

**ANIMAL JUSTICE PARTY &
LEGALISE CANNABIS VICTORIA**

ACCESS IN ACTION:

**ABORTION
CARE IN
VICTORIA**

Chances are someone you care about has accessed abortion care.

Across Australia and internationally, abortion care is under renewed threat. It is getting harder to access, even where it is legal. A right to choose must include a right to access. Now is the time for Victoria to not only protect existing rights, but to expand them.

Abortion care is healthcare. The decision to terminate a pregnancy should only ever be made by the person seeking care and their doctor. Like all healthcare, abortion care should be affordable, accessible and safe. But for many people in Victoria, abortion care remains difficult to access due to a history of criminalisation, continued stigma and shame. These barriers are felt the most by people living in regional and remote communities, people with low incomes, Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds.

While the Victorian Government has taken steps to improve access to abortion care, we know that progress is not without pushback. In late 2024, the South Australian parliament narrowly voted down a motion to heavily reduce access to abortion care. Mere weeks later, the Queensland parliament passed a motion prohibiting its members from amending abortion laws or expressing any view on the matter for the next four years. At the same time, the Victorian Government has refused calls to enshrine access to abortion in the Victorian Constitution.

In this report, we put the voices of people with lived experience at the centre of our call to action. We identify key barriers including **affordability**, **accessibility**, **conscientious objectors** and **workforce shortages**.

Understanding these barriers is the first step to removing them and ensuring abortion care is accessible to all who will need it, when they need it.

This report is not intended to outline every necessary reform. We acknowledge the leadership of Women's Health Victoria in this area and the *Realising Access* report, which forms the evidence base for much of this work. We extend our deep thanks to everyone who contributed to this report, and especially to those who shared their experience of accessing abortion care – you are at the heart of this work.

“ I have financial resources and family support. I work in Women's Health advocacy. I have access to transport, can navigate medical bureaucracy and I am (usually, when not overwhelmed by emotion and early pregnancy hormones) able to advocate for myself. If I encountered such difficulty in accessing termination services, how would a 16 year old girl fare? What about a woman with intellectual or physical disabilities, or a woman with minimal financial resources, or someone trapped in a coercive control relationship? ”

– 39, lives in the Macedon Ranges.

Georgie Purcell MP
Animal Justice Party

Rachel Payne MP
Legalise Cannabis Victoria

Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of this land and pay our deepest respect to Elders past, present and emerging.

We recognise the entrenched systemic injustices experienced by Aboriginal and Torres Strait Islander people, including in the health care system.

We remain committed to truth, treaty, justice and reconciliation.

A Note on Language

Throughout this report we use gender neutral language, recognising the diversity of people who may need to access abortion care.

Contact Numbers

If you or someone you know is in need of abortion care, please contact:

1800 My Options – 1800 696 784

MSI Australia – 1300 003 707

Sexual Health Victoria – (03) 9660 4700 (Melbourne Clinic)
(03) 9257 0100 (Box Hill Clinic)

Lifeline Australia – 13 11 14

AFFORDABILITY

Affordability is the most significant barrier to accessing abortion care in Victoria.¹

Depending on the service and location, costs can range from hundreds to thousands of dollars.² These costs are often compounded by lost income from time taken off work and the high out-of-pocket travel costs, especially in regional areas. The lack of publicly available services can also push people into the private system where costs are even higher.

For many people seeking abortion care, high out of pocket costs can put it out of reach, particularly if they are young or don't have access to Medicare.³

The Victorian Government recently opened a free virtual women's health clinic delivered by the community health organisation EACH, to improve Victorian's access to reproductive health services, including abortions. This is a welcome step but more is needed to remove cost as a barrier to care.

In the ACT, all residents can access free medical and surgical abortions.⁴

Calls are growing for other jurisdictions to follow their lead and to invest in increased workforce training to ensure services can keep up with demand.

While Victoria currently offers support for people traveling for certain health procedures under the Victorian Patient Transport Assistance Scheme, this scheme is limited to rural areas and does not include GP appointments.⁵ Minimal public awareness, paperwork requirements and lengthy processing times mean that this scheme is not fulfilling its potential, particularly for those seeking abortion care.

