



Government of **Western Australia**
Department of **Health**

Safe access zones – A proposal for reform in Western Australia

Report 2020

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Safe Access Zones - Recommendations

1

Safe access zones legislation should be introduced in Western Australia.



2

Safe access zones should apply to premises at which abortions are provided.



3

The scope of the safe access zones should be defined to be the protected premises, and an area within 150 metres from the boundaries of the protected premises.



24
7

A safe access zone should operate 24 hours-a-day 7 days-a-week.



4

The definition of 'prohibited behaviour' should be modelled on Victoria's definition of 'prohibited behaviour' in its *Public Health and Wellbeing Act 2008*.

5



6

The legislation should not provide for exemptions.



7

\$12,000



The legislation should provide for a maximum penalty of a fine of \$12,000 and 12 months imprisonment for engaging in prohibited behaviour in a safe access zone and publication of visual data without consent.

Executive summary

This Report on 'Safe access zones – A proposal for reform in Western Australia' presents the recommendations from the Department of Health (DOH) to the Minister for Health on the question of whether there is value introducing legislation to establish safe access zones in Western Australia (WA) around abortion services and other health services.

The policy outcome is to ensure patients can access health services, including abortion services, without fear of harassment or intimidation. The right to safety, privacy, dignity and respect when accessing health care is a right that should be protected. The same protection should also be available to staff who work at these health services.

In considering an appropriate approach to protect the safety and wellbeing of patients and staff, a Discussion Paper was released by the DOH in April 2019. The Discussion Paper sought community feedback on the value of introducing safe access zone legislation in WA, including feedback on key considerations in the design of a legislative framework.

Community consultation on the Discussion Paper commenced on 17 April 2019 and closed on 31 May 2019.

Proposal for consultation

The Discussion Paper proposed two options:

Option 1: Status quo.

Retaining the status quo would mean no changes are made to the current regulatory system. Protestor and demonstrator behaviour may continue to be managed by WA Police through the permit system, and existing criminal and civil courses of action. Individuals adversely affected by protestor and demonstrator behaviour would have recourse through the courts.

Instead of Government intervention, protection of patients and staff would depend on clinics addressing the problem through their own means. For example, clinics impacted by the behaviour may choose to invest more in security equipment, such as installing closed-circuit television (CCTV) cameras or hiring security guards. This may be beneficial in tempering the conduct of individuals gathered outside the clinics. Rather than turning to a legislative solution, a heightened security presence may help to manage protestor and demonstrator behaviour.

Option 2: Introducing safe access zone legislation.

New legislation is proposed to introduce safe access zones around premises that provide abortion services, or other relevant health services. These premises could be defined as premises offering services such as fertility treatments, assisted reproductive services, contraception and family planning, sexually transmitted infection testing and treatment, and abortions.

The primary objective of the proposed new legislation would be to establish a buffer zone around particular premises, and to make it an offence to engage in prohibited behaviour within the zone. This is designed to protect patients and staff accessing clinics from harassment and intimidation.

In respect of Option 2, the Discussion Paper highlighted the following considerations in the design of a safe access zone legislative framework for WA:

- Identifying which premises should be protected
- Determining the operation and scope of the zone
- Defining what constitutes 'prohibited behaviour'

- Determining if exemptions are required
- Determining appropriate penalties.

Consultation response

The DOH received an extraordinary¹ level of community and industry engagement with the proposal, including 235 email and paper submissions and 3,949 engagements through the online survey. Over 40 public and private organisations made submissions. There were 3,311 (83.8%) respondents to the survey who identified themselves as WA residents, which is indicative of the importance of the proposal for the community.

The outcome of the consultation process shows that 2,927 (70.0%) of all submissions (4,184) were in favour of introducing safe access zones around premises at which abortion services are provided in WA.

In respect of the other legislative considerations outlined in the Discussion Paper, of those respondents in favour of safe access zones (2,927) (Tables 5-9):

- 1,417 (48.4%) submissions supported introducing safe access zones around other health services
- 2,205 (75.3%) submissions supported a minimum safe access zone distance of 150 metres
- 2,326 (79.5%) submissions supported safe access zones being in place for 24 hours-a-day, 7 days-a-week
- 2,823 (96.4%) submissions supported what would constitute 'prohibited behaviour' in a safe access zone being modelled on the prohibited behaviours outlined in Victoria's *Public Health and Wellbeing Act 2008*
- 2,263 (77.3%) submissions opposed the inclusion of any additional exemptions.

DOH recommendations

Following careful consideration of the feedback provided, the DOH makes the following seven recommendations to the Minister for Health.

Recommendation 1: Safe access zones legislation should be introduced in Western Australia.

Recommendation 2: Safe access zones should apply to premises at which abortions are provided.

Recommendation 3: The scope of the zones should be defined to be the protected premises and an area within 150 metres from the boundaries of the protected premises.

Recommendation 4: A safe access zone should operate 24 hours-a-day, 7 days-a-week.

Recommendation 5: The definition of 'prohibited behaviour' should be modelled on Victoria's definition of 'prohibited behaviour' in its *Public Health and Wellbeing Act 2008* (Vic).

Recommendation 6: The legislation should not provide for exemptions.

¹ The next largest consultation conducted in the WA Health Citizen Space platform received 545 responses. By comparison, the average across all consultations conducted on the WA Health Citizen Space platform is 39 responses per consultation (inclusive of all publicly available and private consultations), and 149 responses per consultation for publicly available consultations.

Recommendation 7: The legislation should provide for a maximum penalty of a fine of \$12,000 and 12 months imprisonment for engaging in prohibited behaviour in a safe access zone and publication and distribution of recorded material without consent.

1 Introduction

1.1 Purpose of the report

This Report on ‘Safe access zones – A proposal for reform in Western Australia’ (the Report) presents the recommendations from the DOH to the Minister for Health on the question of whether there is value in introducing legislation to establish safe access zones in WA around abortion services and other health services.

The policy outcome is to ensure patients can access health services, including abortion² services, without fear of harassment or intimidation. The right to safety, privacy, dignity and respect when accessing health care is a right that should be protected. The same protection should also be available to staff who work at these health services.

The purpose of this Report is not to debate the operation of health services in WA, but to consider the best approach to protect the safety and wellbeing of patients and staff who are accessing these services.

The recommendations in the Report have been informed by broad community consultation with extraordinary levels of engagement from stakeholders including community members, community health advocacy groups, human rights organisations, academics, medical practitioner associations, women’s interest groups and religious groups as set out in Appendix 2.

The information gathered from this consultation process has been carefully considered, along with other Australian jurisdictions’ experiences, information obtained from the main private abortion providers in WA and WA Police to form the basis for the recommendations outlined in this Report.

1.2 Current context

In 1998, the *Criminal Code Compilation Act 1913 (WA)* was amended to specify that it is unlawful to perform an abortion unless the abortion is performed by a medical practitioner in good faith and with reasonable care and skill and justified under section 334 of the *Health (Miscellaneous Provisions) Act 1911 (WA)*.³

In WA, abortion services may be offered by public hospitals, private hospitals, clinics, general practitioners and telehealth services. Medications for abortions may be supplied by registered pharmacists.

The *Health (Miscellaneous Provisions) Act 1911 (WA)* requires that midwives and medical practitioners report information to the Chief Health Officer about abortions they attend.⁴ Those reports demonstrate that most of the abortions undertaken in WA are provided by two private abortion providers.

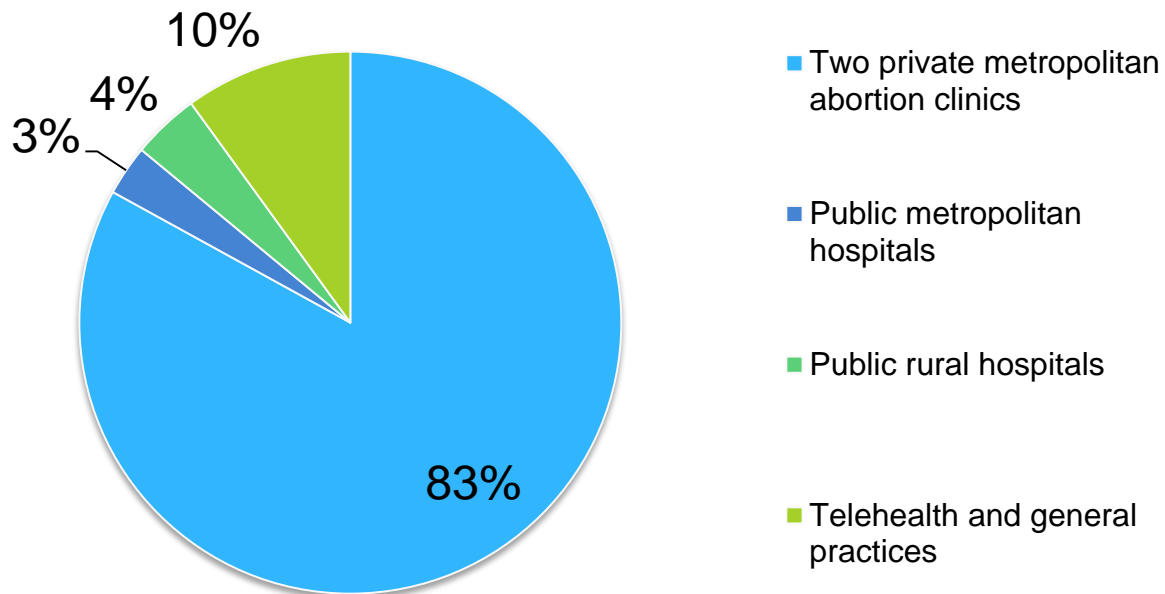
Specifically, in 2018, a total of 7,816 abortions were notified to the DOH, with most abortions notified by Marie Stopes WA and Nanyara Medical Group (6,472, 83%, Figure 1).

² WA does not currently have a definition of abortion in its legislation. In medical usage, the term ‘abortion’ includes miscarriage and induced abortion. In this context, ‘abortion services’ refers specifically to induced abortions. Induced abortion is the performance of a procedure or administration of a substance that is intended to terminate a pregnancy.

³ *Criminal Code Act Compilation Act 1913 (WA)* ss 199 and 259.

⁴ *Health (Miscellaneous Provisions) Act 1911 (WA)* s 335.

Figure 1: Percentage of notifications of abortions by type of health service in WA, 2018



Since abortion was legalised in WA, demonstrators have targeted premises at which abortions are provided, impacting the people seeking access to those services.⁵ Staff members working at these premises have also been impacted when arriving and leaving their workplace.

Apart from South Australia (SA) and WA, every other jurisdiction in Australia has introduced safe access zone legislation in respect to premises that provide abortion services. A comparison of jurisdictional approaches is provided in Appendix 1.

1.3 Community consultation process

Consultation methods

The Discussion Paper included a preliminary analysis of the nature of the problem, outlined important considerations in the design of a safe access zone legislative framework, provided an overview of WA's existing regulatory framework and included a jurisdictional analysis of existing safe access zone legislation in Australia.

The purpose of the Discussion Paper was to seek stakeholder feedback on the question of whether there is value in introducing legislation to establish safe access zones in WA around abortion services and other health services to protect the health and safety of patients and staff accessing these services.

The Discussion Paper included 14 consultation questions. Questions posed through the online Consultation Hub included options in drop down menus and open questions to facilitate the inclusion of reasons behind any response or suggestion. In the online survey, those who responded 'yes' to Question 4 'Do you support the introduction of safe access zones around premises that provide abortion services in WA?' were asked to respond to all the questions. Those who responded 'no' were directed to questions 13 and 14 which provided the opportunity to suggest other options for addressing the problem and provide any other general comments.

⁵ Submissions to the Report for the Minister for Health, 'Review of provisions of the *Health Act 1911* and the *Criminal Code* relating to abortion as introduced by the *Acts Amendment (Abortion) Act 1998*', 17 June 2002, p 28.

The Discussion Paper was placed on the DOH Consultation Hub and hosted by Citizen Space. The use of Citizen Space for consultation purposes is compliant with the DOH Research Policy Framework and Information Management Policy Framework, both of which are in line with the *Privacy Act 1988* (Cth).

Consultation on the Discussion Paper commenced on 17 April 2019 and closed on 31 May 2019. As part of the communication strategy, the Minister for Health issued a media statement announcing the start of the consultation process.

Key stakeholders across various sectors were also identified by the DOH and contacted when the consultation commenced. These stakeholders included health services at which abortion services are provided and government and non-government organisations that work in areas relevant to the consultation. Targeted communications to these stakeholder groups were made by mail (paper) and by email

Submissions were accepted through the survey by email or mail.

Data analysis

Data collected from the consultation responses was analysed by the DOH using SAS[®] Enterprise Guide and Excel computer programs. Frequencies and proportions were used to describe demographic data, to identify the most common words and to summarise responses to the questions.

The results of the survey and feedback in submissions were collated, thematically coded and analysed. Every effort has been made to ensure that this document is a true representation of the various opinions across the submissions.

Incomplete responses and duplicates (from the same person and containing the same content) were removed from the survey. It was possible for people to submit multiple responses by email, mail or online. Duplicates between the email and paper submissions were removed. Duplicates between the survey and the emails and paper submissions were not removed because the survey did not contain identifying information.

