

16 December 2022

## **Response to Abortion Legislation – Proposal for reform in Western Australia**

### **Prepared by Women's Legal Service Western Australia (WLSWA)**

Women's Legal Service Western Australia (**WLSWA**) welcomes the opportunity to make this submission to the Government of Western Australia in response to the Abortion Legislation – Proposal for reform in Western Australia Discussion Paper.

WLSWA is a not-for-profit community legal centre funded to provide statewide legal services to women who live with disadvantage in Western Australia. WLSWA provides legal advice and casework in the areas of family law, family and domestic violence, care and protection proceedings and criminal injuries compensation for victims of family and domestic violence and/or sexual assault. WLSWA also promotes women's human rights to be upheld, and fosters legal and social change through a range of strategic activities, including law and policy reform.

WLSWA has been working directly with victim-survivors for 25 years, providing general assistance, education and advocacy in partnership with key sector organisations. Our clients' experiences and voices directly influence our response to the Discussion Paper.

### **Women should have total control over their reproductive rights & abortion should be accessible for all**

Access to local, safe, and affordable contraception methods and abortion services is a key indicator of women's health and reproductive rights.<sup>1</sup> The United Nations Committee on the Elimination of Discrimination Against Women has held that the "right of a woman or girl to make autonomous decisions about her own body and reproductive functions is at the very core of her fundamental right to equality and privacy [...] and is a precondition for the enjoyment of other rights."<sup>2</sup> Any denial of access to health services that only women require, including abortion, is akin to "discrimination and can constitute gender-based violence, torture and/or cruel, inhuman and degrading treatment".<sup>3</sup> A core obligation within the right to sexual and reproductive health is the prevention of unsafe abortions.<sup>4</sup>

Australia's abortion laws, which vary between state and territory, are considered some of the "most lenient abortion laws in the world".<sup>5</sup> The American-based Center for Reproductive Rights ranks Australia

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<sup>1</sup> Tricia Cresswell, This attack on women's reproductive rights must be resisted, *The Guardian* (Online, 7 May 2022) <[This attack on women's reproductive rights must be resisted | Letters | The Guardian](#)>.

<sup>2</sup> The United Nations Committee on the Elimination of Discrimination Against Women, Working Group on the issue of discrimination against women in law and in practice, A/HRC/38/46 (2018), para. 35.

<sup>3</sup> The United Nations Office of the High Commissioner, Information Series on Sexual and Reproductive Health and Rights: Abortion, 2020, p. 1 <[INFO\\_Abortion\\_WEB.pdf \(ohchr.org\)](#) [INFO\\_Abortion\\_WEB.pdf \(ohchr.org\)](#)>.

<sup>4</sup> The United Nations Committee on Economic, Social and Cultural Rights, General Comment 22, para. 40.

<sup>5</sup> Carly Douglas, New global study compares Australia's support for abortion, *Perth Now* (Online, 17 August 2022) <[New global study compares Australia's support for abortion | PerthNow](#)>.

in par with most European countries, the United Kingdom, Canada, New Zealand and South Africa.<sup>6</sup> A recent Ipsos global survey (**Ipsos Survey**) on attitudes toward abortion confirms that 74% of Australian adults support abortion for any woman in the first six weeks of a pregnancy (compared to the global average of 62%), while 59% say it should be legal for any woman in the first 14 weeks (compared to the global average of 45%).<sup>7</sup> Currently in Western Australia abortion is legal up to 20 weeks.<sup>8</sup>

WLSWA calls for improvement and consistency in the delivery of safe and timely healthcare for women in Western Australia.<sup>9</sup> Across Australia abortion laws are inconsistent in application particularly for communities experiencing disadvantage or financial insecurity. These women are often in positions where they cannot afford abortion or reproductive services. The Brisbane-based reproductive advice and referral service – Children By Choice – has reported that 80% of their clients face geographical or financial barriers to safe abortions.<sup>10</sup> While there is no comparative data for Western Australia, we are certain that many women outside metropolitan Perth would resonate.

WLSWA also welcomes the federal senate inquiry into what can be done at a national level to alleviate the physical and financial barriers of accessing reproductive healthcare, contraception and abortion care. The post Roe v Wade public response of 2022 is illustrative of the widespread call for the protection of women’s rights. We agree with MSI Australia which has described Roe v Wade as a “fundamental attack on the bodily autonomy of women and pregnant people across the world”.<sup>11</sup>

WLSWA is particularly interested in a range of reforms to abortion legislation; including from, properly funded and supported reproductive healthcare, culturally safe and sensitive practices for abortion and adequate screening (and protections) for women who have been coerced into pregnancy or raped.