“ I am in northeastern Victoria and a few months ago I had to enquire about medical abortion in my area. There was only one provider and wait time for the service was so long that many women are actually unable to access the service within their required time frame, and then needing to go elsewhere... I had a surgical termination pre-COVID in Queensland for \$300. To my shock it cost me \$720 for the medical option this year in Victoria. I am grateful to be able to afford this but extremely saddened that the price is so out of reach to a lot of us.”

RECOMMENDATIONS

1. The Victorian Government follow the lead of the ACT and make medical and surgical abortions free to access, including for people without access to Medicare.
2. The Victorian Government address barriers to access for the Victorian Patient Transport Assistance Scheme including eligibility criteria, public awareness, paperwork requirements and processing delays.

¹ Women's Health Victoria, *Realising Access: Abortion and Contraception Inequities and Enablers in Victoria* (Knowledge Paper, October 2024) 45-46 ('Realising Access').

² Sethini Wickramasinghe et al, 'Experiences of abortion care in Australia: A qualitative study examining multiple dimensions of access' (2024) 24 *BMC Pregnancy and Birth* article; Kathryn LaRoche et al, "We've got rights and yet we don't have access": Exploring patient experiences accessing medication abortion in Australia' (2020) *Contraception* 101 256, 258; Mridula Shankar et al, 'Access, equity and costs of induced abortion services in Australia: A cross-sectional study' (2017) 41(3) *Australian and New Zealand Journal of Public Health* 309, 309.

³ Realising Access (n 1) 9.

⁴ ACT Government, No-Cost Abortions Now Available in the ACT (Web Page) <<https://www.act.gov.au/our-canberra/latest-news/2023/april/no-cost-abortion-now-available-in-the-act>>.

⁵ Department of Health, *Victorian Patient Transport Assistance Scheme (VPTAS)* (Web Page) <<https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas>>.

ACCESSIBILITY

Access to abortion care in Victoria is a postcode lottery.

7 in 10 Victorian local government areas have no surgical abortion provider, **1 in 5** have no medical abortion provider and **2 in 5** have no listed pharmacy dispensing medical abortion medication.⁶

Public hospitals also play a limited role in abortion care. Between 2012 and 2022, **75%** of births in Victoria were in public hospitals, yet only **21%** of hospital-based abortions were provided in public hospitals – often due to historic, religious or institutional policies that limit access.⁷

The Victorian Government’s sexual and reproductive health hubs aim to address some of these gaps. While funding has recently been allocated to improve access to ultrasounds at these hubs, services, staffing expertise and hours of operation vary at each site.⁸ This inconsistency of services creates confusion, delays and added costs for patients.

These ‘service deserts’ disproportionately impact people born overseas, young people and people living in regional, rural or socio-economically disadvantaged areas who are more likely to be over nine weeks gestational age, past which time medical abortion is no longer an option.⁹ Instead, these people must access surgical abortions, which are offered by fewer providers and at a higher cost.

Clinical guidelines no longer require pathology and ultrasound results to access abortion care in certain circumstances, but most practitioners continue to require both sets of results.¹⁰ This adds unnecessary costs and delays, especially where diagnostic services are limited. A lack of local services means longer wait times, extended travel and higher out of pocket costs. These are all critical barriers in a healthcare system where time is of the essence.

“Northern Victoria and the process of getting an abortion was completely traumatic for me. I found out I was pregnant and had my initial GP appointment at 5 weeks, yet was only able to access an abortion at 10 weeks pregnant because there are no local/ surrounding services and wait times are absurd, as well as taking time off of work for travel to said services. Between GP appts, blood tests, the pre-requirement of an ultrasound, specialist appts and the surgery itself, a 5 week wait was horrendous. My nearest clinic for a surgical termination was 2.5 hours one way, with absolutely no aftercare post-termination.”

– 26, lives in the Central Victoria Region.

RECOMMENDATIONS

- 3.** The Victorian Government expand sexual and reproductive health hubs to locations with greatest demonstrated need, and ensure consistent minimum levels of services with regard to hours of operation and staffing expertise.
- 4.** The Victorian Government expand surgical abortion provision in publicly funded hospitals that provide maternity care, particularly for care over 12 weeks gestation.