To check for duplicates in the survey, the DOH used the Internet Protocol (IP) address and time and date stamps of the submissions and checked for the presence of duplicate answers. It was possible for different people to submit responses from the same IP address, such as when multiple individuals respond from a library, a health centre or a home. This was taken into consideration when checking for duplicates.

Where duplicates were identified, one response was kept, and duplicate responses were removed. Of the total 4,202 submissions received, 18 were considered duplicates and were removed, leaving a final total of 4,184.

2 Summary of consultation responses

A total of 3,965 responses were received through the survey. A total of 237 submissions were received by email and paper submissions. This number included 119 emails that were part of an identified campaign. A complete list of organisations and campaigns that provided submissions is included in Appendix 2.

Of the 3,965 responses received through the survey, 16 responses were considered duplicates and removed from further analysis. Of the 237 emails and paper submissions, two submissions were identified as duplicates and removed from further analysis. Removal of duplicates did not have a significant effect on the results.

A final total of 4,184 submissions made up of 3,949 survey responses, 230 email submissions and five paper submissions were accepted for inclusion.

2.1 Demographics of survey respondents

Demographic characteristics were not recorded for the emails and paper submissions, which accounted for only 5.6% of submissions.

Demographic characteristics of consultation responses were available for the survey. Of the 3,949 included responses from the survey, people aged between 25-34 years were the most represented age group in the sample accounting for 1,435 (36.3%) of all responses. This age group was also the most represented group in the survey submissions that supported the introduction of safe access zones (1,237; 44.5%).

Conversely, respondents aged 55 years and over were more likely to oppose the introduction of safe access zones.

Survey respondents in support of safe access zones

Of the 3,949 included responses from the survey, the demographic characteristics of those who supported safe access zone legislation (2,778; 70.3%) were as follows:

- 2,572 (92.6%) identified themselves as WA residents
- More than three quarters were females (2,145, 77.2%) and less than a quarter were males (572, 20.6%)
- 2,346 (84.4%) were 'aware' or 'somewhat aware' of safe access zones prior to this consultation; 257 (9.3%) indicated they were 'very aware'; and 175 (6.3%) were not aware.

Survey respondents opposed to safe access zones

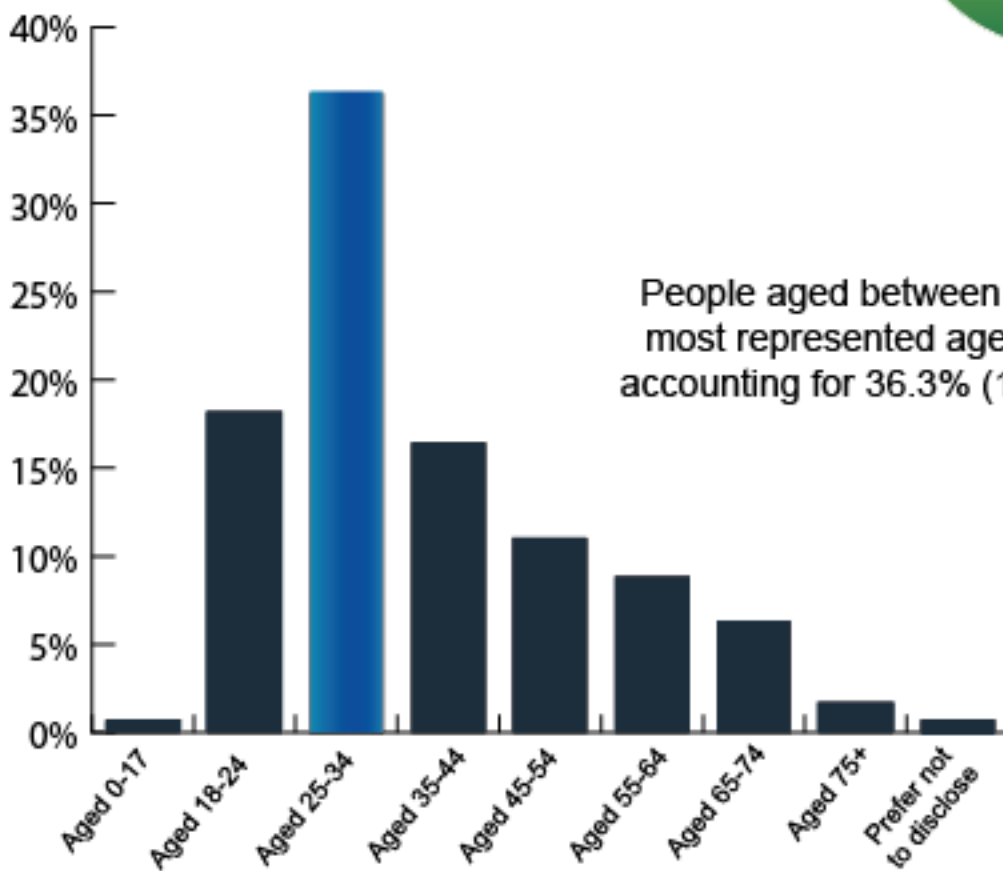
Of the 3,949 included responses from the survey, the demographic characteristics of those who opposed safe access zone legislation (1,171; 29.7%) were as follows:

- 739 (63.1%) identified themselves as WA residents
- 749 (64.0%) were females and fewer than half were males (386, 33.0%)
- 958 (81.8%) were 'aware' or 'somewhat aware' of safe access zones prior to this consultation; 169 (14.4%) indicated they were 'very aware', and 44 (3.8%) were not aware.

Safe Access Zones - Proposal for reform in WA

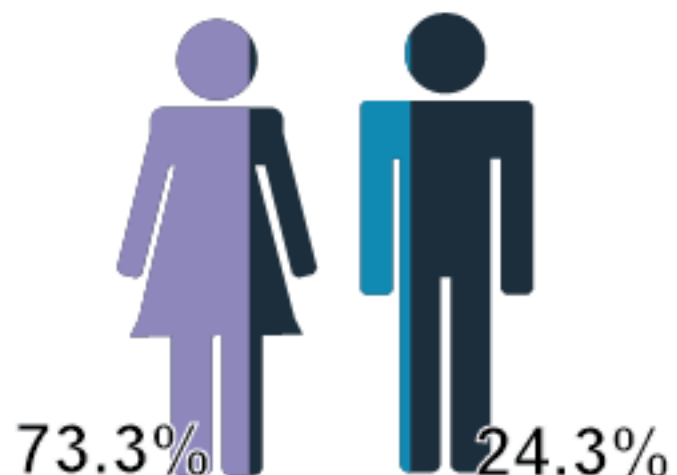
Of the 3,949 included responses from the online survey:

Most respondents identified themselves as WA residents (n=3,311, 83.8%).



People aged between 25-34 years were the most represented age group in the sample, accounting for 36.3% (1,435) of all responses.

Three quarters of respondents were females (2,894, 73.3%) and one quarter were males (958, 24.3%). Ninety seven people responded as 'other' or 'no response'.



3 Proposal to introduce safe access zone legislation

The Discussion Paper proposed two options:

Option 1: Status quo

Retaining the status quo would mean no changes are made to the current regulatory system. Protestor and demonstrator behaviour may continue to be managed by WA Police through the permit system and existing criminal and civil courses of action. Individuals adversely affected by protestor and demonstrator behaviour would have recourse through the courts.

Instead of Government intervention, protection of patients and staff would depend on clinics addressing the problem through their own means. For example, clinics impacted by the behaviour may choose to invest more in security equipment, such as installing CCTV cameras or hiring security guards. This may be beneficial in tempering the conduct of individuals gathered outside the clinics. Rather than turning to a legislative solution, a heightened security presence may help to manage protestor and demonstrator behaviour.

Option 2: Introducing safe access zone legislation.

New legislation is proposed to introduce safe access zones around premises that provide abortion services, or other relevant health services. These premises could be defined as premises offering services such as fertility treatments, assisted reproductive services, contraception and family planning, sexually transmitted infection testing and treatment, and abortions.

The primary objective of the proposed new legislation would be to establish a buffer zone around particular premises, and to make it an offence to engage in prohibited behaviour within the zone. This is designed to protect patients and staff accessing clinics from harassment and intimidation.

In respect of Option 2, the Discussion Paper highlighted the following considerations in the design of a safe access zone legislative framework for WA:

- Identifying which premises should be protected
- Determining the operation and scope of the zone
- Defining what constitutes 'prohibited behaviour'
- Determining if exemptions are required
- Determining appropriate penalties.

The Discussion Paper asked:

Do you support the introduction of safe access zones around premises that provide abortion services in Western Australia?

Please provide brief reasons for your answer.

What (if any) other options are there for addressing the problem identified?

3.1 Consultation responses

More than two thirds of all 4,184 respondents were in favour of introducing safe access zones legislation around premises that provide abortion services in WA (2,927; 70.0%; Table 1); 1,257 (30.0%) respondents opposed the introduction of safe access zones legislation in WA.

Table 1: Level of support for the introduction of safe access zones

	SUPPORT		OPPOSE		TOTAL	
	Number	Percent	Number	Percent	Total	Percent
Online Survey	2,778	70.3	1,171	29.7	3,949 ^a	100
Email submissions	147 ^b	63.9	83	36.1	230 ^b	100
Paper submissions	2	40.0	3	60.0	5	100
Total	2,927	70.0	1,257	30.0	4,184	100

a. Includes 638 from people who are NOT WA residents.

b. Includes 119 campaign responses from individuals who use the webpage at: <https://dogooder.co/campaigns>.

There were 2,927 submissions that supported the introduction of safe access zones in WA; 2,390 of these submissions provided comments. There were 1,257 submissions that opposed the introduction of safe access zones in WA; 1,104 of these submissions provided comments. Each submission could provide more than one reason.

A summary of the key reasons to support the introduction of safe access zones legislation is outlined below in Table 2. A summary of the key comments in opposition is outlined in Table 3.

Question 13 in the survey provided the opportunity for respondents to suggest other options for addressing the problem identified. A summary of the alternative options presented by respondents is outlined in Table 4.

Table 2: Submissions in favour of the proposal

SUMMARY OF SUBMISSIONS	
IMPACT ON PATIENT HEALTH AND WELLBEING	<p>For the past five years demonstrators have congregated outside Marie Stopes' Midland clinic and over this time the following behaviours have been observed by patients and staff: being asked whether they were having an abortion; being approached and followed; being confronted with banners displaying emotive language and disturbing imagery; having their cars obstructed and car windows tapped on; being forcefully provided pamphlets and brochures; being provided with bags containing items, such as baby items, and rosary beads. With its submission, Marie Stopes WA also provided a log of complaints (17) from patients and support persons made between October 2017 and May 2018. The common themes from patients are that they feel judged, harassed, intimidated and, in some cases, threatened.⁶ One staff member from Nanyara Medical Group who responded to the survey provided similar accounts.</p> <p>Approximately 600 submissions made comments about how getting an abortion is a difficult decision and the presence of demonstrators exacerbates the emotional upset for patients who, due to their circumstances, are already vulnerable.</p> <p>Approximately 120 submissions made comments to the effect that patients may face a heightened risk of mental health issues such as distress and anxiety following interaction with demonstrators.</p> <p>Approximately 50 submissions provided examples from patients and staff regarding interactions with demonstrators outside the clinics. Of these submissions, the majority described the experience as 'traumatic, stressful, overwhelming, awful, horrible, painful, hard, scary, hurtful, confronting, upsetting, frightening, horrifying, putting off, disturbing and distressing';</p> <p>Sexual Health Quarters (SHQ) (formerly Family Planning Association of WA) advised that the adverse impact demonstrators can cause both psychologically or physically when targeted at those already under stress or anxious about an impending operation, unintended pregnancy or a health related medical or counselling appointment has been rigorously researched and observed.⁷</p> <p>The Women's Council for Domestic and Family Violence Services advised that it 'has been aware of the protests outside the two abortion clinics in Perth for many years. [It's] member services [for women's] refuges have reported the stress and upset ... clients have experienced when seeking an abortion. Having to face protestors at such a difficult time is compounded by the safety risk these protestors pose to women who are accommodated in a refuge due to Domestic and Family Violence'.⁸</p> <p>The Women's Community Health Network submitted that consultations it had conducted showed that 'many women experience encounters with anti-abortion protestors as upsetting and intrusive'. While some of their respondents reported being angry, many underlined the emotional distress they felt; indeed, the descriptors 'upset, intimidated, uncomfortable, distressed and stressed' (or derivatives, such as upsetting or stressful) were frequently used, demonstrating the emotionally destabilising effects on clinic clients being observed or approached by anti-abortion protestors outside clinics'.⁹ In its submission the Women's Community Health Network included several direct quotes from its consultations supporting the above statement.</p>

⁶ Submission: Marie Stopes WA Re: Submission on Safe Access Zones in Western Australia, 31 May 2019.

⁷ Submission: Sexual Health Quarters response to the Safe access zones - Proposal for reform in Western Australia', 29 May 2019.

⁸ Submission: The Women's Council for Domestic and Family Violence Services submission to the consultation paper safe access zones proposal for reform in Western Australia, 15 May 2019

⁹ Submission: Women's Community Health Network 'Comment of the introduction of safe access zone in Western Australia', 31 May 2019.

