THE ABORTION PROJECT

The Abortion Project Incorporated
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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Submitted online at https://www.aph.gov.au/Parliamentary_Business/Committees/OnlineSubmission

15th December 2022

To Whom It May Concern,

RE: Submission to the Senate Standing Committees on Community Affairs, inquiry on universal access to reproductive healthcare.

The Abortion Project is a pro-abortion organisation running a network of peer support groups for people who have had abortions in Australia. Our objectives are to build a community for people who have had abortions and increase dialogue on abortion care and information. Our expertise lies in peer support and abortion after-care.

We put out a survey to our mailing list, members and followers to answer questions relating to this inquiry and have collated their experiences. Our lens is centred on lived experience, with the pursuit of reproductive healthcare that is consumer-led, compassionate and accessible.

Please find attached a submission to the Senate Standing Committees on Community Affairs, written in direct response to the consultation listed on the committee website.

Universal access to reproductive healthcare is essential. If you have any questions about this submission, or would like more detailed testimonials from our survey, you are welcome to contact us at theabortionproject.wa@gmail.com.

Sincerely,

Sarah Hult and Lily McAuliffe

Co-founders

The Abortion Project Incorporated.

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Submission to the Senate Standing Committees on Community Affairs, inquiry on universal access to reproductive healthcare

Executive Summary

Universal access to sexual and reproductive healthcare includes access to abortion healthcare that is person-centred. Person-centred sexual and reproductive healthcare means care that is individualised, coordinated, enabling, and delivered in a way that is respectful, compassionate, and with dignity.[1] Research has identified two significant areas for improvement in the Australian healthcare system: uncertainty and cost.[2] This research reflects the testimonials we received from a survey sent to our mailing list, members and Instagram followers - highlighting significant improvements that could be made to the cost, information distribution and service provider care in the abortion sector in Australia. We believe increased support should be given to peer-led organisations, abortion doulas and lived-experience support workers, and abortion information distribution to improve peoples experiences of accessing abortion in Australia.

Background

On 28 September 2022, the Senate referred an inquiry into the universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry and report by 31 March 2023.

There is a current consultation listed on the Senate Standing Committees on Community Affairs website, which is open until 11.59 pm AEDT on 15 December 2022. We appreciate the opportunity to provide a submission. This submission is written in response to the Committee Terms of Reference.

We consent to this submission being published on the inquiry website and shared publicly online.

The Abortion Project

The Abortion Project Incorporated (TAP) is a pro-abortion, volunteer-run organisation led by people who have had abortions. We formed in 2021 with the express purpose of building a community of care for people who have had abortions, and using our lived experience to advocate for changes to reproductive healthcare in Australia. This includes advocating for more person-centred care by abortion service providers in Australia.

Recommendations

Universal access to reproductive healthcare is essential. We support this important Inquiry, with the following recommendations:

1. Public funding should pay for all abortions -with no cost to consumers- including non-citizens and people ineligible for Medicare. This should include covering the cost of travel and accommodation, including interstate travel if necessary.
2. Fund abortion peer-led organisations to work in the development of ongoing training for abortion providers to provide more appropriate, safe and informative care underpinned by a lived-experience perspective.
3. Mandate gender-diversity and LGBTQI+ ongoing professional development training for sexual and reproductive healthcare workers, with adequate funding given to the appropriate LGBTQI+ organisations, and
4. Fund abortion peer-led organisations to provide post-abortion care.
5. Fund abortion doulas/lived-experience support workers in clinics to help guide people through the process.
6. Fund a national hotline and an online database for information regarding how and where to access abortions in each state. Both should be available in a range of different languages.
7. Remove gendered language in relation to abortion from government websites, inquiries, legislation and information
8. LGBTQI+ liaison officers should be employed in sexual and reproductive healthcare settings to help LGBTQI+ and intersex people navigate the often discriminatory and poorly educated service providers and staff.

