



OPTIONS COUNSELLING FOR UNPLANNED PREGNANCY SUPPORT AND ADVICE:

THE COST OF FALSE PROVISION TO WOMEN'S MENTAL AND PHYSICAL HEALTH

The social construct of pregnancy continues to bring about stigma and guilt around the experience of an unintended pregnancy, causing a sense of isolation for many women in Australia. Efforts to protect their privacy and the privacy of those close to them, often results in women seeking the support of unknown organisations. Unfortunately, in the case of counselling organisations specifically governed by the anti-choice movement, support comes in the form of misinformation, biased counselling, religious discussions, and inappropriate referral practices.¹ Engagement with these services can cause severe distress to women, exacerbating their states of vulnerability and disrupting emotional adjustment and decision-making processes.

What is a false provider?

The term 'false provider' is quoted in the National Health & Medical Research Council (NH&MRC) report, *Services for the Termination of Pregnancy in Australia: A Review. Draft Consultation Document (1995)*. The term describes services that publicly claim to provide independent, non-sectarian, all-options counselling to women either facing an unplanned pregnancy or after an abortion, yet refuse to discuss abortion as a reproductive health choice or refer to appropriate organisations. Such services are governed and operated by 'pro-life' organisations that are opposed to abortion as a reproductive choice, and seek to lure women who are "at risk" of having an abortion.

The Australian Federation of Right To Life Associations (AFRTLA) is a national coalition of anti-choice groups. AFRTLA defines their 'Pro-Life Value' as: "to promote and foster a new community culture...where abortion is no longer practised".² According to anti-choice supporter Heather Sertori's paper *Pregnancy Support Agencies: Their History, Purpose and Philosophy (1994)*, such agencies and their counselling arms subscribe to the principle: "not to advise, provide or refer, directly or indirectly for abortion or abortifacients".³

Tactics used by false providers

1. False providers use false and misleading advertising

In order to lure in women, false providers enforce a range of misleading claims. Frequently, false providers advertise their services as being inclusive of "all pregnancy or abortion concerns". In some cases they specifically refer to their service as an "information service on abortion". Women contact false providers

¹ See case studies, page 4 provided by Dr Susie Allanson, Clinical Psychologist (BA (Hons), MA (Clinical Psychology), PhD, MAPS) at the East Melbourne Fertility Control Clinic

² HREF: <http://www.righttolife.asn.au/abortion/>

³ HREF: <http://www.actrtla.org.au/abortion/bookab/sertori.htm>

without realising the service will not provide them with unbiased, ethical and professional advice and support.

Such services fallaciously promote the impression that they discuss all-options available to a woman when experiencing an unintended pregnancy (abortion, adoption and parenting). False providers actively cultivate this confusion to attract pregnant women.

Queensland anti-choice agency, Pregnancy Counselling Link, who claim on their website that they are supported by the Queensland Government, state that their aim is to: "*facilitate the decision making process by listening to your concerns and needs, and assisting you to make the best decision for you.*"⁴ Pregnancy Counselling Link, however, do not refer for abortions.⁵

Anti-choice group, Australian Federation of Pregnancy Support Services, recently distributed posters to medical clinics promoting their Pregnancy Help Line. The posters stated:

*"Are you pregnant? Alone? Needing Help? Need someone to talk to? Confused? Scared? Not sure what to do? For 24 hour assistance phone the Pregnancy Help Line and speak to someone who cares".*⁶

The poster included no mention of the organisation's anti-choice stance or their refusal to refer for abortion. Such wording led medical practitioners to unwittingly advertise the service to patients.

Potential clients are also drawn to advertising by false provider services in sections of the phone book under listings of "Pregnancy Services", "Abortion" or "Termination of Pregnancy". Anti-choice counselling agency, Pregnancy Counselling Australia, takes this one step further and advertises its phone service free of charge in the 24-hour emergency section of the White and Yellow pages.

Recently, a number of false providers actively resisted attempts by Sensis to clarify the situation for potential clients by highlighting "pro-life" and "pro-choice" next to the names of those services advertising under abortion/termination of pregnancy in the directory.

In 2005, the Australian Democrats introduced a private member's bill that would have required such agencies to refrain from false and misleading advertising and compelled them to make clear in their advertising material that they would not refer for abortion. Unfortunately, The *Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005* was never voted on.

2. False providers use neutral names in order to conceal their anti-choice position

Acknowledging that pregnant women who may be considering abortion will not be attracted to a service that openly states an anti-choice position, false providers use names such as "Pregnancy Counselling Link", "Pregnancy Help Line" or "Pregnancy Counselling Australia". Once the true agenda of the service has become more widely recognised, false providers change their names.

