Submission No. 838
Received 30 June 2016

ENDING VIOLENCE AGAINST WOMEN QUEENSLAND INC.
Peak body for Sexual Violence, Women's Health and Domestic Violence Services

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Submission to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

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

Ending Violence against Women Queensland Inc. (EVAWQ) is the Peak Body for women's services working in the violence against women sector. EVAWQ provides a representative and united voice for Queensland women and children affected by gender-based violence, and the individuals and service agencies that provide specialist support.

The Peak acknowledges that violence is predominantly perpetrated by men against women and children and believes that:

- Violence against women and children is a human rights violation
- Women and children are entitled to a safety response from the community

The Peak is comprised of 34 members and this submission has been developed based on input and endorsement from the Management Committee. Organisational members of the Management Committee include:

- Cairns Regional Domestic Violence Service
- Centre Against Sexual Violence
- Children by Choice
- Domestic Violence Resource Service - Mackay and Region
- DVConnect
- Gold Coast Centre Against Sexual Violence Inc.
- Lena Passi Women's Shelter
- North Queensland Combined Women's Services
- North Queensland Domestic Violence Service
- Sera's Women's Shelter
- Sisters Inside
- Working Against Violence Support Service
- Zig Zag Young Women's Resource Centre Inc

EVAWQ strongly supports the passing of the Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016 to decriminalise abortion in Queensland. The peak intends to provide a concise submission with endorsement of EVAWQ member organisation submissions to address service specific aspects of the proposed Bill.

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Reproductive health, unplanned pregnancy and violence

The Committee will be aware of the large evidence base establishing the prevalence of domestic violence in Australia. As well as the other outcomes of domestic violence for women and children, it has a particular reproductive health context.

The relationship between domestic violence and poor reproductive health outcomes is now well established in the literature and research. There is also a well-established link between unplanned pregnancy and intimate partner violence.[1] [2] [3]

The World Health Organization reports that intimate partner violence may lead to a host of negative sexual and reproductive health consequences for women, including unintended and unwanted pregnancy, abortion and unsafe abortion, and pregnancy complications.[4]

Miller and Silverman contend that unintended pregnancies are two to three times more likely to be associated with intimate partner violence than planned pregnancies.[5]

Reproductive coercion may be one mechanism that helps to explain the known association between intimate partner violence and unintended pregnancy. Reproductive coercion refers to a range of male partner pregnancy-controlling behaviours. Recent publications offer the following descriptions of some of these practices of reproductive coercion:[6] [7]

- Birth control sabotage such as throwing away contraception and the intentional breakage of condoms;
- Forced sex;
- Refusal by their partner to use condoms;
- Being threatened with consequences if they use birth control; and
- Prevention from obtaining birth control.

In relationships where reproductive coercion is present, men may exert control over their female partners by the use of physical violence, emotional manipulation, threats of reprisals, social isolation, or financial control. Women with no access to their own finances find it extremely difficult to access contraception, for example, even if they may be in a position to negotiate its use with a controlling partner.

Consequently women in violent relationships have higher rates of poor reproductive health outcomes including unplanned pregnancies and sexually transmitted infections. Where this leads to a pregnancy unwanted by the female partner, there may then be:

- Pressure to carry the pregnancy full term; or

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[1] Baird, K., Creedy, D., and Mitchell, T. (2016). Intimate partner violence and pregnancy intentions: A qualitative study. Journal of Clinical Nursing.
[2] BMC Pregnancy & Childbirth, 2015, Volume 15, Number 1, Page 1
Mirjam Lukasse, Made Laanpere, Helle Karro, Hildur Kristjansdottir, Anne-Mette Schroll, An-Sofie Van Parys, Anne-Marie Wangel, Berit Schei
[3] http://media.aomx.com/anrows.org.au/160324_1.7%20Burden%20of%20Disease%20FINAL.pdf
[4] WHO (2012) 'Understanding and addressing violence against women' – Intimate partner violence
[5] Miller, E. and Silverman, J. (2010). Reproductive Coercion and Partner Violence: Implications for clinical assessment of unintended pregnancy. Expert Reviews: Obstet Gynecol. 5(5), 511-515.
[6] Miller E, Decker M, McCauley H, et al., "Pregnancy coercion, intimate partner violence and unintended pregnancy," Contraception 2010; 81/4/316-322.
[7] Theil de Bocanegra, H. et al (2010). "Birth Control Sabotage and Forced Sex: Experiences Reported by Women in Domestic Violence Shelters" Violence Against Women, 16(5) pp 601-612.

