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Submission Cover Sheet

Inquiry into Abortion and reproductive choice in the ACT

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Women with Disabilities ACT and Advocacy for Inclusion

Inquiry into abortion and reproductive choice in the ACT

Joint submission

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Women with Disabilities ACT and Advocacy for Inclusion acknowledges and pays respect to the Ngunnawal peoples, the traditional custodians of the ACT Region, on whose land our office is located. We pay our respects their Elders past, present and emerging. We acknowledge their spiritual, social, historical and ongoing connection to these lands and the contribution they make to the life of the Australian Capital Territory.

About Women with Disabilities ACT

WWDACT is a systemic advocacy and peer support organisation for women, girls, feminine identifying and non-binary people with disability in the ACT region. Established in 1995, WWDACT follows a human rights philosophy, based on the [Convention on the Rights of Persons with Disabilities \(CRPD\)](#) and the [Convention on the Elimination of \(All Forms Of\) Discrimination Against Women \(CEDAW\)](#). It works with government and non-government organisations to improve the status and lives of women* with disabilities in the ACT and surrounding region. Our priority areas include: equity, health, violence prevention, environmental safety and housing.

WWDACT has a close association with Women With Disabilities Australia (WWDA), the peak organisation for women* with all types of disabilities in Australia.

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About Advocacy for Inclusion

Advocacy for Inclusion incorporating People with Disabilities ACT¹ is a leading independent organisation delivering reputable national systemic advocacy informed by our extensive experience in individual advocacy and community and government consultation. We provide dedicated individual and self-advocacy services, training, information and resources in the ACT.

As a Disabled People's Organisation, the majority of our organisation, including our Board of Management, staff and members, are people with disabilities. Advocacy for Inclusion speaks with the authority of lived experience. It is strongly committed to advancing opportunities for the insights, experiences and opinions of people with disabilities to be heard and acknowledged.

Advocacy for Inclusion operates under a human rights framework. We uphold the principles of the United Nations Convention on the Rights of Persons with Disabilities and strive to promote and advance the human rights and inclusion of people with disabilities in the community. Advocacy for Inclusion is a declared public authority under the Human Rights Act 2004.

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¹ On March 24, 2021, Advocacy for Inclusion (AFI) officially merged with People with Disabilities ACT (PWDACT), a systemic advocacy organisation based in the ACT. Herein, reference to 'AFI' also acknowledges the values and philosophies of PWDACT

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Introduction

Women with Disabilities ACT (WWDACT) and Advocacy for Inclusion (AFI) are pleased to be making a joint submission to the *inquiry into abortion and reproductive choice in the ACT*. Access to healthcare and bodily autonomy are human rights; equitable access to abortion and reproductive health care for women* with disabilities² is part of achieving these rights in the ACT.

Women throughout this submission refers to women, girls, nonbinary and feminine identifying people.

Our main priorities for the Inquiry are the enactment of strict safeguards to support women* with disabilities to make decisions about terminations free from coercion and abuse. Allied to this we identify the need to ensure barrier free access to clinics for abortion and reproductive healthcare, access to transport and access to medications. We are conscious that there are tensions between expanding access and managing the risk of coercion and these need to be well managed. We are also keen for discussions around reproductive choices to be framed in ways that do not stigmatise people with disability.

Background

Women* with disabilities face many barriers when accessing or attempting to access safe and accessible abortion services. Including cost, availability of accessible services, transport, covid safety, medical model of disability, and the intersection of ableism and sexism. Access to health care, especially for women, is a priority identified by WWDACT, AFI and the ACT Government for action through the Disability Health Strategy.

Many of the issues identified as broad barriers in accessing healthcare for people with disability, like cost, diagnostic overshadowing, accessibility and attitudinal issues, also effect access to reproductive healthcare.

Cost is a significant barrier to access to health care for women with disabilities, especially in the ACT. Research by the Australian Institute of Health and Welfare has found that the ACT has the highest percentage (69.3%) of patients with out-of-pocket costs for Medicare services outside of hospital; as well as the highest percentage (63.7%) of patients with out-of-pocket costs for GP services³.

WWDACT and AFI therefore welcome the ACT Government announcement that abortion will be free to access in the ACT.

² Women* refers to women, girls, nonbinary and feminine identifying people

³ Australian Institute of Health and Welfare, Healthy Communities: Patients' out-of-pocket spending on Medicare services, 2016-17, Australian Government, 16 August 2018.

Key priorities

Supported, decision making, safeguards and freedom from coercion

Women* have the right to choose and are the only people entitled to make decisions about their own bodies.

WWDACT and AFI support the rights of women* with disability to exercise bodily autonomy and to choose terminations in the same way that all women should be free to choose.

We oppose circumstances, requirements or controls that would prevent women with disability from accessing reproductive health care and also from exercising genuine choice and control over their bodies. We oppose the use of substitute decision making in this area – the presumption should be that all women with disability are able to make these decisions and they should occur free from coercion and abuse. Supportive decision making should be the default in these matters.

Likewise, we also urge safeguards and actions to ensure that women are not coerced to undergo reproductive procedures in the ACT.

Reproductive coercion is a form of gender-based violence. In Australia, women* with disabilities are 40% more likely to experience abuse than women without disabilities⁴. They are also more likely to violence from their caregivers, family, friends, institutions and medical professionals.