### **Western Australia’s abortion laws are outdated**

Western Australia’s abortion laws have not been updated since 1998 despite advancements in both medicine and science.<sup>12</sup> We remain the only state that regulates abortion through the *Criminal Code*, meaning that a pregnant woman can be criminalised if the abortion is ‘unjustified’.<sup>13</sup> Two doctors from a ministerial panel must also sign off on the procedure if the pregnancy is beyond 20 weeks.<sup>14</sup> There is no equivalent ministerial panel in any other state or territory.<sup>15</sup>

Western Australia is also the only state that requires a pregnant woman to attend mandatory counselling prior to an abortion.<sup>16</sup> The idea being that a medical professional (i.e., counsellor) has explained the

<sup>6</sup> Rachel Vogelstein and Rebecca Turkington (2022), Abortion Law: Global Comparisons, Center for Reproductive Health in Council on Foreign Relations (Web Page) < [Abortion Law: Global Comparisons | Council on Foreign Relations \(cfr.org\)](#)>.

<sup>7</sup> Ipsos, Seven in 10 Australians say that abortion should be legal in all or most cases (Online, 2 August 2022) < [Seven in 10 Australians say that abortion should be legal in all or most cases | Ipsos](#)>.

<sup>8</sup> Department of Health, Abortion Legislation – Proposal for reform in Western Australia: Discussion Paper, Government of Western Australia, 18 November 2022, p. 20 < [Microsoft Word - BN CHO Abortion Legislation Reform\\_ATT 1-Discussion Paper \(002\) \(002\) \(health.wa.gov.au\)](#)>.

<sup>9</sup> Ibid, p. 9.

<sup>10</sup> Chloe Koffman, Legalising abortion means nothing if we don’t provide secure access for all women, *Crikey* (Online, 2 August 2019) < [Legalised abortion means nothing if rural and Indigenous women are left behind \(crikey.com.au\)](#)>.

<sup>11</sup> MSI Australia, MSI Australia statement on Roe v. Wade and abortion care access in Australia (Statement, 13 May 2022) < [MSI Australia statement on Roe v. Wade and abortion care access in Australia](#)>.

<sup>12</sup> Adrienne Walters, WA lags behind on abortion access (Media Statement, 8 July 2022) < <https://www.hrlc.org.au/current-news/2022/8/7/wa-lags-behind-on-abortion-access>> and Department of Health, Abortion Legislation – Proposal for reform in Western Australia: Discussion Paper, Government of Western Australia, 18 November 2022, p. 6 < [Microsoft Word - BN CHO Abortion Legislation Reform\\_ATT 1-Discussion Paper \(002\) \(002\) \(health.wa.gov.au\)](#)>.

<sup>13</sup> *Health (Miscellaneous Provisions) Act 1911* (WA), section 334. See also: Department of Health, as above n 8, p. 9.

<sup>14</sup> Ibid, section 334(7).

<sup>15</sup> Cason Ho, WA Government set to modernise state’s abortion laws, following community consultation, *ABC News* (Online, 20 November 2022) < [WA Government set to modernise state’s abortion laws, following community consultation - ABC News](#)>.

<sup>16</sup> *Health (Miscellaneous Provisions) Act 1911* (WA), section 334(5).

intended consequences of termination, medical risks and discussed any alternative interventions so that the woman can provide informed consent.<sup>17</sup> “Empirical research shows that pre-abortion counselling scarcely reverses the woman’s decision either to terminate a pregnancy or not”.<sup>18</sup> A national survey in 2006 found that 75% of women who had experienced a pregnancy did not want to speak to a counsellor.<sup>19</sup> Most women are more comfortable discussing their pregnancy or decision to terminate the pregnancy with their partner, a family member or close friend. Mandatory counselling is unnecessary and another barrier to accessing safe and timely abortions. Where mandatory counsellors are affiliated with not-for-profit or faith-based organisations, who are not subject to trade practices legislation that regulates misinformation, women can be fed inaccurate, biased and sometimes intentionally misleading information. This experience is traumatising, particularly where pregnancy is the result of rape. Mandatory counselling does not advance women’s reproductive rights; conversely, it threatens women’s rights to non-discrimination and equality.<sup>20</sup>