BARRIER TO ACCESS	<p>Approximately 800 submissions made comments to the effect that abortion services are a type of health service. Approximately 700 submissions commented that people seeking abortion services have the 'right' to safe access without the fear of harassment or intimidation.</p> <p>Approximately 50 submissions commented that demonstrators act as a barrier to access to safe abortion services. Approximately 50 submissions made comments to the effect that a health service is not an appropriate place to protest or that demonstrators could protest in other places outside the safe access zones.</p> <p>Approximately 50 submissions made comments to the effect that there are many reasons why women had to have an abortion including comorbidities, genetic reasons or congenital abnormalities and sexual abuse.</p> <p>SHQ submitted that 'clients have long-reported intense distress and trauma after being confronted by protestors when accessing abortion services. Some of our clients have been deterred from accessing an abortion because they are frightened that protesters will ignore their right to privacy and confidentiality and that they will be shamed in their communities by accessing a legal healthcare option'.¹⁰</p> <p>Marie Stopes WA commented that 'the organisation has seen an increase in patient delay and cancellation rates as a consequence of the presence of [demonstrators] with the advance notice often resulting in patients cancelling their scheduled appointments ... the presence of [demonstrators also] impedes the ability for staff to carry out this public health service, as well as impedes the ability of public health patients to access services such as abortion care, contraception, vasectomy care and other services'. Furthermore, Marie Stopes WA went on to conclude that the impact of this is that delays to accessing medical intervention may increase the risk of complications, recovery time and cost for the patient. Cancellations may also increase the risk of women resorting to unsafe abortion options leading to increased health risks.¹¹</p> <p>The Australian Medical Association WA made comments that family planning can contribute to the survival and health of mothers and children. Family planning services may include contraception, sterilisation and termination of pregnancy.¹² Any barriers to access to healthcare services may also have an impact on the physical, mental, economic and social wellbeing of patients.</p> <p>The Castan Centre for Human Rights Law at Monash University commented that it had undertaken research into the impact of anti-abortion demonstrators and the effectiveness of safe access zones. Its research has found that in Western Australia and South Australia, where safe access zones are not in place, it was aware of two groups that demonstrate at the Marie Stopes Midland clinic, handing out 'goody bags' containing food and lollies (items that cannot be eaten by a patient on the day of surgery) as an attempt to subvert planned medical procedures and frustrate women's efforts to obtain lawful medical services.¹³</p>
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¹⁰ Submission: Sexual Health Quarters response to the Safe access zones - Proposal for reform in Western Australia', 29 May 2019.

¹¹ Submission: Marie Stopes WA Re: Submission on Safe Access Zones in Western Australia, 31 May 2019.

¹² Submission: The Australian Medical Association submission to 'Safe access zones - Proposal for reform in WA', 31 May 2019.

¹³ Submission: The Castan Centre for Human Rights Law to Government of Western Australia Department of Health: Safe access zones – Proposal for reform in Western Australia, 17 May 2019.

IMPACT ON STAFF	<p>Approximately 300 submissions commented on the need to extend the protection to include staff.</p> <p>Marie Stopes WA commented that staff who have worked at its Midland clinic for many years have been exposed to prolonged harassment and negative behaviours from demonstrators and have reported feeling ill and deeply anxious when accessing their workplace.¹⁴</p> <p>Maurice Blackburn Lawyers submitted that ‘the right to a safe workplace is fundamental and enshrined in our occupational health and safety and industrial laws. Employers have a legal responsibility to provide a safe working environment. Notwithstanding this, premises offering termination services often struggle to protect staff from the actions of protesters, which at the very least, regularly cause staff to experience feelings of fear, intimidation, anxiety and anger. This is due to the fact that in these instances some of the most harmful behaviours occur outside the physical boundaries of the place of employment. For example, anti-abortion activity in the immediate vicinity of abortion clinics.’¹⁵</p>
VIOLATION OF RIGHTS	<p>Approximately 450 submissions referenced a number of human rights, such as, the right to the highest attainable standard of health and equality of access to healthcare services; the right to non-discrimination; the right to personal autonomy; the right to security of person; freedom from cruel inhumane or degrading treatment; and women’s equal rights to decide freely and responsibly on the number and spacing of children.</p> <p>Submissions also referred to the rights under the Australia Charter of Healthcare Rights. Approximately 200 submissions made comments to the effect that a person should have the ‘right’ to privacy. Approximately 300 submissions referred to the right to safe access and approximately 50 the right to respect when accessing any medical treatment or surgery; and approximately 300 submissions made comments to the effect that abortion is a personal health decision.</p>
CURRENT LAWS INEFFECTIVE	<p>Approximately 10 submissions said that the current legislative regime is inadequate and does not protect the wellbeing and privacy of individuals from the behaviour of demonstrators.</p> <p>Fewer than five submissions made comments to the effect that due to the emotional intensity of patients’ experiences and privacy concerns, women seeking abortion may not be able to initiate legal proceedings or complain to regulatory bodies or the media if they are affected by a protestor outside the abortion clinic. Making a complaint is tantamount to identifying oneself as accessing an abortion service. Undertaking proceedings would mean women must be willing to have further incursions on their privacy. For this reason, incidents rarely result in criminal prosecution. It was argued that this process is not reasonable.^{16,17}</p>

¹⁴ Submission: Marie Stopes WA Re: Submission on Safe Access Zones in Western Australia, 31 May 2019.

¹⁵ Maurice Blackburn Lawyers, Submission in relation to the inquiry into Safe access zones – Proposal for reform in WA’, 31 May 2019

¹⁶ Submission: The Castan Centre for Human Rights Law to Government of Western Australia Department of Health: Safe access zones – Proposal for reform in Western Australia, 17 May 2019.

¹⁷ Submission: Australian Lawyers for Human Rights regarding the Safe access zones – Proposal for reform in Western Australia, 31 May 2019.

Table 3: Submissions against the proposal

SUMMARY OF SUBMISSIONS	
PERCEIVED LACK OF COUNSELLING	<p>Approximately 500 submissions discussed how some women are forced, manipulated or coerced into the decision to have an abortion. Safe access zones will ‘deny women the opportunity to know all their options’. Demonstrators who identify as ‘Outreach counsellors’ state that they help women and provide them with additional counselling, useful pamphlets and information they would otherwise be lacking. The Australian Christian Lobby¹⁸ submitted that they ‘support peaceful means of bringing to women’s attention that there are support services available to assist them in continuing their pregnancy and encourage them to seek an alternative to abortion.’ Some submissions stated that they had personally witnessed several young women change their minds at the last moment due to demonstrator’s advice, and that the lack of ‘pro-life’ counselling will result in an increase in abortion rates and adverse mental health consequences from abortions.</p> <p>Fewer than five submissions felt the experience of interactions with demonstrators outside the clinics was positive and helped them change their minds.</p> <p>There were approximately 200 submissions that stated that demonstrations are routinely peaceful. Many volunteers follow a code of conduct and simply pray in front of the clinics. Many submissions referenced personal experiences while participating in, or observing, a gathering of demonstrators. These submissions contended that there have never been any physical altercations, violence, harassment or physical obstruction. Instead, demonstrators (referring to themselves as ‘counsellors’ or ‘advocates’) only speak when approached by patients and do not proactively engage with patients or staff.</p> <p>Approximately 20 submissions claimed that abortion clinics have a financial bias or ‘conflict of interest’ which may affect the quality of the counselling provided to women attending those services. Some women undergo abortion without having any knowledge of organisations that can provide support (i.e. financial, emotional) to assist them to continue with a pregnancy.</p>
PERCEIVED DENIAL OF FREEDOMS	<p>Approximately 250 submissions addressed freedoms: that introducing safe access zones would restrict religious freedom, civil rights and the implied freedom of political communication under the Constitution. Safe access zones would restrict the use of public areas around the abortion clinics. Some people commented that banning acts of religious worship (including prayer and/or singing) from public property near abortion clinics sets a dangerous precedent for banning it elsewhere.</p>

¹⁸ Submission: The Australian Christian Lobby to Government of Western Australia Department of Health: Safe access zones – Proposal for reform in Western Australia, May 2019

PERMIT PROCESS AND POLICE POWERS ADEQUATE	<p>Approximately 50 submissions considered the existing WA Police permit process is enough to address the problem posed. The Australian Family Association¹⁹ submitted that ‘if there has been no criminal incident ever reported and no video evidence ever produced, then there is no justification for these exclusion zones on public property.’ Rather than introducing new legislation, it was suggested that the existing legislative framework could be enhanced or reformed. Existing police powers are available to address any problems associated with picketing activity outside abortion clinics.</p> <p>It was stated that the <i>Public Order in Streets Act 1984</i> (WA) (POS Act) can be used to control assemblies of people gathered for the purposes of demonstrations and processions, in which a balance can be struck between those expressing points of view and the rights of people going about their lawful business. Under the provisions of the <i>Criminal Investigations Act 2006</i>, individual police officers can also exercise their discretion to issue Move On Orders to people reasonably suspected of breaching the peace, committing an offence or otherwise hindering the lawful activity being carried out by others.</p> <p>Approximately 50 submissions discussed the fact that the lack of police prosecutions or charges is a sign that any proposed evidence of harassment or physical obstruction is false or misleading.</p> <p>It was contended that the current permit system works well in practice gauged by the fact that there have been no convictions recorded against pro-life counsellors for intimidation or harassment of clients or staff since 1998. Submissions noted that demonstrators have never breached the terms of their permit or taken photos of patients entering the premises. If there were any problems, WA Police could refuse to issue permits.</p> <p>The permit could include a condition that patients entering any health facility should not be photographed nor should any photo be published without permission.</p> <p>Clinics may also choose to install additional cameras or hire private security for surveillance and protection if necessary</p> <p>Approximately ten submissions challenged the level of evidence outlined in the Discussion Paper or in the media. For example, the Association for Reformed Political Action²⁰ submitted in relation to the discussion paper that no data was included from police and no information was given about whether WA Police were called to deal with any of the cited unacceptable behaviour.</p>
OTHER GROUPS	<p>Approximately 50 submissions considered that it is unfair and inequitable for individuals with an anti-abortion message to be restricted when other demonstrators, such as animal rights activists and environmentalists, are not. Legislation targeted at abortion demonstrators, but not at other types of protest groups, is unjust and discriminatory.</p>

¹⁹ The Australian Family Association to Government of Western Australia Department of Health: Safe access zones – Proposal for reform in Western Australia, May 2019

²⁰ The Association for reformed Political Action to Government of Western Australia Department of Health: Safe access zones – Proposal for reform in Western Australia, May 2019

LACK OF MEDICAL EVIDENCE	Fewer than five submissions discussed that there are significant problems with the medical evidence to support the claims that protesters or 'sidewalk counsellors' cause harm to women accessing abortion services. These submissions referred to the paucity of evidence-based research, the disproportionate focus of the current Australian evidence on the Fertility Control Clinic in Victoria, the failure to take into account the variability in behaviour of individuals outside abortion premises and the variability of the impact according to the type of behaviour; the lack of control groups in some studies, the failure to adjust for confounders and the lack of reliability in overseas studies.
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Table 4: Other options proposed by respondents

SUMMARY OF OTHER OPTIONS	
IMPROVED EDUCATION AND COUNSELLING	<p>Approximately 250 submissions suggested better holistic counselling and support for patients considering abortion to be available at the abortion clinics or other healthcare services, including psychologists, social workers, a 'pro-life' counsellor or pastoral care and financial support services.</p> <p>Approximately 200 submissions suggested increased access to 'pro-life' or pregnancy support services.</p> <p>Approximately 100 submissions suggested better health and school education on abortion, with different perspectives raised by people who oppose abortion compared to those in favour.</p> <p>Approximately 50 submissions suggested awareness campaigns and increased funding for alternatives, such as adoption.</p> <p>Approximately 20 submissions suggested resources are made available about demonstrators so that patients are aware of the counselling and outreach services they provide.</p> <p>Approximately 10 submissions suggested better education on contraception methods and easy and affordable access to contraceptives.</p> <p>Fewer than 10 submissions suggested better education be made available about respectful dialogue and freedom of speech.</p> <p>Fewer than five submissions suggested additional public resources about abortion.</p> <p>Fewer than five submissions suggested a post abortion counselling service be made available where information can also be obtained for education and research purposes regarding individual circumstances and reasons for an abortion.</p> <p>Fewer than five submissions suggested a public health campaign with a focus on protecting health workers from abuse.</p>
OTHER FORMS OF REGULATORY OVERSIGHT	<p>Approximately 50 submissions suggested giving more powers to WA Police and/or increased WA Police presence at the clinics.</p> <p>Approximately 50 submissions suggested financial penalties.</p> <p>Approximately 20 submissions suggested permitting demonstrators a 'protest zone' and prescribing permissible messages for placards or verbal chants to allow free speech, separately and at a distance from, women directly affected; and providing designated zones near the abortion clinic for the public to rally together so that they can have their say.</p> <p>Approximately 10 submissions suggested development of Guidelines or a Code of Conduct for demonstrators to encourage positive engagement and to identify repeat offenders for potential individual exclusion.</p> <p>Fewer than five submissions suggested providing abortion clinics with the option to exclude certain individuals if it can be proven that they have been abusive or aggressive towards clients.</p> <p>Fewer than five submissions suggested limiting the number of demonstrators per site.</p> <p>Fewer than five submissions suggested the registration of demonstrators.</p>

IMPROVED SERVICE	Approximately 50 submissions suggested increasing access to safe and affordable abortion at mainstream hospitals, general practitioners, sexual health centres and private homes.
OTHER	<p>Fewer than five submissions suggested developing a model, such as the one in America, where pro-choice citizens pledged donations of money to pro-choice organisations for every anti-choice demonstrator appearing outside abortion services. This was very effective in reducing and ending demonstrations and harassment of patients and staff at these clinics.</p> <p>Fewer than five submissions suggested limiting the availability of religious abortion materials and messages to within churches and religious organisations.</p>

3.2 Existing regulatory framework

In the absence of specific legislation regarding safe access zones, demonstrating outside premises at which abortions are provided in WA is regulated by the WA Police through various powers including permits under the POS Act and Move On Orders under the *Criminal Investigations Act 2006* (WA).