3. False providers answer telephone enquiries with evasion and lies

⁴ HREF: <http://www.pcl.org.au/unplan1.htm>

⁵ HREF: <http://www.pcl.org.au/unplan.htm#>

⁶ HREF: <http://www.pregnancysupport.com.au/themes/PregnancySupport.aspx>

In order to entice women to attend their centres, false providers avoid answers to questions that may reveal their anti-choice position. In some cases, they will openly lie in order to attract women to their centres where they believe they can more effectively and convincingly disseminate their anti-choice literature.

4. False providers offer 'counselling' which is anti-choice

Through emotive manipulation of the counselling session, false providers work actively to convince women not to abort pregnancies, disregarding the woman's personal needs and circumstances. Manipulative counselling by False Providers routinely includes misinformation, religious discussions, false medical facts and a refusal to discuss abortion as a reproductive health choice.

False providers unethically use a woman's vulnerable emotional state, routinely and deliberately, shifting it to a state of guilt. Women who present at these centres who have already determined that they will abort the pregnancy are made to feel guilty, with references such as "killing your baby".

This bias and unethical counselling practice not only causes women unnecessary prolonged emotional distress but, in some cases, also places their physical well being in threat. The ethical practice of informed consent between the engagement of the client with the counsellor is violated.

5. False providers refuse to refer for abortion

False providers promote the unethical practice of refusal to refer to more appropriate services, despite open requests from women. Dr Monica Allen's address to the Australian Federation of Pro-Life Pregnancy Support Services in 1985 confirmed and supported the anti-choice counselling stance to not refer directly or indirectly for abortion:

"I believe that if we send an abortion-seeking client to another professional or government or non-government agency or hospital for abortion counselling, and we do not know whether or not that person at the other end is going to be 100% pro-life, then I would regard that as a soft abortion referral. I believe that if we say to a client we don't refer for abortion, but we refer the client to the telephone book or some other neutral collection of information, then I would believe that that would be an indirect abortion referral. If we are a pro-life organisation, and we do believe that unborn life is precious, we have to be very careful along what path we steer our clients. The fact that they have already chosen that path anyhow doesn't make our steering any the less against what we are all about. You would be in exactly the same position if you were counselling someone contemplating suicide. If that someone reached a decision that life just wasn't worth living, you would accept that that was how that person really felt, but you would never steer them towards the means to do so."⁷

In addition to the emotional distress caused to the woman by delaying her access to an abortion through refusal to refer, false providers can directly contribute to a first trimester pregnancy reaching the second trimester by the time the woman finds access to an abortion provider.

⁷ HREF: <http://www.actrtla.org.au/abortion/bookab/sertori.htm>

6. False providers give false information about the risks of abortion

Reports from women who contact false providers indicate that they are routinely provided with false information about the risks associated with abortion - these risks being distorted in order to scare women away from the choice of abortion.⁸ In comparison the risks associated with carrying the pregnancy to term are denied. False providers rely upon the promotion of false claims that abortion harms women by causing breast cancer, infertility or post-abortion grief. Time and time again, credible research has concluded that this is not the case.

In 2003, the US National Cancer Institute concluded that abortion or miscarriage does not increase a woman's subsequent risk of developing breast cancer. Australian population data was used in the analysis. In 1989, the American Psychological Foundation concluded that terminating a pregnancy posed no hazard to a woman's mental health. The World Health Organisation recently also concluded that early abortion is one of the safest and simplest of surgical procedures.

Women's experience of false providers

The following case studies have been provided by Dr Susie Allanson, Clinical Psychologist (*BA (Hons), MA (Clinical Psychology), PhD, MAPS*) at the East Melbourne Fertility Control Clinic:

Women's experience of false providers: case study one

24-year old Mrs X and her husband presented to the Clinic with an unplanned pregnancy. They had known about the pregnancy for six weeks and Mrs X's pregnancy was now eleven weeks gestation. They had delayed coming into the clinic for an abortion because they had initially contacted a phone pregnancy service to find out about having an abortion. Unbeknown to them this service was a false provider offering "counselling" from an anti-choice philosophy. Mr and Mrs X had been married only a short time, Mr X had recently lost this job, Mrs X was concerned that medication she had been taking might adversely affect the pregnancy, and neither felt ready to become parents. They contacted the false provider feeling fairly certain that terminating the pregnancy was the right decision for them and for any children they might have in the future. The phone service informed them that abortion was an extremely dangerous operation likely to cause infertility and mental illness. The service would not refer the couple elsewhere, and the couple was left feeling highly anxious and hopeless. Finally, out of desperation, the couple spoke to a close friend who was able to provide them with more accurate information and referred them to us. By this stage, Mrs X had also lost her job through stress and their marital relationship had almost failed. Fortunately Mrs X was still able to have an early abortion. They were reassured by receiving accurate, evidence based information about abortion, and non-directive counselling. Mrs X proceeded uneventfully through theatre and post-operatively both Mr and Mrs X were relieved and grateful.

