

Practice Framework

Safe, non-directive pregnancy options support that's grounded in feminist values, trauma-aware care, and respect for each person's right to choose.



Introduction & Acknowledgement



ACKNOWLEDGEMENT OF COUNTRY

Children by Choice acknowledge the Traditional Custodians of the lands on which we live and work and pay our respects to Elders past and present. We recognise that sovereignty was never ceded. We acknowledge the ongoing impacts of invasion, colonisation, reproductive control, and systemic inequity on Aboriginal and Torres Strait Islander peoples, including forced child removal, reproductive coercion, and barriers to culturally safe healthcare.

We recognise that reproductive justice cannot exist without First Nations justice. At Children by Choice, we commit to culturally safe, self-determined, and accountable practice and to ongoing reflection regarding our role within broader systems of power and privilege.

A statement of thanks

Children by Choice extend our heartfelt gratitude to the countless women, advocates, and allies who have come before us, whose courage, determination, and tireless advocacy laid the foundations for reproductive rights and choice. Their struggles, leadership, and vision have made it possible for pregnant people today to access safe, non-judgmental, and empowering support for pregnancy options, and their legacy continues to inspire our work to uphold autonomy, dignity, and equitable care for all.



Purpose & Values

PURPOSE STATEMENT OF CLIENT SERVICES

Children by Choice's Client Services exist to provide safe, non-directive, person-centred pregnancy options support.

This includes pathways information, advocacy, and pregnancy options support that empowers people to make informed decisions around their pregnancy outcome, and the provision of ongoing post-decision and post-abortion counselling. We deliver trauma-aware care that integrates best practice pregnancy options information and therapeutic counselling support, advocacy, and collaborative referral pathways to community partners, prioritising autonomy, dignity and equitable access for all pregnant people.

What we stand for



Equity

We address systemic barriers that prevent people from accessing equitable reproductive healthcare, information, and compassionate abortion care.



Pro Choice

We uphold the right of every pregnant person to reproductive autonomy, free from coercion, stigma, or interference.



Compassionate

We approach our clients, partners, communities and each other with empathy, dignity, and respect, while holding firm boundaries that protect reproductive autonomy.



Feminist

We take an intersectional approach that upholds bodily autonomy, equity and equality.



Integrity

We hold ourselves to high ethical standards through transparency, accountability, and responsible decision-making.

Objectives of Client Services

Seven objectives that help guide the work of Children by Choice.

01 To provide accurate, up-to-date and balanced information regarding all pregnancy options.

02 To support informed, autonomous decision-making free from coercion.

03 To reduce stigma, shame and isolation associated with pregnancy decision-making and abortion.

04 To walk alongside people through their pregnancy options experience, supporting healing and responding to grief, shame, and isolation.

05 To improve equitable access to abortion and related healthcare.

06 To advocate systemically for reproductive justice.

07 To build organisational and practitioner capability grounded in reflective and ethical practice.



Twelve guiding principles

These principles guide every interaction, decision, and process within Client Services.

01 Choice-Centred Practice

We provide information, support, and space for decision-making without leading, persuading, or influencing a client toward any option. This approach reflects international standards in pregnancy options counselling, which emphasise non-directiveness and informed consent. In practice, this means presenting all options: parenting, abortion, adoption, and alternative care pathways in a balanced and evidence-informed manner. Practitioners actively monitor their language, tone, and assumptions to ensure neutrality. Our focus is on facilitating clarity and offering non-judgmental support, rather than shaping outcomes.

02 Intersectional Feminism

Our work is grounded in intersectional feminist theory, recognising that pregnancy and abortion experiences are shaped by gender, race, class, disability, sexuality, migration status, age, and other structural forces. We understand reproductive healthcare as being embedded within systems of power, including patriarchy and racism, and we attend not only to individual decision-making, but to the structural barriers and injustices that shape choice and access.

03 Autonomy & Informed Choice

We recognise each person as the expert in their own life and ensure they have access to clear, balanced, and relevant information to make decisions that align with their rights, needs, wishes, values and circumstances. Informed choice requires not only the provision of information but also the facilitation of a thoughtful process that considers time, safety, and space for reflection. This principle reflects our deep commitment to human rights frameworks that recognise and uphold every person's right to reproductive autonomy.