Women* with disabilities are more likely to experience coercion in reproductive decisions under the guise of legitimate medical care and concern for the parent and the child. Due to stigma and the lack of awareness of the rights of women* with disabilities, women* with disabilities are sometimes not supported to understand their options, and may be coerced to abort by caregivers, medical professionals, family and friends. This is a form of social control and is a violation of their rights under the *UN Conventions of the Rights of Persons with Disability* (CRPD) of which Australia is a signatory.

Our members have reported that often, when accessing healthcare with their support workers or carers, their healthcare professional has listened to the support worker or caregiver over the wishes of the woman with disability. WWDACT and AFI are concerned that this, combined with coercion, could create a scenario that restricts the autonomy of the woman* with disability. Moreover, legal control that guardians and caregivers can have over people with significant disabilities can result in further reproductive rights violations.

However, women* with disabilities also have the right to choose not to abort. Women* with disabilities have the right to bear children and be parents under the CRPD and their choice to do so should be equally supported by medical professionals. Safeguards should be put in place to ensure that the decision to abort or not is made with informed consent and free from coercion and abuse. Decision making capacity should be assumed in these areas and supported, rather than substitute, decision making should be the default.

⁴ [WWDACT Position Statement 1 - Prevention of Violence](#)

This also requires responses and cultural changes to Children, Youth and Protective Services.

Barriers, access and availability

Just as women* with disabilities should be free from coercion they should also be free from barriers, access constraints and a lack of available services and options which constrain choice. We offer a number of steps to address these issues and improve access.

1. Better access to counselling

WWDACT and AFI supports wider availability of consultations / counselling for women* who may experience transport and other barriers.

For instance, consideration should be given to providing initial non directive abortion counselling at walk in centres to allow further access to those who are unable to directly access a clinic. This should include accessible spaces along the lines of the access and sensory clinic.

This would also respond to other issues. For instance, women with disabilities experiencing intimate partner/carer abuse may not have the privacy in their own homes to converse with doctors or practitioners via Telehealth without drawing the attention of their abuser. They may also be in congregate housing. Similarly, making appointments may be challenging as their schedules may be highly scrutinised by their abuser. Walk in centres are an ideal location to trial expansion of non-directive pregnancy counselling and abortion services. They are widely located across the ACT, accessible and accessible by public transport. Their generalised function and services mean they can be accessed without arousing suspicion from partner or abuser.

2. Better access to medical care

We note that advocates for reproductive and abortion rights, including the Marie Stopes Foundation⁵, recommend a series of actions to ensure that abortion is fully decriminalised and accessible. These include widening the groups of practitioners and prescribers who can give abortions, ensuring support people are not criminalised and clearly describing the circumstances where Doctors can object to procedures. We support consideration of these actions to support women* with disability who may face transport, accessibility and cost barriers. Both of the ACT's clinics are based in Civic – travel is difficult, expensive and unsafe during COVID.

We also note that broadening access needs to occur in tandem with good safeguards including the use of supported decision making.

3. Better transport to medical care

People with disabilities often have greater difficulty accessing places they need to⁶. Many of our clients and members struggle to access health care due to the cost and unavailability of public transport or community transport. For many people with disabilities

⁵ <https://www.mariestopes.org.au/advocacy-policy/abortion-access-scorecard-australia/>

⁶ <https://www.act.gov.au/wellbeing/explore-overall-wellbeing/access-and-connectivity-domain/transport-use-and-access>

accessing health care involves significant planning, time and money. This issue is sharpened when attempting to access a specialised support like reproductive health care. According to the Australian Government HealthDirect website, there are only three obstetrics and gynaecology offices in the ACT that list themselves as both bulk billing and wheelchair accessible⁷. All clinics should be accessible and there should be more bulk billing clinics.

There are two major ACT based providers of abortion health care - SHFPACT and Marie Stopes ACT both of which are based in Civic. Travelling to the city presents a significant barrier to access for people with disabilities, especially for those who require in person appointments. In addition to the two appointments needed to be prescribed abortifacient medications, a blood test and ultrasound is also needed. These tests require travel, and with-it additional time, planning and costs. There may be additional trips and procedures for women* with chronic illness or impairment.

The disability community has made a number of recommendations to address the costs of transport which should be prioritised as part of efforts to improve access to reproductive health. A business case should be developed for making public transport free in Canberra, the taxi subsidy scheme should be increased and uncapped and community transport should be accessible, well-funded and provided with continuity of funding to allow for upgrades and fleet management. It should be available to people with a range of disability and chronic health needs including outside the NDIS.

Additionally, AFI and WWDACT encourages the Government to provide financial subsidies to people with disability to allow them full choice and control in mobilising around the community. These should be adequate and uncapped: we do not require Canberra people without disabilities to constrain their travel around the community due to costs⁸.

Avoiding stigmatising framings of reproductive rights

WWDACT and AFI support the right to choose but we do not support stigmatising narratives which frame abortion as a way to prevent the 'tragedy' of having a child with disability.

We urge governments and advocates for reproductive rights against this public framing which is based on a false assumption that a child with disability would have a reduced quality of life and be a burden to the community.

Disability is a valid identity and an aspect of human difference while eugenic framings are based in discrimination, fear, ableism, the medical model of disability and also foster damaging actions towards people with disability.

The Downs Syndrome Association offers good advice on prenatal testing, informed choice and other ways to avoid stigmatising conversations⁹.

Thank you for the opportunity to make a submission.

⁷ [Trusted Health Advice | healthdirect](#)

⁸ For further information on accessible and affordable transport please see AFI's 2022 [Disability Strategy Consultation](#)

⁹ <https://www.downsyndrome.org.au/advocacy/position-statements/>