill will require that taxpayer funded services provide non-directive counselling and advertise that they do so. By 'non-directive counselling' we would mean counselling that is not partisan, which aims to facilitate informed decision making by the woman in terms of her own values, not the values of the counsellor. Implicit in this is that there is no place for coercive tactics which direct a client towards a particular course of action, using fear, shame or moralising judgment. The essence of all professional accredited counselling is that it is non-directive. My own research with women considering abortion confirms the importance of exactly this non-directional approach in ensuring positive health outcomes for women.

CHAIR—Thank you very much. Do you wish to make a statement as well, Ms Rolls?

Ms Rolls—I think I will just join in the discussion, thank you.

CHAIR—That is fine, yes. Ms Hayes, would you like to make an opening statement?

Ms Hayes—Yes. Firstly, thank you on behalf of the Women's Services Network. I wanted to reiterate, as we have in the submission, that we do support the bill in its entirety. I wanted to outline a couple of reasons why we support the submission. One of the key things is that we believe there is no good reason why a woman should be misled and that in fact it is not in anyone's interests for a woman not to get clear and full factual information in the way that Margie has described.

We also believe—and it is certainly something that is of great concern to all our members—that women should have factual information and that this should be very transparent in terms of someone explaining their background or their reasoning behind not giving full information, or giving what we believe is misleading information to women. The *White Pages* for us is really another significant issue in particular for rural and remote women. Our network is a statewide network and a lot of our members are very concerned about rural and remote women's access to services anyway.

Access to health services can be quite problematic for some women in the country. I know that was alluded to before. We were very concerned that for many women in small country towns, the lack of anonymity or confidentiality for them is a really important thing, therefore they rely quite heavily on phone services and quite heavily on some of the 24-hour services that are available. Their lack of easy access to other things is important to take on board. For many rural women who have talked to our members, their concern is that they may actually be able to access the service but do not want to for reasons of the possibility of gossip or someone seeing them access the service, so when they reach out in distress they are not receiving the full information about what is available to them. At that time, they do not want to necessarily let anyone know in their own town or area that they are in that situation. We feel that is a very important thing and would reiterate that strongly.

The other thing that comes strongly from the Women's Services Network is that taxpayer funded services require accountability mechanisms. We would strongly support the need for things such as service agreements, performance indicators and standards, particularly around counselling. All our member organisations and services abide by that currently and see that that is really important when you are offering particularly counselling services in these sorts of situations. It is very important to have clear standards and to have some way of monitoring adherence to those standards. So Women's Services Network fully support the bill. Thank you.

CHAIR—Thank you very much to all of you for those statements. Both submissions make comments about some pregnancy counselling services—I assume you mean in this state—that provide what you consider to be biased and unreliable advice to women when they contact them about options available to them with an unwanted or unplanned pregnancy. Given what you say about those services, do you expect that, if this bill were to pass, many women who otherwise would end up using those services would be diverted to other services which give,

in your view, a more reliable summation of the options available to women in those circumstances?

Dr Ripper—It is conjecture, but my view would be that, if we have clear advertising about services being non-directional, providing more options, then people reading that would expect to be able to get information about where to go if they wanted an abortion, where to go if they wanted to adopt a pregnancy, where to go if they wanted support for ongoing mothering; and that probably a service that advertised itself that way would get the majority of people contacting it. That is a conjecture.

CHAIR—You are nodding.

Ms Hayes—I do not know whether we know, entirely, what would happen. Again, it is conjecture. I would assume that, if I think of being in a situation where you are feeling in crisis and you have an unplanned pregnancy and you look in the *White Pages*, if it were fully explained what service you could be offered, you might be able to find a service that more suits where you are at that time. I do not know what it would mean. I know what happens with other services is that word of mouth travels among women—'This is a good service. I received a service that was respectful, non-judgmental and that assisted me to think through the options.' That can often mean that, just by word of mouth, people will go to a particular service that provides something like that. I think respect is really important for women in this situation and also a sense of not being directed in any particular way; but being able to fully explore, 'What might this mean in my life?' I do not know what it might mean but I do think it might mean that women might find a service first off that is more reliable and more respectful. That is what it might mean.

CHAIR—But given what you say about those services and the things that they say they offer to women that is misleading, in your view, the legislation would not achieve its objective if it did not result in some women avoiding those sorts of services and instead going to a service that offers a more accurate picture.

Ms Hayes—You could find it goes the other way: that if a woman says, 'I'm not really sure. I'm leaning this way,' if she reads a clear guideline to what the service offers, it might mean a shift that way for some women. They might not go there, they might go there, because it might give women more information about what type of service they will receive, therefore they can make a bit of a hunch about, 'I'll go there, because I'm not sure where I'm going.' It may mean a shift between. You might not have the clarity that it goes here. It might mean that some women say, 'I know definitely this isn't the option but I just need to explore this,' or, 'I know this is definitely what I want,' or, 'I'm not really sure what I want. I'll try something that's respectful.' I do not know whether or not that shift would occur. It could occur either way. The minute you have something very clear, in terms of advertising a service—the more clarity you have, the more likely you are that people find that service, otherwise they can often go a multitude of ways to find the service that they want, which is what we try not to do. We try to give people access straight in, as much as possible.

Ms Rolls—When you have a pregnancy problem, there is a real issue with wandering around looking for what you want to do. You cannot afford to shop about and think. If the system is not there to be clear so that people know where to go for what they have already

decided they want to do—which, in some cases, is the case—or they might want just some options to toss up and think about, if the system is frustrating that attempt, the long-term consequences of that are very bad. You have a more advanced pregnancy, complications, all sorts of things. I do not think we should be putting women under that extra stress.

CHAIR—Can I focus on that question of the consequences of using a service which, as you say, does not give them what they need or what they want. We have had some very specific evidence put in front of the committee by opponents of this bill which argues that very poor services—to use the words of one witness, 'very shabby services'—are provided to some women by services which offer abortion. On the other side of the ledger it is alleged that the services offered by pregnancy counselling services, which do not offer abortions or do not direct or refer to abortions, you say also have potentially deleterious effects on women.

Particularly in the case of the Coalition for Women's Right to Choose, you say, 'This, in turn, may result in women having unwanted children.' Given the specificity that we have had from the other side of the debate about actual harmful effects they say have occurred to individual women, as a result of badly delivered services around abortion, can you give us any cases—I do not necessarily mean the names of women, but case studies—of individual women who have had unwanted children by virtue of going to a pregnancy counselling service of the kind that you are talking about. I am not talking about ill effects.

Dr Ripper—The largest study that I know of is a study done by Dagg. I cannot recall the year in which it was published. It is one of the very few studies in the world that looks at the consequences both for the women and for the children of a continuing, unwanted pregnancy and the extremely deleterious effects. What we also need to remind the committee is that there is very little really good quality research done except for those broad overview studies that we have already referred to from legitimate organisations. There is a lot of shoddy research that has been put forward in this area, not only in relation to unwanted children.

CHAIR—I am not just interested in research in a scientific sense, but even anecdotal evidence of individual women who you feel have used these shonky services, as you would put it, and have ended up with unwanted children.

Dr Ripper—I was involved in a study in the late 1990s, which involved three different states of Australia and which talked to more women who had sought help for unintended pregnancy than any other study before or since. In that study, it was quite clear that, in states where the information was unclear and where the medical services were unclear, women were given what they often referred to as the runaround.

For example, I recall one woman who knew that she had had unprotected intercourse, in fact against her will, and sought emergency contraception which did not work. She then was sent from a practitioner, first of all, to a service such as the one we have described, and then from practitioner to practitioner to practitioner until eventually she achieved a termination of that pregnancy at, my memory says, between 13 and 14 weeks. That is an incredible delay and an illustration of what was a quite common experience where people were passed from one service to another.

CHAIR—Sure. What I am trying to focus on is the actual harm though, in these circumstances. I appreciate that lots of women who go to those services report back to

organisations like your own and say, 'Look, they told me the most outrageous things and told me lots of things which were not true and I was really angry and upset and distressed about that,' and so on. You go on to say that you believe that these practices may in turn lead to women having unwanted children. I am trying to focus on whether that actually is the case because my impression would be that almost any woman in these circumstances who approaches such a service looking for an abortion—in the back of her mind, perhaps, but what she wants is an abortion—and being told about how, 'Abortion isn't the thing for you,' and, 'You shouldn't have an abortion,' in every case will have enough nous to realise this is not the service that they want and they will go somewhere else.