04 Safety & Confidentiality

We prioritise emotional, physical, cultural, and psychological safety. Confidentiality is upheld unless risk or legal obligations require otherwise. We operate in accordance with Australian privacy legislation and child-safe frameworks. Safety planning is embedded where domestic and family violence (DFV), reproductive coercion and abuse (RCA), or other risks are identified, and mitigated in a way that prioritises a client's agency and autonomy wherever possible.

05 Trauma-Aware/ Responsive & Hopeful Practice

We understand the potential impacts of trauma, stigma, grief, loss, and shame, and respond in ways that promote dignity, agency, and a sense of hope and understanding to guide healing. Our trauma-aware practice recognises the prevalence of trauma, violence, and adversity, and actively avoids re-traumatisation. We foster hope through validation, meaning making, and connection in all interactions with clients.

06
**Respect for
Diversity & Lived
Experience**

We honour and advocate for all people, and honour diverse identities, genders, cultures, family structures, beliefs, and experiences of the people we support, including those from underrepresented and equity-seeking communities. We recognise trans, non-binary and gender-diverse people and offer a service that is affirming, inclusive, and responsive to the needs, identities, and experiences of all people.

07
**Compassionate,
Non- Judgmental
Support**

We meet every person with compassion and unconditional positive regard, regardless of their decision or circumstances. Compassion reduces shame and facilitates emotional integration. We understand the importance of reflection and reflexivity in our practice, and we are committed to sitting in uncomfortable spaces that challenge our unconscious biases, privilege and worldview to ensure we offer a response that centres the client's experience, not ours.

08
**Person-Centred
Approach**

We consider the whole person — including their emotional, relational, cultural, practical and safety needs – and tailor support accordingly. This holistic lens recognises that reproductive decisions do not occur in isolation, but within the context of relationships, financial realities, cultural expectations, health considerations, complex systems and personal experiences that all shape the meaning and impact of choice.

09
**Evidence-
Informed &
Ethical Practice**

Our work is grounded in contemporary research, best-practice standards, and ethical frameworks that protect and enhance client well-being and decision-making rights. We actively strive to provide the best possible service by being curious and open to evolving our practice, recognising that, as society, systems, and people change, our practice may need to adjust too.

10
**Collaborative
Partnership**

We work alongside clients, not ahead of them, and collaborate with relevant services and stakeholders when needed to support safety, well-being, advocacy, and continuity of care. We understand that help-seeking in complex systems can be daunting, and we work to actively remove barriers within the system and promote an experience that best serves clients' needs.

11
**Transparency &
Accountability**

We communicate openly about our role, the scope and limitations of our service, and our processes and responsibilities. Transparency supports informed consent, manages expectations, and reinforces trust by ensuring people understand what we can provide, where referral may be required, and how decisions and information are handled within ethical and legal frameworks.

12
**Strengths-Focused
Approach**

We recognise and build on the strengths, capacities, and resilience each person brings. By highlighting a person's capacity, we empower them to trust their own decision-making, draw on past coping strategies, and navigate pregnancy-related choices with confidence and self-efficacy.

Practice Capabilities

We are committed to building our capability in Knowledge of Pregnancy Options, Knowledge of Broader Social & Structural Factors, Skills, Attitudes & Behaviours, and Organisational & Professional Capability.



Knowledge of Pregnancy Options

- Contemporary reproductive and sexual health evidence, including all pregnancy options, contraception, and pre- and post-abortion care.
- Relevant Australian and international legal, policy, and ethical frameworks, inclusive of child safe legislation.
- Trauma-responsive care principles and the psychosocial impacts of pregnancy-related decision making and accessing abortion care and post-procedure care.
- Current understanding of the varied abortion care referral pathways and community supports.
- Understanding the historical journey to the current state of reproductive choice in Queensland and Australia, and the fragility of these rights when positioned politically.