[1] Dawda, Paresh, Tina Janamian and Leanne Wells, “Creating Person-Centred Health Care Value Together” (2022) 216(S10) 3, 3 *Medical Journal of Australia.*
[2] Ibid.

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Terms of Reference Response

The cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas

We had 23 written testimonials from people* who filled out our survey that related to the cost and accessibility of abortions in Australia. People who completed the survey had their abortions in Western Australia (12), Victoria (7), New South Wales (3) and Queensland (1). From the testimonials, the cost of an abortion ranged between $200.00 and $2500.00. Factors such as private health insurance, accessibility to a public clinic, complications in the procedure, numerous mandated doctors appointments and access to Medicare played a part in the variation of cost, with most stating the cost was around $600.00-700.00. The Abortion Project believes this is a significant barrier to universal access.

A testimonial from someone in the Blue Mountains highlights the sparseness of abortion clinics and difficulties with cost:

> "Option to have a timely abortion (medical or surgical) locally was non-existent or very long wait time, going through hospital but many hoops to jump through. No where in the Blue Mountains had immediate access to MS2Step which was the option that was at the time the most cost effective, private, did not require assistance of someone else to take me home from, less time off work etc…I located and had a Telehealth consult with another doctor that I found online, located in North Sydney who was experienced and registered to prescribe. I then located and drove over an hour to a pharmacy to collect prescriptions… ended up needing precautionary surgical procedure to be undertaken anyway a couple of months later. That required travel to North Sydney, 2 hours away. Financially in total it cost over $2,500 (not including travel and time off work) and I have been financially recovering from this outlay and loss of the last of those savings since and this I was almost a year ago". *Charlotte, NSW*

Another example from someone in Queensland highlights the stress when the choice of surgical abortion is taken away, as not everyone wants to undertake, or has the option of undertaking, the medical abortion at home:

> "I live in the Gold Coast Qld and it was so stressful trying to find a clinic. I wanted to have the surgery rather than the medical. The only place I could find was a 3 hour drive away in nsw and my appointment was in the morning so I had to tell my work place what was happening to get time off work as I needed to stay in the town the night before. It cost around $500" *Alex, NSW*

A range of different experiences from people seeking abortions have the common thread of stress surrounding timeliness, lack of options and cost. Here are a few examples of the many that were submitted to us:

> "...The procedure was very costly 938 dollars which would make the surgical option inaccessible to a lot of people and almost did for me I had to empty my savings at 18 to afford this. For it to be so expensive when a lot of people access abortion because they can't afford a child is counterintuitive…" *River, WA*
>
> "The abortion clinic I received my service from was about a 30 minute drive, and I couldn't drive myself so I had to get somebody I trusted to. I paid about $1000 for it as I couldn't put it on insurance, because I couldn't tell my parents. They still don't know". *Juno, WA*
>
> "I went to the Marie Stopes clinic (one of the only ones [the only one?] in Perth) via public transport as I didn't have a car, and it took me over an hour to get there. At the clinic the abortion procedure and insertion of an IUD cost over $1000…." *Rita, WA*
>
> "From NZ, poor student, living pay cheque to pay cheque working in a bar. Got pregnant and didn't have the $600 or so dollars to go to Marie stopes so I went to a clinic an hour out of melb which was cheaper." *Maisie, VIC*

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Recommendation 1: Public funding should pay for all abortions -with no cost to consumers- including non-citizens and people ineligible for Medicare. This should include covering the cost of travel and accommodation, including interstate travel.

Workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals

Person-centred care

There are many forces that shape an individual's approach to, view of and experience of abortion. Our view is that often service providers are not aware of their own assumptions, beliefs and attitudes and how these shape the care they provide, regardless of their position on abortion (for example, pro- or anti-abortion). Best practice in the context of abortion should aim to a) address this through specific training and b) understand that the way someone experiences abortion is subjective and based on their life circumstances.

