# 2021

# EMILY's List Australia 25 Years of Achieving Choice for Women

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This report was commissioned by EMILY's List Australia in celebration of their 25<sup>th</sup> Anniversary since establishment in 1996.

# Contents

Executive Summary			
Acknowledgement of Country			
Abbreviations			
Disclaimer	p. 7		
Chapter 1: Introduction	p. 8-9		
Why Access to Abortion is Important?	p. 9-11		
Chapter 2: Evolution of Abortion Law Reform in Australia	p. 12-14		
What happens when women are more equally represented	p. 15-17		
Chapter 3: ELA Strategies for Creating Change	p. 18		
How ELA MPs Created Change	p. 18-21		
ELA Activism	p. 21-26		
Chapter 4: Remaining Barriers to Accessible Reproductive Health	p. 27		
Finances	p. 27		
Rural and Regional Residents	p. 27-28		
Prejudice of Practitioners	p. 28		
Societal Stigma	p. 29		
COVID-19 Pandemic	p. 29		
Overcoming these Barriers	p. 30		
Measuring Change	p. 30-31		
Conclusion	p. 32-33		
Acknowledgements	p. 33		
References	p. 34-39		
Appendix A: 5 Values of EMILY's List Australia			
Appendix B: Timeline- 25 Years of EMILY's List Australia			
Appendix C: Interview Questions			
Appendix D: Abortion Law Reform in All Australian Jurisdictions			

### **Executive Summary**

The objective of this report is to evaluate the policy and advocacy achievements of EMILY's List Australia (ELA) and determine the organisation's impact over the last 25 years. The report will look specifically at ELA's impact on one of the organisation's five principles - Choice (ELA 2020a). In order to measure this impact, the report has examined ELA's involvement in Abortion Law Reform (ALR) in Western Australia (WA), Victoria (VIC) and South Australia (SA). These states have been selected across Australia's six states and territory due to the timing of ALR within these jurisdictions. Western Australia was the first to decriminalise abortion in 1998, with Victoria to follow a decade later in 2008. South Australia was the last state to decriminalise abortion in 2021.

The research methodologies undertaken in this report were a literature review of primary and secondary sources, as well as qualitative and quantitative analysis of secondary data supplied by academic studies, government reports and ELA's resources. Additionally, the research included the collation of primary qualitative data through interviews with three former and current Members of Parliament who were directly involved in the achievements of Abortion Law Reform.

ELA has contributed to significant changes in national legislation regarding ALR by consistently forming strong networks of multi-disciplinary and multi-partisan representatives, lobbying Parliamentarians, and supporting and mentoring of women in politics.

Finally, based on the findings of the research, the report analyses the challenges still to be addressed post legalisation with respect to abortion service delivery and accessibility within each respective state in focus, and make recommendations on future potential policy foci for ELA. It also provides a template for future reforms and campaigns for social change that could be taken up for other organisations. These recommendations will elaborate on the need for equality and equity in the access of female reproductive health and abortion services and combating the current impact and limitations of cost, stigma and geographical placement.

#### Acknowledgement of Country

I acknowledge the Traditional Owners on the land on which this research was conducted, the-Wurundjeri People of the Kulin Nations. I pay my respects to their Elders, past and present. Particularly to Aboriginal and Torres Strait women who have faced suffering and injustice at the hands of colonisation and that this continues today under the discriminatory colonial systems present in Australia. These lands were never ceded. Always was, always will be Aboriginal Land.

#### **Abbreviations**

ELA	EMILY's List Australia
ALR	Abortion Law Reform
ALP	Australian Labor Party
LP	Liberal Party
LNP	Liberal National Party
MP	Member of Parliament
MLC	Member of the Legislative Council
WA	Western Australia
VIC	Victoria
SA	South Australia
QLD	Queensland
NT	Northern Territory
ACT	Australian Capital Territory
NSW	New South Wales

#### Disclaimer

When referring to 'women', this report defines a woman as any person with lived experience as a woman, any person who identifies as a woman, and any person that has experienced pregnancy or the termination of a pregnancy.

## **Chapter 1: Introduction**

In her book Invisible Women, Caroline Criado-Perez states "...the lives of men have been taken to represent those of humans overall. When it comes lives of the other half of humanity, there it often nothing but silence" (Criado-Perez 2020, p. xi). This silence refers to a gendered gap in data and research which perpetuates patriarchal priorities as it lays the foundation for which policies are developed and the investment in services are determined (Criado-Perez 2020, p. xi).

EMILY'S List Australia (ELA) is a national women's organisation whose mission is to "provide financial, political and personal support network for progressive Labor women in Australian politics" (ELA 2020a, p. 3). ELA aims to achieve this mission through lobbying, networking, financial support, training, campaigning and mentorship of progressive Australian Labor Party (ALP) candidates for state and federal parliaments (ELA 2020a). For the past 25 years ELA has committed itself to filling the silence in the gender gap by ensuring women's voices are included in shaping the political and social landscape of Australia (refer to Appendix B). This sentiment was captured by founding member of ELA and former Member of Parliament, Kay Setches AM, when she said, "the standard you walk past, is the standard you accept" (Setches 2021). When championing the voices of women, ELA has committed to not walk past norms and standards that repress and marginalise women in Australian Society. This commitment is particularly visible in ELA's contribution to Abortion Law Reform (ALR) across Australia. This contribution to creating change has been successful due to a consistent commitment to the ELA values through network building and collaboration, lobbying, and support of elected ELA members and stakeholders.