Knowledge of Broader Social & Structural Factors

- Awareness of grief, loss and shame, particularly encompassing the complexity of pregnancy options, choices and decision making.
- Understanding cultural humility in our practice and commitment to providing safe and appropriate services for First Nations and culturally diverse people.
- Understanding that the lived experience of LGBTIQ+ communities is diverse and nuanced, and that access to abortion and pregnancy options is shaped by factors such as heteronormative assumptions, discrimination, legal barriers, and past experiences of stigma.
- Understanding the intersection of pregnancy options care, DFV, RCA and sexual assault within the broader context of the experience of trauma and adversity
- Understanding the impact of people's developmental stage and life experience across the lifespan, and how these shape pregnancy experiences.
- Understanding patriarchy as a historical and current social, political and economic system that shapes reproductive policy, health care access and lived experience, and the deep intersection with culture, race, class, disability and geography to influence reproductive choice.



Skills

- Facilitate client-led, choice-centred conversations, providing up-to-date, unbiased information while recognising how options evolve across the course of a pregnancy.
- Assess risk, safety, and psychosocial needs, responding appropriately.
- Crisis containment and co-regulation.
- Build rapport while maintaining professional boundaries.
- Apply trauma-responsive communication techniques and service delivery.
- Collaborate with clients, health clinicians and services to coordinate care.
- Adapt communication to support clients' understanding, translating complex information into accessible, meaningful terms.
- Case note and document practice clearly and ethically in a timely manner.
- For counsellors – provide therapeutic counselling and support options grounded in evidence-based theories and models (described in our practice approaches).



Attitudes & Behaviours

- Respect for client autonomy, dignity, and lived experience.
- Non-judgmental, inclusive, and equitable practice.
- Reflective and ethical practice, awareness of power imbalance, personal values and biases.
- Flexibility and adaptive to diverse client needs and ever-changing systemic environments.
- Approach colleagues and stakeholders with respect, curiosity and professionalism, even in complex or challenging contexts.
- Commitment to ongoing professional development and reflective practice.



Organisational & Professional Capabilities

- Work within CBYC's values, policies, and governance requirements.
- Work autonomously, while escalating cases as required
- Contribute to practice development, service evaluation, and quality improvement.
- Engage in team collaboration, peer support, and reflective practice.
- Maintain professional boundaries and engage in self-care to support safe, sustainable practice.

Practice Approaches

Practice approaches covered

Client-Led Decision Making

Trauma-responsive

Strengths-Based

Person-Centred

Solution-Focused

Client-Led Decision Making

This approach guides conversations around clarifying values, exploring options, identifying supports, acknowledging external factors and assessing practical considerations. In the context of pregnancy decision-making, individuals may experience fear, ambivalence, guilt, shame, pressure or grief alongside clarity and determination. Practitioners support exploration without directing outcomes. Decision-making frameworks aim to reduce decisional conflict and enhance informed choice.

Trauma-Responsive

Trauma-responsive practice assumes trauma exposure is common and emphasises safety, trust, collaboration, empowerment and cultural humility, and we know that these principles support client-led decision making, healing and recovery. We avoid invasive questioning and provide choice wherever possible in our work with pregnant people and work with people at their own pace in a way that empowers as much as possible.

Strengths-Based

A strengths-based approach recognises that every person navigating pregnancy options brings existing capacities, wisdom, survival strategies and relational resources to their situation. We are consciously shifting away from deficit-based assumptions such as vulnerability, crisis or incapacity, and instead we recognise and reframe towards the courage, thoughtfulness and agency often present in seeking support.

Person-Centred

Our approach is grounded in empathy, congruence, and unconditional positive regard. We are attuned to each person's lived reality, responding without judgement or hidden agenda, with authenticity and emotional presence. We practice with flexibility and adaptability, centring choice and restoring dignity and agency in decision-making. This creates a space where people feel heard, respected, and accepted. We strengthen self-trust, reduce stigma, and support autonomous, values-aligned decision-making.

Solution-Focused

We use solution-focused techniques to help clients imagine their preferred future and identify practical steps toward that outcome, focusing on what is possible while acknowledging the barriers and challenges present. In the context of reproductive options, this approach highlights the resources, strengths, and supports clients already have, enabling them to make informed decisions even when time or circumstances are limited.

