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“Social Justice for all!”: The relative silence of social work in abortion rights advocacy

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Abstract

Social work has been largely silent on matters of reproductive rights, particularly in relation to abortion. This may partially be explained by abortion being secured as a part of health care in many countries. However, elsewhere, abortion remains in criminal codes with service access controlled via medico-legal barriers. We make a case for the increased visibility of reproductive justice within education and professional activity, employing case studies from Australia, the Republic of Ireland and New Zealand to illustrate recent social work advocacy on abortion rights. Social work abortion activists report two themes: professional bodies have varied their approach to advocacy for abortion rights due to political sensitivities; and social work involvement in campaigns has reflected individual and grass-roots advocacy. Improved education about reproductive justice for social workers, alongside greater collective professional advocacy, are needed to contribute to campaigns together with women's and human rights groups, as well as public health champions.

key words abortion • reproductive rights • reproductive justice • social justice • social work

It is commonly held that one in four women will have an abortion in their lifetime yet in many Western countries abortion still remains in criminals code with medico-legal barriers (Guttmacher Institute, nd). While a recent plethora of social movements has signalled change in the zeitgeist towards reproductive rights, simultaneously threats to established rights and safe services, both for contraceptive health care and abortion have emerged. These threats demonstrate that women's reproductive rights can never be taken for granted (Alzate, 2009; Liddell, 2018). Conservative legislation and Global Gag rules are turning back health equity advances (Gezinski,2012).

Gezinski (2012) notes that the International Federation of Social Workers promotes the right to participate in health decisions as a human right: ‘Social workers should promote the full involvement and participation of people using their services in ways that enable them to be empowered in all aspects of decisions and actions affecting their lives’ (IFSW, 2004: 4.1 Human Rights and Human Dignity section, item 2). Reproductive choice is fundamental to this participation: ‘Full reproductive freedom, including access to family planning services such as abortion, is necessary for women to retain total control of their own bodies’ (Gezinski, 2011, p.838). The National Association of Social Workers explicit mandate for reproductive rights includes:

abortion services that are confidential, available at a reasonable cost, and covered in public and private health insurance plans on a par with other kinds of health services; legislation to facilitate a woman’s access to contraceptives and emergency contraception [and] ensures privately and publicly funded health insurance coverage includes access to all forms of reproductive health technologies, contraceptives, vaccinations, and medication.

Despite such support for reproductive health rights, abortion remains on the margins of social work curriculum, research, advocacy and practice in many countries. Social work including representative bodies, students, academics, and practitioners have been largely silent on abortion rights. In this paper we explore the social work role in campaigns to remove abortion from criminal codes and gain improved abortion access in Australia, Ireland and New Zealand. In order to access rich material, we conversed with a key informant in each of four jurisdictions where work has been done to liberalise abortion and improve access.

While acknowledging the advocacy work carried out by these social workers, we note apparent indifference to abortion as a professional social justice issue. While we offer only a snapshot, we argue we must disrupt the profession’s implicit blindness to reproductive justice and ask that women’s rights, self-determination, dignity and health equity are taught and researched. There is an important role for the profession in advocacy movements to marshal key political and community groups, NGOs, women’s and human rights groups, as well public health champions, joining together to lobby for change.

LITERATURE

It is acknowledged in much recent literature that there is a limited focus on abortion as part of health care in social work (Liddell, 2018). Liddell's recent exploration identifies that reproductive justice scholarship tends to be dispersed (and often siloed) in public health, social work, sociology, and feminist scholarship. She argues for a reproductive justice framework to provide the social work profession "with an approach that is both congruent with its practice aims (promoting the holistic well-being of clients) and with the profession's theoretical and philosophical foundations" (p. 100).

The literature is not extensive, most emerging from the United States over the past decade, in response to political threats to abortion rights, won many decades ago but now in real peril. For brevity we will focus on three themes: sexism and religiosity; social work education, and social work research, in order to prepare the ground for our three case studies.

Abortion, sexism and religiosity

"Reproductive health policies that are rooted in religious and/or ideological belief systems have created a uniquely gendered dialogue on women's ... rights" (Bird, 2016). These beliefs determine how social workers choose to address the issue of abortion. Social workers' religiosity and personal views on abortion may influence how social work "upholds its commitment to ethical standards (e.g., self-determination, reproductive justice) above and beyond social workers' individually held religious beliefs". (Bird et al 2018, p.117)

Conservative anti-choice rhetoric in social work is demonstrated in an opinion piece in the *Journal of Social Work Values and Ethics*. This passage vividly illustrates the disconnect some social workers have from the foundational principle of client self-determination:

Pro-Life churches ... could recruit young women from among the faith-based community and ask them to volunteer to appear at the local abortion clinic requesting counseling and a pregnancy test.... Some of these women volunteers could actually be pregnant, and upon learning of the positive results of their test, take this effort to the next level and, after very lengthy discussions, schedule an abortion. At the appointed time she could simply not show up, or she could appear (perhaps with a burly companion), get completely prepped for the procedure, and just before being taken to the operating room, say she changed their mind, verbally withdraw her informed consent, and refuse to proceed. The staff might get angry, but pseudo-patients would smile serenely, get dressed and leave.