Dr Ripper—With respect, where would they go if what they had in front of them was that?

CHAIR—They would go to another service.

Dr Ripper—How would they know about that other service? The emergency help lines—the four that are mentioned there—do not make referral to abortion services. It is exactly that. They could ring all four of those.

CHAIR—The effect of this legislation as it now stands, given the present circumstances of funding, would be that no services would appear in these pages because there are no 24-hour services presently funded that carry out referrals for abortions, as I understand it. If these services were banned from advertising there would be nothing on these pages of the newspaper to help you at all. Presumably women would be turning to the *White Pages* or the body of the *Yellow Pages*, the sections on either pregnancy counselling or abortion or whatever, to be able to find these services. Surely most women would be able to look to such places to find the services they want. Are you saying that women, having gone to a counselling service like that, having not got what they want, will simply collapse in a heap and say, 'Oh well, I'll have to have the baby after all,' and go ahead with an unwanted pregnancy?

Dr Ripper—With respect, I do not think either of us can be inside the heads of people in that circumstance. I have been privileged to speak to more women in Australia, except those people who provide the counselling, about what the avenues are that are open to them. Certainly some women would be completely intimidated if they are told, 'This is illegal,' or 'Abortions are not available after eight weeks,' or a whole range of misinformation.

CHAIR—Perhaps you might like to take on notice the question that I am posing here. I would appreciate any actual cases of women who have experienced what you refer to in your submission: women who, through use of these services, have actually gone through with unwanted pregnancies. We have had a lot of cases on the other side of the ledger, specific cases put in front of us, so if you have any that were on your files or records that you could produce without necessarily identifying the women concerned, of women who have actually had that experience, I would be very interested in that.

Dr Ripper—I am happy to take it on notice. I will go back to my members.

CHAIR—One other question to you, Ms Hayes: you support the provision in the bill about banning directive services from the 24-hour bit at the front of the *White Pages*. The effect of the legislation as it is currently drafted would be that if such services were able to advertise in this part of the phone book, they would have to then carry the endorsement that said, 'This

service does not refer for abortions,' whatever the words are. Given that that is the case and that some women in a distressed state might want a service that offered them advice and support and help about their pregnancy, and they might be quite happy to go to a service that did not have the referral of abortion as an option, why shouldn't that appear in that part of the *White Pages*? I am looking here at the last paragraph on the first page of your submission. You say:

The Bill goes further in requiring that telephone service providers—

Ms Hayes—Yes, if they provide non-directive counselling services.

CHAIR—Yes, that is right. If it is properly labelled, what is wrong with having a service on that page? If you want to take that on notice that is fine as well. I should say that there is some indication that perhaps Senator Stott Despoja is considering some modifications to that clause so I am interested in your views about that. I will leave that there. Senator Moore?

Senator MOORE—You heard some of the previous evidence and I know that you have been following the debate by the *Hansard* commentaries as much as has come out. A couple of key issues have come out about terminology and people's confusion or sensitivities around terminology. One about which there has been enormous discussion has been the verb 'to refer'. The clause in the draft legislation talks about services referring for terminations, or like statement. From your perspective—and, doctor, are you a medical doctor?

Dr Ripper—I am not. I am a medical sociologist.

Senator MOORE—So from your perspective, working with women's services, what connotation does the verb 'to refer' conjure up for you in the draft legislation, when it says 'non-directional'? I have been thinking about whether there are more than three options if a woman is pregnant and I can only find three; but what is the role of counselling in that? I am trying to flesh out the concept of, 'Is there a preclusion to the verb? Does it have extra meaning? Is there value added to it?' It has caused a great deal of discussion and I would be interested to have your views from the working experience that you have.

Dr Ripper—My experience would be that in everyday speech people use the word 'refer' to mean 'passing on to', in a very general and generic way; in the way that the AMA clarified. Inside a medical consultation it may well have a different meaning but that is not what we are speaking about and if we stood in the shoes of the person who is looking at this information, then I doubt very much that there would be any confusion at all, and certainly no legal implications, about using the word 'refer' in that everyday sense.

Senator MOORE—Ms Rolls and Ms Hayes?

Ms Hayes—From the Women's Services Network perspective, it would be in common parlance that we would use the word 'refer' to provide a woman with information about a service and refer her to that service and it is not in a strict way. I would agree with Margie in the sense that it is a common term that is used in all service provision, whether it is counselling or otherwise, that you refer someone. You would document that when you are actually seeing someone and the person may or may not take up that referral. Sometimes it is much more considered. The referral may involve you, with the person's permission, actually ringing and making a strong link with someone in terms of referral. At other times it can be a much more casual thing. I might suggest, 'This service might be really good. I will refer you

there,' and the referral can be quite informal or it can be quite formal but it is certainly not seen in the stricter sense of the medical—

Ms Rolls—I work at the Women's Community Centre which is a general one. We have a lot of phone contacts on all kinds of topics and they are often women wanting to know where to go for sorting out their particular situations. It has a lot of validity to what we are talking about. I am surprised that in the last six or seven months at my agency, which is not a place I would have normally expected women to ring, we have had a number of calls—not a lot—from women wanting to know where to go when they have an unwanted pregnancy. So they have had some difficulty finding their way through these other sources of information.

My response to the question about referral is that it has two layers: what we tend to do is to map out, 'What are the things you want to do with this? Are you wanting, for example, legal advice? Are you wanting some help with accommodation?'—go down that path. 'Here are some places that could help you with that problem.'

I do get calls sometimes about domestic violence and I work with the person to find out what their situation is, what do they need immediately and what will they need down the track; who are the best-placed sources to give them the extra information that they need. I do not necessarily go into depth with them, but I give them a number of accesses and phone calls which they can follow and choose their way through. I also give them a little bit of information about what they can expect when they make that contact.

That is what I call a referral. I am not necessarily ringing up and doing it for them. Occasionally I will, depending on the woman's state of stress and if she wants me to. But that is the way I do it. That is what I would expect from something that is listed as a contact point in the phone book. You can ring up and talk through—'What if I do this and that?'—and be given appropriate phone numbers for contact.

Senator MOORE—That is how you see the use of the verb 'to refer' in the draft legislation.

Ms Rolls—Yes, that is how I understood it.

Senator MOORE—This question follows on from that. I do not know whether you heard all of the previous evidence. There was a view expressed in that evidence, and also in some other hearings, that the bill is only one-sided and that the focus is entirely on organisations needing to refer for termination or like statement, and that the same expectation or regard is not paid to other services and their referral models. In terms of the three options—ongoing pregnancy, adoption, or termination—you are clear about the referral process, legal and so on. For the two options of ongoing pregnancy and adoption, what would be your expectation of the kinds of referrals that should be involved from an agency? Ms Hayes, in the agency that you work for, what information would you give a woman who is seeking information about adoption or someone who says, 'I'm thinking about keeping my child. Where can I get help on that?' What would come under that gambit?

Ms Hayes—Probably more generalist services: support services that are available in South Australia. In the Women's Services Network there would be quite a few services that we would refer to in that sense, if a woman was quite specific; adoption services, too, in South Australia that can support women who want to explore the option and, 'What does it mean?'

That is also run by state government agencies, so we would know about those services. If a woman is looking for ongoing support and, depending on the issues—because I think that's the thing you do in terms of what I would call non-directive counselling—you would be exploring the information that the woman requires; what is her situation. It is obviously quite unique and there are a range of things that someone might require. Who knows what support she might need. She might need no more support. Once she has determined that, 'This is my course of action,' it may be that she does not require anything further. If she has determined that the course of action should be adoption, then there are a whole lot of legal issues and thinking it through, and there is certainly a very good service here that I would refer that woman to. There are other generalist services, both health and welfare.

Senator MOORE—Do you refer in a non-medical sense, Ms Hayes?

Ms Hayes—That is the way we use the term 'referral' in common parlance. If you look at any information and referral services around Australia pretty well that is linked to women's information services, for example, or Women's Information Referral Exchange—they are all over the country—we talk about 'referral' in that way, so that we look at the range of options that are available to support the woman in whatever her choice may be. If someone said to me, 'I want to have this pregnancy but I don't want the baby. I want to adopt,' 'Okay, so let's look at the options available now to give you support to do that,' and there are people that you can refer to. There are also generalist health services, women's health services and community based services in South Australia who will support a woman.