Practice approaches covered

Attachment Theory and Developmental Awareness

Culturally Humble Practice

Neuro-Affirming Practice

Narrative Practice

Values-Centred Practice

Evidence-Informed

Attachment Theory and Developmental Awareness

We understand that attachment experiences have informed how individuals conceptualise relationships, safety, trust, and autonomy, and how this can affect reproductive choice decision-making. We consider the developmental stage, immediate relational contexts, and possible disruptions in attachment in our service delivery, while being aware of the potential for dependency, sensitivity to power imbalance, fear of abandonment, or a need to connect. Our care sensitively considers the person and their experience of relationships, taking into account their developmental stage and agency, without making assumptions about their capacity, readiness, or motivation.

Culturally Humble Practice

Cultural humility is our commitment to lifelong learning, recognising that understanding and respect for diverse cultures are ongoing processes rather than fixed knowledge or skills. It also requires actively addressing power imbalances in relationships and advocating for systemic accountability to ensure services are equitable, respectful, and culturally safe for all people.

Neuro-Affirming Practice

We recognise neurodiversity as a natural and valuable form of human variation, appreciating that each person processes information, emotion, and sensory input differently. In practice, we endeavour to adapt our communication style, pacing, and the sensory environment to meet individual needs, ensuring that support feels welcoming and safe, and is accessible, inclusive, and empowering for all people.

Narrative Practice

Narrative approaches externalise problems and separate identity from stigma, allowing individuals to view challenges such as abortion-related stigma as external to their sense of self rather than intrinsic to who they are. Narrative reframing helps clients explore their experiences, construct their own meaning, and reclaim agency in telling their own story, fostering empowerment, clarity, and self-compassion.

Values-Centred Practice

Values-centred practice supports people to identify, explore and connect with what matters most to them. Used not only in decision-making, it strengthens self-awareness, supports emotional processing, and guides actions that align with personal values. This approach promotes autonomy, meaning-making, and a sense of integrity in how people navigate their experiences.

Evidence-Informed

We are committed to delivering care informed by the latest research and best practice, ensuring that every person receives safe, respectful, and evidence-based support. Our practice is guided by the WHO Abortion Care Guidelines (2022), RANZCOG standards, and ANROWS Trauma- and Violence-Informed Framework (2015), helping us provide consistent, high-quality care that prioritises autonomy and wellbeing.

Practice approaches covered

Intersectional Feminist Practice

Relational/Collaborative

Grief, Loss, and Bereavement-Aware

Intersectional Feminist Practice

Intersectional feminist practice within the context of reproductive health and pregnancy options requires explicit recognition of the historical criminalisation of abortion across states and territories, and the inconsistent implementation of decriminalisation reforms. Although abortion has now been decriminalised nationally, access remains culturally, geographically, and financially inequitable.

Intersectional feminist practice also recognises that pregnancy experiences and access to care are shaped by systemic inequities, including gendered violence, racism, ableism, poverty, geography, and migration status. We explicitly acknowledge how these inequities impact people's safety, autonomy and access.

Our intersectional feminist practice in action is:

- Actively identifying structural barriers in assessment conversations.
- Providing practical assistance pathways (financial support, travel coordination, referral navigation).
- Advocating systemically when barriers are identified.
- Recognising that 'choice' exists within constraints shaped by patriarchy, capitalism, racism and ableism.

Relational/Collaborative

Relationships are co-created, recognising that trust, understanding, and meaning emerge through collaboration between practitioner and client rather than being directed solely by the practitioner. Power is shared transparently, ensuring clients are fully informed, empowered in their decisions, and able to exercise autonomy throughout their care. We also understand the importance of relationships and collaboration across our service system and are committed to building and maintaining strong relationships to deliver the best possible responses to people accessing our service.

Grief, Loss, and Bereavement-Aware

We acknowledge that experiences of pregnancy decision-making, abortion, and complex pregnancy circumstances may involve layers of grief that are not always visible, socially recognised or supported. We recognise that people may grieve losses that are minimised, politicised or stigmatised by others, including the loss of a hoped-for future, a relationship, a sense of timing, identity, or imagined parenthood. Emotional responses to abortion or other pregnancy outcomes are diverse and may include relief, sadness, ambivalence, empowerment, regret, peace, or a shifting combination of these feelings over time. Our practice does not pathologise or impose narratives or judgements of trauma or resilience. We create space for individuals to define the meaning of their experience in their own words. We support rituals, reflection, storytelling, and acknowledgement, where desired, and we remain attentive to the cultural, spiritual, and relational intersections of grief.