The restrictive barriers facing pregnant women seeking an abortion in Western Australia is both unnecessary and stressful. WLSWA understands that it is common for women to seek medical treatment and care interstate or overseas in order to avoid these barriers. This comes with both financial and logistical pressure.<sup>21</sup> It can also result in women seeking unauthorised ‘procedures’ to terminate, placing the women at risk of injury or death.<sup>22</sup>

### **Pregnancy and Intimate Partner Violence**

As a gender specific specialist community legal centre, WLSWA is particularly concerned with the intersections of pregnancy and domestic and intimate partner violence (IPV). Pregnancy is often used to coerce and control women as part of a family and domestic violence dynamic. We also know that violence experienced from an intimate partner before pregnancy is the strongest risk factor for predicting violence during pregnancy.<sup>23</sup> Women who experience violence during pregnancy are 3.93 times more likely to be killed by their partners while pregnant.<sup>24</sup> There is also a strong correlation between unintended pregnancies and domestic violence or IPV (discussed below).<sup>25</sup> WLSWA urges the Government to consider the double bind that pregnant women face; violence is underreported due to fear of further violence and access to reproductive healthcare is restricted as an extension of the perpetrator’s control.

Concern about violence is also a valid reason why women decide to terminate a pregnancy. This is supported by research from the U.S. which shows that incidents of IPV decreased among women who were able to access abortion, but remained consistent for women who carried their pregnancies to

<sup>17</sup> Ibid.

<sup>18</sup> Luchuo Engelbert Bain (2020), Mandatory pre-abortion counselling is a barrier to accessing safe abortion services, *Pan African Medical Journal*, 35(80) <[Mandatory pre-abortion counselling is a barrier to accessing safe abortion services - PMC \(nih.gov\)](#)>.

<sup>19</sup> Children by Choice, Pregnancy Counselling in Australia (Web Page) <[Pregnancy Counselling in Australia - Children by Choice](#)>.

<sup>20</sup> Chemin Louis-Duant (2015), Mandatory Waiting Periods and Biased Counselling Requirements in Central and Eastern Europe: Restricting access to abortion, undermining human rights, and reinforcing harmful gender stereotypes, Centre for Reproductive Rights, p. 1 <[CRR Fact-Sheet Abortion MWP-and-Biased-Counseling\\_CEE\\_Final\\_0.pdf \(reproductiverights.org\)](#)>.

<sup>21</sup> Caroline de Costa and Heather Douglas (2015), Abortion law in Australia: it’s time for national consistency and decriminalisation, *Medical Journal Australia*, 203 (9): 349-350 <[Abortion law in Australia: it’s time for national consistency and decriminalisation | The Medical Journal of Australia \(mja.com.au\)](#)>.

<sup>22</sup> Ibid.

<sup>23</sup> Monica Campo (2015), Domestic and family violence in pregnancy and early parenthood: Overview and emerging interventions, Australian Institute of Family Studies, p. 3 <[Domestic and family violence in pregnancy and early parenthood \(aifs.gov.au\)](#)>.

<sup>24</sup> Chelsea Spencer and Sandra Stith et al., (2020), Risk Factors for Male Perpetration and Female Victimization of Intimate Partner Homicide: A Meta-Analysis, *Journal of Trauma, Violence and Abuse*, 21(3) <[Risk Factors for Male Perpetration and Female Victimization of Intimate Partner Homicide: A Meta-Analysis - Chelsea M. Spencer, Sandra M. Stith, 2020 \(sagepub.com\)](#)>.

<sup>25</sup> Monica Campo (2015), as above n 23, p. 3.

term.<sup>26</sup> "Being unable to have the abortion tethers women to violent men, while women who have the abortion [are] more able to escape abusive relationships".<sup>27</sup> The consequences of denying abortions to women who experience violence are clear: they are more likely to experience severe birth complications, anxiety and loss of self-esteem in the short term particularly after being denied an abortion and more likely to experience poor health outcomes.<sup>28</sup>

WLSWA notes that while the current abortion law does not discriminate against who can access an abortion, we recommend that pregnant women who are victims of violence be prioritised as a response to this reform. The Government should actively consider the role of domestic violence and IPV on reproductive healthcare and access to abortions. Without appropriate responses we risk condoning these women to poor health and life outcomes across the spectrum of health and wellbeing, finances and safety.