The WA Police has advised DOH that it issues up to 40 permits per year for the express purpose of 'Procession to Prayer Vigil' and 'Peaceful Prayer Vigil' for locations in front of the two main private abortion clinics in WA. These permits are issued to one person on behalf of an entity, with the attendees captured by each permit limited to a maximum of 30 people. Each Prayer Vigil permit may include up to 10 days per month to conduct prayer vigils for 2.5 hours in the morning on each day approved. There is also a '40 days for Life' permit issued which applies for the 40 days during Lent. Conditions may apply to these permits, for example: from April 2019, permits have included conditions that demonstrators are to be at least four metres from the car park gates and signs to be at least one metre from the car park entrance of the premise.

In preparation for the Discussion Paper, staff from the DOH met with staff from Marie Stopes WA (Midland, 10 October 2018) and Nanyara Medical Group (Rivervale, 16 October 2018). DOH was informed that demonstrators are most active during the 40 days of Lent campaign which takes place each year. Demonstrators generally alternate between Marie Stopes WA in Midland and Nanyara Medical Group in Rivervale each year and the campaign sees demonstrations taking place every day outside the selected premises for 40 consecutive days. There have been reports of over 40 demonstrators being present outside premises during the course of the campaign.²¹

WA Police provided some information about breaches of permits and the number of call outs by police officers to attend tasks at Marie Stopes WA and Nanyara Medical Group premises. Breaches are dealt with by police officers as they see fit when they attend. Any incidents are assessed and adjustments to conditions on permits may be made to maintain order in the streets for future prayer vigils. WA Police gave DOH details of 75 police attendance tasks and 14 offences recorded at Marie Stopes WA clinics and Nanyara Medical Group between 2014 and 2019. It was noted that some of these tasks may not be related to demonstrator behaviour. The number of tasks recorded is also higher than the number of offences recorded; where no criminal activity is uncovered, the incident may be resolved without an offence being recorded. WA Police also advised that patients do not normally wish to take a matter any further as they

²¹ DOH interview with Marie Stopes Centre Manager (Midland, 10 October 2018) and interview with Nanyara Medical Clinic General Practitioner (Rivervale, 16 October 2018).

want to move on and put this part of their life behind them. Furthermore, it can be hard to prove that the behaviour occurring outside these premises satisfies the regulatory criteria to act.

For example, while Move On powers are available under the *Criminal Investigations Act 2006*, the police officer must ‘reasonably suspect’ that the person in question is:

- doing, or is about to do, an act that is likely to involve the use of violence against a person
- doing, or is about to do, an act that will or is likely to cause a person to use violence against another person
- doing, or about to do any act that will or is likely to cause a person to fear that violence will be used by a person against another person
- committing a breach of the peace
- hindering, obstructing or preventing lawful activity being carried out by another person
- intending to commit, or has just committed, an offence
- committing an offence.

A police officer can also only issue a Move On Order to one person at a time and a Move On Order can only be issued for a maximum of 24 hours.

3.3 Experiences in other jurisdictions

Apart from SA and WA, every other jurisdiction in Australia has introduced safe access zone legislation. A comparison of jurisdictional approaches is provided in Appendix 1.

Prior to the introduction of the *Public Health and Wellbeing Amendment (Safe Access Zones) Act 2015 (Vic)* on 1 July 2016, the activities of demonstrators in Victoria created an environment of conflict, fear and intimidation outside abortion clinics.²² There was a concern that these activities were having an effect on women accessing abortion services and on clinic staff. A study of patients at the East Melbourne Fertility Control Clinic indicated that ‘patients experience considerable distress, shame and anxiety in response to protestors’.²³ The East Melbourne Fertility Control Clinic further reported that attempts by the clinic to engage the assistance of the police and the Melbourne City Council to help stop harassment of the clinic’s patients by anti-abortion groups were ineffective.²⁴

Victoria’s safe access zone legislation was recently the subject of a High Court challenge. In *Clubb v Edwards; Preston v Avery* [2019] HCA 11 (*Clubb v Edwards*) a majority of the High Court considered that the burden imposed by the legislation was justified by reference to its legitimate purposes, including the protection of the safety, privacy and dignity of persons accessing lawful medical services. The High Court also stated that the unchallenged evidence in the case was that the Victorian legislation had been found to reduce the deterrent effect of anti-abortion activities near premises where abortions are provided.²⁵ Until safe access zones came into effect, ‘pro-life protesters, typically in groups of between three and 12 but sometimes numbering up to 100, had stood outside the East Melbourne Fertility Control Clinic almost every morning for a quarter of a century.’²⁶

On 12 February 2014 Tasmania introduced the *Reproductive Health (Access to Terminations) Act 2013*. In an Information Paper on its draft Bill it was stated that ‘across Australia, including

²² *Clubb v Edwards; Preston v Avery* [2019] HCA 11 at [46].

²³ Tasmania, House of Assembly, *Parliamentary Debates* (Hansard), 16 April 2013 at 50.

²⁴ *Clubb v Edwards; Preston v Avery* [2019] HCA 11 at [86]

²⁵ *Clubb v Edwards; Preston v Avery* [2019] HCA 11 at [86]

²⁶ Submission - Australian Lawyers for Human Rights, Safe access zones – Proposal for reform in Western Australia, 3 dated 31 May 2019 citing Gageler J from *Edwards v Clubb*.

Tasmania, no other medical procedure attracts the number and persistence of protesters'.²⁷ Tasmania's legislation was also recently the subject of a High Court challenge. In *Clubb v Edwards* the High Court unanimously held that the burden imposed by the protest prohibition in Tasmania's legislation was justified by reference to its legitimate purposes, which included the protection of the safety, wellbeing, privacy and dignity of persons accessing premises at which abortions are provided and ensuring unimpeded access to lawful medical services.²⁸ This decision was taken despite the legislation not being as explicit in its objects as the Victorian legislation and the scope of the operation of its prohibition not being limited by a requirement that the prohibited behaviour be reasonably likely to cause distress or anxiety.²⁹

In New South Wales (NSW), Dr Phillip Goldstone, a member of the Executive Team and Medical Director at Marie Stopes Australia, indicated that prior to the introduction of the *Public Health Amendment (Safe Access to Reproductive Health Clinics) Act 2018* (NSW) on 15 June 2018, he was used to being told daily he was 'going to hell' and being blocked by protestors when entering his workplace.³⁰ He further advised that '[while he is] based in NSW, [he had] the privilege of working in Marie Stopes clinics across the country. [He noted] there is a marked difference between working in places that have safe access zones and those that don't. Since the zones were implemented in Victoria in 2016, the experience of entering [the] Maroondah clinic has changed. Where once staff and patients were yelled at and had graphic images thrust at them that are designed to misinform and manipulate, they are now able to attend the clinic in peace'.³¹ The importance of striking a balance between the right to privacy and dignity, versus the defence of freedom of speech was a predominant consideration during the Parliamentary debates and speeches in NSW. Distinct from the other jurisdictions, NSW's legislation includes exemptions that during the course of Commonwealth, State or local government elections, referendums or plebiscites, a person can conduct surveys and distribute leaflets within the safe access zone.³² Churches, other religious institutions and Parliament house are also exempted.³³

Queensland's *Termination of Pregnancy Act 2018* commenced on 3 December 2018. Prior to the commencement of this Act, the Queensland Law Reform Commission (QLRC) released in June 2018 its 'Review of Termination of Pregnancy Laws' Report. In this Report it observed 'there was evidence that people who oppose termination of pregnancy sometimes engaged in activities including protesting, holding prayer vigils, or providing 'footpath counselling' at or near premises at which a service of performing terminations on women is provided, and that such behaviour may impact on the safety, privacy and well-being of women who are accessing those premises and of service providers'.³⁴ The QLRC went on to state in its report that its 'existing laws ... do not adequately address the full range of behaviours engaged in by people who oppose terminations at or near termination services'.³⁵ To ensure its police have adequate powers the *Termination of Pregnancy Act 2018* therefore expressly provides that the safe access zones provisions override the operation of the *Peaceful Assembly Act 1992*. Further, the

²⁷ Department of Health and Human Services, Information Paper relating to the draft Reproductive Health (Access to Terminations) Bill 2013, March 2013, 14.

²⁸ Judgement Summary, *Clubb v Edwards; Preston v Avery* [2019] HCA 11, 10 April 2019.

²⁹ *Clubb v Edwards; Preston v Avery* [2019] HCA 11 at [116-117].

³⁰ Cited in submission: Fair Agenda submission to the community consultation on the proposal to introduce safe access zone legislation in Western Australia, May 2019.

³¹ Cited in submission: Fair Agenda submission to the community consultation on the proposal to introduce safe access zone legislation in Western Australia, May 2019.

³² *Public Health Act 2010* (NSW) s 98F(1)(c).

³³ *Public Health Act 2010* (NSW) ss 98F(1)(a) and (b).

³⁴ Queensland Law Reform Commission, Review of Termination of Pregnancy Laws, Report No 76, June 2018) [5.1].

³⁵ Queensland Law Reform Commission, Review of Termination of Pregnancy Laws, Report No 76, June 2018) [5.130].

Queensland Act also amends the *Police Powers and Responsibilities Act 2000* to allow police to search a person or vehicle without a warrant. Queensland has advised that, to the best of its knowledge, since its laws have been introduced they have been effective.³⁶

The Health Care (Health Access Zones) Amendment Bill 2019 (SA) is currently progressing through Parliament. The SA Law Reform Institute has recently noted in its Report 'Abortion: A Review of South Australian Law and Practice' that 'consistent with much (though not necessarily all) of its consultations, the problems identified in the QLRC Report also exist in South Australia.'³⁷ It also noted QLRC's view on the need for safe access zones legislation despite having existing criminal offences that may be applicable to some protestor behaviours.³⁸ During debate on the Health Care (Health Access Zones) Amendment Bill 2019 (SA) the Hon. Tammy Franks similarly recognised the difficulties police in SA were having using existing laws in SA to address the behaviour that is occurring, noting that the police have found their powers are wanting.³⁹

The *Health (Patient Privacy) Amendment Act 2015* commenced in the Australian Capital Territory (ACT) on 23 March 2016 and established 'privacy zones' around approved medical facilities. In 2018, these provisions were amended by the *Health (Improving Abortion Access) Legislation Amendment Act 2018* to improve access, availability and affordability to ensure safe, legal outcomes for persons procuring abortion in the ACT.⁴⁰ The first legal test of the ACT's safe access zones occurred in March 2018. Charges against the defendants were ultimately dismissed, however in the course of arriving at its conclusion, the Magistrates Court found that the safe access zone created by section 87(1) was valid, not overreaching and did not breach the implied freedom of political communication.⁴¹ Since establishing the zones around approved medical facilities, the ACT has indicated that it no longer has groups of people protesting outside the premises where its Marie Stopes clinic is located.⁴² Distinct from the other jurisdictions, the ACT has zones that operate between 7am and 6pm on each day an approved medical facility is open or any other period declared by the Minister.⁴³

In 2017 following the introduction of similar legislation in other jurisdictions, the Northern Territory (NT) Government also recommended the inclusion of provisions to establish safe access zones as part of its Termination of Pregnancy Law Reform Bill.⁴⁴ The purpose of the NT's review of its termination of pregnancy legislation was to modernise and bring into line its legislation with interstate legislation.⁴⁵ It was noted that jurisdictions across Australia had been gradually reforming their legislation to allow women better access to termination of pregnancy services.⁴⁶ The *Termination of Pregnancy Law Reform Act 2017* commenced in the NT on 1 July 2017. In October 2018, a 12-month Interpretative Report was released. The Report did not

³⁶ Email between Department of Health (WA) and QLD Government, 4 July 2019.

³⁷ South Australian Law Reform Institute, *Abortion: A Review of South Australian Law and Practice*, 2019 [18.2.3]

³⁸ South Australian Law Reform Institute, *Abortion: A Review of South Australian Law and Practice*, 2019 [18.2.8-18.2.9]

³⁹ South Australia, *Parliamentary Debates*, Legislative Council, 14 November 2019, 5045.

⁴⁰ Legislative Assembly for the Australian Capital Territory, *Health (Improving Abortion Access) Amendment Bill 2018 Explanatory Statement*, 2.

⁴¹ *Bluett v Popplewell & Ors* [2018] ACTMC 2 at [43].

⁴² Email between Department of Health (WA) and ACT Government, 20 September 2018.

⁴³ *Health Act 1993* (ACT) s 85(2).

⁴⁴ Department of Health, *Termination of Pregnancy Law Reform; Improving Access by Northern Territory Women to Safe Termination of Pregnancy Services Discussion Paper*, 9.