Twenty-five years ago, when ELA was established, opposition to the decriminalisation of abortions was high and engagement with the issue publicly was divisive (Wainer 2007). In light of the social and political landscape in Australia 1996 to now, ELA has committed itself to the five values of Choice, Equal Pay, Early Childhood Education and Care, Equity and Diversity (refer to Appendix A). ALR is attached to the ELA's value of Choice, with ELA having been actively involved in this campaign from the launch of

ELA on the 11<sup>th</sup> of November 1996 to present day (refer to Appendix B). Choice for ELA is the freedom of women to exercise their inherent right to have autonomy of their own bodies, when and how they choose, without fear of violence, discrimination, or coercion (ELA 2019a).

This report reviews the outcomes of ALR in Australia, the effect ELA has had in their enduring contribution to this campaign, and the impact of ALR on Australian women. The report also reflects upon how successful the campaign for women's right to choose has been to date in three specific jurisdictions across Australia. The teachings extracted from the ARL campaigns that have elicited profound results, form the foundation of strategies of social change for future campaigns for reform. Finally, the report conducts a review of the remaining barriers to the access of abortion for women and potential approaches of how these might be overcome to ensure abortions are "safe, legal and accessible for all" (ELA 2008b, p.1).

#### Why Access to Abortion is Important?

Abortion is a medical procedure that terminates pregnancy. It is considered a basic human right for women and girls to assert ownership and autonomy over their own bodies (Sifris & Belton 2017, p.1). It is a health service that should be available to every woman in conjunction with accurate and timely information. However, due to a long history of women's rights and autonomy being subject of legislation created by maledominated governments, what is an inherent and personal medical and human right has been largely debated as an issue of morality. This has been controlled by those who are anti-abortion in parliaments across the world (Gregory 2007). The 'right to choose' in proceeding with, or terminating a pregnancy, reflects a society's treatment of women and their equality and freedoms (Gregory 2007). The politicisation of a women's right to choose is an example of the patriarchal structures exerting power to maintain gender inequality (McReynolds-Perez 2017). This gendered nature of control occurring throughout society in both the public and private sphere of a women's life must be addressed to secure women's empowerment and gender equality (McReynolds-Perez 2017).

Access to termination services has long been a world-wide issue of gender equality and much of the debate in Australia has paralleled that in the Unites States. Much like Australia, abortion law in the United States of America (USA) is subject to the state government jurisdiction. Due to the different social and political landscapes in each state, abortion law significantly varies from state to state (Zolot 2019). However, unlike Australia, reproductive rights in USA are becoming more restrictive in many states since 2019 (Zolot, 2019). As of 2019, Kentucky, Mississippi, Ohio, Missouri, Louisiana, and Georgia banned abortion after 6-8 weeks when a heartbeat of a foetus can be detected, and in Alabama abortion is only legal if it is required to save the pregnant person's life (Zolot, 2019). As of September 2021, the landmark 1973 ruling of Roe Vs. Wade, which had made abortion legal nationwide, is under review by the Supreme Court (Guttmacher Institute 2021). Roe Vs. Wade protects a women's right to access an abortion in some capacity (even if restrictive) nationwide. Thus, with the prospect of overturning the ruling under challenge by the state of Texas, it has already caused significant restrictions to women's right to choose. This demonstrates the critical need for the constant monitoring of both legislation reviews and perhaps more importantly, accessibility and affordability of abortion services.

Abortions in Australia have a long history of being debated as a moral and ethical issue instead of being framed as a medical and human rights issue (Gregory 2007). Prior to 1998, abortion was illegal in all eight states and territory jurisdictions in Australia. To terminate a pregnancy in Australia, women were forced to do so illegally in what is colloquially known as a "backyarder" (Weiner 2007, p.156) and faced up to 5 years in prison if prosecuted. Up until the 1970's there was an estimated 90,000 women per year accessing illegal abortions. The 1969 Menhennitt ruling in Victoria, set the precedence for doctors not to be jailed for performing an unlawful abortion in Australia, thus making the procedure slightly more accessible to women by health professionals whilst still remaining illegal (Weiner 2007). Access to abortions were more restrictive based on an individual's socio-economic circumstances, with wealthier women able to access safer abortions by health professionals in comparison to other women who faced the unsafe version of attempting abortions on themselves leading to potentially life-threating health complications (Weiner 2007).

Due to the tireless work of women's rights advocates, including ELA and their wider networks, WA became the first state to move against the political status quo in Australia and decriminalise abortion in 1998, making it accessible to women up to 20 weeks of pregnancy (Children by Choice 2021).