Practice approaches covered

Shame-Aware and Compassion-Focused

Reflective Practice

Shame-Aware and Compassion-Focused

We recognise that shame is a powerful and often silencing force within pregnancy decision-making and abortion experiences, shaped not only by personal history but by social stigma, moral judgement and cultural narratives about gender and motherhood. We understand shame as an emotion rooted in fear of disconnection and unworthiness, and we respond by fostering empathy, normalisation and self-compassion rather than correction or reassurance. Shame-aware practice involves listening for implicit self-criticism, harsh internal narratives and fears of judgement, and gently bringing these into the light within a safe relational space. We avoid colluding with stigma or minimising emotional experience, and we validate complexity and reinforce dignity. Compassion-focused approaches help clients develop a kinder internal stance toward themselves, particularly when self-blame or moral conflict is present. By strengthening self-compassion and relational safety, we reduce isolation and help individuals integrate their experiences without it becoming a defining story of inadequacy or failure.

Reflective Practice

We engage in structured, regular reflection and supervision to curiously examine our use of power, personal values, cultural positioning and unconscious biases, and how these shape our interactions, assessments and decision-making. Through reflective conversations, case reviews, and accountability processes, we actively identify blind spots, repair relational ruptures, and strengthen our capacity to practice in accordance with our values and practice capabilities. The ongoing commitment to this practice ensures we remain ethically accountable, transparent in our reasoning, and continually evolving, while keeping the autonomy, safety, and lived experience of the people we support at the centre of our work.



Our Domains of Work

Six interconnected domains guide a client's journey. Support is never strictly linear — people may enter at any point, return, or move between domains as their needs change.

PHASE 1 · INFORM & ASSESS



All Pregnancy Options Information

Accurate, non-biased information on parenting, abortion, adoption and alternative care — with a holistic psychosocial needs assessment and a customised pathway plan.



PHASE 2 · SUPPORT



Pathways Navigation and Advocacy

Coordination of ongoing appointments, liaising with external providers of medical and/or social care, and providing ongoing emotional support.



Decision-Making Support

Up to two 30-minute non-directive sessions to reflect, explore ambivalence, screen for coercion and strengthen autonomy.



Decision-Making Counselling

Deeper therapeutic exploration of thoughts, values and context — holding space for uncertainty without directing the outcome.



PHASE 3 · REFLECT



Post-Decision Counselling

Ongoing support after a decision is made — reflecting on the choice, planning next steps and navigating emotions.



Post-Abortion Counselling

A compassionate space to process grief, relief, ambivalence or shame, centring self-compassion and meaning-making.

**All Pregnancy
Options
Information**

We provide accurate, non-biased information regarding parenting, abortion, adoption, and alternative care arrangements — summarising what each option may look like, dependent on the client's location and gestation. If the client has chosen abortion, a customised abortion pathway plan is formulated and communicated in the way most appropriate for them. As part of this process, holistic assessments are made of the client's psychosocial presentation, including thorough risk and safety assessments, with appropriate referrals to support any vulnerabilities.

**Pathways Navigation
& Advocacy**

Where the need is identified, we work alongside clients to assist in coordinating ongoing appointments, liaise with external providers of medical and/or social care, and provide ongoing emotional support as clients navigate their pregnancy options. This can also include addressing financial, systemic, or logistical barriers — and is available at any point in a client's journey, not only as a standalone domain.

**Decision-Making
Support (POT)**

The Pregnancy Options Team offers up to two 30-minute sessions to support clients to explore their pregnancy options in more detail. While not therapeutic counselling, these sessions are a safe, supportive, and non-directive place to reflect and be heard. We gently explore ambivalence, assess for any coercion or external pressure, and focus on strengthening personal autonomy so each person can make the choice that feels right for them.

**Decision-
Making
Counselling**

We support clients to deeply explore their thoughts, feelings, values, and context, to reach an informed, autonomous choice. We unpack ambivalence, gently challenge incongruence or normalised coercion, and use future-focused exploration to help clients visualise what each option may look and feel like. We scaffold internal and external supports, centre the client's voice, and hold space for uncertainty — including when no option feels ideal — without directing decisions or outcomes.