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- Prevention from accessing abortion by such actions such as refusal to provide childcare to allow woman to attend clinic and refusal of money towards the cost.

Access to pregnancy termination in cases of violence

Law

Despite the estimate that almost one in three Australian women will decide to terminate a pregnancy at least once during their lifetime, abortion remains the subject of criminal law in Queensland.[8]

Section 282 of the Queensland Criminal Code, provides a defence to doctors for the provision of surgical and medical treatment where the doctor believes is it necessary to save the woman's life. Case law from 1986 deems abortion lawful under this section if it is performed to prevent serious harm to a woman's mental or physical health, or to save her life. The definition of a lawful termination is open to interpretation and often health system administrators, not clinicians, are making decisions about the perceived impact of abortion on the health and wellbeing of women.

Domestic violence, rape, and incest are regularly not seen as serious enough grounds alone for a legal abortion in Queensland.[9]

The law causes large inequities in access to termination services for women in Queensland. In South Australia, over 95% of terminations are provided through public hospitals, while in 2010 Queensland Health estimated that only around one percent of all terminations in this state were performed in public hospitals and compounded by whether women live in metropolitan or regional areas.

In addition, some public hospitals in Queensland are run by Catholic Health Australia, with government funding. Although these hospitals are part of the public system, they are subject to Catholic Health Australia's Code of Ethics, which stipulates that:[10]

- Patients are not to be provided with abortion services in any circumstance, nor a referral to another service that may provide them with abortion services;
- Patients are not to be provided with contraceptive advice or prescription, even in cases of sexual assault.

Women presenting after sexual assault are not only denied immediate access to emergency contraception; the Guidelines explicitly forbid the provision of information about emergency contraception or a referral to a service which may provide the patient with emergency contraception outside the hospital premises, until 'the likelihood of pregnancy has been excluded'.

Termination access through the public system is therefore somewhat of a postcode lottery, making private termination providers the only option for many women. Procedures offered through private clinics or day surgeries have out-of-pocket costs attached, and these costs have risen sharply over recent years.

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[8] http://www.childrenbychoice.org.au/info-a-resources/facts-and-figures/abortion-in-qld-issues

[9] C de Costa 'Abortion, Queensland, and a law unchanged since 1861' Crikey, 17 February 2010. Available online at http://www.crikey.com.au/2010/02/17/abortion-queensland-and-a-law-unchanged-since-1861/.

[10] http://www.cha.org.au/images/resources/Code%20of%20ethics-full%20copy.pdf

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Cost

The cost of surgical termination procedures has more than quadrupled since 2000 in Queensland. Then, a termination prior to 11 weeks gestation, provided in Brisbane, had an out-of-pocket cost of $120. Now, costs for the same procedure start at around $500. Prices rise after 11 weeks gestation, and are higher again in regional clinics, and can reach as high as $3800 out-of-pocket for women with access to Medicare, depending on gestation and location. Increasing numbers of women experience financial difficulties in raising the fee for a pregnancy termination.

In August 2013, it was announced that mifepristone (also known as RU486) would be listed on the pharmaceutical benefits scheme for use in early medical abortion. It was hoped that this listing, combined the with Therapeutic Goods Administration's decision to licence the drug for prescription by GPs, would increase the availability and affordability of early medication abortion (before 9 weeks gestation). However, the PBS listing has had little to no impact on the cost of medication abortion provided through private clinics, which has a higher out-of-pocket cost than early surgical termination through the same providers; and no public list of GPs prescribing mifepristone is available.

Conclusion

Some populations experience higher risk of poor reproductive health outcomes, including women experiencing violence, Indigenous women, women from non-English speaking backgrounds, regional and remote women, and younger women. If you overlay poverty to any of these risk populations, their access to abortion services is incredibly difficult.

In reality the criminalisation of women seeking abortion creates a two-tiered system of access; women with resources (including money), and information, living in South East Queensland, can access a termination of pregnancy relatively easily. Women experiencing disadvantage, including violence, face hurdles not only of cost and travel, but the added stigma of having to advocate with a confused public health system for their right to control their own reproductive health.

We urge that the committee recommends the passing of the The Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016.

We acknowledge that this is a very contentious area of health however; we trust that the committee will not place undue merit to value based or religious arguments in this enquiry. These arguments and opinions are often presented as fact in an attempt to influence public policy. Health law and regulation should be based on the best available evidence.

We encourage the committee to relay only on accurate up to date evidence based information, which is not misleading or emotive in this enquiry process.