Providers should undergo training and periodic professional development that aims to build self-awareness of attitudes and behaviours around abortion. We would recommend health workers to complete training such as a Sexual Attitudes Reassessment and Restructuring (SAR) which is a deep level, multi-day, evidence-based training course to understand one's own context and uproot biases.[3] However, research suggests that 'targeting stigma through specific individual level behaviours and values is bound to fail".[4] Only providing professional development options presents surface-level solutions to an incredibly complex social, historical and political context.

LGBTQI+ care and training for health workers and service providers

To counter poor education, ill preparation, ignorance and discrimination, service providers and individual reproductive healthcare workers or support workers should be provided with on-going adequate LGBTQAI+ and intersex training as part of their mandatory requirements for professional development and practicing certificate. See section on experiences of gender diverse and intersex people for testimonials and research regarding this.

Recommendation 2: Fund abortion peer-led organisations to work in the development of ongoing training for abortion providers to provide more appropriate, safe and informative care underpinned by a lived-experience perspective.

Recommendation 3: Mandate gender-diversity and LGBTQI+ ongoing professional development training for sexual and reproductive healthcare workers, with adequate funding given to the appropriate LGBTQI+ organisations.

Best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery

Our survey participants reported negative interactions with service providers. These ranged from feeling judged or shamed, inappropriate comments and behaviours, to being refused treatment altogether.

Our survey highlighted a lack of person-centred, trauma-informed and culturally appropriate care of abortion provision in Australia. Testimonials that described positive interactions with service providers were characterised by access to accurate information, compassionate and patient support from providers and followed up with consumers post-abortion. For example:

"My GP was wonderful, she supported my decision, gave me straightforward, easy to understand information about the process, costs, aftercare etc. And she booked the appointment for me". *Zoe, WA*

[3] *Open Book Project,* 'Deep Dive SAR' (Webpage) < https://www.openbookproject.com.au/deepdivevirtual>.
[4] Erica Millar, 'Abortion stigma as a social process' (2020) 78 *Women's Studies International Forum*.

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However, many people gave testimonials about how they felt dismissed and unsupported by providers. For example:

> "Old male doctor told me in front a waiting room full of patients that he hoped I'd learnt my lesson and that he didn't want to see me there again- I'm not kidding lol". *Maisie, VIC*
>
> "I accessed Marie stopes in midland and the staff were dismissive at best. I was offered no emotional support or kindness. The doctor raised his voice at me in the middle of the clinic and the staff and other patients watched this happen... I would never return to this clinic and I filed a formal complaint with the clinic". *River, WA*
>
> "The surgeon at the clinic I attended.…was an older man, quite arrogant and abrasive and attempted to change my mind on the IUD I had chosen to have inserted during the procedure". *Charlotte, NSW*
>
> "I don't think I received Trauma Informed Care. I felt the doctor at the clinic was very blunt with me and they showed me ultrasound photos even though I'd asked not to see. I was almost 12 weeks by the time I had the abortion. I was seventeen years old in high school and the entire experience was really horrible for me and led to long lasting trauma." *Shelby, VIC*

We recommend that abortion advocates are employed in clinics and hospitals where abortion is provided. This could come in the form of funded abortion doulas, lived-experience peer workers or social workers working alongside consumers and providers. This would allow for more person-centred, trauma-informed and culturally-safe care to be provided. For example, abortion doulas have been employed in abortion clinics, or partnered with abortion clinics through abortion doula collectives throughout the United States.[5] Research suggests that employing abortion doulas facilitates emotional support for the client and the provision of accurate medical information when addressing patient concerns.[6]

Abortion after-care & support

The Abortion Project is an organisation that works specifically in post-abortion care, which is peer-led and is informed by lived-experience; The organisation was founded to address the significant gap in peer-led, post-abortion care gap as part of the broader provision of abortion services in Australia. Generally, consumers are made aware, and at times have access to mental health support services before, during and after abortion - subject to state and territory legislative approaches and funding.