### **Abortion laws should be consistent across states and territories and reflect societal values**

Current state and territory laws are inconsistent across a number of areas including, the number of doctors required to approve an abortion, whether nurses, midwives and Aboriginal workers are permitted to provide medical abortions without risk of criminalisation, whether support people are able to assist someone to access an abortion without the risk of criminalisation, the collection of state or territory data on abortion statistics and conscientious objection rules.<sup>29</sup>

Western Australia and the Australian Capital Territory are the only jurisdictions where a medical practitioner can refuse to offer or support a person to access abortion (i.e., conscientiously object) because of a personal belief.<sup>30</sup> In all other states and territories, the law compels the 'conscientious objector' to declare their objection and direct the person to someone/some service who does not hold a conscientious objection.<sup>31</sup> WLSWA believes that conscientious objection reinforces dangerous ideas about reproductive healthcare, and more broadly, women's rights and autonomy. WLSWA reinforces that the duty of a medical practitioner and their religious or cultural beliefs should be mutually exclusive.

Inconsistencies in laws also creates difficulties for medical practitioners who are required to navigate complex, conflicting and in the case of Western Australia, outdated laws which can compromise patient care and safety. On this issue, the former President of the Australian Medical Association (**AMA**) – Dr Mukesh Haikerwal – has said:

*"The AMA is concerned that a situation could arise where doctors could be compromising patient care for fear of legal repercussions. Doctors need to be working in a safe and clear legal environment. It is not acceptable for doctors and their patients to not know what is required for*

<sup>26</sup> Sarah Roberts, Karuna Chibber and Diana Foster et al., (2014), Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion, *BMC Medicine*, 12(144) < [Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion | BMC Medicine | Full Text \(biomedcentral.com\)](#)>.

<sup>27</sup> Ibid.

<sup>28</sup> The University of California San Francisco, The Turnaway Study (Web Page) < <https://www.ansirh.org/research/ongoing/turnaway-study>>.

<sup>29</sup> MSI Australia, Abortion Access Scorecard (Web Page) < [Abortion Access Scorecard - MSI Australia](#)>.

<sup>30</sup> *Health (Miscellaneous Provisions) Act 1911* (WA), section 334(2) and MSI Australia, Abortion Access Scorecard (Web Page) < [Abortion Access Scorecard - MSI Australia](#)>.

<sup>31</sup> MSI Australia, Abortion Law in Australia (Web Page) < [Abortion Law in Australia - MSI Australia](#)>.

*an abortion to be considered legal. Australia urgently needs uniform national legislation on abortion so that access to services is safe and equitable for all Australian women”.*<sup>32</sup>

For these reasons, WLSWA hopes that the federal senate inquiry will recommend uniform abortion laws across all states and territories.

WLSWA does acknowledge that there have been positive developments to abortion laws in Western Australia. In 2021, we welcomed the introduction of safe access zones up to 150m in Western Australia.<sup>33</sup> The regulation of safe access zones is now consistent across all states and territories and reflective of societies expectation of a women’s right to self-determination. Prior to this, abortion clinic workers and patients faced significant harassment and intimidation when accessing clinics, including being subjected to pro-life and right-wing paraphernalia.<sup>34</sup> In a landmark challenge to safe access zones, the High Court reaffirmed that a women’s right to privacy, safety and dignity takes precedence over ‘political communication’.<sup>35</sup>

Although it is beyond the scope of this submission, WLSWA urges the Government to consult with specialist LGBTIQ+ and disability organisations. These groups have largely been ignored in conversations on reproductive healthcare and access to abortion services. There is a call for increased recognition of the need for specialised services for LGBTIQ+ communities and women living with disabilities. Our response must shift with social progression and reflect society’s call from not ‘who gets an abortion’ to ‘who needs an abortion’.<sup>36</sup> WLSWA directs the Government to specialist LGBTIQ+ and disability organisations for their recommendations on how abortion reform can further the rights of these communities.