# Chapter 2: Evolution of Abortion Law Reform in Australia

It is estimated that 121 million unplanned pregnancies occur each year and 61% of those ends in abortion worldwide (Guttmacher Institute 2020). Australia-wide, national data in peer-reviewed literature has not been published since 2005 (Keogh, Gurrin & Moore 2021). However, based on the data from the Pharmaceutical Benefits Scheme and the National Hospital Morbidity, it is estimated that 88,287 abortions took place in Australia from 2017-2018 (Keogh, Gurrin & Moore 2021). This estimate translates to 17.3 abortions per 1000 women aged 15-44 years old (Keogh, Gurrin & Moore 2021). The data demonstrates the need for abortion services and making them legal and accessible for all should be a priority for state and territory governments around Australia.

Due to jurisdictions within Australia, legalisation, and access to services of abortions are an issue that falls under the responsibility of state and territory legislation and policy as opposed to national (Children by Choice 2021). As of February 2021, with SA being the last jurisdiction in Australia to change its legislation, abortion has been decriminalising across the nation (Termination of Pregnancy Act 2021 (SA)). However, discrepancies in state and territory policies related to the access of services varies across all Australian jurisdictions. When reflecting on the different approaches taken by state and territory governments in Australia, the states of WA, VIC and SA have been selected to compare in this report as they span the existence of ELA. Comparisons and conclusions have been drawn to highlight the impact of the advocacy of ELA on each campaign. WA was the first state to decriminalise abortion in Australia in 1998 in the very early stages of ELA being formed in Australia (Acts Amendment (Abortion) Act 1998 (WA)). VIC decriminalised abortion in 2008 and was the state that ELA and the women politicians they supported had the greatest involvement in advocating for policy and law reform (ELA 2019c). SA was the most recent state to decriminalise abortion in February 2021 (Termination of Pregnancy Act 2021 (SA)).

Figure 2.1 shows the dates of the decriminalisation and the status of abortions, state by state (All status of abortions Australian states found in Appendix D).

Figure 2.1: Abortion Law Reform in Australian States
(Acts Amendment (Abortion) Act 1998 (WA); Abortion Law Reform Act 2008
(VIC); Termination of Pregnancy Act 2021 (SA))

State	Date of legalisation	Status	Details
WESTERN AUSTRALIA	May 20, 1998	Legal & accessible up to 20 weeks	<ul> <li>Must have doctor's referral</li> <li>Parental notification if under 16 years of age</li> <li>150m Safe Zones since August 2021</li> </ul>
VICTORIA	October 2008	Legal & accessible up to 24 weeks	<ul> <li>2 doctors approval needed after 24 weeks</li> <li>150m Safe Zones since 2016</li> </ul>
SOUTH AUSTRALIA	February 2021	Legal & accessible up to 22 weeks and 6 days	<ul> <li>2 doctors approval needed after 23 weeks</li> <li>150m Safe Zones since January 2021</li> </ul>

Figure 2.1 highlights the disparities and inconsistencies in abortion law and policy between, and within, the three state's jurisdictions.

These disparities include:

- Of the three jurisdictions, WA was the last remaining state to implement 'safe zones' around abortion clinics, which protects women in the vulnerable position of being exposed to ridicule or discriminatory behaviour (Government of Western Australia 2021).
- VIC has the latest gestation option for termination of pregnancy with medical procedures available up to 24 weeks of pregnancy (Abortion Law Reform Act 2008 (VIC)).
- In SA and WA, it is mandatory for abortion practitioners to provide information about counselling services, which is considered by legal experts to be undermining of women's autonomy, free from judgement or coercion (Termination of Pregnancy Act 2021 (SA); Acts Amendment (Abortion) Act 1998 (WA)).

Despite the existing inconsistencies in abortion law and policy in each of these three jurisdictions, monumental strides have been made to get to this point in which neither the patient nor the clinician face prosecution as the result of a medical procedure. This outcome would not be possible without the contributions of individuals, organisations and groups who fought for the autonomy and rights of women to choose in Australia, including ELA.

With the decriminalisation of abortion now achieved in all Australian jurisdictions, the health and wellbeing of women living in Australia has vastly improved. Its decriminalisation has been followed through with consequent policy that has built infrastructure to support the access of abortions. These policies, informed by medical professionals and women's rights advocates vary state to state in each of the eight jurisdictions across Australia. It is estimated that between one quarter to one third of women have an abortion in their lifetime (Children by Choice 2017). They can now do so without the threat of prosecution.