For example, a member of one of our peer support groups highlighted the importance of having peer-support available for people who have had abortions:

> "Before the abortion project I had no space I felt understood or heard regarding my abortion… When I attended my first meeting it was like someone had lifted a weight from my chest, they listened and not with that sad sorry for you face people give you when you open up about it, but a I'm here and I hear you face. It's an amazing organisation with inclusive warm hearted sweethearts and I don't know how I could have started my healing process without it". *Emma*
>
> "Before finding TAP I was in a very dark space. I couldn't talk to anyone I knew about my experience for fear of the shame and guilt. Being able to open to up to others about our shared experience has reminded me that I'm not alone and I don't have to keep my secret hidden. Thank you for making me feel seem and validated." *Darcy*

[5] Shannon Lee, 'Hold My Hand: How Abortion Doula Improve Abortion Care' (2022) 8 *Voices in Bioethics* 1, 3.
[6] Ibid.

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The Abortion Project is firm in our belief that best practice should include other options for services available to consumers, particularly services and programs that build and sustain community, and that cater to the diversity of individuals who access abortion.

Recommendation 4: Fund abortion peer-led organisations to provide post-abortion care.

Recommendation 5: Fund abortion doulas/lived-experience support workers in clinics to help guide people through the process.

Sexual and reproductive health literacy;

Australians do not have access to adequate sexual and reproductive health information that enhances literacy. Abortion is a highly time-sensitive matter, subject to legislative restrictions and generally increases in cost as the gestational stage progresses. Survey participants reported confusion surrounding abortion legislation and information, a detriment to the pursuit of person-centred care.[7] In Australia, there is no national database, website or hotline that provides accurate information about abortion (and other sexual and reproductive healthcare). Some participants also faced barriers such as conscientious objection, which had a negative impact on their ability to access abortion care in a timely and efficient manner.

"The doctor at the early pregnancy clinic came across very judgemental when we breached the topic and pretty much said we don't do that here, you need to see your gp. We went to a gp, for whatever reason he didn't want to treat or help me so referred me to a female colleague. She also was judgmental asking me why I wanted to abort and I actually remember her saying the doctors at Marie stopes might not "allow me" to abort". *Saffy, WA*

"I was told by the doctor that he was pro life and abortion went against his beliefs and did not give out referrals for abortions... The second abortion was far less stressful but the first doctor I tried to book with also cancelled my appointment as they were pro life even though I had stressed to the nurse that I needed a pro choice doctor". *Lola, WA*

Such experiences could be avoided by being directed to an already established pro-abortion GP or provider.

In addition, participants were unsure where to go to access abortion, highlighting the lack of accessibility of information and reproductive health literacy for many people seeking abortions. For example:

"My next 3 were in Perth Wa (2018,2020) where I had previously had the experience of being refused help by a gp and so I was hesitant to contact one. There is no registry to say which gps will help and as I was unemployed I didn't have money to spend finding out. When googling, the only option was Marie stopes, which is expensive. Luckily a friend in sexual health directed me to SHQ where I was directed to a gp who could prescribe me a medical abortion. I think all up it was about 100 dollars. And as I was living in Fremantle it was a lot of travelling to appointments in the cbd and gp in Shenton park. Also not all chemists stock the medication so I had to do a bit of ringing around." *Eddie, NSW, WA*

Relying on word of mouth, as in this case, could lead to further delays, restricted access, and in extreme instances, failure to obtain an abortion. A national hotline, similar to Victoria's 1800myoptions,[8] to provide accurate information about abortion and abortion providers would significantly increase sexual and reproductive health literacy in Australia. Similarly, a national database of pro-abortion, pro-choice providers would empower consumers to access appropriate and compassionate healthcare. Children by Choice (QLD) and 1800myoptions (VIC) both have state-based online databases. We recommend that these hotlines and online databases are nationalised.

