

24 June 2016

Inquiry Secretary,
HCDSDFVP Committee
Parliament House, Brisbane 4000
abortionlawreform@parliament.qld.gov.au

Re: The Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016

As a researcher and an advocate for women and girls who have experienced domestic violence and sexual assault, I strongly support the Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016.

Sexual assault is common in domestically violent relationships and pregnancy is also common in such cases. Women and girls have no choices in these situations and perpetrators purposely impregnate women to control them, making them dependent on the abuser (Centre for Impact Research, 2000). When women escape these situations current legislation on domestic violence and family law does not protect them or the children and they are subject to continuous violence through shared care (Evans, 2007). Pregnancy makes women more vulnerable to violence and it is reported that violence escalates during this period (Taft, 2002). Research has revealed violence towards women during pregnancy is the cause of children being born with brain damage, mental illness and other psychological problems, as well as physical deformities and still births (Levendosky, 2014; Webster et al., 1996). Economic abuse is a major component of domestic violence, where woman are left having to care and provide for children as well as the perpetrator (Adams et al, 2008). It is unfair and unjust that women are forced to go through an unwanted pregnancy and then have to be sole provider for a child who has brain and physical defects.

Women and especially teenage girls, with no life skills or education or job skills, who have been impregnated by dangerous criminals and drug addicts, need to have the choice to terminate their pregnancy if they want. There is a myth amongst anti-abortionists that violent men with drug and alcohol problems and criminal behaviours will change when the child is born. This is not true and research strongly demonstrates that violence escalates and can result in death (Mouzos & Makkai, 2004; Radford & Hester, 2006; Taft, 2002).

Forcing a woman or girl to have a child that has been conceived through a traumatising experience is out right cruel and shows lack of empathy or respect for women. It demonstrates that women are still being perceived as chattel. Denying women the right to choose is another form of systemic violence against women. Changing the law and decriminalising abortion is a step forward to emancipating women and combating sexism within our society.

Furthermore, we have already seen the negative psychological impacts forced adoption has had on women (Commonwealth of Australia, 2012).

It has also been pointed out that contraception is not 100 per cent fail proof. Women and couples who find themselves in a situation where they have an unplanned pregnancy should have the right to choose whether to terminate the pregnancy or not.

Also serious birth defects are not distinguishable until the second trimester of pregnancy. Some are not clearly distinguishable until the third trimester. Forcing couples to continue a pregnancy when the foetus has serious birth defects and is not going to survive anyway is also a severe act of cruelty towards the parents, and particularly the mother.

Since this Bill was introduced there has been ridiculous propaganda being spread about women being able to have an abortion when nine months pregnant. This propaganda denigrates women and depicts them as stupid imbecilic animals with no conscience and not having the intelligence to make informed decisions and being devoid of human feelings. This is the same way women were portrayed when they demanded the right to vote. It is not ironic that the rights of women or the recognition of women as human beings is missing from anti-abortion arguments as the propaganda is based on misogynist ideals that portray women as inferior and do not matter. As a researcher I have never come across any research literature that describes the ridiculous sadistic behaviours that are said to happen by anti-abortionists. Decriminalising abortion does not mean that doctors will start doing insane acts. Decriminalising abortion will allow women and girls to terminate unwanted pregnancies and pregnancies that have birth defects and allow practitioners to do so without the threat of possible prosecution or having to go to the high court to get permission, as was seen in the 2016 case where a twelve year old Queensland child had to get to permission. In this case the judge stated that the child should have been allowed an abortion and should not have had to go through the court to get permission.

Moreover, the recent introduction of the Zika virus into Australia also needs to be considered. Zika virus can be sexually transmitted by an infected partner. It also causes brain defects in fetuses (Centre for Disease and Control, 2016). Women in this situation should have the right to choose. If the Zika virus did get out of control and abortion remains illegal, there would be major negative psychological impacts as well as negative financial impacts on women, families and the community. With a rapidly diminishing welfare system, who is going to pay and care for children born with severe abnormalities and brain damage, if they survive? Women end up being the sole or primary carers of children. They are the ones that have to bear the financial brunt and also commonly subjected to serious forms of discrimination and abuses if they end up sole mothers.

People who do not want others to have an abortion should not have the right to dictate to those who need one. Abortion should be an individual choice. I do not understand why the beliefs of people claiming to be religious or Christian needs to be considered in the passing of this Bill when so many millions of women and children over the years have consistently been sexually assaulted by clergy and people belonging to religions. For hundreds of years, millions of women and girls were burnt alive, drowned, be-headed, disembowelled, hung and tortured because they were accused of practising witchcraft by religious zealots. In Queensland witchcraft was illegal, until the law was repealed in 2001. Prior this time, herbalists and natural practitioners could have been prosecuted under the Act.

I have spoken to many women about the Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016, and all, conservative and liberal, want to see this Bill passed and want to see Australia move out of the Dark Ages.

References

Adams, Adrienne. E., Cris. M. Sullivan, Deborah Bybee, and Megan. R. Greeson. "Development of the Scale of Economic Abuse." *Violence Against Women* 14, no. 5 (2008): 563-88.

Commonwealth of Australia . Commonwealth Contribution to Former Forced Adoption Policies and Practices Report. 29 February. Parliament of Australia (2012)

Centre for Disease & Prevention. Zika Virus, <http://www.cdc.gov/zika/pregnancy/protect-yourself.html> (2016).

Centre for Impact Research. *Domestic Violence and Birth Control Sabotage*, Centre for Impact Research, Chicago, Illinois (2000).

Evans, Ilsa. "Battle-Scars: Long Term Affects of Prior Domestic Violence." Melbourne: Centre of Women's Studies and Gender Research. Monash University. (2007).

Levendosky in Pedersen, T. Domestic Abuse can harm unborn. (2014). <http://psychcentral.com/news/>

Mouzos, Jenny, and Toni Makkai. "Women's Experiences of Male Violence: Findings from the Australian Component of the International Violence against Women Survey. No.56." Canberra: Australian Institute of Criminology. Australian Government, (2004).

Radford, Lorraine, and Marianne Hester. *Mothering through Domestic Violence*. London: Jessica Kingsley Publishers, (2006).

Taft, Angela. "Violence Against Women in Pregnancy and after Childbirth: Current Knowledge and Issues in Health Care Responses." Australian Domestic & Family Violence Clearinghouse,(2002) <http://www.austdvclearinghouse.unsw.edu.au>

Webster, J., Chandler, J. and Battitusta, D. 'Pregnancy outcomes and health care use: effects of abuse', *American Journal of Obstetrics and Gynecology*, 174, (1996):760-7