⁴⁵ Department of Health, *Termination of Pregnancy Law Reform; Improving Access by Northern Territory Women to Safe Termination of Pregnancy Services Discussion Paper*, 1.

⁴⁶ Department of Health, *Termination of Pregnancy Law Reform; Improving Access by Northern Territory Women to Safe Termination of Pregnancy Services Discussion Paper*, 1.

indicate whether any issues have arisen since the establishment of safe access zones in its jurisdiction.⁴⁷

3.4 DOH analysis and recommendation

Key issues identified during the consultation process in support of safe access zones included:

- the current impacts on the health and wellbeing of both patients and staff at these services
- the barrier to access to health services being created and the impeding of public health service provision.

Key issues identified during the consultation process opposing safe access zones included:

- the need to provide additional information, counselling and support services to women considering an abortion
- denial of certain freedoms, including the freedom of speech
- that demonstrator behaviour can be adequately managed through existing laws.

Demonstrations occurring outside premises at which abortions are provided has been reported as being a regular occurrence. DOH has also considered the broader Australian experience, noting the High Court has also held that the purpose of the legislation in Victoria and Tasmania was legitimate in that it related to the advancement of public health and the preservation and protection of the privacy and dignity of women accessing abortion services.

While the DOH recognises that the WA Police have various powers to manage gatherings of individuals in public places, when the WA Police figures are compared to the reports from the private abortion providers in WA and the number of personal recounts in submissions, it is evident that the concern is far greater than is reflected in WA Police reports. Similar to what has been shown to have been the experience in other Australian jurisdictions prior to the introduction of safe access zone legislation, WA's existing laws do not adequately address the full range of behaviours engaged in by people who demonstrate at, or near, premises at which abortions are provided. This may be accounted for in considering the nature of the demonstrations outside these premises and the effect on the target audience being unique. It may be concluded that the vulnerable nature of the audience means that they are particularly affected by the presence and behaviour of demonstrators.

In terms of the 'other options' included in consultation submissions, these substantially relate to the decision-making process of a patient engaging the relevant health service (except for the submissions regarding improving the provision of health service). However, suggestions for other forms of government oversight rely on the management of individual behaviour in relation to every woman entering the clinic, may not prevent the harm caused by the presence of demonstrators and focus on managing inappropriate behaviour after it occurs. These suggestions are more likely to require additional resources, including human and financial resources, and may not be as effective as a clear rule to ensure unimpeded access to women accessing these services

Many comments reflected on the need to enhance education on contraception, unplanned pregnancy services, counselling programs, and the quality of counselling provided to pregnant women. While these are important considerations, they are unlikely to prevent demonstrator activity around health services. It is noted that similar comments were also received during DOH's consultation on the WA Women's Health and Wellbeing Policy and are addressed in the

⁴⁷ Department of Health, Termination of Pregnancy Law Reform 12-month Interpretative Report 1 July 2017 – 30 June 2018.

Policy Priority Area C: Maternal, Reproductive and Sexual Health available from:
https://ww2.health.wa.gov.au/Articles/U_Z/Western-Australian-Womens-Health-and-Wellbeing-Policy

Conclusion

The consultation demonstrated very strong support (70.0%) for the introduction of safe access zones in WA. This clear majority, coupled with the number of submissions received on this issue, demonstrates that ensuring patients can access abortion services without fear of harassment or intimidation, or fear of being identified or public obstruction is a public health issue of importance in WA. Timely and unimpeded access to abortion services is important for women's health. The safety and wellbeing of staff working at these premises is also important to ensure there is continued provision of safe and high-quality health care.

The vulnerable nature of individuals who access services at these clinics means the nature of the impact in this context is unique and it cannot be easily quantified or addressed through existing WA Police powers or civil remedies after the event. Accordingly, the problem requires the DOH to tailor a specific regulatory approach. Safe access zones legislation is a measure consistent with the regulatory approach taken in other Australian jurisdictions.

It is intended that the safe access zone provisions will override the operation of the POS Act in relation to such activities, as it would undermine the purpose of the legislation if a demonstrator could be issued with a permit to hold a prayer vigil within a safe access zone.

Recommendation 1: Safe access zones legislation should be introduced in Western Australia.

4 Operation of the zones – premises to be protected

The Discussion Paper asked:

Are there premises, other than abortion clinics, that should also be protected by safe access zones?

4.1 Consultation responses

Table 5 shows the distribution of responses.

Table 5: Support for applying safe access zones to other premises

Premises, other than abortion clinics, to be protected	Number	Percentage
Agree	1,417	48.4
Disagree	62	2.1
Unsure	27	0.9
No response	1,421	48.6
Total in support of SAZ	2,927	100

There were 1,417 submissions that supported the application of safe access zones to premises, other than at abortion clinics. This represents 48.4% of those respondents in favour of safe access zones; 1,345 of these submissions provided comments. The types of other premises that the respondents suggested should be protected by safe access zones included:

- needle exchange services (430)
- all types of health services (410)
- facilities providing family planning/sexual health services/fertility treatment (203)
- hospitals and emergency departments (128)
- services that provide care to vulnerable people such as: mental health services; lesbian, gay, bisexual, transgender, queer and intersex services; domestic violence services; homeless services; palliative care services; voluntary assisted dying services; cancer services; HIV/AIDS services; services for people with disabilities; Aboriginal and refugee services (106)
- rehabilitation services treating drug, alcohol and gambling addiction (95)
- other premises at which abortion or abortion-related services are provided such as general practitioners clinics; pharmacies; ultrasound providers; and counselling clinics (79)
- educational facilities such as childcare services, schools and universities (20)
- government organisations, including Centrelink, police stations and court rooms (19)
- places of worship and sacred places (17)
- any type of women's health services (14)
- funeral services (4)
- brothels (3)
- public spaces, such as shopping centres, sporting grounds, war monuments, restaurants and pubs (2)
- health care provided by non-governmental staff (1).

There were 62 submissions that did not support the application of safe access zones to other premises; 12 of these submissions provided comments. These comments included:

- concerns that an extension of the safe access zones to other services may reduce the chance of safe access zone around abortion services being implemented in WA
- concerns an extension may infringe the rights of demonstrators
- that the nature of the impact that demonstrators have on clients and staff attending other types of health services is different to that experienced by those who need access to abortion services
- that, unlike other types of health services, abortion services have been affected by organised, systemic and long-term activities of anti-abortion groups outside their premises.

There were 27 submissions that were unsure about whether to support safe access zones for premises other than abortion clinics. Five of these submissions provided comments. These comments included:

- there was not enough information to form an opinion
- concerns generally about grouping abortion services and other types of health services in the same legislation
- that keeping the option available by providing a mechanism in the legislation to include other services if necessary, in the future, was preferable.

4.2 DOH analysis and recommendation

In WA, abortion services may be offered by public hospitals, private hospitals, clinics, general practitioners and telehealth services. Medications for abortions may be supplied by registered pharmacists.

However, reports provided to the DOH demonstrate that two private abortion providers (Marie Stopes WA and Nanyara Medical Group) undertake over 80% of abortions in WA each year. Evidence provided by these two organisations, personal recounts by patients and staff and information from WA Police indicate that demonstrators attend these premises regularly.

Other than the example given in the Discussion Paper regarding a needle and syringe program in Gosnells, the DOH has not been made aware of any other types of health services in WA where similar regular demonstrator activity occurs.

Although the consultation findings show there is support for the application of safe access zones to other types of health services, the DOH does not consider that it has enough information to address utility of safe access zones other than in relation to premises at which abortions are provided. Additionally, almost 50% of submissions supporting the introduction of safe access zones did not answer the question of whether safe access zones should be extended to other health services.

The DOH therefore recommends that safe access zones apply, in the first instance, to premises at which abortions are provided in WA, other than pharmacies. This is consistent with the approach undertaken in other Australian jurisdictions. Following the collection of further information about the utility and constitutional validity of applying safe access zones to other types of health services, an extension of the zones to other premises may be considered in the future.

Recommendation 2: Safe access zones should apply to premises at which abortions are provided.

5 Operation of the zones - scope

The Discussion Paper asked:

How far should the safe access zone extend?

- (a) Minimum of 50 metres
- (b) Minimum of 150 metres
- (c) Prescribed on a case-by-case basis
- (d) Other (please provide detail)
- (e) No response

5.1 Consultation responses

Table 6 shows the distribution of responses.

Table 6: Support for the introduction of safe access zones by preferred distances

Distance	Number	Percentage
Minimum of 150 metres	2,205	75.3
Minimum of 50 metres	130	4.4
On a case by case basis	268	9.2
Other (please detail below)	293	10.0
No response	31	1.1
Total in support of SAZ	2,927	100.0

There were 2,205 submissions that supported a minimum of 150 metres. This represents 75.3% of those respondents in favour of safe access zones. There were 140 submissions that provided comments. The main comment provided was that a minimum of 150 metres reduces the risk of demonstrators being seen or heard by patients or staff (124).

The remaining comments included that a minimum of 150 metres:

- is consistent with other jurisdictions
- ensures unhindered access for patients and staff to nearby car parks and public transport (e.g. bus stops, train stations)
- ensures patients and staff cannot be recorded with advanced technological devices
- still allows demonstrators to protest in other locations.

The Australian Human Rights Law Centre submission advised that 'research from Sifris and Penovic⁴⁸ into the impact of Victoria's laws has identified that 150 metres is successful in stopping individualised targeting of patients, and the attempts to influence or deter patients from acting on their private medical decision'.⁴⁹

⁴⁸ Ronli Sifris & Tania Penovic, 'Anti-Abortion Protest and The Effectiveness of Victoria's Safe Access Zones: An Analysis' (2018) 44(2) Monash University Law Review 317.

⁴⁹ Submission: Australian Human Rights Law Centre to the community consultation on the proposal to introduce safe access zone legislation in Western Australia.

There were 268 submissions that supported prescribing the distance of a safe access zone on a case by case basis; 13 of these submissions provided comments. Most of these comments reiterated the same comments expressed above in support of a minimum of 150 metres. Other comments included the determination of an appropriate distance for a safe access zone on a case-by-case basis allows the different spatial surrounds of premises at which abortions are provided to be considered.

There were 293 submissions that chose the 'other' option; 93 of these submissions provided comments. Most comments reiterated the same comments expressed above in support of a minimum of 150 metres. Other comments included to protect the privacy of patients and staff, to avoid confrontation, and to reduce the risk of creating a picket line.

5.2 DOH analysis and recommendation

Three models being used in Australia are as follows:

- The first model defines a safe access zone as an area within a radius of 150 metres from the protected premises. The advantages of this approach are that it does not require additional resources to implement, is efficient and has been tested by the High Court in *Clubb v Edwards*.⁵⁰ The disadvantage is that it does not prescribe the actual boundaries of a safe access zone. This approach has been used in the NT,⁵¹ Tasmania,⁵² Queensland⁵³ and Victoria.⁵⁴ 150 metres is also proposed in the SA's Bill as the default measure.
- The second model is used in Queensland. Queensland's model provides the added power to prescribe areas larger or smaller than the default 150 metres on a case by case basis, at the Minister's discretion. In this case, the size of the zone can be varied. For example, if there is a 200-metre walk from the closest bus stop to the premises protected by the safe access zone, the safe access zone could be enlarged to 200 metres. This model also provides the flexibility to reduce the size of a safe access zone where a premise is located close to an accepted place of demonstration, such as Parliament. SA is proposing to follow a similar model to Queensland where the Minister may prescribe that a safe access zone may extend beyond the default 150 metres.
- The third model is used in the ACT, which provides for the Minister to declare a protected area around an approved medical facility and define the specific streets that form part of the safe access zones. This allows for consideration of a buffer zone on a case-by-case basis and ensures a detailed description of the buffer zone is publicly available. This approach makes the boundaries of the safe access zone clear to the public. However, this could also result in administrative cost and delays as there may be a need to assess applications and time required to approve the Ministerial declaration.

Many submissions supported the location of the premises at which abortions are provided and its spatial surrounds, such as proximity to car parks and public transport facilities, being considered when determining the scope of safe access zones. The submissions also demonstrated significant support for a zone of no less than 150 metres. DOH has considered the location of the main private abortion providers in WA and the patient and staff access points to these health services.

Experience from other jurisdictions in Australia supports a recommendation of a minimum radius of 150 metres from premises at which abortion services are provided. While the DoH notes a distance of 150 metres may not cover all patient and staff access points to premises at

⁵⁰ *Clubb v Edwards; Preston v Avery* [2019] HCA 11.

⁵¹ *Termination of Pregnancy Law Reform Act 2017* (NT)

⁵² *Reproductive Health (Access to Terminations) Act 2013* (Tas)

⁵³ *Termination of Pregnancy Act 2018* (Qld)

⁵⁴ *Public Health and Wellbeing Act 2008* (Vic)

which abortions are provided, beyond 150 metres it will be harder for demonstrators to distinguish patients and staff from a passer-by. In addition, the High Court has indicated that any burden imposed through the extension of safe access zones beyond 150 metres will need to be proportionate to the object sought to be achieved. The area of the safe access zone in Victoria, namely 150 metres, was considered a critical factor in the High Court upholding its constitutional validity. Without further evidence of the need for the ability to extend a safe access zones beyond 150 metres, the DOH recommends that WA follows model one.

Recommendation 3: The scope of the zones should be defined to be the protected premises and an area within 150 metres from the boundaries of the protected premises.