What would be the consequences of such mass organized community action. Every counseling time slot occupied by a pseudo-patient represents one less opportunity for the abortion clinic staff to meet with someone seeking an abortion or to persuade the uncertain woman to abort her baby. Every time slot dedicated to performing an abortion on a patient who backs out at the last minute is one less abortion that clinic

could perform that week, representing one baby potentially saved. (Thyer, 2018, pp 93-4).

Smith's pithy statement below is helpful in considering how social work educators can develop social workers' understanding of and commitment to reproductive justice by emphasizing "ethical social workers *do not selectively choose which of a client's service preferences they will support, depending on how closely the service preferences correspond to a social worker's own values*" [italics added] (Smith, 2017, p.224).

Social work education and research

In a survey of social work students at a university in the United States, 49 percent of students reported that they would not make an abortion referral if asked, and 37 percent expressed uncertainty about whether abortion was legal in the state (Ely, Flaherty, Akers, & Noland, 2012). More recently another US study, (Begun, Bird, Ramseyer Winter, Massey Combs, & McKay, 2016; Begun, Kattari, McKay, Ramseyer Winter, & O'Neill, 2017) explored the issues concerning social work students' knowledge and beliefs about abortion. Begun, et al (2016) note that US social workers who do not provide clients with comprehensive resources pertaining to the legal reproductive health options available to them "are in direct contravention of the NASW Code of Ethics unless they, a) disclose the limited scope of their services and b) assist clients in obtaining comprehensive services elsewhere".(NASW, 205, p.117).

This study found that the more knowledge one has of abortion, the more favourable attitude one has towards abortion aligning with studies completed on the general population, but unlike the public, social workers have a professionally mandated duty to educate (or facilitate referrals) on all available resources and options on any matters encountered during scope of social work practice (Begun et al, 2016). Despite this requirement, 43% of this survey's respondents indicated that they would not know how to help a client seeking information on abortion. This led Begun et al 2016 to suggest that objective training on full counselling options, and the legality of abortion in particular jurisdictions should be included in social work education. Yet abortion remains relatively invisible in official curricula and 94% of respondents said that abortion was never/very rarely discussed throughout their degree. To address the potential tensions between personal and professional values, Begun et al (2016; 2017) recommend that educators focus on the nuances of cultural competencies, general human rights principles, and professional ethics. Begun et al note the very clear, pro-choice message of NASW and advocate that "social work educators convey these professional values and ethics

while nonetheless creating a space for all students to respectfully reflect on their personal beliefs and values” (2017, p.760).

Within social work research removal of barriers to abortion is potentially significant. Smith concludes her discussion of abortion policy work with suggestions for future social work study to “advance knowledge to promote and shape effective policy responses to pregnant women and their families, and to women seeking to avoid pregnancy” (2017, p.223). Future studies could identify economic and racial barriers to reproductive health care, including pregnancy and postnatal care. Barriers can include costs, legal and medical obstacles, stigma and lack of ethically grounded supportive counselling and social support (Kirk, Beddoe & Chinnery, 2018).

THE CASE STUDIES

In abortion law reform campaigns those working with women seeking abortions become primary advocates. Health professionals, including social workers, are usually crucial in highlighting the ‘need’ for abortion to be liberalised by being able to tell the stories of those they encounter, who are often silenced and stigmatised by social attitudes. Being exposed to women’s struggles to access affordable health-care encourages an activist stance.

The history of abortion reform is of long and arduous advocacy, lobbying and negotiation by many grassroots and professional groups, with the support of pro-choice politicians. Space does not permit a full account of recent decriminalisation campaigns, rather the case studies, present a snapshot of how some social workers grappled with their role in this important period of social and legal change for women.

Social work has multi-faceted roles, working with individuals to ameliorate and sometimes, disappointingly, adjust to the effects of oppressive social, health and political systems. In addition, we agitate for change at the broader socio-political level. In a neoliberal environment, our work has often been reduced to individual case-work and counselling, however many of us have never taken our eye off the prize of social justice, our duty to overthrow unjust systems that shackle our clients. Abortion is a crucial example where silence in the agitation is unacceptable as not campaigning can lead to worse abortion access for women, Tasmania and the USA provide current foreboding examples.

