



# Auckland Women's Centre

Ko Te Wāhi Wāhine o Tāmaki Makaurau

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## Abortion Law Reform: smashing the “final frontier” of legal dehumanisation of women

Access to abortion is a human right - and we need to make sure our politicians know it: that was the urgent message of the Auckland Women's Centre's successful recent public forum “Abortion, a Reproductive Right”. As student activist **Ella Shepherd** put it: “trust women, support women.”

Able chaired by broadcaster **Noelle McCarthy**, the illuminating discussion was timely and useful, given the upcoming parliamentary conscience vote on the issue. Media producer and musician **Lizzy Marvely** acknowledged the many “change-makers” in the room, and a wide range of expertise was offered from the floor as well as from the four knowledgeable panellists.

Greens MP and human rights lawyer **Golriz Ghahraman** emphasised the inaccessibility of abortion, particularly for rural and poor women, as termination involves multiple healthcare visits, sometimes hundreds of kilometres away. “For some women, you may as well still have to go to Australia. For some women, there is no access,” she said.

**Golriz called the current abortion law in the Crimes Act a “final frontier” as it is “one of the last pieces of law that places us below men” and joked that “if men could get pregnant we could get abortions at an ATM machine.”**

As ALRANZ Abortion Rights Aotearoa President **Terry Bellamak** explained, unlike women seeking abortion, men don't need to get multiple consultant approvals to access health care. “The certifying consultant doesn't know you from a bar of soap, but this person apparently knows better than you that it is a good time for you to be a parent.” Ella agreed: “Women are human beings, and they should have control over their bodies. We should trust women to make the right decisions for themselves and their families.”

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Terry, Noelle, Mira, Lizzie, Golriz and Ella. Photo: Rochelle Carr

## Abortion law reform: smashing the “final frontier” of legal dehumanisation of women *continued*

In contrast, Ella revealed that when she went undercover to an anti-abortion youth training day, “It was quite clear that the goal was to dehumanise women. Pregnant women were referred to as the ‘environment’ or ‘host body’ for the foetus.” She mentioned that anti-abortionists prey on the vulnerable, lobbying for parental-notification laws for terminations of teenage pregnancies and using crisis pregnancy counselling to “run out the clock”. “I don’t believe you can be a feminist and anti-choice,” she said. “I don’t believe you can be for gender equality, and yet support a movement predicated on the control and mistrust of women.”

Lizzie also spoke about her dealings with anti-abortionists, including being subject to a (dismissed) press council complaint that stated that “Pregnancy can be prevented simply by avoiding sexual intercourse.” She advised that the anti-choice lobby was likely to run “quite a gross campaign” against law reform, and “We will need our sense of humour, our sisterhoods and our allies throughout the process of changing our laws”

In answer to a question from the floor, Terry said that

she saw the supposed conflict between pro-choice and disability rights as a “manufactured conflict”, pointing out that disabled people also have difficulties accessing abortion, and that some people may choose not to go forward with a pregnancy because they don’t have the resources to care for a disabled child; she said the fact that the financial burden isn’t carried by society collectively is an indictment of all of us.



Members of the AWC team, Katherine, Ellie, Rewa and Gabi  
Photo: Rochelle Carr

All attendees adhered to the forum guidelines of not discussing the morality of abortion, and the forum was a safe space for women and men supporting abortion rights to discuss how to campaign for the best possible reform.

### Forum advice on lobbying

**As this is a contested issue, every letter and speech makes a difference. It is vital that we ensure politicians are aware of the experiences of women who find it nearly impossible to access abortion, and who may also find it difficult to access the political process.**

#### WHAT WE SHOULD SAY

Copy-and-paste doesn’t work; communicate from the heart. Personal stories are useful (but note that select committee submissions become public).

The government is considering three options; make it clear you support **Model A**: that is, women and pregnant people should be able to make their own decisions without being compelled to get a doctor’s permission.

#### Reasons for Model A

- **Human rights:** Taking abortion out of the Crimes Act is not enough; the law should treat all genders equally. Model A is the only option that gives women equality with men in choosing healthcare.
- **For accessibility:** Abortion and other forms of birth control are difficult to access, particularly for people who live rurally, who are poor, who have to arrange childcare for medical appointments, who have low levels of healthcare education, whose jobs don’t allow them to easily take time off; who are victims of domestic violence, who are migrants, and/or who live within communities who do not support abortion. Model A is the most accessible option.
- **Trauma reduction:** Nobody wants a late-term abortion; they happen because of catastrophes in wanted pregnancies. Being compelled to take a statutory test (as per Options B and C) would prolong and increase trauma for women who are grieving in tragic circumstances.

- **The experts agree:** ALRANZ and almost all the medical professionals in this field – and all our panellists – prefer Option A.

#### Consider also recommending other ways to increase accessibility:

- People should be able to self-refer to an abortion service without having to go through a doctor.
- All properly trained health practitioners should be able to provide abortions, not just doctors.
- The restrictions on where abortions can be performed should be loosened, including allowing medical abortions to be completed at home.
- Abortion should remain free of charge for all.
- All DHBs should offer medical abortion.
- Health practitioners should be required to disclose what services they refuse to provide when a person signs up with them.
- People should not be charged for a medical consultation in which they were refused service.

#### For those politicians who may be under pressure to vote no:

- It is possible to be pro-choice without being pro-abortion. Many people, whose religious beliefs proscribe abortion, also believe that church and state should be separated, and that they do not have the right to impose their beliefs on others via the law.

## WHEN WE SHOULD SAY IT

- Write to cabinet ministers now as they are currently considering draft legislation.
- Watch for the AWC email letting you know when the bill goes to select committee. Send in a written submission, and ask to make an oral submission (ideally with friends, for mutual support).
- This is a conscience vote, so write to MPs on both sides of the house.

