

## ABORTION LEGALISATION BILL SUBMISSION

### Introduction

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Platform Trust (Platform) is a peak body representing a wide range of mental health and addiction (MH&A) Non-Government Organisations (NGO) service providers across New Zealand. For further information about Platform Trust, refer to [www.platform.org.nz](http://www.platform.org.nz).

We acknowledge that the Abortion Reform Bill is a highly values-based issue. This submission focuses on the rhetoric around the relationship between mental health and abortion. It also supports the view of the mother who interacts with the currently stressful and sometimes distressing system.

### New Zealand Abortion Statistics

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In 2017, 97.3% of 12,925 abortions were undertaken in New Zealand for the reason of 'Danger to Mental Health'. The number of total abortions is trending down, from its peak in 2003, with total number having decreased by 30% since 2003<sup>1</sup>.

### Lived Experience of Abortion

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The current procedure for getting an abortion is considerably different than any other form of healthcare. No other procedure in New Zealand forces a woman to admit to a false medical diagnosis to receive healthcare and is deniable because her reasons for obtaining it are not consistent with the acceptable criteria in the Crimes Act.

A woman who chooses to undergo an abortion does not make the decision lightly. This is a serious medical procedure, with more than just potential physical health consequences; the well-being and social outcomes as a result of other's personal values can be substantial. Having an abortion carries a lot of stigma. It is not a subject that is comfortably admitted to, or even talked about. Fear of judgement for the

<sup>1</sup> <https://www.justice.govt.nz/assets/Documents/Publications/ASC-Annual-Report-2018.pdf>



decision, being made to feel guilty, and the potential social consequences of being ostracised are real consequences for these woman<sup>2</sup>. The free counselling is important but does not stop a woman from feeling as if she is a criminal for having a medical procedure.

The stigma and stress is exacerbated by having to go to clinics that are often picketed by people who physically abuse women as they walk past. This results in greater stigma and makes a woman's experience more intimidating, increasing the likelihood of creating unwanted mental health effects.

The potential deception required to access this medical procedure then has further consequences. Admitting to a mental health issue is still not 100% safe in New Zealand. This is forcing the patient to take on another stigma. On top of this, it will be a permanent fixture on their medical record, which will need to be explained in future medical appointments, making a woman relive the experience.

## Mental Health & Abortion

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The research around mental health after abortions is inconclusive and, while the relationship is complicated, it is unlikely that the abortion itself will cause a mental health diagnosis. Arguments around mental health are rhetoric, and largely based on emotion, not evidence.

Some researchers have shown that having an abortion can cause Post-traumatic Stress Disorder (PTSD), and an increase in common mental health disorder (CMD)<sup>3</sup>. However, when previous mental health diagnosis has been accounted for, studies show either no change in risk, or a decrease in risk for CMD<sup>4,5,6</sup>. Internationally, in countries such as Brazil and Serbia where abortion legislation was changed to make

<sup>2</sup> <https://thespinoff.co.nz/society/06-03-2019/abort-the-stigma-why-talking-about-your-abortion-helps-make-it-safer-for-everyone/>

<sup>3</sup> Reardon, D. C. (2007). A new strategy for ending abortion: Learning the truth—Telling the truth. Retrieved January 2008 from [http://www .afterabortion.org](http://www.afterabortion.org)

<sup>4</sup> Fergusson, D.M, Horwood, J.L., Ridder, E.M., (2005). Abortion in young women and subsequent mental health. *Journal of Child Psychology and Psychiatry*. 47(1).

<sup>5</sup> Depression and Unwanted First Pregnancy: Longitudinal Cohort Study. (2006). *Obstetrics & Gynecology*, 107(3), 736.

<sup>6</sup> Russo, N. F., & Zierk, K. L. (1992). Abortion, childbearing, and womens well-being. *Professional Psychology: Research and Practice*, 23(4), 269–280.

it easier access services, statistics show a large decrease in risk of a future CMD diagnosis<sup>7,8</sup>. The inconclusiveness of all research suggests that the abortion itself is not predictive of mental health disorders, instead the woman's personal characteristics, and the stigma a woman experiences are the largest factors in a post abortion mental health diagnosis.

## Recommendations

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- 1) Platform supports the removal of legislation that pathologizes the human condition.
- 2) Platform supports the removal of abortion from the Crimes Act.

Platform supports the removal of legislation that pathologizes the human condition  
97% of abortions in 2017, were because of 'Danger to mental health', but the evidence that abortion causes danger to mental health is not there. Woman's psychological experiences of abortion are not uniform, rather it varies depending on their personal circumstances. Continuing with an unwanted pregnancy, and having an abortion are equally as likely to cause a future mental health diagnosis<sup>4,5</sup>. Distress and uncertainty in life are part of what it is to be human, and forcing woman to falsify a medical diagnosis, is pathologizing this. They may not have PAS, depression, or an anxiety disorder, but they are forced to say they do, so they can gain access to a medical procedure. This may have future consequences for receiving healthcare.

### Platform supports the removal of abortion from the Crimes Act

The situation of being unwillingly pregnant and having one of two options is distressing, and having abortion as part of the Crimes Act, just exacerbates this. The difficult and intimidating series of tasks required for a woman to gain access to a medical procedure and adds to the stigma around abortion. This makes an already distressing situation, more so. Removing abortion from the Crimes Act, will help

<sup>7</sup> Nikolic, G., Samardzic, L., & Krstic, M. (2014). Women's demand for late-term abortion: A social or psychiatric issue? *Vojnosanitetski Pregled Military Medical and Pharmaceutical Journal of Serbia*, 71(7), 660–666.

<sup>8</sup> Ludermir, A. B., Araújo, T. V. B. D., Valongueiro, S. A., & Lewis, G. (2009). Common mental disorders in late pregnancy in women who wanted or attempted an abortion. *Psychological Medicine*, 40(9), 1467–1473.

normalise this medical procedure, and reduce the stigma that these women are exposed to.

## **Conclusion**

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The removal of abortion from the Crimes Act is overdue. Currently, patients are able to obtain abortions, but to do so puts them in a position where they have to deceive and be at the receiving end of judgement and stigma. The removal will decrease the risk factors, and the distress that the current system places on patients.