We explored the following topics in each of our discussions with key informants, in order to gain some coherence over the four case studies:

1. Professional body representation
2. Grassroots advocacy
3. Influences and changes in social work advocacy of reproductive justice
4. Future roles for social work on reproductive rights

Case study 1: Victoria, Australia 2008 Abortion Decriminalisation

Professional body representation

The Victorian Abortion law reform began with a request for submissions into the abortion laws by the Victorian Law Reform Commission. The Australian Association of Social Workers (AASW) is the professional body for social workers in Australia with both national and state branches. A social work academic activist who was involved in the 2018 Victorian campaign recalls: 'I don't think there was any official involvement ...or leadership (by the AASW)'. The Commission's final report was tabled in 2008 and an archival search of the submissions and an approach to AASW revealed that there were no submissions to this formal process. No AASW representations media releases, official rally attendances, journal articles have been found. The AASW appears to have been silent on the campaign to decriminalise abortion in Victoria, although individual practitioners and academics did contribute to community activities.

Grassroots advocacy

At grassroots level a small group of social workers were involved in activities including distributing campaign material, attending Pro-Choice Victoria meetings, lobbying politicians, writing letters to the newspaper, and having discussions with colleagues about the need for abortion law reform. As social work student at the time, Trish, second author remembers the campaign being mentioned at university but not studied in any detail. Trish was working in the unplanned pregnancy and abortion-care sector and her recollection is that social workers were not highly visible in grassroots activism. A small group of colleagues who were employed in abortion-care as social workers or students unofficially, and definitely without the express support of the AASW pushed the agenda for the hospital to become involved and led submission writing, within their professional roles. A social work academic activist interviewed recalled how:

My involvement was around networking. Individual social workers were involved at a whole range of levels: NTEU, West CASA, Women's Health West.... I was sending material to Isis, Djerriwarrah, Community Health, field education networks and got from other professionals too.

In relation to social work in the academy at the time she added:

Not a huge interest was gauged: it wasn't something that was being pushed in academia. It didn't get across the curriculum; it could have fitted in everywhere'. Why weren't we getting students on placements involved in the campaign, including in field education?

Influences and changes in social work advocacy of reproductive justice

The activist interviewed reflected that at the time AASW's focus was more clinical, and less focussed on social policy or advocacy. She observed that abortion was seen as a divisive issue within the profession. Even for some social work colleagues at the public hospital, the issue seemed to be of little interest to those not working directly at the coal-face of women seeking abortion. Most social workers, seemed, at best, indifferent to law reform.

An article in *Social Work Connect* by social work academic Philip Mendes (2016) identified a similar conundrum forty years earlier. Historically in Victoria, the AASW was one of the key pressure groups pressuring for 'liberalisation of abortion laws' in 1968. This epoch might be characterised as abortion law reform part 1, and resulted a ruling which provided the conditions upon which seeking an abortion in Victoria might be 'not unlawful' in certain circumstances – risks to the women's physical and mental health. In that period, the AASW convened a public forum on the issue of the effects of illegal abortion on women's lives, and formed a study group, which released a statement in favour of abortion law reform. Mendes writes however that:

This media coverage appeared to embarrass the AASW Executive which had not planned media engagement, and subsequently voted to 'meet with representatives of the Press to discuss the matter of unsought publicity' (Mendes,2016, p.3)

Mendes also observes in that campaign of the ambivalence within the profession:

Consequently, an Abortion Study Group was established to canvass the views of the Branch membership, and prepare a public statement on abortion. The group was concerned to end the public silence of the social work profession on this issue, but equally wary of adopting a firm policy statement that would alienate members with alternate views.

Given the similar silence from the Victorian branch in the 2008/9 law reform period, it appears that ambivalence regarding abortion as a core social justice concept for social workers had remained. Fast-forward to 2015 and the campaign for safe-access zones emerged. Again, Mendes (2016, p.3) reflected on the struggle within the profession to reconcile and articulate its values:

Abortion policy continues to polarise the community... Abortion has (also) long been a polarising topic even for the social work profession.

Our social work academic informant hypothesised that part of the reason behind the apathy in the profession might be the perception that abortion is 'mainstream' and so not needing advocacy anymore, an issue picked up in relation to New Zealand further on in this article:

Is it more mainstream? In the 2015 period re safe zones, I do not think it was spoken about at all. It is an interesting question; reproductive rights might be more normalised but in classroom debates is it?