### **CaLD women are at an increased risk of reproductive coercion**

Intimate partner violence (IPV) during pregnancy is known as ‘reproductive coercion’; that is, “any interference with a person’s reproductive autonomy that seeks to control if and when they become pregnant, and whether the pregnancy is maintained or terminated”.<sup>37</sup> Reproductive coercion is a public health issue that negatively impacts on mental health, sexual and reproductive health and maternal and child health.<sup>38</sup>

WLSWA has assisted women whose partners have interfered with their birth control (deliberately thrown away or tampered with their contraception), threatened to and/or used violence where they have insisted on using a condom or other form of contraception, blackmailed or coerced them to have unprotected sex, fall pregnant or abort the pregnancy as a sign of their devotion and love and obstructed their access to antenatal care.<sup>39</sup> We are familiar with these common threats: ‘I will leave you if you don’t

<sup>32</sup> Australian Medical Association, ‘Australia Needs Consistent Uniform National Abortion Laws To Protect Women and Doctors’ <https://www.ama.com.au/media/australia-needs-consistent-uniform-national-abortion-laws-protect-women-and-doctors>, 15 August 2005.

<sup>33</sup> *Acts Amendment (Abortion) Act 1998 (WA)* and *Public Health Amendment (Safe Access Zones) Act 2021 (WA)*.

<sup>34</sup> Staff Writer, Western Australia has made it illegal to protest outside abortion clinics, *SBS News* (Online, 12 August 2021) < [Western Australia has made it illegal to protest outside abortion clinics | SBS News](#)>.

<sup>35</sup> *Kathleen Clubb v Alyce Edwards & Anor; John Graham Preston v Elizabeth Avery & Anor* [2019] HCA 11 (10 April 2019).

<sup>36</sup> Olivia McCormack, Transgender advocates say the end of Roe would have dire consequences, *The Washington Post* (Online, 6 May 2022) < [Trans men and nonbinary people weigh in on possible end of Roe - The Washington Post](#)>.

<sup>37</sup> Elizabeth Price, Leah Sharman and Nicola Sheeran et al., (2022), Experiences of Reproductive Coercion in Queensland Women, *Journal of Interpersonal Violence*, 37(5–6), p. 1 < [Experiences of Reproductive Coercion in Queensland Women - Elizabeth Price, Leah S. Sharman, Heather A. Douglas, Nicola Sheeran, Genevieve A. Dingle, 2022 \(sagepub.com\)](#)>.

<sup>38</sup> MSI Australia (2020), Hidden forces: reproductive coercion in contexts of family and domestic violence (Second edition), p. 17 <[Hidden-Forces-Second-Edition-.pdf \(msiaustralia.org.au\)](#)>.

<sup>39</sup> See also: The Royal Women’s Hospital Victoria, Unplanned pregnancy in violent & abusive relationships (Web Page) < [Unplanned pregnancy in violent & abusive relationships | The Royal Women’s Hospital \(thewomens.org.au\)](#)>.

have an abortion’, ‘I don’t believe the baby is mine. You probably slept with someone else’ and ‘you are killing our baby’.

The prevalence of reproductive coercion among Australian women is unknown. There is no formal assessment of reproductive coercion and no profiling included within domestic violence data.<sup>40</sup> The Personal Safety and Security Survey (2016) did reveal that 187,800 women who experienced intimate partner violence by a current partner were pregnant at some point during the relationship and 686,400 women who experienced intimate partner violence by a previous partner were pregnant at some point during the relationship.<sup>41</sup> A recent study on Queensland women’s experiences of reproductive coercion confirmed that reproductive coercion is more likely to co-occur with other forms of IPV (**Queensland Study**).<sup>42</sup> Over 20% of women who accessed Children By Choice because of reproductive coercion had also experienced physical, sexual, psychological and economic violence by their partner.<sup>43</sup> This is consistent with our understanding of IPV and coercive control as defined by “patterns of behaviour [or] tactics to make a woman subordinate [for the man to] maintain his dominance and control over every aspect of her life”.<sup>44</sup>

There is a notable lack of data on the experiences of culturally and linguistically diverse (**CaLD**) women and reproductive coercion. A Griffith University study on the perspectives of CaLD service providers across abortion and antenatal clinics found that CaLD women are at heightened risk of experiencing reproductive coercion because of their visa and financial dependence on partners, lack of knowledge of legal rights in Australia, lack of access to health insurance, certain cultural norms that women are expected to only rear children and the normalisation of large families in some minority ethnic communities.<sup>45</sup> Women from CaLD communities often describe feeling a “collective governance” over their bodies; in particular, community or religious objections to abortion puts women at greater risk of unwanted pregnancies.<sup>46</sup> If a woman does not fulfill her designated role or deviates from community expectations (either by falling pregnant, not falling pregnant or by conceiving a girl), this could also be perceived as “grounds for physical, sexual or psychological abuse to force them into a particular pregnancy outcome”.<sup>47</sup>

