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Dr Jacqueline Goodall
Legislation & Policy Officer
Legislation Review
Public Health, Department of Human Services
GPO Box 1670N, Melbourne VIC 3001
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Dear Dr Goodall,

Thank you for the discussion paper, *Review of the Health Act 1958: A new legislative framework for public health in Victoria*, and the opportunity to make a submission.

We submit that any review of the Health Act provide legislation ensuring that access to health clinics is kept clear of protesters and their paraphernalia. As a women's health clinic which includes pregnancy termination (elective abortion) amongst its services, clientele, staff and passersby are subject to anti-abortion protesters' intimidation and verbal abuse, offensive signage and leaflets and dissemination of medically incorrect information. Protesters are present six mornings a week – every day that the clinic is open. Other abortion providing services are also at risk. Given the protesters "right to life" agenda, health clinics or hospitals providing hospice care to the dying, infertility treatment, treatment based on stem cell technology, and so on, might also be targeted. We have no qualms with these people protesting elsewhere. But at the entrance of a health clinic is inappropriate, causes distress to the people of Victoria, and impedes women's access to a vital health service.

The Vic Health & Department of Human Services (2004), *The health costs of violence: Measuring the burden of disease caused by intimate partner violence, A summary of findings*, highlighted the high incidence and adverse impact of violence against women. Women with a history of violence attempting to access abortion providing services, face revictimisation by protest behaviour at the entrance of our health clinic. This can be particularly damaging.

Because of the apparently non-criminal status of such protester harassment, the police will not intervene. Because the local council has deemed protest behaviour not to constitute a nuisance according to the Health Act, the local council will not intervene. Not only must the new legislative framework ensure quality of health standards and service provision, it must ensure ready access to those services. Access to safe abortion prevents reproductive mortality and physical, mental and psychosocial morbidity. Where safe abortion services are available, abortion rates generally decline because, like our service, women are also provided with contraceptive and other reproductive, physical and mental health care.

Further information is attached. For the benefit of public health and to address inequalities, the review could bolster and clarify nuisance or duty of care provisions to exclude protesters from within 50-100 meters of any health service, without unreasonably restricting their right to protest elsewhere.

Yours sincerely,

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