Additionally, the risk of it falling off the agenda once law reform has been achieved:

Once it gets up in law, does it fall off the activists' radar? Post-decriminalisation, the change is an assumption that it's there...an expectation will be that it will be available for everyone.

We would also argue that there are conservative elements of Australian social work where rights-based, critical, and/or feminist and anti-oppressive social work frameworks are not promoted and by extension, and see social work is not seen as a political activity. The critique of this 'neutrality' of course is best articulated by Mullaly (2010) who defines social work neutrality as usually advancing conservative liberal values by enshrining the status quo. This means that there are social workers who are at best, indifferent to the nexus between women's rights and abortion access, or at worst, in outright opposition to women's rights and abortion access.

Future roles for social work on reproductive rights

As a social worker, educator, abortion counsellor and abortion-activist participant-observer in the Victorian campaign, Trish strongly argues that the role of social work is that it is front and centre to the mission for social change as the social work code of ethics (AASW 2010) demands respect for persons, social justice and professional integrity.

Women enjoying the conditions to actively self-determine their life trajectory in relation to the number, spacing and choice for childbearing at all, is a fundamental social, political and legal

right. Abortion law reform is thus crucial to women being able to enjoy this right. Our key informant argued similarly:

Most social workers who are not religious in some way, would be pro-choice – the politics and the values. Nothing is safe post-legislation, doesn't mean that it goes away, it's deeply embedded in feminist practice and the danger is that it gets lost, that's a problem

She also implored of the profession and the academy:

What is the role of social work – to keep it on the agenda...For social work teaching, it forces student to confront themselves when you raise the issues...that's where the rubber hits the road...really goes to the core of social work values: equity and human rights...fundamentally in social work education it should be front and centre.

Case Study Two: Queensland, Australia 2018 Abortion Decriminalisation

In 2018 in a historic victory the Queensland parliament decriminalised abortion, marking the end of long and arduous lobbying by Queensland women's public health, and community groups, alongside pro-choice politicians. We draw from an interview with a social worker from Pro-Choice Queensland, and from the second author's own role in supporting the Queensland campaign as a service provider including a submission to the Pyne parliamentary inquiry on behalf of the National Alliance of Abortion and Pregnancy Options Counsellors (NAAPOC) as a co-founding member.

Professional body representation

Our key informant describes how the Queensland campaign:

was not driven by social work; but by doctors and unplanned pregnancy support services, and those engaged in the public provision of termination of pregnancy; however social workers played a crucial role on the sidelines

The Queensland branch of the AASW however made a submission to the campaign and our informant observed that "social work had an organised presence in the Queensland decriminalisation campaign via the submission and individual social workers were visibly involved.

Grassroots advocacy

Our informant noted the crucial role that social workers played across the Queensland Health system in relentlessly advocating at their local hospital level for abortion access for women

over the years. While this networking among hospital social workers was resource-intensive, and time-consuming, it did provide pro-choice social work advocates across the state, ready to act when the time was right. Our key informant noted there was a clash of social work philosophies whereby:

some social workers play a role in the wider movement; hospital social workers – some are sleeper cells, have change on their agenda, passionate about women’s right for choice, when opportunities are not around, they will hold onto their passion and constantly sound out where there might be potential allegiances, dialogue, opening for change. They are on the lookout for it. They meet people in the health system and then take actions within the current system... they link up with the directors of Obs/Gynae to create change in this system...are prepared to take risks...they know how to be an advocate in the system, are driven by values of social justice and equity

In contrast, however, other social workers:

follow rules, can’t take on the hospitals’ hierarchies, place themselves outside of the roles of social justice as core purpose of social work, and place their own professional security over the priorities of the women

Queensland social workers mostly rallied under the banner of Pro-choice Queensland utilising alumni university networks of social workers who would be “writing to local members, attending local rallies, into the cause when the chips are down”. Interstate alliances of abortion social workers, such as NAAPOC also rallied to the cause:

NAAPOC were also really active, a number of them were social workers active with abortion provision services (in their own states) who willingly gave their time and expertise to the campaign. This speaks to sisterhood. Social workers are consciously aware that when one women's rights are at stake, then all women's rights are at stake.