⁶ Realising Access (n 1) 41.
⁷ Melvin B Marzan et al, ‘Changes in the numbers of hospital-based abortions and outpatient early medical abortions in Victoria 2012–22: a retrospective cohort study’ (2024) 220(3) *Medical Journal of Australia* 145, 151.
⁸ Department of Health, *Women’s sexual and reproductive health hubs* (Web Page) <<https://www.betterhealth.vic.gov.au/sexual-and-reproductive-health-hubs>>; The Hon Mary-Anne Thomas MP, ‘Improving Abortion Access and Care for Victorian Women’ (Media Release, 11 September 2025).
⁹ Realising Access (n 1) 59; Shankar et al, (n 2) 309.
¹⁰ Realising Access (n 1) 58; RANZCOG, Clinical Guideline for Abortion Care, (Web Page) <<https://ranzocg.edu.au/news/clinical-guideline-for-abortion-care/>>.

CONSCIENTIOUS OBJECTORS

Healthcare delayed is healthcare denied.

In Victoria, health practitioners can declare a conscientious objection to abortion and refuse to offer care. However, they are **legally required** to refer patients to another practitioner in the same profession who does not hold an objection.¹¹

In practice, this system is failing. Evidence shows that some objectors are not fulfilling their legal obligation to refer patients, intentionally delaying access and contributing to feelings of shame and stigma.¹² Despite the Australian Medical Association encouraging doctors to proactively disclose conscientious objections, there has been little change.¹³ For those that do offer abortion care, there is often a reluctance to advertise these services due to stigma and fear.¹⁴ Patients are being stranded without timely care, forcing them to undergo abortions later than necessary or have unwanted pregnancies.

At the same time, entire taxpayer-funded hospitals are refusing to provide reproductive healthcare services. This “corporate conscientious objection” includes one of Victoria’s largest obstetric hospitals, Mercy Hospital.¹⁵

There is also no statewide data collected on conscientious objection. We do not know how many conscientious objectors there are in Victoria, whether they are complying with their referral obligations or how many people are having their care delayed or denied. While complaints can be made to the Health Complaints Commissioner or the Australian Health Practitioner Regulation Agency, only a handful are made every year.¹⁶

“ Werribee Mercy, a publicly funded hospital, refused to give me a D&C [dilation and curettage] for an incomplete miscarriage. Even though there was no longer a foetus there. This was after waiting 48 hours in the ER to confirm I had lost a much wanted pregnancy. If you refuse to give medical care based on religion you should not be able to be a public hospital.”

RECOMMENDATIONS

5. The Victorian Government investigate the feasibility of establishing an oversight mechanism to collect data on the number of conscientious objectors and to ensure compliance with referral obligations.
6. The Victorian Government end “corporate conscientious objection” by removing the ability of publicly funded hospitals to refuse to provide reproductive health services, including abortion care.

¹¹ *Abortion Law Reform Act 2008* (Vic) s 8; Casey M Haining et al, ‘Abortion Law in Australia: Conscientious Objection and Implications for Access’ (2022) 48(2) *Monash University Law Review* 238, 258.

¹² Rachel Clayton, ‘Advocates Say Victorian Women Are Struggling To Access Abortion Services Amid Conscientious Objectors’, *ABC* (online, 22 May 2024) <<https://www.abc.net.au/news/2024-05-22/victoria-womens-health-abortion-access-conscientious-objection/103857152>>; Louise Keogh et al, ‘Conscientious objection to abortion, the law and its implementation in Victoria, Australia: Perspectives of Abortion Service Providers’ (2019) 20 *BMC Medical Ethics*; Ronli Sifris & Tania Penovic, ‘Barriers to abortion access in Australia before and during the COVID-19 Pandemic’ (2021) 86 *Women’s International Forum*, 5.

¹³ AMA, Position Statement: Conscientious Objection – 2019 (Web Page) <<https://www.ama.com.au/position-statement/conscientious-objection-2019>>; Clayton (n 12).

¹⁴ Anna Noonan et al, ‘Imaging if we had an actual service’: a qualitative exploration of abortion access challenges in Australian rural primary care’ 24 *Rural and Remote Health*.