There are also non-government services that will support a woman who perhaps already has children and is going to struggle with an extra child. There are certainly plenty of parenting services for young people. We have some very specific excellent non-government services who can provide support to young women who are wanting to continue with a pregnancy and are concerned about their skills around parenting and stuff. There are quite a lot of services, once you start exploring the actual issues that the woman brings, that we can refer to; and refer in the sort of informal or formal sense. As Marilyn was saying, at the women's centre, we may in fact ring and make contact, depending on the situation that the woman is in, and work in a case managed way to support someone through a pregnancy. It would not be that we would just see someone and that was it. It might be that there are issues of violence as well: as we know, often during pregnancy violence can escalate. There are a whole range of issues that may come up and there are really good services that we would refer to and work with so that it is what I would call a case management approach.

Senator MOORE—Ms Rolls, I would imagine that the women's centre would be a point of general referral.

Ms Rolls—Yes, it is. That is why I said that I would not normally expect to get these phone calls. If it were a more transparent system, people would know that, 'This is where I'm going because I've got a problem with pregnancy.' My centre is not the one that they would normally be ringing up. I see that as an indication of information not being as readily accessible as it should be. The other thing I would say is that when you sort out for people and show them that they have a few options, they actually feel very relieved—'If this isn't what I want to do, then there's something else that I can look at as well.'

Ms Hayes—Could I just add to that: I think 'referral' can broadly mean information provision as well. I think that is the thing that is really important. When you are talking about a referral, you are giving a woman a lot of information about her choices or options and that is a key underpinning of any good counselling service: you are providing information for that woman to follow up and, depending on the situation, you might actually be assisting that referral. Information provision underpins very good interventions, whether it is a short-term or long-term counselling session.

Senator ADAMS—Coming back to the rural and remote areas, you are saying that women who live in those areas do not have access to pregnancy counselling services. In your opinion, what difference will this bill make to geographically isolated women facing choices about pregnancy?

Ms Hayes—I think the difference would be that they would perhaps find a service more readily that meets the broad needs that they have. They would actually be able to access a range of services, particularly telephone services—they are really important—and they would know what they are getting when they ring the service. That would be the key thing for me: they are not ringing somewhere and getting poor or misleading information; they are getting the information that they require.

Senator ADAMS—Looking at this *White Pages*—and there was a comment from your organisation about Birthline pregnancy support, which I find quite distressing, saying that all options are discussed—is this right or wrong? Can someone help me with that?

Dr Ripper—Our experience is that it is misleading, because Birthline does not provide people with ongoing information about where to go if they want to terminate their pregnancy.

Senator ADAMS—So someone from the rural area, if they were looking at termination, would be contacting Birthline because the other three clearly state that they do not deal with that issue. I have not looked at the *Yellow Pages*, but looking at this, here in South Australia they really would have a problem.

Dr Ripper—They would, and they do.

Senator STOTT DESPOJA—Thank you for your submissions and, indeed, your support of the legislation. It is much appreciated. In the interests of time, I am happy to put questions on notice if you are happy to receive them. But I have one question to the coalition. I presume that you are aware of the fact that the only federally funded pregnancy counselling service in Australia is a pro-life organisation—their terminology—and they will not refer for terminations. I was wondering what your views are on that and whether or not that should be disclosed in advertisements.

Dr Ripper—Absolutely. It seems to me that that is what the power of this bill would do. It would make people aware of that and it would also mean that government funding would not be going to organisations which did not provide information about all options.

Senator STOTT DESPOJA—On that point, in terms of the bill as drafted, theoretically they could still obtain funding. They would only be required to disclose their start. So this bill in no way says that they cannot operate, nor does it deny them Commonwealth funds, but they have to disclose it.

Dr Ripper—Yes.

Senator STOTT DESPOJA—You do not have a problem with that, I assume—that is, the right for a range of organisations to exist provided they are up-front in their management.

Dr Ripper—The limit, it seems to me, of our discussion today is about what can and should be advertised, yes, rather than what can and should be funded.

Senator STOTT DESPOJA—Exactly.

Dr Ripper—The coalition has a very clear view about women's health being enhanced by having taxpayers' money provided for all the services they need, and quite clearly, for whatever reason, women access—and need to continue to access—abortion services. At a philosophical level certainly there is an objection to that but, in relation to the advertisement, a clear statement of what is and is not provided is a good starting point.

Senator STOTT DESPOJA—Thank you. Ms Hayes, I think Senator Moore, and certainly in previous questioning the chair, picked up the so-called perception of imbalance. Would you be satisfied with legislation that put the onus on pregnancy counselling services when advertising? Regardless of their service provision, that they specify—say, in the case of one that was non-directive, as per the definition I use in the bill—that they do provide referrals for termination, so those organisations that do not are up-front and those that do are up-front. Would that be balanced?

Ms Hayes—I think it would and I think that would be acceptable to the network. Once again, you are giving women the choice, you are giving them the information and then they can make the choice that they need at that time. Yes, I would support that.

Senator STOTT DESPOJA—I have one on notice, which I think is specifically for the Coalition for Women's Right to Choose. A number of submissions—negative submissions; people who, surprisingly, do not like the bill—have equated pro choice with pro abortion. Perhaps you could take that on notice and let the committee know if you think that is a realistic equation. I may lodge a couple of other matters on notice, including the suggestion that some pregnancy counselling services that do offer referrals for terminations somehow have a vested interest—specifically a conflict of interest—that is defined as financial. I think that is another issue that we need to deal with. Thank you.

Senator NETTLE—In relation to the study that you were talking about with Senator Humphries about continued unwanted pregnancies, would you be able to subsequently provide the committee with the reference or a copy of that study.

Dr Ripper—Certainly.

Senator NETTLE—Thank you. I agree with what you are saying, so I do not have any other questions.

Senator MOORE—In relation to this bill, there has been a great deal of discussion about the quality of counselling. Whilst it is not the focus of the bill, which is on advertising, it has inevitably led to discussion about the quality of counselling and various views about what is genuinely non-directive counselling and what is not. Ms Hayes, you mentioned in one of your statements your views about what genuine non-directive counselling should be and, if you read the *Hansard*, you will find there are some common areas.

In terms of regulation and consideration of counselling standards and also how a prospective client could feel about accessing services, do you have any ideas about that, because I see them linked. The concept of this bill is that any person in the community will have certainty when they look at any advertisement. Be it the *Yellow Pages*, on which we have concentrated, be it in posters or leaflets or whatever, that they have some confidence that the group they go to will provide them with good service. Could you comment, from your experience, about whether there is regulation of counselling and whether there should be training, because I think you come from a position of authority in that area.

Dr Ripper—It is certainly the case that the word 'counselling' means a lot of different things to a lot of different people. It is one of the very few entirely unregulated arenas in health provision. Anybody could put up a sign saying they are a counsellor. Indeed, in this particular area much of the counselling is provided by people who have in-house and insider philosophical training. My perception is that that is a problem for the women who approach those services. We also have some excellent training in Australia for counsellors and standards established already with professional bodies to monitor and certify that counselling.

It would seem to me that regulating what is meant by 'a counsellor' would be particularly useful. I am not sure exactly how to do that. I think it is a slightly different can of worms, but it is at the base of what is a problem in this area.

Senator MOORE—There has been some evidence—I will throw this to you and you may wish to respond on notice—that instead of this bill it would be better to have some form of counselling standards and regulations. Some people have said 'instead of', some people have said 'as well as', but it is all around the same issues. I would like to leave that with you. When you have a look at the *Hansard*, some of the previous evidence, you will see the kinds of concerns that have been raised in that area. I do think that it fits in with the bill, because it has been used as a genuine alternative in some cases.

Ms Hayes—In relation to the whole notion of counselling, I do not want to disagree with Margie but I do not think it is completely unregulated and I think that there are already a lot of standards. When I think of the membership of the Women's Services Network, we have both government and non-government organisations, who quite clearly have accreditation processes that look at not only standards for the types of interventions they provide and counselling, but how women—or men, whoever is seeking the service—actually are able to redress issues of poor counselling or poor-quality intervention.

I think that within government and non-government agencies, people make a huge effort now to be consumer-friendly, to ensure that people understand that they have rights and then responsibilities as people who are utilising a service. Most service providers would be very clear about their rights and responsibilities as well. That is why the Women's Services Network strongly supports the development of standards. While there is a very broad network and we might sit across a whole range of areas, in the Women's Services Network each area has standards and guidelines to ensure accountability to the funder, the client and to our peers. It is important that those accountability mechanisms are there, and they certainly are there.