The national Maternal Mortality Ratio (MMR) in Australia stood at 6.7 deaths per 100,000 women giving birth from 2009-2018 (Australian Institute of Health and Welfare (AlHW) 2020). As of 2018, the MMR in Australia has decreased to 5 deaths per 100,000 women giving birth (AlHW 2020). In 2019, the correlation between ALR and maternal mortality ratios were explored by Latt, Milner and Kavanagh (2019). Their findings showed that one of the most common causes of maternal mortality globally was unsafe abortions (Latt, Milner & Kavanagh 2019). The study concluded that the maternal mortality ratio is lowered when less restrictive abortion laws are in place and that access to safe and legal abortions is of vital importance worldwide (Latt, Milner & Kavanagh 2019). Moreover, Latt, Milner and Kavangh advocated for the need for greater systemic data recording of additional social, economic, and cultural issues that obstruct gender equity and impede a women's ability to have access to a safe and legal abortion (Latt, Milner & Kavanagh 2019).

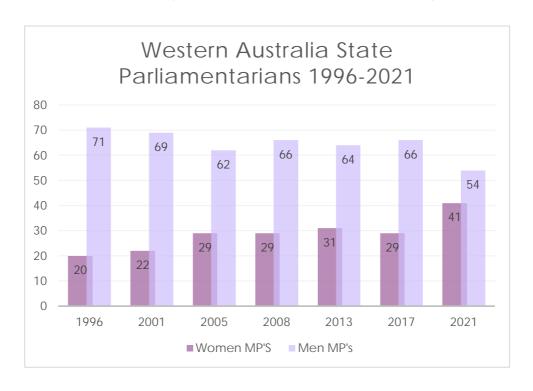
The indicators resulting from ALR, the number of abortions safely accessed, the decrease of maternal mortality, and the heightened health and wellbeing of women in Australia, can be understood to contribute to the multi-dimensional improvement in the health and well-being of women in Australia (KC, Shrestha & Pokharel et. al. 2021).

#### What happens when women are more equally represented

Legal, safe, and affordable access to abortions are the culmination of societies support of women in asserting their own autonomy, and when achieved can support and sustain a women's fulfilment of their rights as a whole (Cabello & Gaitan 2021, p.195). For women in Australia to be empowered, a multi-dimensional approach is essential. This approach takes into consideration the employment, social status, caring responsibilities, education, income, and reproductive healthcare of women (KC, Shrestha & Pokharel et. al. 2021). In summary, a multi-dimensional approach is one that fully considers the public and private spheres that contribute to a women's life experience (McReynolds-Perez 2017). These factors, addressed systematically, can ensure that policy relating to women's rights build upon each other and provide meaningful change (KC, Shrestha & Pokharel et. al. 2021). ELA demonstrates the commitment to the multi-dimensional approach to empowerment of all women through their values of Choice, Equal pay, Early Childhood Education and Care, Equity and Diversity (ELA 2020a).

An example of a multi-dimensional approach is evident in the increase in gender parity in the state parliament elections of WA and VIC. This increase in gender parity is also indisputable since the establishment of ELA from the 1996 elections until the most recent state elections in 2021 for WA and VIC in 2018 (Figure 2.2 and 2.3). With SA only fully decriminalising abortion in February 2021, it may be inferred that the lower representation of women in the SA Parliament has been a factor in their slower rate of ALR (Figure 2.4).

Figure 2.2: Gender Representation in Western Australian Parliament
1996-2021(Parliament of Western Australia 2021)



<u>Figure 2.3: Gender Representation in Victoria Parliament 1996-2018 (Parliament of Victoria 2021)</u>

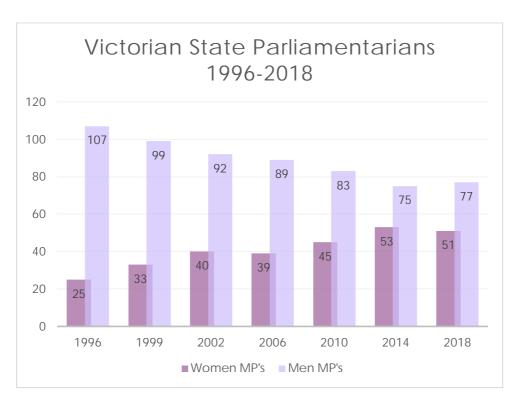
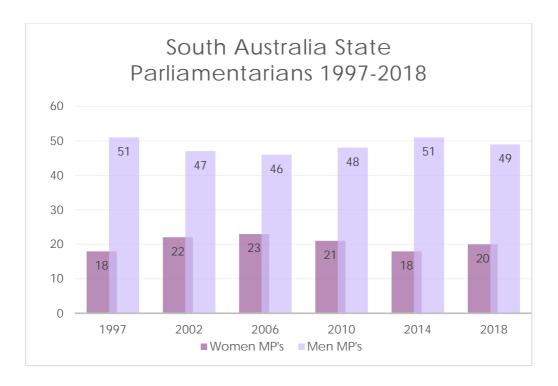


Figure 2.4: Gender Representation in South Australian Parliament 1997-2018

(Parliament of South Australia 2021a)



Despite the increase in gender parity in two of the eight states and territory governments, Australia is currently ranked 50th out of 156 countries in the World Economic Forum's 2021 Gender Gap Index, emphasising the need for a greater number of women's voices in our parliaments (Crotti, et al. 2021). The political empowerment of women in the Gender Gap Index is calculated on a national level by the percentage of women in Federal Parliament, the percentage of women in ministerial positions, and years with male or female heads of state (from the last 50 years) (Crotti, et al. 2021). From 2006 to 2021, the Gender Gap Index has reflected that Australia has fallen from 57th place to 99th place in women's health and survival and 32nd to 54th in political empowerment (Hausmann, Tyson & Zahidi 2006; Crotti, et al. 2021). This decline indicates a need for greater efforts and resources to be implemented into the health and wellbeing of women in Australia.