## FORUM ABORTION FACTS

- Approximately 200 women a year are denied an abortion in NZ
- It takes 25 days on average to get from first referral to termination in NZ. This delay can mean medical abortion is no longer an option.
- Not all NZ District Health Boards offer both medical and surgical abortion. Some DHBs – including some rural DHBs – offer no abortion at all, and women have to travel long distances to access appropriate care.
- Victims of domestic violence, and those without healthcare awareness are more likely to request an abortion – but also face more barriers to accessing one.
- Planned Parenthood has estimated that one third of the wage gains made by women worldwide is linked to access to birth control. ■

# National Strategy required for contraception

The government recently announced a \$6 million initiative to make contraception, including Long-Acting Reversible Contraception (LARCs), cheaper for low-income women - but contraception advocates say that New Zealand's high rates of unwanted pregnancy aren't being reduced quickly enough, in part because the government isn't providing enough strategic leadership.

In early April, Associate Health Minister Julie Anne Genter announced an initiative already underway to give some women, including those who have a Community Service Card and those living in low-income areas, better access to free or very low-cost contraception.



However, Dr Orna McGinn, Clinical Director of Primary Care Women's Health at Auckland District Health Board (DHB) fears that the initiative will suffer from a lack of coordination and consistency across the

country's 20 DHBs. "This initiative has been in the pipeline for many months and is being introduced in a slightly unsatisfactory way," she told AWC Quarterly. "DHBs have had no guidance as to what to do with the money."

A letter to the Prime Minister about contraception access from the Royal NZ College of General Practitioners and the Royal Australian and NZ College of Obstetricians and Gynaecologists last September contained a number of recommendations developed by Dr McGinn and Professor Lesley McCowan (University of Auckland head of Obstetrics and Gynaecology). While Ms Genter's

announcement mentions funding for two of those recommendations - namely best-practice guidelines and training of primary care workers – no advice regarding either of these recommendations has been given to the DHBs. "Each DHB is just deciding amongst themselves what [the use of the money] should look like," says Dr McGinn.

In addition, currently individual primary healthcare organisations (PHOs) can each decide how to configure their DHB sub-contracts: for example, some PHOs offer free contraception to women under 22, while others might offer contraception to low-income women at reduced or no cost. There is no plan to standardise these variations.

Dr McGinn and others strongly recommend the development of a national contraception strategy, and are offering to act as an expert advisory group to assist.

New Zealand's highest rate of abortions is for women aged 25 to 35, and the Growing Up in New Zealand longitudinal study indicates that 52% of all pregnancies in this country are unplanned.

Dr McGinn said that targeting low-cost contraception towards low-income women was obviously motivated in this case by the desire to reduce barriers for women with relatively little access to contraception. But she agreed that concerns that the reproduction of low-income women is seen as "less valuable" are often valid. ■



# Law Commission advice: to reduce court stress for victims of sexual and family violence



**AWC welcomes the Law Commission's recent recommendations for tighter controls on allowable evidence in sexual and family violence cases - although much more action is required if New Zealand is to significantly reduce the stress of court appearances for victims, and to substantially increase the sexual assault conviction rates.**

The Commission's Evidence Act review advice includes further restricting what's allowed to be admitted as evidence of a rape victim's sexual history or sexual "disposition", and making a victim's "sexual reputation" completely off-limits. The Commission also wants:

- both family violence and sexual violence victims to be able to record their evidence, including cross examination, before the trial
- judges to be required to intervene when questioning of a witness becomes unacceptable
- and judges to be given advice as to what to do when jurors are affected by myths and misconceptions about sexual and family violence.

The Commission also recommended promoting greater recognition of tikanga Māori in court, as well as ensuring a defendant's rights to a fair trial.

The recommended changes would lower the stress of the court process for victims to some extent and, partially if this enables more victims to give evidence in court, the changes could potentially also lead to some increase in the conviction rate. The Law Commission's report was tabled in Parliament in March, and AWC hopes the government will implement its recommended and long-

overdue changes as soon as possible.

However, AWC Centre Manager Leonie Morris points out that also implementing more of the 82 recommendations of the Law Commission's earlier 2015 report entitled "The Justice Response to Victims of Sexual Violence: Criminal Trials and Alternative Processes" would better serve victims.

"For years now, many of us, including the Law Commission, have been advising that more than 'a tinkering around the edges' is required to remove the chronic injustice offered to victims of sexual and family violence in New Zealand. Real justice will require a vast improvement in processes and resources," she said.

The latest known conviction rate for reported sexual violation (from the Ministry of Women, 2009) is only 13 per cent. The 2009 report found that around 30% of reported rapes are prosecuted, and around 42% of those cases result in conviction; 17% are withdrawn by the prosecution.

Often victims feel advised by police not to progress a complaint because the court process is currently so painful. The NZ Herald reported in May 2018 that NZ Police national crime manager Tim Anderson believes that "the system isn't serving our victims well". ■

Auckland Women's Centre



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## Contact & Services

### Contact us

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[info@womensz.org.nz](mailto:info@womensz.org.nz)

[www.awc.org.nz](http://www.awc.org.nz)

### Centre Hours

Monday to Friday  
9:00 am - 4:00 pm

### Library Hours

Monday to Friday  
9:00 am - 4:00 pm

### Services

- + Women's Support: free support, info, advice and referral
- + Community Education
- + Community Events
- + Counselling
- + LGBTQ support
- + Low Cost Massage
- + Self Defence Classes
- + Opportunities to talk and support feminism
- + Diversity Forums
- + Support Groups
- + Support for High School Feminism

Designed by Toni Chase