6 Operation of the zones – times

The Discussion Paper asked:

During what times should safe access zones apply?

- (a) Only during clinic opening hours
- (b) 24 hours-a-day, 7 days-a-week
- (c) Prescribed on a case-by-case basis
- (d) Other (please provide detail)
- (e) No response

6.1 Consultation responses

Table 7 shows the distribution of responses.

Table 7: Support for introduction of Safe Access Zones by preferred times

Times	Number	Percentage
24 hours-a-day, 7 days-a-week	2,326	79.5
Only during clinic opening hours	442	15.1
Other (please detail below)	54	1.8
Prescribed on a case-by-case basis	85	2.9
No response	20	0.7
Total in support of SAZ	2,927	100.0

There were 2,326 submissions in favour of safe access zones being in place for 24 hours-a-day, 7 days-a-week. This represents 79.5% of all those respondents in favour of safe access zones. There were 153 submissions that provided comments. These comments included:

- provides simplicity and clarity
- will protect staff and patients who may need access outside usual opening hours
- is consistent with other jurisdictions
- anything else may be prone to abuse
- is easier to enforce
- reduces the potential for creating a negative stigma
- prevents the protections the safe access zone seeks to provide being undermined as healthcare rights are not mandated for certain times of the day.

Australian Lawyers for Human Rights also submitted that ‘limiting the operation of safe access zones to specific time periods is undesirable for a number of reasons, including that:

- clinics may have different operating hours or flexible staffing arrangements
- the operating hours of clinics may be subject to change on an ad hoc basis
- it creates uncertainty and is potentially confusing for members of the public
- the motivation of protesters participating in demonstrations outside clinics beyond the hours of operation is likely to be to dissuade patients from obtaining an abortion

- seeing protesters participating in demonstrations outside clinics is still likely to cause distress to, and intimidate, individuals seeking terminations.⁵⁵

Marie Stopes WA also supported no time restrictions on the operation of safe access zones.⁵⁶

There were 442 submissions that supported safe access zones being in place during the premises' opening hours only and 12 of these submissions provided comments. These comments included:

- safe access zones be enforced for one to two hours before and after opening hours or at any time that patients or staff would be reasonably expected to be present
- there is no reason for safe access zones if staff or patients are not present.

There were 85 submissions that supported the operation of safe access zones being prescribed on a case-by-case basis and six of these submissions provided comments. These comments similarly included:

- safe access zones be enforced for one to two hours before and after opening hours or at any time that patients or staff would be reasonably expected to be present
- safe access zones should operate opening hours as a minimum with flexibility for longer hours is required.

There were 54 submissions that chose the 'other option' and 52 of these submissions provided comments. These comments included:

- safe access zones be enforced for one to two hours before and after opening hours or at any time that patients or staff would be reasonably expected to be present
- only when there are surgical procedures
- during prescribed times.

6.2 DOH analysis and recommendation

The submissions demonstrate a clear majority in support of the operation of safe access zones 24 hours-a-day, 7 days-a-week.

As set out in Appendix 1, the ACT is the only jurisdiction in Australia that has introduced safe access zones around protected premises which operate only between 7am and 6pm on each day the premises is open or during any other period declared by the Minister. NT, Tasmania, Queensland and Victoria all have safe access zones which operate 24 hours-a-day, 7 days-a-week. SA is also proposing the operation of safe access zones 24 hours-a-day, 7 days-a-week.

The DOH agrees that, to adequately protect patients and staff from demonstrator behaviour, safe access zones should always apply. Having safe access zones applying 24 hours-a-day, 7 days-a-week is efficient, easier to implement, monitor and enforce, and ensures the intent of the legislation is not undermined. It also prevents disputes arising over whether individuals had knowledge about a premise's opening hours and reduces the likelihood of honest mistakes.

Recommendation 4: A safe access zone should operate 24 hours-a-day 7 days-a-week.

⁵⁵ Submission: Australian Lawyers for Human Rights to the community consultation on the proposal to introduce safe access zone legislation in Western Australia.

⁵⁶ Submission: Marie Stopes WA Re: Submission on Safe Access Zones in Western Australia, 31 May 2019.

7 Operation of the zones – ‘prohibited behaviours’

The Discussion Paper asked:

It is proposed that prohibited behaviours will include:

- in relation to a person accessing, attempting to access, or leaving premises at which abortions are provided, besetting, harassing, intimidating, interfering with, threatening, hindering, obstructing or impeding that person by any means
- communicating by any means in relation to abortions in a manner that is able to be seen or heard by a person accessing, attempting to access, or leaving premises at which abortions are provided and is reasonably likely to cause distress or anxiety
- interfering with or impeding a footpath, road or vehicle, without reasonable excuse, in relation to premises at which abortions are provided
- intentionally recording by any means, without reasonable excuse, another person accessing, attempting to access or leaving premises at which abortions are provided, without that other person’s consent
- any other prescribed behaviour.

Do you agree with this approach?

[modelled on Victoria’s legislation]⁵⁷

7.1 Consultation responses

Table 8 shows the distribution of responses.

Table 8: Support for introduction of safe access zones by agreement on behaviour definition

Agree with the behaviour definition	Number	Percentage
Agree	2,823	96.4
Disagree	37	1.3
Neither agree nor disagree	56	1.9
No response	11	0.4
Total in support of SAZ	2,927	100.0

There were 2,823 respondents in favour of the definition of ‘prohibited behaviour’ as outlined in Victoria’s legislation. This represents 96.4% of all those respondents in favour of safe access zones. There were 100 submissions that provided comments. These comments included:

- the definition of prohibited materials should expressly include examples of visual materials such as signs, posters, pamphlets, videos, displays of confronting images such as of babies, religious figures and gravestones (33). Some of these respondents also suggested that the handing out of religious materials and misinformation should also be expressly prohibited
- the definition should specifically define the people being protected (patients, staff and support services), and the behaviours that are prohibited, to avoid misinterpretation or ambiguity, for example, picketing, loitering, grabbing, spitting, approaching, engaging in conversation, seeking patient information, communicating negative or exclusive judgment, shaming,

⁵⁷ *Public Health and Wellbeing Act 2008* (Vic), s 185B.

singing, loud praying, shouting, chanting, promoting political or religious ideas and undirected speech (27)

- the wording of 'prohibited', 'communicating by any means', 'reasonable excuse', 'intentionally', 'reasonably likely to cause distress and anxiety', 'prescribed' and 'any other prescribed behaviour', should be reviewed (19)
- the definition should expressly prohibit photography and its publication and distribution including online or over social media (16)
- the definition has been working well in Victoria (7)
- the definition should include a protection for people once they have left a safe access zone (5)
- the definition is subjective, and needs further clarification (3)
- the definition should allow for peaceful demonstrations (1).

There were 38 submissions that disagreed with the proposed definition and 28 of these submissions provided comments. The main comment provided was in relation to the term 'communicating' in the definition. There were concerns that the term 'communicating':

- is too broad and could include inadvertent communications
- should include communications that can be 'seen, heard or read' so it expressly includes signage and banners.

Other comments included:

- the definition should expressly include all manner of behaviour that involves people gathering together to challenge an individual's ability to access health care
- the definition should include protections for staff and support services
- the definition should use less emotive language to describe the behaviour i.e. approaching, engaging in conversation, attempting to disseminate written literature to consider the rights of demonstrators
- the wording of 'reasonable excuse', 'reasonably likely to cause distress and anxiety' and 'any other prescribed behaviour' should be reviewed and potentially removed to avoid ambiguity
- should use Queensland's definition of 'prohibited behaviour'
- one submission suggested that unsolicited communications should be included e.g. offering prayers, while two submissions suggested prayers, counselling and the provision of information in a respectful manner, should be allowed.

There were 56 submissions that neither agreed nor disagreed and eight of these submissions provided comments. Comments included:

- the definition was based on subjective criteria
- the words 'any other prescribed behaviour' could be used as a loophole
- the definition does not include the distribution of propaganda
- concerns that the definition allowed demonstrators to protest peacefully
- there should be scope for those who want to offer advice to women peacefully.

7.2 DOH analysis and recommendation

The submissions demonstrate a clear majority in support of the proposed definition of 'prohibited behaviour' in Victoria's legislation.

Submissions indicated that the definition could be made clearer to remove potential ambiguity. DOH noted the concerns about phrases such as 'reasonably likely' and 'reasonable excuse' in the definition.

In *Clubb v Edwards* the words ‘reasonably likely to cause distress or anxiety’ were expressly considered. Kiefel CJ, Bell J and Keane J advised that the connection between the prohibited communication and the potential to cause distress or anxiety must be real and not a remote chance, regardless of whether that chance is less or more than 50 per cent.⁵⁸ Additionally, ‘the prohibition is not engaged unless there is an intentional act of communication of matter relating to abortions, and that act is performed in a manner that is capable of being heard by a person who may be accessing or attempting to access the relevant premises ... the communication must also occur, and be intended to occur, within 150 metres of premises at which abortions are provided. Whether the matter communicated is reasonably likely to cause distress or anxiety is a matter of fact to be determined objectively.’⁵⁹

Examples of conduct that may constitute a ‘reasonable excuse’ in Victoria’s definition include the operation of a clinic’s security cameras for security purposes, the conduct of a police officer acting in the course of that officer’s duties and impeding a footpath outside a hospital engaged in by persons involved in lawful industrial action.⁶⁰ Victoria’s definition also expressly provides it does not apply to employees or other persons who provide services at the premises at which abortions are provided, to allow staff and patients to speak to each other about an abortion.

Given these existing interpretations and examples, DOH considers that the words ‘reasonably likely’ and ‘reasonable excuse’ can be interpreted clearly whilst still providing flexibility to ensure inadvertent communications are not unintentionally captured as ‘prohibited behaviour’.

DOH also considered whether peaceful demonstrations should be prohibited. In *Clubb v Edwards*, Edelman J, considered the communicative nature of silent prayer, stating ‘silent or quiet action can be a powerful form of protest and political communication.’⁶¹ Edelman J went on to refer to the case of *Levy v Victoria*, where Kirby J listed various examples of silent or quiet action: lifting a flag in battle; raising a hand against advancing tanks; wearing symbols of dissent; participating in a silent vigil; public prayer and meditation.⁶² Kiefel CJ, Bell J and Keane J also stated that ‘silent but reproachful observance of persons accessing a clinic for the purpose of terminating a pregnancy may be as effective, as a means of deterring them from doing so, as more boisterous demonstrations.’⁶³ DOH agrees with these views and therefore recommends peaceful communications remain within the proposed definition of ‘prohibited behaviour’.

DOH considered whether the *Surveillance Devices Act 1998* (WA), which regulates the use of listening and optical surveillance devices, already sufficiently captured recording of persons accessing premises at which abortions are provided. However, it was determined that this legislation only applies to the visual recording of a person during private activities. It does not apply to the activities outside premises at which abortions are provided. DOH’s view is that recording another person accessing, attempting to access or leaving premises at which abortions are provided, without that other person’s consent, is therefore still required to be included in the proposed definition.

The DOH reviewed the term ‘communications’ in the proposed definition and considers it sufficiently captures displays of visual material, such as graphic and disturbing imagery and the provision of information, including pamphlets and brochures, or the giving of items to patients and staff. During implementation, further information and guidance will be provided to the

⁵⁸ *Ibid* [57]- [59].

⁵⁹ *Clubb v Edwards; Preston v Avery* [2019] HCA 11 at [95].

⁶⁰ Explanatory memorandum, Public Health and Wellbeing Amendment (Safe Access Zones) Bill 2015 (Vic), 3.

⁶¹ *Clubb v Edwards; Preston v Avery* [2019] HCA 11 at [475].

⁶² (1997) 189 CLR 579 at 638.

⁶³ *Clubb v Edwards; Preston v Avery* [2019] HCA 11 at [89].

various stakeholder groups on what the legislative requirements are and how to meet legal responsibilities.

The purpose of the definition of 'prohibited behaviour' is to define activities that are not permitted in a safe access zone. It is, therefore, not applicable to include in the definition of 'prescribed behaviour' a protection for people outside a safe access zone.

On this basis, the DOH recommends that the legislation use a definition of 'prohibited behaviour' modelled on Victoria's definition of 'prohibited behaviour' in its *Public Health and Wellbeing Act 2008*.

Recommendation 5: The definition of 'prohibited behaviour' should be modelled on Victoria's definition of 'prohibited behaviour' in its *Public Health and Wellbeing Act 2008* (Vic).

8 Exclusions

The Discussion Paper asked:

Should the legislation specifically exclude the application of the buffer zone in certain circumstances?

- (a) Exclude conduct occurring at a church or another religious institution
- (b) Exclude conduct occurring outside Parliament or Government buildings
- (c) Exclude carrying out of an opinion poll or survey during an election, referendum or plebiscite
- (d) There should be no exemptions
- (e) Other (please provide detail).

8.1 Consultation responses

Table 9 shows the distribution of responses.

Table 9: Support for introduction of Safe Access Zones by agreement on exclusions

Exemptions	Number	Percentage
No exemptions	2,263	77.3
Yes (Respondents could choose more than one option)	650	22.2
<i>Exclude conduct at a church or another religious institution</i>	400	
<i>Exclude carrying out of an opinion poll or survey during an election, referendum or plebiscite</i>	290	
<i>Exclude conduct occurring outside Parliament or Government buildings</i>	432	
<i>Other</i>	82	
No response	14	0.5
Total in support of SAZ	2,927	100

There were 2,263 (77.3%) respondents who did not agree with including exemptions in the legislation, and 650 (22.2%) who felt that exemptions should be included in the legislation.