**Post-Decision
Counselling**

We offer ongoing support after a decision has been made, ensuring clients feel heard, validated, and informed about what might come next. This includes helping them integrate their choice into their life, plan practical steps, and navigate any emotions that arise along the way.

**Post-Abortion
Counselling**

We provide a compassionate space for clients to process the full range of emotional responses following abortion — including grief, relief, ambivalence, shame, and guilt. We acknowledge and sit with disenfranchised grief, support meaning-making, and normalise shifts in identity and worldview. We centre self-compassion, affirm the validity of the client's decision, and explore future relationships, family, and life direction — empowering clients to integrate their experience and move forward in alignment with their values.

Review & Guiding Sources



Review & Evaluation

The framework is reviewed annually. Evaluation includes client feedback, outcome measures, supervision themes and sector developments. Continuous improvement ensures alignment with emerging evidence and legislative reform.

INTERNATIONAL GUIDING SOURCES

Bowlby, J. (1969). Attachment and loss: Vol. 1. Attachment. London: Hogarth Press.

Brown, B. (2012). Daring greatly. London: Penguin.

Crenshaw, K. (1989). Demarginalising the intersection of race and sex. University of Chicago Legal Forum.

de Shazer, S. (1985). Keys to solution in brief therapy. New York: Norton.

Doka, K. J. (2002). Disenfranchised grief. Champaign, IL: Research Press.

Fook, J., & Gardner, F. (2007). Practising critical reflection. Maidenhead, UK: Open University Press.

Gilbert, P. (2009). The compassionate mind. London: Constable & Robinson.

Hayes, S., Strosahl, K., & Wilson, K. (2006). Acceptance and commitment therapy (2nd ed.). New York: Guilford Press.

O'Connor, A. M., Stacey, D., & Légaré, F. (2003). Decision aids for people facing health treatment or screening decisions. Cochrane Database of Systematic Reviews.

Planned Parenthood. (n.d.). Abortion and reproductive health resources. New York: Planned Parenthood. <https://www.plannedparenthood.org>

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology.

Ross, L., & Solinger, R. (2017). Reproductive justice: An introduction. Oakland, CA: University of California Press.

SAMHSA. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville, MD: SAMHSA.

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence. Journal of Health Care for the Poor and Underserved.

White, M., & Epston, D. (1990). Narrative means to therapeutic ends. New York: Norton.

World Health Organisation. (2022). Abortion care guideline. Geneva: WHO. <https://www.who.int/publications/i/item/9789240049483>

AUSTRALIAN SOURCES

In-person Co-design Workshops with Children by Choice team and facilitated by Work Within AU Pty Ltd

Children by Choice. (n.d.). Counselling and pregnancy options, practice resources, and past frameworks. Brisbane, QLD. <https://www.childrenbychoice.org.au>

ANROWS. (2015). Trauma-informed care in practice: National framework and guidelines. Sydney: ANROWS. <https://www.anrows.org.au>

Family Planning NSW. (n.d.). Reproductive health and abortion care resources. Sydney, NSW. <https://www.fpnsw.org.au>

Marie Stopes Australia / MSI Australia. (2023). Abortion access and telehealth service provision in Australia. Melbourne, VIC. <https://www.msiaustralia.org.au>

RANZCOG. (2023). Abortion care guidelines. Melbourne, VIC. <https://www.ranzcog.edu.au>

SHINE SA. (n.d.). Reproductive and sexual health resources. Adelaide, SA. <https://www.shinesa.org.au>

Tarzia, L., & Hegarty, K. (2021). Reproductive coercion and abuse: Australian research, practice, and policy. Trauma, Violence, & Abuse. <https://doi.org/10.1177/1524838020917341>

True Relationships & Reproductive Health. (n.d.). Pregnancy options and abortion counselling resources. Brisbane, QLD. <https://www.true.org.au>



***Our mission is to advance equitable
access to compassionate abortion care
through advocacy, client-centred
support, and systems change.***

CHILDREN BY CHOICE

COUNSELLING LINE

1800 177 725

WEB

childrenbychoice.org.au

LOCATION

Meanjin · Brisbane