Influences and changes in social work advocacy of reproductive justice

The stigma surrounding abortion as a legitimate health issue, even within the health and hospital system, appears to be a factor for individual social workers undertaking abortion advocacy within their own services. The nexus between personal ethics and the stigma associated with abortion rights is evident. One informant engaged in the Pro-Choice Queensland campaign observed of the personal/professional struggle for some social workers:

I observe ... there are social workers whose personal values get in the way of purist professional values. If we talk about self-determination, then free, legal, safe abortion is a given. If we have no control over our own bodies, then we have no control over own lives: to be a social worker who is not pro-choice seems to be at odds with social work values

It is often misinformation and myth, as much as is the case for anyone else, as noted earlier in this article, that informs anti-choice attitudes among social workers. Optimistically, she argues that it is a case of social workers who “haven’t had the time to ‘unpack their values’ and consider the evidence regarding abortion”:

(They) can take a single experience of someone close to them and extrapolate for all women, which is a dangerous thing to do. I would never confidently assume all social workers are pro-choice despite self-determination being a foundation stone...there’s a continuum of social workers.

In relation to misinformation among the profession, she recalls the example of being at a family violence conference where:

someone had left me a note saying “there was no place for abortion in the family violence movement - it is another form of family violence” even though evidence shows us that women experiencing VAW are overwhelmingly represented in women seeking abortion...and this was a case of her personal ethics overriding professional values

Future roles for social work on reproductive rights

In the Queensland decriminalisation campaign, the evident ability of the AASW state branch to provide a formal submission to the inquiry was a marker of the change in official attitudes towards abortion as a social justice advocacy concern. Optimistically our informant noted change:

There is a greater preparedness to take a stand. ... There has been a slow chipping away of organisations in supporting people to have an analysis of the issue, to feel safe to share, to find a practical way to take action.

Our Queensland informants related the quest for reproductive rights directly to social work core commitment to human rights, social justice, compassion and self-determination:

Reproductive rights are human rights. Social work plays a vital role within private conversations or within the public realm. Recognising that some of our most vulnerable and disadvantaged women...are likely to be overrepresented in abortion care, we have a lot more work to do in ensuring compassionate social work care

Case study three: Ireland 2018 Abortion Decriminalisation

In April 2019 the once unimaginable scenario that: “10 maternity units [are] providing abortion services out of a total of 19 units across the country, over three months after Ireland’s abortion laws have been legalised, after the Irish electorate voted to repeal the Eighth Amendment in May 2018” was reported (The Journal, 2019) . The ‘Repeal the Eighth’ campaign made headlines across the world, galvanising the pro-choice sections of Irish society, to successfully overturn the criminalisation of abortion. In a country known for the traditional influence of Catholic doctrine on women’s reproductive rights, this was an extraordinary event.

Professional body representation

An interview conducted with a social worker activist involved in the wider ‘Repeal the Eight’ campaign revealed that the Irish Association of Social Workers (IASW) was not a lobbying force within the ‘Repeal the 8th campaign’ however social workers formed a coalition, Social Workers for Choice, without the official ‘umbrella’ of the representative body:

The IASW was not at all connected. Just four individual social workers who ran [the campaign] who weren’t under the auspices of IASW. 100% they wouldn’t have said yes. A very hard topic to broach. The IASW seems to be very neutral.

However, she also notes that during the ‘Repeal the 8th Campaign:

IASW members brought about pro-choice motions to the AGM just before the vote, and were passed by IASW members by an overwhelming majority with the largest attendance of members ever.

This disjuncture between the official leadership and the wishes of members is similar to the Queensland law reform campaign, where grassroots members also had to push for a pro-choice statement. There are some historical similarities with the Irish and Victorian decriminalisation campaigns:

When the fights were beginning years ago for abortion, social workers were slightly more prominent and vocal...then things got quiet in the organisation, perhaps became more conservative, less community development and activist-focussed, the voice of advocacy went silent.

Grassroots advocacy

At the grassroots level, it seems that social workers and students were beginning to form alliances to voice their support for women’s reproductive rights. In a strategic move by grassroots practitioners, Social Workers for Choice Ireland formed, with a handful of committed activists who used social media networking to encourage social workers to join their

local Repeal the 8th groups, under the banner of SW for Choice. Using social media provided interactive ways to lobby for change. One activist recalls:

We set up a Twitter account to gather people together, we set up a Facebook Account, and also gathered a core group of people to do the communications and then encourage people to gather in their local (Repeal the 8th) groups. We tried to keep the banner of SW For Choice to interact on broader levels, any calls for action, feeding into legislation, newspaper fact-checking. There were lots of health-care groups: Doctors for Choice etc. and we wanted to make sure that we were represented

The formation of Social Workers for Choice created a space for discussion, with social work expertise on the social impacts of ‘forced’ maternity on people’s lives. This filled a gap by promoting greater awareness of the wellbeing impacts of lack of choice and voiced social work expertise regarding the social determinants of health.