Research from Harmony Alliance and Monash University (**Safety and Security Study**) and the Queensland Study supports WLSWA’s understanding that CaLD women are more likely to report domestic violence (including IPV) to a healthcare professional or their doctor than any other formal source.<sup>48</sup> Over 21% of survey respondents to the Safety and Security had disclosed to their doctor and 28% to another healthcare practitioner, e.g., a nurse or counsellor.<sup>49</sup> The Queensland Study reported that CaLD women, although initially hesitant, do disclose reproductive coercion to pregnancy counsellors for the purposes of getting an abortion or general advice.<sup>50</sup> Disclosure of reproductive coercion and violence is higher

<sup>40</sup> Elizabeth Price, Leah Sharman and Nicola Sheeran et al., (2022), as above n 37, p. 5.

<sup>41</sup> Australian Bureau of Statistics (2016), *Personal Safety Survey, Australia* [Internet], Canberra: ABS < <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>>.

<sup>42</sup> Elizabeth Price, Leah Sharman and Nicola Sheeran et al., (2022), as above n 37, p. 11.

<sup>43</sup> Ibid.

<sup>44</sup> Evan Stark (2007), *Coercive control: How men entrap women in personal life*. New York: Oxford University Press. in Australia’s National Research Organisation for Women’s Safety (2021), *Defining and responding to coercive control: Policy brief, ANROWS*, p.1 < [Coercive-Control-Policy-Brief-ANROWS-Insights-1.0.pdf](#) (netdna-ssl.com) >.

<sup>45</sup> Laura Tarzia, Heather Douglas and Nicola Sheeran (2020), *Journal of Culture, Health & Sexuality*, Griffith University, p. 11 < [Sheeran458013-Accepted.pdf](#) (griffith.edu.au)>.

<sup>46</sup> Ibid, p. 12.

<sup>47</sup> Ibid.

<sup>48</sup> Marie Segrave, Rebecca Wickes and Chloe Keel (2021), *Migrant and refugee women in Australia: The safety and security study*, Monash University, p. 43 < <https://www.monash.edu/arts/migration-and-inclusion/news-and-events/articles/first-national-study-into-migrant-and-refugee-women-reveals-diversity-of-experiences>> and Elizabeth Price, Leah Sharman and Nicola Sheeran et al., (2022), as above n 37.

<sup>49</sup> Ibid.

<sup>50</sup> Elizabeth Price, Leah Sharman and Nicola Sheeran et al., (2022), as above n 37, p. 11.

amongst women who make repeat contact with counsellors about their pregnancy versus women who disclose at first contact.<sup>51</sup> This suggests that appropriate screening (and re-screening) for reproductive coercion is central to intervening in IPV and protecting women's autonomy over their bodies. Building trust with CaLD women is also necessary to affect change. WLSWA acknowledge that Western Australia does offer free, non-directive pregnancy options counselling either via telehealth or phone for anyone considering parenting or abortion.<sup>52</sup>

The Draft National Plan and Western Australia Government have identified CaLD women as a priority for future responses to domestic violence.<sup>53</sup> WLSWA has extensive experience working with CaLD women, including through health justice partnerships with King Edward, Fiona Stanley and Armadale hospitals, as well as our general advice appointments, and we welcome further discussion on this significant issue.

### Conclusion

Access to safe and accessible reproductive care is a base health right that must be prioritised. WLSWA call on the Government to prioritise accessible reproductive services and healthcare for all women taking into account barriers and life realities, particularly for women experiencing domestic violence, IPV and intersecting disadvantages.

Please do not hesitate if you require additional information.

Kind regards



Dr Jennie Gray  
Chief Executive Officer

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<sup>51</sup> Ibid.

<sup>52</sup> Department of Health, Abortion Legislation, as above n 8, p. 7.

<sup>53</sup> Department of Social Services, Draft National Plan to End Violence against Women and Children 2022-2032, Australian Government, p.27 < [Draft-National-Plan-to-End-Violence-against-Women-and-Children-2022-32.pdf \(dss.gov.au\)](#)> and Government of Western Australia (2020), WA Recovery Plan, p. 50 < [WA-Recovery-Plan.pdf \(www.wa.gov.au\)](#)>.