By reviewing the remaining barriers to the access of abortion services in Australia, clarity regarding ELA's potential next steps for the network to campaign will emerge.

## Chapter 3: ELA Strategies for Creating Change

Since ELA's establishment, and as outlined in the 2008 ELA Submission to the Victorian Law Reform Commission, ELA believes, "that abortion should be safe, legal and accessible to all" (ELA 2008b, p.1). The policy objectives identified in the submission highlighted the need for quality health care, accessibility to the procedure, and that the final word in deciding if a termination of pregnancy was lawful relied upon the request and consent of the women concerned (ELA 2008b). Those who vehemently oppose abortion believe it should be neither legal nor accessible to all women. They repute abortion as amoralistic and selfish in nature and having it accessible makes women believe it is ok and normalises the procedure (Wainer 2007). From the feminist human right's perspective adopted by ELA, the access to abortion offers women the ability to exercise their autonomy, control their own bodies and determine their own destiny (Sifris & Belton 2017, p. 210).

#### How ELA MPs Created Change

In order to assess the achievements, impact and key lessons of ALR advocacy in 2021, it is important to examine and reflect upon the experiences and activities of women Members of Parliament supported by ELA who have been directly involved in the process of ALR over decades. Through conducting interviews with three women who contributed to ALR in their roles as political and community leaders, Cheryl Davenport (former MP for Western Australia), Kay Setches AM (former MP for Victoria) and Katrine Hildyard MP (South Australia), invaluable insights were discussed, collated, and examined (refer to Appendix C).

Cheryl Davenport is an ELA member and a former WA ALP MLC from 1989 to 2001. Through the introduction of a Private Member's Bill, Cheryl initiated and achieved ALR in WA as a backbencher in 1998. Cheryl used her success to advocate for the same reforms in other jurisdictions in Australia through research, education, mentorship and training of others (Parliament of Western Australia 2021).

Kay Setches AM is a founding member of ELA and a former VIC ALP MP from 1982 to 1999. In her role as a Victorian MP and as a community advocate, Key achieved huge

contributions in family violence, child protection, people with intellectual disabilities, childcare and the mentorship and support of fellow ELA members. Kay's lobbying and leadership throughout her Victorian parliamentary career assisted in the achievement of the states ALR in 2008 and contributed to Kay being awarded an Order of Australia in 2020 (Order of Australia 2020).

Katrine Hildyard is an ELA member and a current SA ALP MP since elected in 2014. Katrine has previously held the Parliamentary Appointments of Shadow Minister for the Status of Women (2018-2020) and Shadow Minister for Women and the Prevention of Domestic and Family Violence (2020-2021). Katrine is a pro-choice MP who engaged and advocated for a women's right to choose to end a pregnancy in the 2020-21 debate in the SA Parliament (Parliament of South Australia 2021b).

These former and current MP's critical contributions to this report have helped inform a potential template for other organisations to shape future feminist campaigns for social change in the areas of women's health and gender equality in Australia. Despite the decriminalisation of abortion in WA, VIC and SA occurring in different decades, each with a distinct parliamentary context and varied set of circumstances, there are many commonalities in each of the three women's experience. The themes identified as being vital to ALR's success were:

- The need for networks to be collaborative, multi-partisan and multidisciplined.
- Strong values and personal resilience.
- Sharing and listening to the needs of Australian women on this highly politicised issue.

In relation to the first theme of network building and collaboration, each of the interviewees expressed reverence in how effective and impactful it is when women support, collaborate and connect with one another on a single issue unified to create social change (Davenport 2021; Setches 2021; Hildyard 2021). The former and current MPs collectively reinforced how important it is to have a range of expertise unified on a single campaign as evidenced in the ALR campaign that brought together ELA, ELA-elected Members of Parliament, medical experts, women's rights organisations, and Parliamentarian's from "across the aisle". Cheryl Davenport described the ALR

campaign in WA as a "time in which women really came together and showed amazing loyalty" (2021).

The second theme that emerged across the three interviews is the importance of centring your involvement on your values within the campaign, which may be publicly divisive and personally stressful. Each interviewee attested it is important to remind oneself of the 'why', the reason why you have committed yourself to the role or cause. Given ALR being an emotive political issue which has been highly contested across jurisdictions, and as a woman - personally taxing, reflecting on the reason you become involved in the campaign can fuel and motivate you to keep persisting until change has been achieved (Davenport 2021; Setches 2021; Hildyard 2021). Due to the opposition of anti-abortion advocates and the challenging nature of the ALR debate, resilience is crucial. Kay Setches stated that it is essential to have fearless leaders in the face of opposition as you "can't let them get to you" (2021). Resilience, as framed by MPs with lived experience of politics, can be drawn from surrounding yourself with your network and drawing from the motivation of your own personal 'why'.