Influences and changes in social work advocacy of reproductive justice

There were several significant contextual factors in relation to social work advocacy in Ireland. The spectre of religion’s influence on secular law was omnipresent. One activist said:

I think people were quietly pro-choice. But there was no space or permission to talk about this. I go into the colleges occasionally to talk to students re social action. I had just started the Twitter account and thankfully there were two women in the class who asked ‘are social workers involved in the repeal campaign?’. They almost gave me permission to be vocal about this....once somebody says it then other people would say it too...it’s been a taboo subject: women, the treatment of women, institutional abuse by Catholic Church and the state, and a ‘shouty anti-choice dominant voice...which is why I think it was amazing that the campaign happened at all.

Post-reform, after a small group of Irish social workers put a pro-choice motion to the IASW conference that passed overwhelmingly, a SW activist has observed that:

Before repeal you’d have to gauge on an individual level...(however) after that you get a good sense that people do care and you have an ability to fairly well know that the profession is for human rights, social justice and then for default pro-choice.

She also noted that there was some momentum for progressive social change on the back of the marriage equality legislation, and that young people, and young women in particular were leading social campaigns, using social media effectively to do this and were more visible as a voice for change in society. Again, echoing analysis of social work activism in 1960s/1970s Australia, the Irish activist talked about the ‘missed generation’ of activists in between past and current reform efforts. Finally, she observed that the official IASW body hasn’t yet established

CPD events or seminars on abortion and that would become one way of measuring the mainstreaming of abortion rights and access as a mainstreamed social work activity.

Future roles for social work on reproductive rights

Our key informant was clear that in the course of the campaign, one of the ways in which social work added value was in its ability to organise politically: write letters to the editor, reach out to other social workers, write and speak to submissions, and reach people via social media. In addition to these ‘classic political organising and community development activities’ she also made an important point about the ‘point of difference’ that social work had: in demonstrating our knowledge in relation to the social impacts of women being denied reproductive rights. Its very strength was in being able to:

find peer-reviewed information and evidence to offer social work expertise re the social determinants of health, claiming that space as social work knowledge – being able to link the threads between individual women’s lives, and law and policy settings...we have that broader level, other groups have the individual or structural level, but SW has the ability to connect all the levels

Her final comment was that advocacy for reproductive rights is actually ‘bread and butter’ social work and that anything less means that ‘we’re not doing SW’:

[reproductive health] is connected to human rights and social justice. It should be an automatic area for social work to be involved in, even to the micro level of one on one work, but to the broader level of the social impacts of reproductive rights on families, community, as well as the feminist piece – women in society talking about who has power: the structural and the micro; we should be positioned at all levels

Reproductive rights exist alongside other social issues: poverty, discrimination, they all interact. SW needs to be proactive, I would like to see us lead, but at least be proactive and also to mobilise people with lived experience to be part of the issue, to feel strong enough to take the lead. I think if we’re not doing that, we’re not doing social work.

Case Study Four: Aotearoa New Zealand 2018-19 Abortion Decriminalisation

During the 2017 election campaign Labour party leader Jacinda Ardern, now Prime Minister, promised to reform Aotearoa New Zealand’s New Zealand’s abortion laws, in which abortion is still in the Crimes Act. In February 2018 the Law Commission was asked to undertake a

review of New Zealand's abortion laws, asking for options on how to change the legal framework to treat abortion as a health matter, rather than a criminal matter.

The legislation that governs abortion services is currently the 1977 Contraception, Sterilisation and Abortion Act which is so out of date that the youngest people who voted in the 1975 election before the abortion vote in NZ (1977) would be 61 now, thus no one of child-bearing age has had an opportunity to vote on this issue. The current law is not in accordance with international treaties to which New Zealand is a signatory, especially the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW). Currently sexual violation, the age of the woman, her health and social circumstances and so forth are not grounds for abortion but only matters to be taken into consideration by the two doctors who act as certifying consultants which is not only expensive but unnecessary and patronising to women. This money could be better spent on preventing unplanned pregnancies and supporting women who are vulnerable, but who wish to continue with their pregnancy.

The current system is unduly complex and expensive. The procedures are unnecessarily complicated posing bureaucratic barriers to good reproductive health care. Vulnerable, young and rural women are disadvantaged. Geographical variation in abortion and related counselling services throughout New Zealand is inequitable (Kirk et al., 2018). The system is intrusive and punitive, ignoring facts that contraception is not perfect, and women can be coerced into not using it.