While there might be some disagreement in some areas, I think there is broad agreement. In a lot of the services that certainly I am representing, we assume undergraduate qualifications,

which then introduces their whole frameworks that they bring with them. That is not the only answer, but ongoing training and development is critical to accreditation and accountability mechanisms. So we are not talking about people that are just let loose because they have an interest.

In some of the non-government sectors, when you talk to people in the Women's Services Network, they have very high standards. They do not get funded as well as government services but it certainly does not mean that they do not have a very high bar in terms of who provides the services. Talking to some of the members, the stuff they would talk about is: people would write and say, 'I'm really interested in this area, I'll get another job,' and that is just not good enough. You have to be clear in terms of the skills, the knowledge and the experience that you bring, and that is part of an accountability mechanism. It is not just that person who ends up doing the counselling, it is the whole thing from the beginning when you interview someone to orienting them to bringing them in and ensuring a really high-quality service.

I think that quite a lot of organisations, including organisations that provide counselling around these unplanned pregnancy issues, have very good standards already. Certainly state government services have them. We are so responsible to funders these days that, frankly, we spend a lot of time talking about accountability and how to ensure that people know their rights. There is a lot of effort put into that to ensure that people do get a good, quality service. If they do not, the agency has to actually redress that.

Senator MOORE—You have got a complaints process?

Ms Hayes—Yes, a good complaints process and clarity about that, access for people who perhaps do not know English or literacy skills. There are a whole range of things now that are put in place and are absolutely essential in a good, quality service. That underpins someone providing a good, quality service; the whole organisation.

CHAIR—Thank you. I want to ask a quick question about that report from the House of Representatives in the US? It is labelled 'United States House of Representatives Committee on Government Reform Minority Staff'. What does that mean?

Dr Ripper—My understanding of the word 'minority'—and I can certainly take this up and check it—is the American terminology meaning in relation to women. Women are actually counted as a minority. I believe that that is what it is referring to. It is not 'a minority report of' in the sense that we might have a minority decision.

CHAIR—I know the US does not use the phraseology 'government' and 'opposition' that we use. They use 'majority' and 'minority' in the context of which are the Republicans or the Democrats.

Dr Ripper—Yes.

CHAIR—That is not reference to that?

Dr Ripper—I believe it is not. I am certainly happy to take that on notice.

CHAIR—That would be useful if you could clarify that for us. Thank you for that.

Senator NETTLE—Ms Hayes, you were saying about the standards that counselling services need to provide. You might be interested that the Department of Health and Ageing in the Senate Estimates processes has talked about the frameworks of accountability that pregnancy counselling services who get funding from the federal government have to provide. Some of those descriptions you were giving would fit the descriptions that the Department of Health and Ageing was providing for services that are currently funded by the federal government for pregnancy counselling services in terms of the reporting back that they need to do to the government.

CHAIR—Thank you very much for your presentation today and for the submissions which you have lodged before the committee.

[11.57 am]

COOMBE, Ms Brigid, Director, Pregnancy Advisory Centre, Central Northern Adelaide Health Service

PICKLES, Ms Carolyn Ann, Chair, Board of Directors, Children, Youth and Women's Health Service

STAUGAS, Dr Rima Edith, General Manager, Health Services, Children, Youth and Women's Health Service

CHAIR—I welcome representatives from the Children, Youth and Women's Health Service and the Pregnancy Advisory Centre, Central Northern Adelaide Health Service. Thank you very much for appearing today and thank you for the submissions which you have lodged with the committee, Nos 75 and 38 respectively. I think you have all had information provided to you about parliamentary privilege and the protection of witnesses and evidence. So I will proceed now to invite you to make a short opening statement before we ask you questions. I invite the Children, Youth and Women's Health Service to begin.

Ms Pickles—Thank you, Mr Chairman. I would like to thank the Senate committee for inviting us to appear before it. I am representing the board of the organisation to support the intentions of the bill, and to highlight the importance of integrity in the pregnancy counselling services across Australia for all women.

It should be government policy that all women dealing with an unplanned pregnancy have access to a high-quality counselling, advocacy and support service. The reality of unwanted pregnancy is an ongoing issue which is well recognised in today's society. Terminations have been legal in this state for 35 years. Abortion is a safe procedure when performed by qualified health professionals. It is an area that needs to be addressed with respect to the provision of a positive experience with health and community services. It is paramount for women to make well-informed decisions. When the services are provided in this context, there is rarely immediate or lasting psychological harm.

The Children, Youth and Women's Health Service was formed on 1 July 2004 as part of the state government's commitment to improving the South Australian health system. The region brings together Child and Youth Health, the Women's and Children's Hospital, Women's Health Statewide, the Youth Health Service through the Second Story, youth mental health services through the Child and Adolescent Mental Health Service and sexual assault counselling services through Yarrow Place.

The Women's and Children's Hospital is South Australia's main provider of specialist care for children with acute and chronic conditions, and the state's largest maternity and obstetric service. In 2004-05 the Children, Youth and Women's Health Service through the Women's and Children's Hospital alone cared for over 80,000 women. These services provide women with a high level of information, quality support and advice, both in metropolitan Adelaide and in rural areas, which includes options available to women who have an unplanned pregnancy. This is provided in a non-directive manner, with no prejudice or bias through social workers and counsellors in our service, and in the context of services provided in a continuum of sexual and reproductive health.

The Women's and Children's Hospital in these circumstances is an excellent example of the government's commitment to provide comprehensive care to all South Australian women. By providing a comprehensive counselling, social support, clinical, medical and social service to women this also includes expertise in the provision of services to women who are marginalised, disadvantaged, culturally and linguistically diverse and for women who are in complex home situations.

All state government funded health services, such as hospitals and other government funded services in South Australia are required to abide by a professional code of ethics. This should be a requirement for any state or Australian government funded service, including pregnancy counselling support services. This code of ethics encourages sensitivity to the potential vulnerability of women seeking pregnancy counselling services and includes integrity, honesty, reliability and impartiality. We believe our service is provided within this ethical framework. We believe that the bill will ensure a regulatory framework for all pregnancy advice and counselling services. It will make sure that the advertising of these services does not provide misleading and inaccurate information, and therefore supports ethical practices.

The general view is that pregnancy counselling services should be non-directive. The experience reported by some women to our staff at Women's Health Statewide indicates that they have been provided with factually incorrect information, such as the exaggerated risks of harm such as breast cancer. It is the information and the service which provides women, often in crisis, with the ability to make an informed and measured decision. Women who are distressed may not, or may choose not, to discuss their decision with family or friends, and rely on impartial counselling services to assist them. The creation of obstacles through some counselling services does not assist women in any way, and makes a very difficult decision more stressful.

The role of the pregnancy advice and counselling services is to provide a non-threatening service which empowers women to make an informed decision and the ability to act without coercion or pressure.

It is our belief that this legislation will provide a level of accountability for pregnancy advice and counselling services into the future which support these principles. In addition, we do understand from our counselling services that there is a high level of misleading information given to women in the community, especially in rural areas where often the counselling service is provided by telephone. In particular there are concerns with the misleading nature of pregnancy counselling services available in the *White Pages*.

No government would surely condone funding misleading advertising. The bill will prohibit pregnancy counselling services from advertising any material, as well as any notification of its services that is misleading or deceptive as to the nature of the services it provides. We believe this bill would ensure impartiality, accurate information, probity, accountability and transparency for women across Australia. Dr Staugas is willing to answer any technical or medical questions that the committee may have.

CHAIR—Dr Staugas, would you like to make a statement before we ask you questions?

Dr Staugas—No. I am quite happy just answering any questions.

CHAIR—Ms Coombe, would you like to make an opening statement, please?

Ms Coombe—Thank you for the opportunity to appear before you today. The Central Northern Adelaide Health Service strongly supports the Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005. This legislation is required to provide protection for women from misleading and deceptive advertising by pregnancy counselling help services who do not charge a fee for service. The bill also seeks to ensure accountability for services in receipt of government funding. We support these objectives.

