

**From:**  
**To:** [abortionlawreform](#)  
**Cc:** [Inala Worker](#)  
**Subject:** Abortion Law Reform Submission  
**Date:** Thursday, 30 June 2016 1:42:41 PM

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**From:** Inala Worker  
**Sent:** Thursday, 30 June 2016 12:29 PM  
**To:** [REDACTED]  
**Subject:** FW: IMPORTANT Abortion Law Reform Submissions

**Submission prepared by Amanda Dearden for the, Communities, Disability Services and Domestic and Family Violence Prevention Committee for the *Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016* June 2016**

I, Amanda Dearden would like to take the the opportunity to provide a personal written submission to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for the *Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016*.

I respectfully submit recommendations relating to specific areas of expertise based on personal experience as well as professional knowledge and experience in providing sexual assault support and prevention services to young women who have been victims of violent crime, specifically sexual offences.

**My background**

I have been a Social Worker for 15 years, graduating from University of Queensland in 2001. I have 15 years history of working with women in Non-Government Community Based services, including Brisbane Rape and Incest Survivors Support Centre, Logan Women's Health, Eating Disorders Resource Centre, Isis- The Eating Issues Centre and Zig Zag Young Women's Resource centre. Throughout these roles I have provided clinical counselling, group work, to women who have required support around reproductive choices, including abortion. I also write from the perspective of a consumer of abortion services, that has faced the difficulties in accessing safe abortion services and appropriate care as a result of the failure of current legislation in Qld.

I also write from personal experience. In 2000 I was raped by a stranger, who was known to the police as a serial rapist, a matter that was immediately reported to police, and led to being treated and forensically examined at the Brisbane Royal Women's Hospital. A morning after pill was administered as part of my treatment, and the perpetrator was later charged and taken to court.

Unfortunately, in my case the batch of morning after pills administered by the hospital at this time failed. Two weeks later, in follow up treatment advised me that I was pregnant as a result of the rape. I was informed that two other women also treated at the hospital at the same time became pregnant also- an important reminder that contraception fails, with devastating consequences for women like myself.

I was faced with a difficult decision, that if I chose to keep the pregnancy, I would be reminded every day of the rape and rapist (who was an African male), whom the child would strongly physically resemble. I was also given information that based on current family law, the perpetrator could seek ongoing contact with me in order to have access to the child, and believed that this would be an ongoing traumatic experience, and jeopardise my safety, putting me at high risk of future sexual assault. I was also informed that under current Qld law, that Abortion was illegal, and only possible where assessed as necessary to preserve my own life or mental health, which was a grey area of law, so the hospital was not able to support me in seeking a termination. The telephone counselling I received from a Christian organisation at this time, led to being informed that termination was a sin and that I would go to hell if I pursued this option- as a Christian at the time, this was deeply distressing. They also refused to give me details of private abortion clinics. It was not until I accessed support from Children by Choice and Family Planning Qld, that I received appropriate referrals and later sought counselling and support to deal with the further trauma caused by the current system for dealing with terminations. I terminated the pregnancy, and focused on pursuing my studies to become a Social Worker, rather than to parent a child that was a result of rape.

As abortion is not legal, this was not able to be done at the hospital where I was otherwise treated for injuries sustained when sexually assaulted, and the termination was not able to be covered by Medicare. As a struggling and recently traumatised student I had to find the money very quickly to access a private clinic, that operated on a for profit basis. In order to attend this clinic I had to endure the harassment from pro-life protestors, telling me that I was murdering a child on the way in and on the way out, which caused further trauma. This should not be allowed to continue.

### **Submission Details**

I respectfully recommend the *Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016*:

1. Modernises and clarifies the law (without altering current clinical practice), to reflect current community attitudes and expectations; and
2. Provides non-biased (not Christian based) counselling and support services for women.

### **1. The need to modernise and clarify the law (without altering current clinical practice), to reflect current community attitudes and expectations**

*"Attitudes in our society about women require fundamental change"*

Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland Taskforce Report, 2015

The Queensland Government recently made a commitment to changing culture and attitudes in our society about women and integrating effective support services and justice services to address domestic and family violence. Changing legislation such as the *Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016* aligns with that commitment. It shows that the government is actively implementing the recommendations of the Not Now, Not Ever report with a comprehensive understanding of women's needs and the change in attitudes towards women.

Our key points include:

- Abortion is safe and effective.
- A pregnant woman has a right to choose abortion, adoption, or parenting.

- Part of a woman's right to choose is informed consent. Women should be made aware of all options without judgement or bias. Information should be accessible, easy to read, and professional interpreter services must be provided for women as required and/or as preferred.
- It is a human right to have safe access to reproductive health.
- No contraception is 100% effective.
- Young women are more likely to encounter unwanted pregnancy and have more barriers to accessing abortion services.
- Incest or rape are not grounds to access a legal abortion under the current law.
- Evidence based reproductive health information should be part of a well implemented 'respectful relationships' education to young people in schools.

## **2. Provision of counselling and support services for women**

Our key points include:

- Unwanted pregnancy can be a result of a sexual assault. Funding and appropriate specialist services to address rape-related pregnancy are essential.
- Unplanned/unwanted pregnancies occur under a variety of situations including complex situations which impact on women's psychosocial wellbeing.
- The intersection of sexual violence and domestic violence indicates that unplanned/unwanted pregnancies often occur in violent relationships. It is imperative that appropriate care including the option of abortion as part of an integrated response is essential to support women who are experiencing domestic violence.
- Some groups of women including young women, women from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander women, women with disabilities, and those living in regional / rural areas have further barriers to accessing appropriate reproductive care. Abortion should be legal, accessible and affordable.
- We support the implementation of Safety Access Zones that make it illegal to harass a person entering a health services that provide abortions. It should be illegal to harass, intimidate, hinder, obstruct or interfere with people accessing an abortion clinic.

Sexual assault has significant impacts on survivors' physical and mental health and include, but are not limited to, physical injury, sexually transmitted infections (STIs), unwanted pregnancy, unsafe abortion, mental health issues including shame, post-traumatic stress, depression and anxiety. Access to appropriate and immediate clinical care, delivered by appropriate accessible services is essential to begin a survivor's physical and emotional healing (Smith et al, 2013).

Rape-related pregnancy may occur with higher prevalence among some subgroups of women seeking abortion than others. Funding and appropriate specialist services to address rape-related pregnancy are essential. (Perry et al., 2016). Abortion clinical care settings should be well trained in sexual assault disclosure and/or provide appropriate accessible referral pathways to support women to make informed choices.

Unintended pregnancy among adolescents is an ongoing issue in populations not just in Australia but around the world. Among other factors, coercive sex and lack of access to and use of

contraception contribute to pregnancy in younger women. Young women face additional challenges in accessing safe abortion care. Often young women do not disclose to parents or know where to seek support. A review of randomized controlled trials and observational studies comparing effectiveness, safety, acceptability, and long-term outcomes of abortion care between adolescent women and older women indicated that abortion is safe and effective among adolescent and young women. It recommended that clinical health services should promote access to safe abortion for adolescent women (Renner, Guzman & Brahmi, 2014).