[7] Dawda and Janamian and Wells (n1).
[8] *1800 My Options* (Web Page) , <https://www.1800myoptions.org.au/>.

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Recommendation 6: Fund a national hotline and an online database for information regarding how and where to access abortions in each state. Both should be available in a range of different languages.

Experiences of transgender people, non-binary people, and people with variations of sex characteristics accessing sexual and reproductive healthcare

Abortion services, information, legislation and care are currently not safe and inclusive for transgender people, non-binary people and people with variations of sex characteristics. The language, attitudes and behaviours on gender diversity in reproductive healthcare need to change, with adequate funding given to LGBTQI+ health liaison officers and ongoing professional development for sexual and reproductive healthcare workers by the appropriate LGBTQI+ organisations.

Language

Much discourse in Australia on abortion erases the existence of trans-men and non-binary people who have accessed, or need to access, abortion/s. Non-exhaustive examples of non-inclusive language used by the Australian government includes current 2022 *Community Consultation by the Western Australian government n Abortion Legislation in WA* Discussion Paper,[9] the *Health (Miscellaneous Provisions) Act 1911* (WA),[10] the *Termination of Pregnancy Reform Act 2017* (NT),[11] the *Reproductive Health (Access to Terminations) Act 2013* (Tas)[12] and the government Health Direct website.[13]

"As a non-binary person seeking an abortion, I was often misgendered - there wasn't an option to provide my non-binary gender, so I had to write my pronouns on the form myself, and it was ignored anyway. It would also have been helpful if the language used wasn't gendered. There was initial miscommunication between my doctors and I kept being referred to as a "mother". This, on top of the experience being difficult in itself, caused significant distress and impacted my memory and comprehension. If my partner wasn't there I don't think I would have known how to proceed with the steps of the medical abortion". *Josie, WA*

Attitudes

Transgender men and non-binary people face barriers when accessing reproductive healthcare, with many healthcare providers and staff who are both poorly educated and ill-prepared to provide inclusive care.[14]Some healthcare providers and staff are discriminatory, and their attitudes and values may lead to further stigmatisation of the person seeking care.[15] For example, one person from our survey stated that:

"I am non binary/intersex and during my third abortion experience the prescribing doctor was insensitive to these issues. She was quite conservative and didn't respect my refusal to answer certain questions or refusal of certain aspects of care". *Daisy, VIC*

To further protect the rights of transgender and non-binary people within the reproductive healthcare system. At least one LGBTQI+ liaison officer should be funded in each abortion clinic, using a similar model to the LGBTQI+ liaison officers within the Victorian Police Force.[16]

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[9] Department of Health Western Australia, 'Abortion Legislation - Proposal for reform in Western Australia' (Discussion Paper, Public Health Regulation Directorate, 18 November 2022).

[10] s 334.

[11] s 9-11, 13.

[12] s 4-8.

[13] *Abortion* (Web Page, March 2021), <https://www.healthdirect.gov.au/abortion#what>.

[14] Julia D Sbragia and Beth Vottero, 'Experiences of transgender men in seeking gynecological and reproductive health care: a qualitative systematic review protocol' (2019) 17(8) *JBI Database of Systematic Reviews and Implementation Reports.*

[15] Ibid.

[16] *LGBTIQ+ liaison officers* (Web Page, 2 September 2022) <https://www.police.vic.gov.au/LGBTIQ-liaison-officers>.

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Recommendation 7: Remove gendered language in relation to abortion from government websites, inquiries, legislation and information.

Recommendation 8: LGBTQI+ liaison officers should be employed in sexual and reproductive healthcare settings to help LGBTQI+ and intersex people navigate the often discriminatory and poorly educated service providers and staff.

Thank you to everyone who completed our survey and shared their experience of abortion across Australia with us. A special mention and thanks to Hanna and Mary-Kate for their feedback and editing.

We look forward to seeing changes to the way abortion is provided Australia-wide.

Abortion is an act of love.