There were 163 submissions that provided comments on why exemptions should or should not be included in the legislation. Of those in favour of exemptions, 73 submissions provided comments.

General comments included:

- exemptions may be included so long as they do not include any behaviour which may infringe on people's rights, intimidate or harass those attending abortion clinics
- exemptions may create a loophole for demonstrators to circumvent the legislation
- safe access zones may prevent churches, businesses and residents from taking the unlikely action of displaying anti-abortion messages or images outside their premises

- exemptions may have a beneficial effect for patients and staff by moving the disruption and anxiety caused by the presence of demonstrators outside abortion services to other places.

Comments in relation to churches and other religious institutions included:

- the location of churches and other religious institutions should be considered and exemptions made on a case-by-case basis
- activities undertaken within a church or religious institution that is located within a zone should be exempt if the activities are not visible or audible outside the building
- that conduct within a church is unlikely to fall within the proposed definition of 'prohibited behaviour'.

Comments in relation to Parliament or Government buildings included:

- it is an appropriate location to protest political decisions and laws and exemptions should apply to the communication of views to elected representatives in Parliament
- this might render invalid a restriction on the freedom of assembly as it may not satisfy the test outlined by the High Court
- the term 'Government buildings' was considered too vague.

Comments in relation to opinion polls or surveys during elections, referendums or plebiscites included:

- patients should not be subjected to such interactions at any time of the year
- persons accessing abortion services should not be subjected to opinion polls or surveys about topics related to abortion when trying to act on a private medical decision and enter a health service
- this exemption may undermine the purpose of the legislation for weeks at a time during an election, referendum or plebiscite period
- exemptions could be limited to opinion polls or surveys that are carried out with the authority of a candidate in a State or Federal election, referendum or plebiscite only
- the surveying or polling of households that fall within a safe access zone could still be carried out, so long as it is done in a manner that does not cause anxiety or distress to people accessing an abortion clinic or involve other behaviour prohibited within the zones.

8.2 DOH analysis and recommendation

The question of whether exemptions should be included was carefully considered to ensure the purpose of the legislation was not undermined.

In Australia, NSW is the only jurisdiction in which safe access zones legislation specifically includes exemptions for:

- conduct occurring in a church, or other building, that is ordinarily used for religious worship, or within the curtilage of such a church or building
- conduct occurring in the forecourt of, or on the footpath or road outside, Parliament House
- the carrying out of any survey or opinion poll by, or with the authority of, a candidate, or the distribution of any handbill or leaflet by or with the authority of a candidate, during the course of a Commonwealth, State or Local Government election, referendum or plebiscite.⁶⁴

⁶⁴ *Public Health Act 2010* (NSW), s 98F(1).

The DOH has noted that in *Clubb v Edwards*, Kiefel CJ, Bell J and Keane J rejected an argument that ‘the extent of the burden might have been reduced by providing for an exception to the probation during election campaigns’. It was commented that ‘in the nature of things the need for abortion services and the anxiety and distress associated with accessing these services is not lessened during election campaigns. If anything, the contrary is likely to be the case’.⁶⁵

Other exemptions that the DOH has specifically considered are exemptions for staff and persons accompanying a patient to the protected premises; persons employed or contracted to provide services at or near the protected premises acting reasonably in the provisions of those services; persons involved in lawful industrial action outside protected premises; and exemptions for police officers acting reasonably in the course of their duties. However, the DOH considers the definition of ‘prohibited behaviour’ in Victoria’s legislation adequately caters for these circumstances and provides enough flexibility to ensure it will not capture other unintended behaviours.

While there are several churches and other religious institutions in WA that will fall within a proposed safe access zone, the DOH considers that conduct occurring in a church or other religious institution, (such as abortion-related meetings or sermons) will not be captured by the proposed definition of ‘prohibited behaviour’.

Therefore, without further evidence of need, the DOH does not consider it necessary to provide for specific exemptions in the legislation.

Recommendation 6: The legislation should not provide for exemptions.

⁶⁵ *Clubb v Edwards; Preston v Avery* [2019] HCA 11 at [94].

9 Penalties

The Discussion Paper proposed a maximum penalty of \$12,000, and 12 months imprisonment for engaging in prohibited behaviour in a safe access zone.

No specific question was asked in the Discussion Paper in respect of the proposed penalties and therefore a survey results table is not available.

9.1 Consultation responses

While no question was asked in the Discussion Paper in respect of the proposed penalties, 173 submissions provided comments on this issue; 146 of these submissions were in favour of the proposed penalties and 27 opposed the inclusion of penalties.

Comments in support of the proposed penalties included:

- tough penalties act as a deterrent
- penalties are the only way to ensure compliance and adequately protect the safety and wellbeing of patients and staff
- people should be able to access health care without interference or fear of judgment, harassment or intimidation
- having an offence for the recording of individuals entering and leaving abortion services is a further means to protect a person's privacy.

Comments opposing the proposed penalties included:

- the maximum fine of \$12,000 and possibility of imprisonment is too severe
- the existing WA Police powers to manage these activities are enough.

9.2 DOH analysis and recommendation

The penalties for the key offences in other Australia jurisdictions are set out in Appendix 1.

A 12-month imprisonment period is consistent with Queensland⁶⁶, NT⁶⁷, Victoria⁶⁸ and Tasmania⁶⁹. NSW has a 12-month imprisonment period for a subsequent offence.⁷⁰

The maximum penalty of a fine of \$12,000, and 12 months imprisonment term are consistent with the penalties under the *Criminal Investigation Act 2006 (WA)* for breaching a Move On Order. It will also enable the WA Police to obtain identifying particulars from an adult.

A maximum fine of \$12,000 falls within the mid-range of penalties applicable in other jurisdictions. It is significantly less than the maximum fine in NT and Victoria, whose penalties some submissions considered were unreasonable. It is comparable to the maximum fine in Tasmania and the fine in NSW for a subsequent offence.

The DOH considers it necessary to also include an offence for the publication or dissemination of any recording of a person accessing or leaving, or attempting to access or leave a clinic, without that person's consent.

This is because Victoria's definition of 'prohibited behaviour' includes intentionally recording another person accessing, attempting to access or leaving premises at which abortions are

⁶⁶ *Termination of Pregnancy Act 2018 (Qld)*, s 15 and 16

⁶⁷ *Termination of Pregnancy Law Reform Act 2017 (NT)*, s15

⁶⁸ *Public Health and Wellbeing Act 2008 (Vic)*, s185D

⁶⁹ *Reproductive Health (Access to Terminations) Act 2013 (Tas)*, s9

⁷⁰ *Public Health Act 2010 (NSW)*, s98C, 98B, 98E

provided, without that other person's consent, but does not address later publication and distribution of any recorded material.⁷¹

Introducing a further offence for publication and distribution of prohibited recorded material is also consistent with the approach undertaken in other jurisdictions.

Recommendation 7: The legislation should provide for a maximum penalty of a fine of \$12,000 and 12 months imprisonment for engaging in prohibited behaviour in a safe access zone and publication and distribution of recorded material without consent.

⁷¹ *Public Health and Wellbeing Act 2008* (Vic), s 185B.

10 Next steps

Following Cabinet's consideration of the proposal, it is expected a Bill will be drafted and introduced into Parliament in the first half of 2020.

Development of the legislation will be led by the DOH, in consultation with WA Police. If the legislation is introduced and passed by Parliament, the DOH will work with WA Police and the premises at which abortions are provided on the effective implementation of the legislation.

Lessons learned from other jurisdictions show that a good understanding of the zones and the laws are important for the successful implementation of the legislation. Accordingly, a communication strategy is being developed. This plan aims to ensure that comprehensive communications are provided to all stakeholder groups in a timely manner using various mediums such as the DOH webpage, fact sheets and announcements through appropriate media channels.

It is proposed the legislation will include a five-year statutory review requirement. This review will be undertaken in accordance with the requirements set by the Public Sector Commission's Guidelines for the review of legislation.⁷²

⁷² Guidelines for the review of legislation; Public Sector Commission, Government of Western Australia. Available at: <https://publicsector.wa.gov.au/public-administration/public-sector-governance/guidelines-review-legislation>.

Appendix 1: Australian jurisdictional comparison

	<i>Health Act 1993 (ACT)</i>	<i>Public Health Act 2010 (NSW)</i>	<i>Termination of Pregnancy Law Reform Act 2017 (NT)</i>	<i>Termination of Pregnancy Act 2018 (Qld)</i>	<i>Reproductive Health (Access to Terminations) Act 2013 (Tas)</i>	<i>Public Health and Wellbeing Act 2008 (Vic)</i>
Mechanism for establishing the safe access zone	The zone is declared by the Minister [s 86].	The zone is defined by the Act [s 98A]	The zone is defined by the Act [s 4]	The zone is defined by the Act. The zone can be varied by regulation [s 14].	The zone is defined by the Act [s 9(1)].	The zone is defined by the Act [s 185B(1)]
Scope of the safe access zone	<p>The Minister must declare an area around an approved medical facility to be a protected area. [s 86(1)]</p> <p>The Minister may declare an area around a place where an abortifacient is prescribed, supplied or administered to be a protected area. [s 86(2)]</p> <p>In making the declaration, the Minister must be satisfied that the area declared is —</p> <ul style="list-style-type: none"> not less than 50m at any point from the protected facility; and sufficient to 	<p>Defined to mean:</p> <ul style="list-style-type: none"> the premises of a reproductive health clinic at which abortions are provided; and the area within 150 metres of: <ul style="list-style-type: none"> (i) any part of the premises of a reproductive health clinic at which abortions are provided, or (ii) a pedestrian access point to a building that houses a reproductive health clinic at which abortions are provided [s 98A] <p>Reproductive health clinic means any premises at which medical services relating to</p>	<p>Defined to mean the area:</p> <ul style="list-style-type: none"> within the boundary of premises for performing terminations; and within 150 metres outside the boundary [s 4] <p>Premises for performing terminations means premises where either or both of the following take place:</p> <ul style="list-style-type: none"> terminations are performed by medical practitioners; health practitioners assist in the performance of terminations; <p>but does not include pharmacy [s 4].</p> <p>Perform a termination is defined as a medical</p>	<p>A place is in the safe access zone for termination services premises if the place is:</p> <ul style="list-style-type: none"> in the premises; or not more than the prescribed distance from an entrance to the premises [s 14(1)] <p>The prescribed distance is 150 metres [s 14(2)]</p> <p>A distance can be prescribed for stated termination services premises by regulation [s 14(3)] but only if the Minister is satisfied that, having regard to the location of the premises, a prescribed distance of 150 metres is</p>	<p>Defined to be an area within a radius of 150 metres from premises at which terminations are provided [s 9(1)]</p> <p>Terminate means to discontinue a pregnancy so that it does not progress to birth by —</p> <ul style="list-style-type: none"> using an instrument or a combination of drugs; or using a drug or a combination of drugs; or any other means — but does not include — the supply or procurement of anything for the purpose of discontinuing a pregnancy; or the administration of a drug or a combination of 	<p>Defined to mean an area within a radius of 150 metres from premises at which abortions are provided [s 185B(1)]</p> <p>Abortion has the same meaning as in the <i>Abortion Law Reform Act 2008</i> [s 185B].</p> <p>The <i>Abortion Law Reform Act 2008</i> defines abortion as intentionally causing the termination of a woman's pregnancy by —</p> <ul style="list-style-type: none"> using an instrument; or using a drug or a combination of drugs; or any other means. <p>Premises at which abortions are</p>

	<i>Health Act 1993 (ACT)</i>	<i>Public Health Act 2010 (NSW)</i>	<i>Termination of Pregnancy Law Reform Act 2017 (NT)</i>	<i>Termination of Pregnancy Act 2018 (Qld)</i>	<i>Reproductive Health (Access to Terminations) Act 2013 (Tas)</i>	<i>Public Health and Wellbeing Act 2008 (Vic)</i>
	<p>ensure the privacy and unimpeded access for anyone entering, trying to enter or leaving the protected facility; but</p> <ul style="list-style-type: none"> ▪ no bigger than necessary to ensure that outcome. [s 86(3)] <p>A declaration is a disallowable instrument [s 86(4)]</p> <p>Abortion means a medical abortion or surgical abortion [s 80].</p> <p>Surgical abortion means a surgical procedure or any other procedure or act (other than the administration or supply of an abortifacient) that causes a pregnancy to end [s 80].</p>	<p>aspects of human reproduction or maternal health are provided, but does not include a pharmacy [s 98A].</p>	<p>practitioner who does any of the following, intending to induce an abortion:</p> <ul style="list-style-type: none"> ▪ perform a surgical procedure; ▪ prescribes, supplies or administers a termination drug; ▪ any other action [s 6(1)]. 	<p>insufficient or greater than is necessary to achieve the purposes of the Act [s 14(4)]</p> <p>Termination services premises means premises at which a service of performing terminations on women is ordinarily provided; but does not include a pharmacy [s 13].</p>	<p>drugs for the purpose of discontinuing a pregnancy by a nurse or midwife acting under the direction of a medical practitioner [s 3].</p>	<p>provided does not include a pharmacy [s 185B].</p>

	<i>Health Act 1993 (ACT)</i>	<i>Public Health Act 2010 (NSW)</i>	<i>Termination of Pregnancy Law Reform Act 2017 (NT)</i>	<i>Termination of Pregnancy Act 2018 (Qld)</i>	<i>Reproductive Health (Access to Terminations) Act 2013 (Tas)</i>	<i>Public Health and Wellbeing Act 2008 (Vic)</i>
	<p>Medical abortion means the prescription, supply or administration of an abortifacient [s 80].</p> <p>Abortifacient means a medicine, drug or other substance that causes a pregnancy to end prematurely [s 80].</p>					
Operation of the zone.	Protected period is defined to be between 7am and 6pm on each day the facility is open, or any other period declared by the Minister [s 85(2)]	Not expressly defined in the legislation as the zone operates 24 hours a day, 7 days-a-week.	Not expressly defined in the legislation as the zone operates 24 hours a day, 7 days-a-week.	Not expressly defined in the legislation as the zone operates 24 hours a day, 7 days-a-week.	Not expressly defined in the legislation as the zone operates 24 hours a day, 7 days-a-week.	Not expressly defined in the legislation as the zone operates 24 hours a day, 7 days-a-week.