The third theme that emerged from the interviews again related to the 'why'. All three MPs elaborated on the importance of centring their 'why' on the needs and wants of the community which they represent, the Australian public (Davenport 2021; Setches 2021; Hildyard 2021). This involves listening, researching and upstanding the general and nuanced needs of women living in Australia whom ALR will directly impact. Katrine Hildyard spoke on this issue by reinforcing that "to make change, we need to work together, activate every voice, work as a collective, and remain disciplined and organised" (2021). The importance of listening and consulting with stakeholders allows MPs representing the public to advocate for legislation and policy which reflects a more diverse population with intersecting needs.

As arbiters of social change, Cheryl Davenport, Kay Setches AM and Katrine Hildyard MP, have made significant contributions in making abortions legally accessible to all women in WA, VIC, and SA through their tireless work on ALR. The three themes they identified through their personal experiences indicate the power of collective advocacy and activism in the Australian political sphere in representing the rights of

women. Advocacy and activism from representatives with diverse experiences and expertise, build momentum and public awareness, raising national conscience and bringing about change.

#### **ELA Activism**

The role of ELA in ALR is one of advocacy and research. Advocacy involves making formal written submissions to bodies concerned in the process of law reform. In doing so, ELA is asserting the voices of their members and supporters to achieve the right to choose for Australian women (ELA 2008b). As highlighted in the ELA's Annual Reports, research and policy submissions, the core contributions to change by ELA in shaping and propelling ALR in WA, VIC and SA are as follows:

- Support (financial and/or otherwise) of the ELA women candidates to become elected MPs (refer to Appendix B).
- Letters to MPs across the political spectrum informing them of the importance of ALR.
- Information sessions for MPs addressing the need for ALR and how they can contribute to its implementation.
- Lobbying of organisations and MPs in opposition to ALR.
- Submissions to Parliament in support of ALR.
- Establishing state-wide networks of pro-choice representatives by connecting stakeholders (multi-disciplinary and multi-partisan) invested in the decriminalisation and access of abortions.

Drawing from the interrogations of the three Parliamentarians and ELA's listed activities to achieve ALR, this chapter has identified three main strategies for creating change executed by ELA to achieve ALR.

- The first is the forming of strong networks of multi-disciplinary and multi-partisan representatives on both a state and national level in which practises of collaboration and consultation were fostered. (Davenport 2021; Setches 2021; Hildyard 2021).
- The second is the consistent, targeted, and long-term lobbying of those who were opposed to ALR.

• The third strategy is the organisation's investment in, and support of, the elected ELA members, along with the broader network of stakeholders, who are provided with advocacy training, mentorship, and campaigning support.

These three reoccurring themes of ELA's contributions will be explored in further detail, capturing the reflections of those involved in the campaign for ALR, as well as the research findings of experts on social change.

#### 1. Network building and Collaboration

Excluding the names of individuals and ELA members, listed below are some of the prominent organisations that have collaborated with ELA for ALR campaigns in WA, VIC and SA that have been identified through the interviews and literature review:

- Victorian Law Reform Commission
- Private and public abortion providers
- Youth and disability service providers
- Faith groups
- · Peak medical bodies
- Academics and researchers
- Health service providers
- Women's and feminist organisations
- The Public Health Association of Australia
- Pro-Choice Alliance
- Association for the Legal Right to an Abortion (ALRA)
- Women's Electoral Lobby
- South Australian Abortion Action Coalition
- South Australian Law Reform Institute
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZOG)
- Australian Medical Association (AMA)
- Specific health professionals within each jurisdiction
- High profile advocates in each jurisdiction

Source: (Victorian Law Reform Commission (VLRC) 2008; Davenport 2001; South Australian Law Reform Institute 2019; Davenport 2021, Hildyard 2021; Setches 2021).

The importance of networks can be observed in all state-wide ALR campaigns in which many people were mobilised for lobbying, demonstrating wide community support for the change to legislation to decriminalise abortion. (Setches 2021). The more expertise, experience, voices, and support across the community, the greater the campaign for change will reflect the needs of those whom the change of legislation, funding or policy will directly impact (Htun & Weldon 2010, p. 212). This implementation of network building can be observed in the following sections through the strategies for change with lobbying and support of ELA members and networks.

#### 2. Lobbying

Lobbying for social change is advocating for the rights, needs and values of a group or community through a 3<sup>rd</sup> party agent to the government (Attorney General Department 2021). Lobbying can mobilise these networks with a shared interest as built by ELA. Lobbying engages the media, politicians, advocates, and like-minded organisations to orientate themselves towards a common goal for change in funding, policy, and legislation (Attorney General Department 2021).