Women's experience of false providers: case study two

⁸ See case studies, page 4 provided by Dr Susie Allanson, Clinical Psychologist (*BA (Hons), MA (Clinical Psychology), PhD, MAPS*) at the East Melbourne Fertility Control Clinic

Mrs Y is a forty-year old married woman with three children and living in a Victorian regional centre. She initially travelled three hours to the Clinic when her unplanned pregnancy was eight weeks gestation. Her history of depression included bouts of postnatal depression, one of which was a psychotic depression with suicidality. She was understandably and sensibly fearful about how she and her family would cope if she continued with this pregnancy. At 40 years of age, Mrs Y also was very aware that her age meant that she faced a significantly increased risk of genetic and medical problems with the pregnancy and would require more than the usual ante-natal monitoring. This was a difficult decision for Mrs Y, but she ultimately decided that terminating the pregnancy was best for herself and her family. Although Mrs Y had her own regular psychologist, and was also aware that she could recontact the psychologist at the Clinic, perhaps in part because of her isolated geographical location she phoned a false provider some weeks following the abortion. Mrs Y was seeking reassurance and validation that she had made the right decision. She reported later that she had been told that abortion was a sin, she had murdered a child, she would necessarily suffer serious depression and grief and that she would need to ask for forgiveness. For several days following that "counselling", Mrs Y was suicidal and functioning poorly, before her husband insisted she recontact us. Provided with the factual information, bolstering and professional counselling she needed, Mrs Y again felt relieved and optimistic about her future with her family, and was encouraged to continue to see her own psychologist. Some weeks later, Mrs Y phoned the Clinic to thank them and provide an update on her continued improvement.

Counselling with an unintended pregnancy

Clients have the right to be able to exercise freedom in choosing their future.

Making a decision about an unintended pregnancy involves a decision-making process which differs for women according to their circumstances. For some women the decision concerning an unintended pregnancy will be straightforward. For others this process can become a prolonged emotional crisis.

A consideration of the application of responsive counselling models with unintended pregnancy needs to be inclusive of the spectrum of reactions which women experience (*Note: to provide a comprehensive discussion of the counselling needs of women experiencing an unintended pregnancy is not possible within this paper*).

Clearly there are distinctive stages of the decision-making process within which a woman progresses. How a woman progresses through these stages is dependent upon a number of individual variables: the level of personal emotional support, her decision-making and coping abilities, and the level of attachment she has for the pregnancy. The needs expressed in a counselling session upon the discovery of the pregnancy will most likely be quite different to those expressed during an "options" session or a pre-termination session. Different models are applicable at different stages of the decision making process.

When discussing counselling models applicable to women experiencing unintended pregnancies, distinction needs to be made in consideration of the decision-making process:

1. Discovery of the pregnancy – most likely to occur at home, Family Planning Clinics or with the General Practitioner

2. Choosing an option – may require clarification, provision of information and support – may also involve relationship/family therapy
3. Counselling pre termination of pregnancy – validation of her decision, clarification of any concerns, explanation of the procedure and associated risks, informed consent, and discussion of the physical and emotional outcomes.

Regardless of the models applicable to the various stages of decision-making, there are basic ethical expectations that a woman should expect, be it in her General Practitioner's surgery, Family Planning Clinic, at an independent counselling service, or an abortion clinic. These ethical standards relate to non-biased and non-judgemental validation for the woman's situation and her ability to make informed choices and decisions. A woman also has right to expect from a professional entity correct information so that she can make an informed decision - one which she can completely own and which is free from the counsellor's own value judgements and bias.

The requirements of professional and ethical counselling

The most basic ethical obligation a counsellor has to their client is to refrain from imposing their own personal values on to the client. It is not uncommon for people who present for counselling to subconsciously seek solutions to their problems from their counsellor. Those who feel particularly vulnerable may unquestionably accept what their counsellor says. However, the primary objective of the counsellor's role is to facilitate the client's realisation of their own solutions to their problems and this can only occur in a safe environment in which the client can act freely without judgement.