¹⁵ ‘Victorian crossbench MP launches bid to compel religious hospitals to provide abortions’, *ABC* (online, 1 August 2022), <<https://www.abc.net.au/news/2022-08-01/victorian-abortion-religious-hospital-bill-fiona-patten/101287512>>; Casey M Haining et al, ‘The ‘Institutional Lottery’: Institutional variation in the process involved in accessing late abortion in Victoria, Australia’ (2023) 101 *Women’s Studies International Forum*.

¹⁶ Clayton (n 12).

WORKFORCE TRAINING

Workforce training is a persistent barrier to abortion care.

As of mid-2023, just **17%** of GPs in Victoria were providing medical abortions and only **19%** of pharmacists were dispensing the medication. Access to surgical abortion is even more limited, particularly in regional and rural areas. Across Victoria there are just **35** providers, and only **15** offering procedures beyond 12 weeks gestation.¹⁷

Workforce shortages are fueled in part by gaps in training, including in tertiary education, and ongoing stigma around abortion care.¹⁸

One program aiming to address this gap is the Sexual and Reproductive Health Clinical Champion Network, which works to increase abortion training and capacity within outer metro, regional hospitals and primary healthcare.¹⁹ For culturally safe care, Aboriginal Community Controlled Health Organisations (ACCHOs) and the Koori Maternity Service provide services in Victoria.

Even where providers are available, people's experiences with abortion care vary significantly. Conscientious objectors are failing to fulfil their referral obligations and many practitioners continue to require unnecessary ultrasound and pathology results.²⁰ While some providers have begun offering no ultrasound pathways, many continue to require both sets of results – adding to costs and delays.²¹

“She informed me that she was not trained to supply the medication for a medical termination, and in fact no GP at the practice was. I was shocked by this – this was the practice the Sexual Health Hub had referred me to! The GP then proceeded to refer me to the Sexual Health Hub – I informed her that they had been my first port of call, to no avail... I had certainty over the date of my last menstrual period starting, I had no history of ectopic pregnancies and I knew the date that I had contraceptive failure – but despite this, she said an ultrasound would be required... The local imaging place had no availability for two weeks. Nor did those in the surrounding towns... After an exhaustive search, I was able to find an ultrasound booking within a few days, albeit 45 minutes from my home... A day of personal leave off work and an hour-long trip up the freeway later, I found myself sitting in the office of an incredibly kind male GP who was aghast to hear of the difficulties I'd experienced in accessing the service so far. It was here that I discovered that in fact, GPs are no longer required to have mandatory training, registration or reregistration, to prescribe MS-2Step (and this change was made in August 2023). Secondly, an ultrasound is not a mandatory requirement to access a medical termination.”

– 39, lives in the Macedon Ranges.

RECOMMENDATIONS

7. The Victorian Government increase funding to upskill healthcare providers in abortion care, with a particular focus on regional and rural areas, the Sexual and Reproductive Health Clinical Champion Network, ACCHOs and Koori Maternity Service.

8. The Victorian Government improve provider awareness of changes to ultrasound and pathology requirements and encourage greater provision of no-ultrasound pathways.

¹⁷ Realising Access (n 1) 10.

¹⁸ Ronli Sifris & Tania Penovic, 'Barriers to abortion access in Australia before and during the COVID-19 Pandemic' (2021) 86 *Women's International Forum*, 6; Erica Millar, 'Abortion stigma, abortion exceptionalism, and medical curriculum' (2023) 32(3) *Health Sociology Review*.

¹⁹ The Women's, *Abortion and Contraception Education & Training* (Web Page) <<https://www.thewomens.org.au/health-professionals/clinical-education-training/abortion-and-contraception-education-training>>.

²⁰ Realising Access (n 1) 55 – 58.

²¹ Ibid; MSI Australia, *The Modern Way: Abortion by Telehealth without the need for an ultrasound* (Web Page) <<https://www.msiaustralia.org.au/abortion-by-telehealth-no-ultrasound/#:-:text=Now%2C%20we%20have%20launched%20a,women%20and%20people%20who%20qualify.>>>.

