

**Introduction**

**National Collective of Independent Women’s Refuges (NCIWR) supports the Government’s intention to treat abortion as a health issue in legislation. We support women’s rights to choose the timing, spacing and number of pregnancies, and know the links between women’s abilities to access safe and legal abortion services and gender equity.**

**There have been significant changes in the way health care is delivered over the past four decades, including new methods and approaches to abortion provision. There is no evidence that a change in legal status would increase abortion rates; this has not happened in other countries and states where laws have been updated.**[[1]](#footnote-1) **A modern legal framework which treats abortion as a health issue will allow services to be focused on the health needs of women and provision to be aligned with best practice standards.**

**Background**

NCIWR understands the significant links between intimate partner violence (IPV) and poor sexual and reproductive health outcomes. IPV and women’s accordant fear of partners’ violence can lead to women’s decreased fertility control, for example in relation to condom negotiation[[2]](#footnote-2) and contraceptive use.[[3]](#footnote-3) Women may also have their reproductive autonomy directly undermined by abusive partners who force pregnancy and sabotage contraceptive methods as a form of control.[[4]](#footnote-4) Women who are victims of IPV are more likely to experience an unintended pregnancy,[[5]](#footnote-5) and to terminate a pregnancy, with one study reporting a 2.5 times increased likelihood of termination of pregnancy.[[6]](#footnote-6)

The current statutory grounds for lawful abortion, and the certification process in place to comply with the grounds, impact the abortion care that women receive. The certification process is a significant cause of unnecessary delays for women seeking an abortion. These delays can result in abortions being performed at a later gestational age, which is contrary to best practice standards and can also cause considerable stress to women and potentially put her safety at risk if her partner is abusive.

*“Abortion is safer the sooner it is done. Services should be able to meet the local demand for abortion so that women can have their abortion at the earliest possible gestation and as close to home as possible”* – The Royal [UK] College of Obstetricians and Gynaecologists

Delays affect women in a disproportionate manner and limit equity, access and choice for abortion care. Women who have to travel long distances to providers, women with few resources and women who experience other barriers to health care are impacted more significantly. For NCIWR clients, these barriers are significant as abusers often monitor their every move and control their access to finances and household necessities, including transport.

Modernised laws, as well as increased availability of medical abortion has contributed to more safe abortions and a lower global maternal mortality rate, including by homicide. Research has evidenced that men’s violence towards women can worsen during pregnancy or post birth.[[7]](#footnote-7) One study also evidenced that, if a woman is abused during pregnancy, the risk of her becoming a victim of attempted or completed femicide increases three-fold.[[8]](#footnote-8)

Moreover, pregnancy outcomes for women whose partners are abusive, or for women who otherwise do not want or are unhappy about the pregnancy, are also largely worse, including experiencing a higher proportion of miscarriage, stillbirth, preterm labour, low birth weight and foetal injury, and other complications and adverse mental and physical health consequences for the mother.[[9]](#footnote-9)

Abortion is common and safe. For example, abortion is considered significantly safer than childbirth,[[10]](#footnote-10) and could be life saving for women, and protect her safety and autonomy, including for those who are clients of Women’s Refuge. As one participant (who survived horrendous abuse) in our recent research on reproductive coercion commented:

“I would have had more options to leave or seek help if I had not been constantly pregnant and breastfeeding.”[[11]](#footnote-11)

Documents published by the WHO,[[12]](#footnote-12) The Royal College of Obstetricians and Gynaecologists[[13]](#footnote-13) and the National Academies of Science, Engineering and Medicine[[14]](#footnote-14) in the United States all state that abortions can be carried out in community/primary care clinics. For early medical abortions, it has been clearly established that the second pill, misoprostol, can be taken by the woman at home.

**Recommendations**

1. **Abortion should be removed from the Crimes Act. There should not be statutory grounds for abortion.**
2. **Abortion should be provided with a woman’s informed consent. There should not be a certification process. Abortion should be a health care issue between a woman and a qualified health practitioner.**
3. **As a health issue, abortion should be overseen, regulated and funded through the Ministry of Health. Oversight, funding and administration of abortion provision should no longer be the responsibility of the Ministry of Justice.**
4. **Abortion services should be safe, accessible and meet the needs of communities. Abortion should be regulated in a way which allows health practitioners to follow international best practice in abortion care.**
5. **Abortions should be provided by suitably qualified health professionals. Regulations, professional standards and guidelines - and disciplinary processes – are already in place for overseeing how health professionals practise.**
6. **For abortions at a late gestational age, there should be consideration for all the relevant medical circumstances, as well as the woman’s current and future physical, psychological and social circumstances.**
7. **If new legislation maintains that a health practitioner can object to providing abortion services and information because of moral beliefs, there must be a requirement that the health practitioner make a direct referral to a provider who can help.**
8. **Law should not require abortions to be provided in hospitals or specially licensed facilities. Most abortions can be provided through community health care clinics, and medical abortion pills can be safely taken at home once women have been provided the information and support they need.**
9. **A statutory requirement for mandatory counselling for abortion should not be introduced, and counselling should remain optional. Free pre and post-abortion counselling services should be accessible and available as an option to all women considering abortion.**
10. **No other statutory requirements that restrict and delay access to abortion services (eg. waiting periods or parental notification) should be introduced through new legislation.**

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