The same woman who seeks and receives professional counselling for her relationship should be able to expect the same degree of professionalism, objectivity and support, when she seeks counselling for an unintended pregnancy. If the counselling provided is value laden, bias, and directive, there is a significant increase in the likelihood of a negative outcome, as the counsellor's values become the subject of the session, rather than the clients. This situation frequently results in the internalisation of emotions by the client.

The NH&MRC report states that best-practice pregnancy options counselling should be "based on the respect for the woman's autonomy to make decisions, and is designed to support the woman's decisions, rather than to influence or subvert her decision-making process". It notes that proper pregnancy options counselling requires:

- the legitimisation of the woman as a competent person by affirmation of her capacity to decide;
- acknowledgement that the woman's values are what should drive the decision; and
- encouragement to trust in her decision.⁹

Women seeking counselling regarding an unintended pregnancy should be able to expect:

⁹ National Health & Medical Research Council (NH&MRC), Services for the Termination of Pregnancy in Australia: A Review. Draft Consultation Document 1995

1. That the counsellor has formal qualifications and ongoing external supervision
2. That the counsellor understands and obeys the implications of ethical standards (i.e. confidentiality, honesty, respect, integrity and objectivity)
3. That information provided to the woman is accurate and up to date and is not based on the opinion of the counsellor
4. That the goals of the counselling session meet the individual needs of the woman
5. That the counselling session focuses on the empowerment of the woman and that it promotes decision-making and coping skills.

Although the process of counselling should not be confused with the dispensing of advice and information, the counsellor should also be able to provide accurate information and answer questions concerning all aspects of reproductive health choice and how these may relate to the individual woman's circumstances – her life goals, her relationship and support status, her housing and her financial situation.

False provider counsellors who work in conflict with ethical guidelines stipulated by professional counselling bodies leave themselves open not only to cancellation of membership but also to malpractice accusations. Despite the vulnerable and isolated states of women who seek their services, it appears that it is only a matter of time before a dissatisfied service user seeks compensation for emotional injury. Lovett and Lovett (1988) in *Suggestions for Continuing Legal Education Units in Counsellor Training*, identify four conditions which must be present for counselling malpractice:

1. A client/therapist relationship has been established
2. The therapist must have acted in a negligent or improper manner
3. An actual injury must have been sustained by the client
4. The counsellor's conduct must have caused the injury

Government funding for pro-choice pregnancy counselling services

There are only two dedicated pro-choice pregnancy counselling services in Australia - Children by Choice in Queensland, and the Bessie Smyth Foundation in NSW. **Neither receives any Commonwealth funding.**

On the other hand, the Government allocates over \$240,000 each year to the Australian Federation of Pregnancy Support Services (AFPSS) for pregnancy counselling services (the AFPSS is linked to anti-choice organisations and does not refer for terminations).¹⁰

More than \$15 million of Commonwealth money is spent annually on family planning organisations in Australia. Of that, \$918,800 was given in 2004/05 to the Australian Episcopal Conference of the Roman Catholic Church. The sum was eight times higher than that provided to the secular, non-directive immigrant women's health counselling and referral service Working Women's Health.¹¹

¹⁰ K. Walker, '\$1m for pregnancy counselling', *The Australian*, 17 February 2005

¹¹ K. Walker, '\$1m for pregnancy counselling', *The Australian*, 17 February 2005

Legitimate questions may be asked about the appropriateness of governments funding organizations that don't abide by relevant professional and legal guidelines.

Conclusion and issues for consideration

Like all counselling service users, women with an unintended pregnancy have the right to professional, non-judgemental and non-biased counselling, including the provision of accurate information.

The issue of access to appropriate counselling services, remains unaddressed by both Federal and State governments.

False providers continue to offer services and be funded by the Federal and State governments.

It is proposed that:

- False providers are prohibited from printing, publishing, distributing, displaying or broadcasting any advertising material that is misleading or deceptive as to their services.
- 'Pregnancy counselling' services which do not refer for terminations note in all advertising that they 'do not provide referrals for terminations of pregnancy'.
- Telephone directories can only include non-directive pregnancy counselling services in their 24-hour health and help call pages of the directories.
- Federal Government funding be allocated to a national 24-hour pro-choice pregnancy counselling service.
- A Federal Government funded Australian Association of Pregnancy Counselling be established. Members of the Association would be bound to a high standard of ethical and professional conduct through adherence to national accreditation standards, Code of Ethics and Standards of Practice, established by the Australian Psychological Society. Only pregnancy counselling providers who meet such accreditation standards would be eligible for government funding.