In the case of Australian ALR, Cheryl Davenport has worked tirelessly for many years, having been part of one of the first successful campaigns in WA. Cheryl Davenport described the process as demonstrating a need for campaigning for choice on both a community level and within Parliament (Davenport 2008). In community campaigning it is important to identify respected and influential community members and ensure they themselves support the change (Davenport 2008). Davenport emphasises that when lobbying inside of parliament, you must draw from the expertise of health professionals and those with lived experience of abortion to persuade MPs who are undecided on their position on ALR. When lobbying within parliament it is also beneficial to select a leader of the pro-choice agenda within each political party to promote the need for choice to their own party (Davenport 2008).

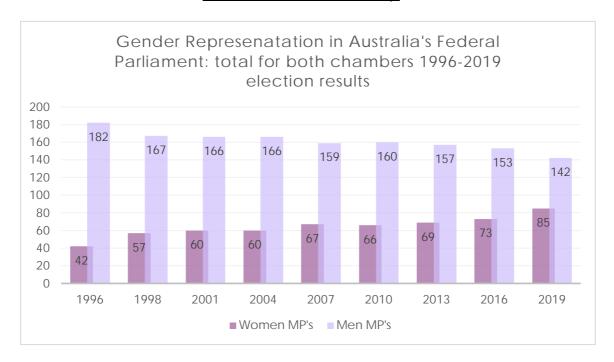
Implementing this two-pronged approach allows for a broader reach of the public and those who represent them, particularly those who are wavering on which side of the debate for choice they land on. This approach of lobbying consequently increases the likelihood of a legislative reform and social change (Gregory 2007).

#### 3. Support of EMILY's List Australia Members and Network

As evidenced in the timeline (Appendix B), ELA has supported women in politics and feminist policy reform for the last 25 years. This support has been provided through financial means, mentoring, training, networking, campaigning and advocacy (ELA 2020a). Over the past 25 years ELA has raised over \$7.26 million to support 577 progressive ALP women candidates, 284 of which have been elected in state and federal parliaments since 1996 (ELA 2019c). This contribution has not only created change for those elected to Australian parliaments, but also for those whom the reforms of policy and legislation have impacted upon.

The following Figure (3.1) depicts the growing number of seats held by women in the past 25 years since ELA was established in 1996 in the Federal Parliament across both chambers - the House of Representatives and the Senate.

Figure 3.1: Gender Representation in Australia's Federal Parliament: total for both chambers 1996-2019 election results (Parliament of Australia 2021; Australian Electoral Commission 2021).

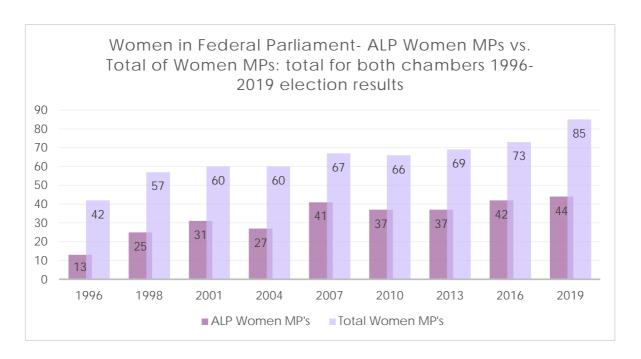


In September 2021, Australia was ranked 56<sup>th</sup> in the world for representation of women in national parliaments (Inter-Parliamentary Union (IPU) 2021). However, if the upwards trend of women gaining seats in the Australian Parliament continues due to support from organisations such as ELA, Australia will eventually achieve gender parity in the Federal Parliament.

The following Figure (3.2) shows the proportion of women in Parliament who are members of the ALP.

Figure 3.2: Women in Federal Parliament- ALP Women MPs vs. Total of women MPs: total for both chambers 1996-2019 election results (Parliament of Australia 2021;

Australian Electoral Commission 2021).



The increasingly dominant proportion of ALP women MPs represented in Federal Parliament reflects the fact that the ALP is the only political party in Australia with gender quotas through their affirmative action policy (refer to Appendix B), The current target is to have 50% ALP women in the Parliament by 2025 (ELA 2019d).

For the greatest impact to take effect, the three main strategies for creating change-building networks, lobbying and capacity building of ELA members and supporters are most effective when implemented concurrently. Networks grow and strengthen over a unified cause empowering those in the network and empowering the communities they are representing (Htun & Weldon 2010, p. 212). Lobbying is used as both a tool to promote those networks values and to further the agenda of the communities with legitimate legislative or business outcomes (Attorney General Department 2021). ELA's support of members and their networks have advanced the rate of change and ultimately created social change sooner than would otherwise have occurred (ELA 2020a).

# Chapter 4: Remaining Barriers to Accessible Reproductive Health

Despite termination of pregnancies being decriminalised, there are differences in the legislation and the resources allocated by governments that contribute to the unequal and unequitable access to abortions from state to state and territory. The main barriers that exist around the nation are the limitations to the access of abortions due to cost, geographical isolation, misinformed or biased practitioners, prevailing stigma, and the COVID-19 Pandemic (Sifris & Penovic 2021, p. 1).