The Pregnancy Advisory Centre was established by the South Australian Health Commission in 1992. The centre is a community based service of the Queen Elizabeth Hospital and located in the north-western suburbs of Adelaide. The centre's role is to provide women who have an unplanned pregnancy with a safe, high-quality, publicly funded accessible service, including the provision of information, counselling, first and second trimester abortions, follow-up care and contraception services. This service is provided mindful of the barriers caused by language, culture, ethnicity, religion, disability, age and geographical location.

The centre is concerned with unplanned pregnancy in its broader social context, as well as with its impact on individual women and their partners or significant others. Fertility control is crucial to the health status of women and the centre upholds the principles of self-determination and informed choice in regard to a woman's reproductive life. The centre aims to provide an affirming experience for women that is respectful and non-judgmental. Multidisciplinary staff work in partnership with each woman to provide a service that is safe and facilitates her right to make informed choices about decisions affecting her health. Partners and other people important to the woman are welcome at the centre and included as the woman wishes.

The service has established and developed protocols for the delivery of services based on scientific evidence and evaluations from clients attending the centre. The centre is accredited by the Australian Council on Health Care Standards and meets or exceeds the standards of the Australasian Federation of Abortion Providers. The introduction of the Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005 to parliament is welcomed by the centre management and service providers and by referers to this service, all having cared for women who have been distressed or traumatised or had difficulties accessing abortion services as the result of seeking support from pregnancy counselling help lines advertised particularly in the health and help pages of the *White Pages*.

Many women faced with an unplanned pregnancy seek the support of others in making their decision. They seek support from significant others such as partners, family and friends; and advice and information from their doctor. However, other women often feel unable to confide in family, friends or their doctor and so seek out other services. Women are acutely aware of the social stigma associated with unplanned pregnancy and abortion and seek to avoid disapproval, judgment and unsolicited advice. These women are often in considerable distress, having revealed the pregnancy to no-one, and require empathic care and accurate information and possibly the facilitation of decision making by a skilled counsellor.

It is important to note that these women are often contacting a pregnancy counselling help line because they are not in a position to get either the information or support that they require from significant others or, particularly, unable to get it from a general practitioner. The centre supports transparency in the advertising and notification of pregnancy counselling services as a minimum to ensure that these women can make informed choices about which services to contact for the assistance they require.

I have noted the discussion regarding the definition of 'non-directive counselling services' in the bill and would like to comment on this. The definition given in the bill of 'non-directive counselling' does not, in my view, describe a counselling methodology but rather a service approach. Moreover, it is an appropriate approach as it responds to the variation in women's needs when contacting such a service. Women often require information about all of the options that they may be considering and expect that they will get this from a service which advertises to provide help for them in their crisis. Accurate information is at times a crucial part of women's informed and responsible decision-making process. It is women's needs that should be central to appropriate service provision.

This brings me to the discussion about the use of the word 'referral' in the definition of 'non-directive counselling'. 'Referral' in this context I do not believe is limited to that limited definition of referral by a doctor to a medical specialist. The AMA have also made a point of this in their submission. Referral also encompasses the provision of information about what services are available to meet a person's specific need and may include facilitating links to assist that person to get to that service.

I would argue that the need to say a service cannot provide a woman with a referral, as in information about where to go to access the service—because only a doctor can do that—is in fact a rationalisation for services which are placing their needs above that of the client—that is, the service is solving their conflict of interest by creating an obstacle for women to navigate. We must remember women will navigate obstacles if they determine that what they need is a termination of pregnancy, but it is not acceptable that access to a procedure which is legal and available in this country is made difficult for women or that these women face increased risks and/or hardship when having a termination of pregnancy of later gestation because of this delay.

When women contact a pregnancy counselling service, having discovered an unplanned pregnancy, they may require any or all of the following: access to accurate and unbiased information about their options, including an assessment of time frames; assistance with decision-making strategies; assistance in mediation or problem solving with a partner or parent; sensitive exploration of their thoughts, feelings and values; and possibly facilitation assisting them to act on their decision. Some women require more involved therapeutic approaches to the decision as a whole, as many different life factors can also impact upon their choices and decision—for example, their relationship, socioeconomic conditions, age, personal values, culture and ethical and spiritual beliefs. All service delivery requires adherence to ethical standards with self-determination and informed decision making and consent as primary principles.

I have outlined in my submission the experience of women who have used services who advertise to be help organisations. I reiterate today that the consequences for these women

include additional and unnecessary distress and delay in seeking and accessing termination of pregnancy. Women who have had such experiences express disbelief and are angered and upset when they realise that they have been misled into contacting these services and deceived by the very people or services that they have gone to for help. They will make comment to us that they never would have rung the help counselling service if they had realised that they were, in their language, anti-abortion or pro-life.

Considering this and in the context of women's circumstances when contacting these organisations, I would also express specific support for section 7 of the bill. Women may be in considerable distress when looking at these pages for services. Women expect that on a health and help page they will be connected with a service which provides accurate health information and provides help and support to them in seeking the services that they require. It is much more difficult to describe accurately what an emergency pregnancy service will do when they do not provide accurate information or referral advice about availability and access to services for termination of pregnancy. Information about termination of pregnancy is often the very reason why some women are contacting the help line.

I would like to give you an example of how easy it is for women to misinterpret information describing services on the 24-hour pages. I spoke with a woman at the centre last week who had rung Pregnancy Counselling Australia. As you will note on the *White Pages*, there it states, 'Alternatives to abortion and post-abortion counselling.' I asked her why she had rung them given that their entry states, 'Alternatives to abortion'. She said she saw the word 'abortion' and in her anxious state thought, 'That's what I want,' and rang them. She was given inaccurate and alarming information and took a route via a hospital gynaecologist to be reassured by accurate information and then information about our service and found us. That example is reason for consideration about what it is that will accurately describe to women what sort of a service they are going to get. In conclusion, we strongly support the objects of this bill and would urge that all members of the Senate support its passage into law.

CHAIR—Thank you, Ms Coombe. Senator Stott Despoja.

Senator STOTT DESPOJA—Thank you for your submissions and your support. I would like to put some questions on notice in the interests of time, but I have a couple I will ask now. Ms Coombe, perhaps start with your last example: in the case of that woman who then presumably says similar things to you on the end of a phone line—which is, 'An abortion. That's what I want'—you do not then immediately organise to procure an abortion for her. I assume that there are other steps in the process if a woman would ring asking for information about a termination procedure. When you say you offer non-directive, presumably all-options, counselling, what does that mean?

Ms Coombe—In response to a request for counselling, that means all of the things that I described in my submission: that a woman would be central to that service—a woman's needs, herself, what she was asking for, what she was requiring—and that counselling would be provided in a non-biased, non-judgmental way with the provision of accurate information and a description of all of her options.

Senator STOTT DESPOJA—All three options, presumably?

Ms Coombe—Yes, all three options: continuing the pregnancy and then either adoption or fostering or some other way of managing raising the child; or termination of pregnancy.

Senator STOTT DESPOJA—So the Pregnancy Advisory Centre provides three options, contrary to what may have been suggested—and I will allow you to check earlier evidence today—just because you offer referrals to termination and abortion information services. You do provide information and support on other options.

Ms Coombe—Certainly. If that is what women are requesting, we certainly make it clear to women what their options are. It is fairly true to say that many women are very clear about what their options are. They do not need us to tell them.

Senator STOTT DESPOJA—Certainly. You would not patronise them.

Ms Coombe—If they want information about continuing the pregnancy and what supports they may need in their particular circumstances to do that, we will absolutely give them that. We not only give them that information but do that stuff around referral that I was talking about. We facilitate links. We do not give all the information ourselves but we know where the expertise is and pass women on to where the expertise is.

Senator STOTT DESPOJA—I think your definition of referral and the one in the bill are like-minded. That is why I was surprised to hear today not only the suggestion that referrals full stop should not be a part of a counselling service, but also the so-called medical overtones that have been suggested through the use of the word 'referral', specifically in the case of terminations. It has also been put to us that, if a woman pursues the idea of adoption, at some point—

Ms Coombe—She requires referral.

Senator STOTT DESPOJA—that is going to involve a doctor as well because you are going to have a baby.

Ms Coombe—It is whether or not you are talking about a medical referral or referral to a service. Women do not require a medical referral to come to our service. A pregnancy counselling service can provide them with referral, as in, 'This is where this service is available.'