The current law does not take account of change in public attitudes towards abortion and other reproductive health issues. Recent research reported important findings about public support for abortion in New Zealand (Huang, Osborne & Sibley, 2019). The study examines data on attitudes to abortion taken from the 2016-17 New Zealand Attitudes and Values Study which is a longitudinal panel survey of nearly 20,000 thousand people aged over 18. Huang, et al, report that a majority of those surveyed either strongly agree or agree that abortion should be legal regardless of the reason, and even more strongly support legalisation if the woman's life is endangered. Related results from New Zealand Election study surveys that show that in 2008 45% percent of those surveyed disagreed with a statement that abortion was always wrong, but by 2017 this figure had risen to almost 64%. percent. Only 17% percent thought that abortion was always wrong.

The Law Commission published its report in October 2018: 'Alternative Approaches to Abortion Law' which provides three alternative legal models for consideration. Model A

proposes there would be no specific abortion legislation and the abortion provisions in the Crimes Act 1961 and the Contraception, Sterilisation, and Abortion Act 1977 would be repealed. There would be no statutory test and the decision to have an abortion would be made by a woman in consultation with a health practitioner. Model B proposes a statutory test in health legislation, rather than under the Crimes Act. This test would require the health practitioner who intends to perform the abortion to believe it is appropriate considering the woman's physical and mental health and wellbeing. Model C combines aspects of A and B and focuses on gestation. For pregnancies of not more than 22 weeks gestation, model A would apply. For those more than 22 weeks, a statutory test of B would be required.

Professional body representation

Our New Zealand key informant, a social worker, and PhD student commented on the very limited public advocacy on abortion decriminalisation. She noted that while the professional association, the Aotearoa New Zealand Association of Social Workers (ANZASW) had made a submission (ANZASW, 2018a), this had not been well-publicised and very few social workers were aware of it.

I think the visibility is apparent from the silence, I know that sounds contradictory, but there's just not a lot spoken about. Even the pieces that you've written [Liz], social work is not necessarily highly visible in those pieces, so the connection between social work and abortion or reproductive rights is not obvious in Aotearoa New Zealand. I don't think many people would see there being an obvious connection. Once you start to connect the dots of people who are in vulnerable situations then yeah, but there's no obvious connection. Not for laypeople anyway.

A press release was issued at the time of the release of the law commission report, but this was barely noted in social media. The focus is interesting, suggesting an ongoing role for social workers in abortion services, rather than a clear women's rights approach:

The Association is pleased that the restrictive, decades-old laws that regulate abortion look set to be updated. We are encouraged by the fact that all the options for reform proposed in the report call for the practice to be decriminalised and treated instead as a matter of health, in keeping with the Prime Minister and the Minister of Justice's past statements on the issue.

Social workers are committed to walking with women / wahine through their decision-making process when considering a termination of their pregnancy. Members of our profession work with the affected person to help them make an informed, clear-minded and independent decision, free from judgment and in an environment where they are not subject to external coercion. (ANZASW, 2018b)

The official ANZASW submission to the Law Commission was developed by a rather unusual process (ANZASW, 2018a). A request was sent to District Health Board Social Work Leaders Council requesting that a self-developed questionnaire be circulated to social workers working in the field of abortion counselling and pregnancy counselling, thus accessing a very limited range of inputs. Responses were received from six members all of whom were registered social worker employed by District Health Boards. Effectively this submission does not make a stand on abortion rights, rather it is entirely focused on the current services provided by social workers, a point noted by our key informant:

I felt like it was too much hedging, it didn't come out and say anything too firmly one way or the other, and when I thought about that and the deeper reasons why, I actually wondered whether that was to do with a split, a really loose stereotype split, between those who are in there because they want to save people, and those who want to empower.

Grassroots advocacy

The invisibility of social work activity in abortion services, other than those who work in them led our key informant to 'hazard a guess that there's a protection factor involved in not necessarily disclosing too much about what they do'. Professional advocacy may have been limited by anxieties about the contentious nature of abortion, despite the press release (ANZASW 2018b) clearly linking reproductive rights to social work ethics and principles.

perhaps even in ANZASW, there are people who do not want to come out too firmly in favour of abortion because it would seem to conflict - even though it doesn't - with the concept of children's rights. I think that those two things stand in tension [for some] and that's why it's not clear cut. Rather than take a stand, they just sat there in the middle.

Thus, current advocacy on abortion is minimal. In Auckland, recently only a few social workers attended a large well-publicised public meeting on abortion law reform organised by the Auckland Women's Centre. Author 1 has written several opinion pieces for an online news site and has blogged and made a podcast. Unlike most such activities, those on abortion attract few comments, even on closed social work Facebook pages. At the time of writing it is not known whether grassroots advocacy will increase in New Zealand. Following the success of the Irish campaign a Twitter account, Social Workers for Choice Aotearoa, has been set up to publicise events and share resources.