	Prohibited behaviour and other offences
<i>Health Act 1993 (ACT)</i>	<p>A person commits an offence if the person:</p> <ul style="list-style-type: none"> ▪ is in a protected area; and ▪ engages in prohibited behaviour [s 87(1)] <p>Maximum penalty is 25 penalty units (\$4,000).</p> <p>Prohibited behaviour is defined to mean:</p> <ul style="list-style-type: none"> ▪ the harassment, hindering, intimidation, interference with, threatening or obstruction of a person, including by the capturing of visual data of the person, in the protected period that is intended to stop the person from entering the facility or having an abortion or providing a surgical abortion or prescribing, supplying or administering an abortifacient in the protected facility; ▪ an act that can be seen or heard by anyone in the protected period, and is intended to stop the person from entering the protected facility or having an abortion, providing a surgical abortion or prescribing, supplying or administering an abortifacient in the protected facility; or ▪ a protest, by any means, in the protected period in relation to a person doing any of the things mentioned in the previous dot point. [s 85(1)] <p>A person commits an offence if:</p> <ul style="list-style-type: none"> ▪ the person publishes captured visual data of a person (the recorded person) entering or leaving, or trying to enter or leave, a protected facility; and ▪ the person does so with the intention of stopping a person from having an abortion, or providing a surgical abortion or prescribing, supplying or administering an abortifacient; and ▪ the recorded person did not consent to the publication [s 87(2)] <p>Maximum penalty: 50 penalty units (\$8,000), imprisonment for 6 months or both.</p>
<i>Public Health Act 2010 (NSW)</i>	<p>A person who is in a safe access zone must not interfere with any person accessing, leaving, or attempting to access or leave, any reproductive health clinic at which abortions are provided [s 98C(2)]</p> <p>A person who is in a safe access zone must not, without reasonable excuse, obstruct or block a footpath or road leading to any reproductive health clinic at which abortions are provided [s 98C(3)]</p> <p>Interfere with is defined to include harass, intimidate, beset, threaten, hinder, obstruct or impede by any means [s 98C(1)]</p> <p>A person who is in a safe access zone must not make a communication that relates to abortions, by any means, in a manner:</p> <ul style="list-style-type: none"> ▪ that is able to be seen or heard by a person accessing, leaving, attempting to access or leave, or inside, a reproductive health clinic at which abortions are provided; and ▪ that is reasonably likely to cause distress or anxiety to any such person [s 98D(1)]

	<p>Prohibited behaviour and other offences</p>
	<p>The offence in section 98D(1) does not apply to an employee or other person who provides services at the reproductive health clinic [s 98D(2)]</p> <p>Maximum penalty for first offence: 50 penalty units (\$5,500) or imprisonment for 6 months or both. Maximum penalty for second offence: 100 penalty units (\$11,000) or imprisonment for 12 months or both.</p> <p>A person must not intentionally capture visual data of another person, by any means, without that other person's consent if that other person is in a safe access zone [s 98E(1)]</p> <p>A person must not publish or distribute a recording of another person without that other person's consent if the recording was made while that other person was in a safe access zone, and contains particulars likely to lead to the identification of that other person [s 98E(2)]. Section 98E does not apply to:</p> <ul style="list-style-type: none"> ▪ the operation of a security camera for security reasons; ▪ a person employed or contracted to provide services at the reproductive health clinic; ▪ a person otherwise acting for or on behalf of a person operating a reproductive health clinic; ▪ a Police Officer acting in the course of the officer's duties; and ▪ a person who has another reasonable excuse [s 98E(3)] <p>Maximum penalty for first offence: 50 penalty units (\$5,500) or imprisonment for 6 months or both. Maximum penalty for second offence: 100 penalty units (\$11,000) or imprisonment for 12 months or both.</p> <p>The Act does not apply so as to prohibit:</p> <ul style="list-style-type: none"> ▪ conduct occurring in a church, or other building, that is ordinarily used for religious worship, or within the curtilage of such a church or building; ▪ conduct occurring in the forecourt of, or on the footpath or road outside, Parliament House; or <p>the carrying out of any survey or opinion poll by or with the authority of a candidate, or the distribution of any handbill or leaflet by or with the authority of a candidate, during the course of a Commonwealth, State or Local Government election, referendum or plebiscite [s 98F(1)]</p>
<p><i>Termination of Pregnancy Law Reform Act 2017 (NT)</i></p>	<p>A person commits an offence if:</p> <ul style="list-style-type: none"> ▪ the person intentionally engages in prohibited conduct; and ▪ the prohibited conduct occurs in a safe access zone and the person is reckless in relation to that circumstance [s 14(1)] <p>Maximum penalty: 100 penalty units (\$15,000) or imprisonment for 12 months.</p> <p>Prohibited conduct is defined to mean:</p> <ul style="list-style-type: none"> ▪ harassing, hindering, intimidating, interfering with, threatening or obstructing a person, including by recording the person by any means without the person's consent and without a reasonable excuse, that may result in deterring the person from entering or

	<p>Prohibited behaviour and other offences</p>
	<p>leaving premises for performing terminations, or performing or receiving a termination at the premises; and</p> <ul style="list-style-type: none"> ▪ an act that could be seen or heard by a person in the vicinity of premises for performing terminations that may result in deterring the person or another person from entering or leaving the premises, or performing a termination or receiving a termination at the premises [s 14(3) and (4)] <p>The offence in section 14(1) does not apply if:</p> <ul style="list-style-type: none"> ▪ the person is a Police Officer acting in the duties of law enforcement; or ▪ the person is employed at premises for performing terminations [s 14(2)] <p>A person commits an offence if:</p> <ul style="list-style-type: none"> ▪ the person intentionally publishes a recording of another person who is in a safe access zone; ▪ the recording was made without the other person's consent; ▪ the recording shows that the other person was entering or leaving, or attempting to enter or leave, premises for performing terminations; and ▪ the person is reckless in relation to the circumstances mentioned above [s 15(1)] <p>The offence in section 15(1) does not apply if the recording is published to a person who is authorised under a law to receive the information in the recording [s 15(2)]</p> <p>Maximum penalty: 100 penalty units (\$15,000) or imprisonment for 12 months.</p> <p>It is a defence to a prosecution for an offence against section 15(1) if the defendant had a reasonable excuse [s 15(3)]</p>
<p><i>Termination of Pregnancy Act 2018 (Qld)</i></p>	<p>A person must not engage in prohibited conduct in the safe access zone for termination services premises [s 15(3)]</p> <p>Maximum penalty: 20 penalty units (\$2,669) or 12 months imprisonment.</p> <p>Prohibited conduct is defined to mean conduct that:</p> <ul style="list-style-type: none"> ▪ relates to terminations or could reasonably be perceived as relating to terminations; ▪ would be visible or audible to another person in, or entering or leaving, the premises, ▪ would be reasonably likely to deter a person mentioned above from entering or leaving the premises, or requesting or undergoing a termination, or performing or assisting in the performance of a termination [s 15(1)] <p>A person's conduct may be prohibited conduct whether or not another person sees or hears the conduct or is deterred from taking an action mentioned in subsection (1)(c)(i) to (iii) [s 15(2)]</p> <p>The offence in section 15(3) does not apply to a person employed to provide a service at the termination services premises [s 15(4)]</p> <p>A person must not, without reasonable excuse, make a restricted recording of another person without the other person's consent</p>

	Prohibited behaviour and other offences
	<p>[s 16(2)]</p> <p>A person must not, without reasonable excuse, publish or distribute a restricted recording of another person without the other person's consent [s 16(3)]</p> <p>Maximum penalty: 20 penalty units (\$2,669) or 12 months imprisonment.</p>
<p><i>Reproductive Health (Access to Terminations) Act 2013 (Tas)</i></p>	<p>A person must not engage in prohibited behaviour within an access zone [s 9(2)]</p> <p>Maximum penalty: 75 penalty units (\$12,600) or imprisonment for 12 months or both.</p> <p>Prohibited behaviour is defined to mean:</p> <ul style="list-style-type: none"> ▪ in relation to a person, besetting, harassing, intimidating, interfering with, threatening, hindering, obstructing or impeding that person; ▪ a protest in relation to terminations that is able to be seen or heard by a person accessing, or attempting to access, premises at which terminations are provided; ▪ footpath interference in relation to terminations; ▪ intentionally recording, by any means, a person accessing or attempting to access premises at which terminations are provided without that person's consent; or ▪ any other prescribed behaviour [s 9(1)] <p>The offence of intentionally recording in section 9(2) does not apply to police officers acting in the reasonable course of their duties [s 9(3)]</p> <p>A person must not publish or distribute a recording of another person accessing or attempting to access premises at which terminations are provided without that other person's consent [s 9(4)]</p> <p>Maximum penalty: 75 penalty units (\$12,600) or imprisonment for 12 months or both.</p>
<p><i>Public Health and Wellbeing Act 2008 (Vic)</i></p>	<p>A person must not engage in prohibited behaviour within a safe access zone [s 185D]</p> <p>Maximum penalty: 120 penalty units (\$19, 826.4) or imprisonment for 12 months.</p> <p>Prohibited behaviour is defined to mean:</p> <ul style="list-style-type: none"> ▪ in relation to a person accessing, attempting to access, or leaving premises at which abortions are provided, besetting, harassing, intimidating, interfering with, threatening, hindering, obstructing or impeding that person by any means; ▪ communicating by any means in relation to abortions in a manner that is able to be seen or heard by a person accessing,

	Prohibited behaviour and other offences
	<p>attempting to access, or leaving premises at which abortions are provided and is reasonably likely to cause distress or anxiety;</p> <ul style="list-style-type: none"> ▪ interfering with or impeding a footpath, road or vehicle, without reasonable excuse, in relation to premises at which abortions are provided; ▪ intentionally recording by any means, without reasonable excuse, another person accessing, attempting to access or leaving premises at which abortions are provided, without that other person's consent; or ▪ any other prescribed behaviour [s 185B(1)] <p>Note that the definition of prohibited behaviour in respect of communication does not apply to an employee or other person who provides services at premises at which abortion services are provided [s 185B(2)]</p> <p>A person must not without consent of the other person or without reasonable excuse, publish or distribute a recording of a person accessing, attempting to access, or leaving premises at which abortions are provided if the recording contains particulars likely to lead to the identification of:</p> <ul style="list-style-type: none"> ▪ that other person; and ▪ that other person as a person accessing premises at which abortions are provided [s 185E] <p>Maximum penalty: 120 penalty units (\$19, 826.4) or imprisonment for 12 months.</p>

*Penalties based on penalty unit calculations for each jurisdiction as at July 2019

Appendix 2: Organisations and campaigns

Association for Reformed Political Action
Australian Christian Lobby
Australian Family Association (WA)
Australian Health Promotion Association
Australian Lawyers Alliance (NSW)
Australian Lawyers for Human Rights
Australian Medical Association WA
Castan Centre for Humans Rights Law (Vic)
Catholic Community WA
Children by Choice Organisation (association incorporated)
Civil Liberties Australia
Civil Liberties Australia (CLA) in WA
Community - also representing Direct Action Movement
Curtin School of Public Health
Doctor's Reform Society of WA
Do Gooder campaigns
East Metropolitan Health Service
EMILY's List Australia
Fair Agenda
Family Council of (WA)
Family Life International Australia Ltd
Family Planning NSW
Fremantle Women's Health Centre
Health Consumers' Council (WA) Inc
Human Rights Law Centre
International Planned Parenthood Federation
Life Ministries (WA)
Marie Stopes Australia
Maurice Blackburn lawyers (Vic)
Nanyara Medical Group
New South Wales Member of Parliament and community
Pregnancy Help Australia Ltd
Propel Youth Arts WA
Public Health Association of Australia
Reproductive Choice Australia
Right to Life
Right to Life Association for Western Australia
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Sexual Health Quarters
South West Women's Health and Information Centre
United Voice (WA)
WA Health
Western Australian Council of Social Service
Western Australians for safe access zones
Women's Community Health Network WA
Women's Council for Domestic and Family Violence Services
Women's Electoral Lobby
Women's Forum Australia
World Jewish Congress

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