Senator STOTT DESPOJA—In terms of those three options and non-directive, as per the definition in this case in the bill—that is, a willingness to provide termination—are you afraid to advertise that service? Is there any objection that you have to making clear that you provide that information, those services, that form of counselling, those supports, those referrals? Is that a problem for you to put in an advertisement?

Ms Coombe—That is what we do put in our advertisement.

Senator STOTT DESPOJA—Would you make sure that the committee has a copy of your advertisement?

Ms Coombe—Certainly.

Senator STOTT DESPOJA—Are you scared that you might lose people if they read that much detail?

Ms Coombe—We do not have an advertisement in the *White Pages*.

Senator STOTT DESPOJA—Pamphlets, paraphernalia; anything that you would like to table for the committee would be useful as this bill deals with broader issues than the phone book. I acknowledge that. Are you worried that people will look at your advertisement and say, 'That's not the service I was after. I might go elsewhere'? The concept that more information might actually be off-putting for some reason—I do not know why, but I am just wondering. For some services, it seems that additional information would have arguably a deleterious effect. I am trying to work out why that would be.

Ms Coombe—I suppose it is possible that they may go elsewhere. It is also possible that they may feel that this is a service that they can ring. We might not be, in fact, the place that they want but we will have the expertise and knowledge about who it is that they need to contact, so we can ensure access for them.

Senator STOTT DESPOJA—Looking at it perhaps the other way around, it has been put to us that maybe some services, if they were having to disclose in their advertisements whether or not they referred for terminations, they might actually lose prospective callers, for whatever reason. Do you have a view on that? This morning, when that question was put to a witness, that circumstance—that is, a potential reduction in callers—was described as a tragedy. I am just wondering if you have a comment on that—that is, if women understand that a service is not provided in relation to terminations and they do not ring it.

Ms Coombe—That is absolutely right. Taking the evidence from what women have said to us and what I said in my opening statement, some women do tell us that if they realised that this was an organisation that was not supportive of women wanting to seek a termination of pregnancy, they would not have rung them. Certainly if they knew that that was an organisation that would not tell them where they could get one, or worse still that would give them inaccurate information about it, then, no, they would not have rung that service. Women say that to us.

Senator STOTT DESPOJA—Just in relation to section 7 of the bill, thank you for supporting it.

Ms Coombe—I know it is tricky to support, isn't it?

Senator STOTT DESPOJA—That is it; giving women all those choices.

Ms Coombe—I support it as a service provider. That is the position that I'm coming from, being practical.

Senator STOTT DESPOJA—Being politicians and being practical, there is some suggestion on the committee that this might be an area where there may be discussion of, if not actually, a compromise. Having said that, I would be very reluctant—in fact, I would not accept—a change that allowed the current circumstance to continue—that is, only 000 or emergency listings that did not refer for terminations. How would your organisation respond to the idea? If people disclose that, as per the requirements of the bill for other advertising, in that 24-hour section: provided that it is disclosed, would that be sufficient, or would you want an added proviso, which is that there was a service listed in the 24-hour section of the *White Pages* that actually provided referrals for terminations as well?

Ms Coombe—I will answer the second part first. Yes, of course I think it would be a great improvement on services if there were also a service that was available for women that provided comprehensive services. In answer to the first question, at a philosophical level I agree that it should be okay for these services to be on the health and help pages, describing exactly what they do so that women can make informed choices. At a practical level, I do not see how that is going to be possible. I have given examples. We read 'alternatives to abortion'. We understand that we would not ring that service. Other women do not read it that way. Their levels of literacy and their sophistication about this whole issue may not be what ours are.

Women will come to our service who do not know that there is more than one view about the rights and wrongs of abortion, so they come as individuals with a whole range of—what they bring themselves and we have to be mindful of how women will interpret what we read. I did not hear all of the evidence this morning, but I did hear the discussion that Senator Adams was having around breast cancer. How do you advertise a service that says, 'We don't accept the World Health Organisation, the Royal Australian College of Gynaecologists' advice about the risk of breast cancer. We believe abortion to be harmful based on evidence that those in the scientific community don't accept.' How do you say that? If you go to Origin Energy, it is pretty clear: they do emergency leaks only. I get that, and I think most people do.

Senator STOTT DESPOJA—So in your case, the disclosure is not sufficient to say, 'We do not refer for terminations.' You are talking about an adherence to standards and evidence based information.

Ms Coombe—But being sufficiently concise: we are not expecting them to read a whole paragraph about these organisations and the limitations to their service; I guess it is when you have to describe limitations to a service that consumers are not expecting to be there.

Senator STOTT DESPOJA—Are you proud of the work that your organisation does?

CHAIR—Sorry, Senator, can I interrupt. We have a limited amount of time and we are going to be unable to get through—

Senator STOTT DESPOJA—I am sorry. I will put the rest of my questions on notice. Thank you, Chair.

Senator MOORE—I will ask one question and then put things on notice. Regarding the issue of this being demeaning to women, that this legislation undervalues women, that there is no real problem if they ring one number and do not get the service they want, they will just ring another, and in fact the whole thing is a beat-up. I do not think those actual words have been said, but there is that kind of argument. I would like to hear from any or all of you about your view on that. We have had put to us that, if this legislation is not there and the current process continues, that is not a real problem: that this bill is one-sided; it is punitive to people who, for whatever reason, will not advertise that they do not refer to termination. Can you make comment about the necessity of a bill of this kind, whether it is demeaning to women; and, in terms of negative impact, if this does not happen and the current system continues, is that a bad thing?

Dr Staugas—I do not think that it is demeaning to women. When you look at issues of access to health services, it is better to be explicit and up-front about what you offer so that

people can make a choice early on and you streamline the process of access. Having to have people try, and then navigate their way through, a system always reduces timely access and increases frustration and stress. As a service provider, that is what you find. In a sense, while this is tangential to this issue, some of it could be negated if we did have, as they have in the UK, health lines which people could ring about a range of health issues. They are one dial-up numbers where they get directed to the right sort of information that is required for their health. But at the moment in Australia we do not have that in a carefully constructed way. That might be a completely different way of looking at it. But I do support the legislation so that we do not have to bounce around the services, looking for the sorts of information that we want; we can read it up-front.

Ms Pickles—I think that people who say that it is of no importance probably have never tried to access for safe termination or to even get some advice. As Dr Staugas has indicated, women who are worried about an unplanned pregnancy are in a very highly emotional and stressful state and giving them misinformation adds to their stress. Even if you have made a mistake and you have rung the wrong number because the kind of information you get is not clear, having to go around ringing a number of places seems to me to add to a person's stress. That is very bad for their health at that particular point in time and, in fact, it is demeaning to have to shop around in that manner. So it should be very clear exactly what services are offered. Let us be up-front about this: this is government money, this is taxpayers' money that we are talking about here, and I believe that every government has a right and responsibility to provide good information and accurate information. If it does not, it should be putting its dollars elsewhere.

Senator MOORE—That is in the subsequent sections, Ms Pickles. There is the threshold bit and then there are the clauses where you have to disclose. That is in section 6.

Ms Pickles—I understand that there are penalties in the legislation, and so there should be.

Ms Coombe—There is no redress for women who contact these services and that situation would continue and these services may well be able to continue what they do. I have outlined my concerns in my opening statement and my submission.

Senator MOORE—Thank you. I may think of some other things for you and, if I do, I will put them on notice.

Senator ADAMS—Going back to the rural issues, the Coalition for Women's Right to Choose, which is submission No. 74, stated that some women, particularly in regional areas, do not receive information on all available options from their general practitioners. What do you think could be done to achieve a more balanced approach from general practitioners? General practitioners are accountable to the medical board but is there a role for government regulation and is it practicable? I am a rural senator and this issue comes up time and time again.

Dr Staugas—No, I do not think that regulation would be the approach. I think it is about education, training and knowledge in the area of sexual and reproductive health, so that GPs are well aware of the options that they can offer women when they do seek counselling. The sorts of things that you hear from rural consumers are that they are in small country towns, they do have concerns with their GPs and surgeries about where information is going, and it is

very different from being anonymous in a large city. Those sorts of things, I think, should be dealt with through the division of GPs and the sorts of education strategies that the Commonwealth is currently fostering with general practitioners. They are usually quite effective and I have seen their effect in chronic conditions—for instance asthma and mental health. There have been some quite innovative programs, so there is no reason why that could not be followed.