Influences and changes in on social work advocacy of reproductive justice

Our New Zealand key informant argues that social workers need “to name the power structure, ... which is denying women access to abortion, to any form of reproductive justice” and recognise that there is a lack of awareness of how the economic system, the patriarchy, institutional racism intersect in denying women’s rights:

we need to talk about how women of colour are caught in that bind and the practices that I see that go on with some of the policies [in health services] and how they’re enforcing contraception amongst young women of colour [not] reproductive justice. These are women who are from communities where religion is often a really strong part of their lives, and when you’ve got religion wrapped up with patriarchy, and poverty, wrapped up with a [health authority] that has a rapidly expanding population, so “Oh just whack a Jadelle [contraceptive implant] in her arm and then she won’t have any more babies”

Our key informant argues that there has been a “gradual watering-down of feminism in social work” and “it’s almost not even there in social work education”, and so feminism is not highly visible as an ideological and theoretical lens within the profession. Perhaps social workers are aware

that if they come out too strongly as being feminist then they won’t be listened too, so there’s a self-censorship that goes on, there’s a treading-lightly in abortion issues because you don’t want to come out so stridently that you’re going to alienate a large group of people, but you want to come out forcefully enough so that you get at least part of what you want.

Future roles for social work on reproductive rights

Given decriminalisation has been successful our other case study contexts New Zealand social workers are in a good position to plan to be active in the parliamentary and public debates that will follow parliamentary introduction of the proposed legislation. We will have the opportunity to make submissions to a select committee on the proposals in the legislation. Our key informant believes we need make submissions that:

talk about the role of social work and highlight those linkages to human rights and reproductive justice. It would be really nice to link that to issues of poverty and even

the fact that once women have children, there's a whole lot of mother-blaming that goes on.

There are broader issues and “a wider conversation there, that social work should be a part of, because it's not just about abortion it's about contraception, it's also about sexuality education”.

CONCLUSIONS

A common factor in all of our case-studies is that the number of social workers working in abortion care is so tiny is that it often doesn't register on other social worker's radars. However, if practitioners work with women at all, they will work with one in three women who experience unplanned pregnancy and may need to access options, so there may be a wilful denial at play here too. What is also common across our case-studies is the socio-political context of social work over the last 30 years where the scope of social work and indeed the direction of our representative bodies, has shifted to a focus on clinical work rather than the social change agenda presented by critical, structural, anti-oppressive social work theories (Morley & Macfarlane, 2014). Since the 1980s social services have been weakened by the dominant neoliberal focus on cost restraint, standardisation, risk averse culture, and a reduced focus on needs and rights (Morley & Macfarlane, 2014) and the quest for objectivity and certainty (Hyslop, 2016). The accompanying social conservatism has undoubtedly had a flow-on effect in regards to the level of engagement in feminist social justice campaigns like abortion law reform, by professional bodies worldwide. Social work has not seen its core business as being a project for agitation in areas such as law reform and women's rights social-change projects, grounded in concepts of social justice, where policy statements may:

specifically outline the importance of access to abortion as a human right for women. Social workers can no longer ignore their obligation to seek social justice through policy practice in this area as the need is great and the time is now. (Ely & Dulmus, 2010, pp.669-70).

Jayasundara (2013) argues that social workers at micro-practice level can act as activists, advocates, partners, educators, social counsellors, and social researchers in the field of reproductive justice: from “empowerment-based holistic capability enhancement methods may

be encouraged over traditional, compartmentalized problem-oriented efforts” (p.142). At macro-practice level of policy practitioners should lobby for change promoting “a holistic definition of reproductive well-being” (Jayasundara, 2013, p.142)

As feminist social workers, our hope is that professional body level submissions in Queensland and Aotearoa are symbolic of change, with a positioning of abortion as a fundamental right that needs to be safeguarded and advanced. Grassroots social workers are crucial for organising, building capacity in the lean years, springing into action when the time is right for official reform. Individual practitioners who do hold social change values, use their networks and keep the issue on the agenda, so when the time is right, they can easily organise.

We argue for a broad reproductive justice lens to be promoted for social work practice and be more visible in social work education. An inclusive approach addresses all aspects of human rights in respect of contraction, abortion, fertility and infertility, pregnancy and post-natal care and choosing when and whether to parent or choose not (Alazate, 2009; Turner, Vernacchio, & Satterly, 2018) contextualising these within a structural analysis of how health, gender, race and class intersect in the lives of citizens.

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