Senator ADAMS—I was just going to suggest the divisions of general practice, having done a review of the divisions a few years ago. Thank you for that. I would like a comment from you on the misinformation regarding breast cancer, infertility—all the things that can happen. How can we redress that situation because that is a real worry to me.

Dr Staugas—There is always the potential for publishing well-researched information. I know the Royal Australian and New Zealand College of Obstetricians and Gynaecologists have recently produced such a publication, but maybe developing some information at a Commonwealth level—which has been developed for other conditions—that is widely available and supported, and factually correct, would not go astray.

Senator ADAMS—Ms Coombe, could you table the case studies of the people who have been negatively affected by antichoice services? We have heard a lot about issues from the other side that your organisation has probably been given some rather nasty advertising in the past, so could you table some of the other issues that your clients have come up with as to the misinformation that they have received from the other services.

Ms Coombe—Yes, I can table those for the past 12 months.

Senator ADAMS—Thank you very much.

Ms Pickles—Could I follow on from that: it is not just in this country that there is this level of misinformation. I am very happy to table, from Limerick in Ireland, some reports and some issues to do with the same level of misinformation and what the government there is trying to do about it. I think we should also be very well aware that Limerick is in the southern part of Ireland.

Senator ADAMS—Thank you very much.

Ms Pickles—We also could provide you with some information about case studies.

Senator ADAMS—Thank you.

CHAIR—Thank you. Senator Nettle?

Senator NETTLE—I have some questions for Ms Coombe. We were given some statistics this morning by the first group giving evidence about the number of people calling their service and the number of terminations in South Australia. So we have an idea of the proportion of people who called the Genesis and Birthline services. Can you tell us what number of people are calling your service and how that relates to the number of terminations that occur in South Australia each year.

Ms Coombe—What number of people are calling my service?

Senator NETTLE—Yes.

Ms Coombe—I do not know. The phone rings all day nonstop.

Senator NETTLE—Of the number of terminations that occur in South Australia, what proportion of those people who have terminations would have had contact with your service?

Ms Coombe—We provide just over 55 per cent of terminations in South Australia.

Senator NETTLE—What about information relating to the terminations? Do all of the people who contact you about terminations have their termination at your service?

Ms Coombe—Most do. Not all, but most. A woman may contact us from the country, we may give her the information about where she can access that service in the country and she may then have it in the country. All of the major public hospitals provide services. If a woman rings us from Gawler, we will certainly say to her, 'There is a service at the Lyell McEwin Hospital; that is closer for you,' and then the woman will make a decision about their service delivery, which is slightly different to ours, and she may go there.

Certainly we would give information to women about termination of pregnancy who would not have their procedure done with our service, and the same is true of other services. They will provide women with information but the woman may actually come to us for the termination of pregnancy. Sometimes that is about gestation and sometimes that is about, again, the service model.

Senator NETTLE—I noticed in the *Yellow Pages* that your organisation is only under Pregnancy Termination Services and not under Pregnancy Counselling and Related Services. Why is that, given that you obviously provide pregnancy counselling? When I looked through all of those listed under Pregnancy Counselling and Related Services, none of them, to my knowledge, refer for termination. For people in South Australia looking at the *Yellow Pages* who want to access pregnancy counselling, where the option of the referral to a termination exists, is there a reason why your service does not advertise in that part of the *Yellow Pages*?

Ms Coombe—I am not really sure why it has been omitted, but it will be there in the next *Yellow Pages*.

Senator NETTLE—Excellent. In your submission you say that there are no processes for people to make complaints to anti choice organisations. That got me thinking. Where people who ring a pregnancy counselling service are not happy with the service, where do they go to complain? It struck me that an organisation such as yours actually becomes the place where they can put those complaints, because there are no mechanisms elsewhere. You had previously provided me with some examples of comments that your service had received from women who had called services. When I put those comments to the minister at the time, she said, 'Well, it's difficult for us to judge whether this is accurate information, because it's coming through,' but I was thinking, 'Well, where else can those complaints go?' What are your thoughts on where such complaints can go?

Ms Coombe—We, of course, also have a role in advocacy, advocating for women. When a woman presents who has had a negative experience with one of these services, it depends on what her primary needs are at that point in time. People make complaints against doctors because they do not want something to happen to other people—'if there's something I can do that will stop this happening to other people'—so there is that altruistic reason why women might want to do that, and also to get personal redress. We have explored for those woman how they can make complaints, at what level they can make complaints, and of course that

has been found to not really be possible. So we have then encouraged women to pass those complaints on to politicians, and I think Senator Stott Despoja is in receipt of communication from our clients on the matter.

Senator NETTLE—Thank you. I wanted to alert you to the fact that the first witnesses who appeared before the committee today made a number of comments about your service and the quality of counselling that you provide. I do not want you to respond to that now but I wanted to alert you to that in case you wanted to have a look at the *Hansard* of what was said this morning about your service and see if you felt it was appropriate to respond in any way.

Ms Coombe—I would be very happy to do that. Our service has very carefully developed practices and protocols, as I referred to in my opening statement, and we are viewed very much as a best practice model around the country. I would be more than happy to table that information.

Senator NETTLE—Thank you.

CHAIR—Thank you, Senator. Could I ask a few questions about the information that you have offered to provide for Senator Adams on the cases that you say have come to the attention of your service throughout the last 12 months of people who have gone to other services and had misinformation or misleading comments made to them. I am interested in the comment you make in your submission that one of the consequences of that sort of information being provided is a continuation of unwanted pregnancies due to incorrect information and fear.

On the other side of the ledger, some witnesses have alleged that abortion services in Australia have resulted in quite specific cases of women having very serious adverse health consequences, and they have given us actual cases of those things that they say have occurred. Among the information that you are going to provide, or elsewhere, do you have any actual case studies of women who have continued with a pregnancy due to incorrect information and fear that you can put on the table for us?

Ms Coombe—Not in the past 12 months. In the previous 12 months we did see a woman who presented to the service and she was too late. Her gestation was too great to provide her with a service. I have spoken with Dr Annabel Chan who works for the pregnancy outcome unit at the Department of Health here, and talked to her about what sort of work they are doing that would actually elicit that information. Back in the early nineties they did do some research that gave some information about women having babies and the percentage of those women whose pregnancies were unplanned, the percentage who then went on to have a termination of pregnancy and the ones who went on to have a child. They were not asking question at all about whether they had continued the pregnancy because they could not get a service for a termination of pregnancy.

CHAIR—Yes.

Ms Coombe—So there has not been any work in South Australia done about that.

CHAIR—There does not seem to have been much work anywhere, as far as I can tell, on that subject.

Ms Coombe—That is the extreme end of the continuum.

CHAIR—Indeed. It would be very useful to have that particular case that you mentioned from the preceding 12 months. I assume you will provide that with the information?

Ms Coombe—Yes, I do not know whether I will be able to. I know about that case, but I do not know that I am necessarily able to give specific details.

CHAIR—I am not asking for the name of the woman or anything like that.

Ms Coombe—I know, yes.

CHAIR—It is just that quite specific cases have been laid before the committee of allegedly shabby service offered by services associated with termination of pregnancy and abortion services. The generalised comment has been made on the other side that the misleading and inaccurate information that has been provided by pregnancy counselling services can lead to unwanted pregnancies continuing, but we have not actually had any particular cases like the one in front of us. So in order to balance the ledger, it would be useful to have even one or two cases so we can see what we are talking about.

Ms Coombe—What I am trying to say is that I may not have that information. It is at the very end of the continuum. Certainly, in the document that I am tabling you will see women who are having procedures later in their gestation.

CHAIR—Okay. I accept that some women were having them later, but I put it to you that what others would say is that women, despite being in a distressed state about an unwanted pregnancy, are generally quite capable of distinguishing a service that they do and they do not need. If they end up phoning the wrong service and they discover that they are hearing about why it is wrong to have an abortion when they actually do want an abortion, women will generally be able to say, 'Well, thank you. That's not what I want,' and hang up and ring somewhere else. I want to actually see if that is generally the case.

Again, if there are cases where there are actual consequences of women, as you have said in your submission, carrying through a pregnancy because they have gone to the wrong service, then I would interested in hearing about them. As I say, we have not had any such cases yet put in front of the committee. To go back to that example of women going to the wrong service, the example that you cited before of the woman who read the *Yellow Pages* and saw—

Ms Coombe—Alternatives to abortion?

CHAIR—Yes. That may be an unfortunate example because this legislation would not necessarily fix that problem, would it, because—

Ms Coombe—Section 7 would.

CHAIR—Section 7, as it is presently drafted, would fix that problem.

Ms Coombe—That is right.

CHAIR—But I think it is fair to say, without Senator Stott Despoja being here, that there is some acknowledgment on her part that the clause as presently drafted may be too harsh and we may see an amendment to that.

Ms Coombe—I said in response that I understand that philosophically. But from a practical level as a service provider, seeing the variety of women—and there is an enormous variety in

the women who require a termination of pregnancy or require access to services for information about pregnancy options—whether we can really achieve information that means it is easy for them to determine what sort of service they are contacting, and definitely get the sort of service that they want when what it is that women expect is comprehensive services. They go to the health and help page for healthy help. Healthy help to them is comprehensive services, so that is why I am arguing in support of section 7.

CHAIR—But isn't a service which appeared on those pages, which clearly indicated that it did not offer referrals to abortion but which nonetheless offers services some women may find useful in their distressed state of discovering that they are pregnant unexpectedly, the sort of service that a woman might wish to use and might refer to those pages of the telephone directory for, and shouldn't she be able to find it there if that is what she is looking for?

Ms Coombe—If that is what she is looking for, absolutely, as long as that is definitely what she can find.

CHAIR—If clause 7 carried through she will not be able to find it there, will she, because it will be banned from those pages of the telephone directory?

Ms Coombe—Yes, I understand that is a problem. It is a problem that, I guess, there have been questions asked about the necessity for federal government funding for comprehensive counselling services that can appear on that page.

CHAIR—Yes, okay. But even services other than those provided in the *Yellow Pages* of the telephone directory: if there is a legend on the ad, say, in a newspaper or wherever that says, 'This service does not provide referrals for terminations of pregnancy,' the woman you spoke about before who was in a bit of a fluster and just saw 'termination of pregnancy' would still be ringing those pregnancy counselling services that you are complaining about, wouldn't she?

Ms Coombe—She would be. That is right.

CHAIR—How do you fix that problem?

Ms Coombe—I think section 7 fixes it.

CHAIR—Only as far as the telephone directory is concerned.

Ms Coombe—Sorry. I beg your pardon. Just repeat the question?

CHAIR—You said the woman who is flustered and in a bit of a state, who looks in the newspaper and sees an ad for a service that says, 'This service does not provide referrals for a termination of pregnancy.' 'Oh, termination of pregnancy. I'll ring this service.' She is not going to be assisted, is she, in terms of the problem that you have stated?

Ms Coombe—No, but I do not think that is a realistic scenario either.

CHAIR—But the woman who looked in the telephone directory and made that mistake was realistic enough.

Ms Coombe—She was in an immediate circumstance.

CHAIR—So is the woman who has looked in the newspaper.

Ms Coombe—It would be very unlikely that a woman in an immediate circumstance is going to come across an advertisement like that in the newspaper. Women looking for services are going to the phone directory or the internet and places like that.

CHAIR—Yes. If she goes to the internet she will see that statement as well, won't she?

Ms Coombe—She will.

CHAIR—Which would then be a problem in the terms that you have stated.

Ms Coombe—Yes.

CHAIR—Could I ask the department—sorry, you are not a part of the department.

Ms Pickles—Yes, we are a health region.

CHAIR—Right. You mentioned that people have been addressing this issue in Ireland and we have had evidence about misleading information being supposedly provided in the United States as well. Are you aware of any countries that have actually adopted the regime that is outlined in this legislation? Is there a solution to that problem?

Ms Pickles—I am not personally aware, but we could certainly see if we can find something and bring it back to you.

CHAIR—That would be great, yes.

Ms Pickles—I imagine that some of the Scandinavian countries would be very up-front about the way that they advertise these services.

CHAIR—I look forward to seeing that. Are you aware of any equivalent provisions in Australian legislation about providers of any sort being required to provide information about services that they do not offer as opposed to ones that they do?

Ms Pickles—By way of advertising?

CHAIR—Advertising or any other form.

Ms Pickles—I would have thought we would be covered by the Trade Practices Act across the whole of Australia.

CHAIR—I do not think the Trade Practices Act requires services to advertise what they do not provide. It does say you cannot be inaccurate, but it does not say, 'You must provide information about things that you do not provide.'

Ms Pickles—Certainly all government services give accurate information in South Australia. We provide pamphlets that are in health areas across the state on this particular issue in women's community health services, in youth health services, in GPs' offices; so there is that accurate information provided. If you want to have information about continuing your pregnancy, there is often someone to talk to, a phone number. If you want to have information about abortion there is information there, so it is always accurate information, as we are required to do.

CHAIR—But the things that are not provided by the government, services that are in the public domain—

Ms Pickles—I am not aware of any legislation, unfortunately. There should be some.

CHAIR—That is all of my questions. Yes, Senator Moore.

Senator MOORE—Following up what Senator Humphries was exploring, unfortunately often in these cases it comes down to, 'My horror stories are more horrible than your horror stories.' We build up the case for and against, and that is very sad. One of our previous witnesses talked about the lack of research in many of these areas, and that is an issue in itself, but if a woman makes contact with a service when she is pregnant and, as a result of that service, makes a decision of any kind and returns to her normal life, it is very difficult then to trace through, in any way, as to what the impact is going to be after that. I am wondering, through Children's Services or whatever the various departments are, is there any mechanism of finding out about parenting and successful parenting and mental health: all those things that may be the impact of decisions that were taken at a different time? Is there any possible way of finding that stuff out?

Dr Staugas—You would have to do a specific research program. The document which I am sure has been tabled, the RANZCOG document, does talk about the fact that most women, if they are properly treated, do not seem to have any adverse outcomes. It is probably the most comprehensive document around this issue in recent times. It probably collects a lot of the evidence. You would have to have a specific research program that looked at those sorts of impacts, as you do for any quality of life or quality of life outcome type issue. It is usually quite detailed research.

Senator MOORE—And where to stimulate the questioning, as well? In terms of information and data collection, it is a huge exercise.

Ms Pickles—Certainly through our service we provide home visiting to families that have difficulties. Across the state we provide universal home visiting to every baby born in the state through a trained nurse and follow-up procedures are done and then, if it is a family that is in difficulties—and often these are young mothers or drug-addicted mothers—there is a special program that is continuing. It has now completed its second year so we will be able to start tracking some research and have perhaps some questions about whether this was an unplanned pregnancy so it may well be that we could have some information in a few years time.

Senator MOORE—Also the sensitivity of asking someone—

Ms Pickles—Yes. It is very hard when someone has just had a baby to ask them whether they wanted it.

Senator MOORE—It is a huge issue and something that I think we need to consider. It is very clear, in terms of the proliferation of the exercise of and the advertising that has gone on about counselling services for people who have been affected by that experience with abortion. It is tremendous that that service is available for women who have identified, at any time, that that decision was perhaps not the best for them and they wish to get support. I absolutely applaud the services that are around that will provide that.

The alternative—which I know, Senator Humphries, we are trying to find out about to balance it—for women who may have been traumatically affected by a decision to have a child, to get the same kind of support and information is a very big issue. If you turn your minds to that and see, with the kinds of networks you have, whether you have any advice or

information about that, it would be very useful. Really it is something I should have been asking some of the other witnesses about, because it is a big indication of women's health and I am struggling to find out how we would get that information.

Ms Pickles—We could certainly ask the question, with the methodology used, whether the nurses in fact explore that option.

Senator MOORE—That would be great. If you could get that to us, that would be good.

Ms Pickles—It will be fairly tricky. Whether you will get accurate answers or not, I do not know.

Dr Staugas—We may get the answer with some of our vulnerable infant work but that is not rolled out yet, and some of the vulnerable infant work may reveal that there are pregnancies that were not wanted, because the midwives do ask a range of questions which highlight early in the pregnancy whether there are issues for concern, that highlight that a family may need support counselling and ongoing support after the baby is born.

CHAIR—Thank you very much for the submissions and the testimony you have given before the committee today. We are grateful for the time that you have devoted to this and we thank you for that. We thank you also for taking some questions on notice which you will come back to the committee with. That concludes our inquiry. We have no further scheduled days of hearing so we now have the information we need to make a report.

I thank the senators for their work on this. I thank the committee secretariat. I thank *Hansard* and all those who contributed to the process. The committee is adjourned.

Committee adjourned at 12.58 pm