#### **Finances**

The financial barriers to abortion in Australia persist due to the disconnect between federal funding and state implemented services (Sifris & Penovic 2021, p. 3). This disconnect allows for discrepancies and deficiencies to arise in public abortion services, thus leading to an increased dependency on private abortion services across all Australian jurisdictions which are costly and limiting for many women (Sifris & Penovic 2021, p. 3). This financial burden is even greater for women living in rural and regional areas in Australia.

#### Rural and Regional Residents

For women seeking an abortion and living in rural and region areas, there are fewer options of abortion services and greater distances to travel to access the service, leading to lengthier personal leave required by an individual in conjunction with the separation from family, friends, and other support networks (Doran & Hornibrook 2016, p.1). With the majority of abortion services concentrated in larger cities, travel, accommodation and extended time away from employment is generally required. (Sifris & Penovic 2021, p. 4). Therefore, an intersection of geographic and financial limitations incurs, with additional leave and costs leading to a loss in wages and financial disadvantage (Sifris & Penovic 2021, p. 4). This intersection of barriers to access abortions have led to women in rural and regional areas waiting later into their

pregnancy to have the procedure, which can also be made even more difficult to acquire if the service is outside the state in which they reside (Sifris & Penovic 2021, p. 4). These barriers are further experienced by Indigenous Australian women living in rural and regional areas, as they are more likely to have to travel further to seek information and support later than non-Indigenous women (Sifris & Penovic 2021, p. 4).

#### **Prejudices of Practitioners**

The third significant barrier to abortion access in Australia, which also intersects with geographical barriers, are the possible preconceptions held by medical practitioners regarding abortion. These are informed by their training, community attitudes and their education (Sifris & Penovic 2021, p. 5). Practitioners responsible in undertaking medical consulting and implementation of abortions have the right to deny performing an abortion themselves on the grounds of conscientious objections (Keogh, Gillam, Bismark et.al 2019). Conscientious objection is legal in all Australian jurisdictions; however, legislation requirements vary between the three states of focus in WA, VIC, and SA (Health Law Central 2020). In VIC and SA, practitioners who are conscientious objectors are exempt from performing the procedure unless it is medically necessary to save a women's life due to mental or physical injury (Health Law Central 2020). In the jurisdiction of Victoria, 15% of health professionals are conscientious objectors (Sifris & Penovic 2021, p. 5). This statistic has also been reported as the proportion that conscientiously objects Australia-wide (Keogh, Gillam, Bismark et.al 2019). In WA there is no legal obligation to perform an abortion under any circumstance if you are a conscientious objector (Health Law Central 2020). More prominent in rural and regional areas, medical practitioners can become authoritarian, and the stigma attached to the abortion procedure can lead to doctors opposing and refusing to provide termination services (Sifris & Penovic 2021, p. 5). This prejudice may be initiated very early in a practitioner's training with the subject on abortions only offered in half of Australian medical schools, with a majority of them making it non-compulsory or very minimally covered in their training (Sifris & Penovic 2021, p. 5).

#### Societal Stigma

In some communities across Australia, stigma towards abortion remains a barrier for women seeking advice on their options, accessing abortion services, and sharing their experience of abortion due to cultural, religious, and social factors (Cabello & Gaitan 2021, p.194). Although the majority of women accept abortion as a viable choice, some women in rural areas are more likely to face judgemental attitudes towards abortions (Cabello & Gaitan 2021, p.194). With rural communities often having closer proximity with each other, this stigma may lead women to carry feelings of shame and negativity towards their own choice due to close proximity judgemental attitudes present in their own community (Cabello & Gaitan 2021, p.194). Research suggests that decriminalising abortion has diminished stigma to a degree, however, there remains a need for medical practitioners to explain the health options that are available to them within their jurisdiction to ensure women are fully informed of their options (LaRouche, Wynn & Foster 2020). By being fully informed of their options, women are more likely to feel safe and not stigmatized in their decision-making process and final choice in accessing abortions (LaRouche, Wynn & Foster 2020).

#### COVID-19 Pandemic

For women who experience discrimination and prejudice due to intersectional disadvantages, these barriers are even more challenging. Women in Australia who experience discrimination based on ethnicity, socioeconomic status and disability are even more restricted in their reproductive choices (Sifris & Penovic 2021, p. 6). As of February 2020, all of these aforementioned barriers have been further exacerbated by the COVID-19 pandemic (Sifris & Penovic 2021, p. 6). The response to limiting the spread of the virus via lockdowns has led to increased instances of reproductive coercion and family violence, a further compounding of intersectional disadvantage and ongoing restrictions on travel and movement (Sifris & Penovic 2021, p. 6-9).

#### Overcoming these Barriers

These collective barriers negatively impact access to abortion in Australia. It is acknowledged that the social, cultural, and legal restrictions of abortions in society indicate inequalities women face making any choice pertaining to their own bodies (Cabello & Gaitan 2021, p.193).

As discussed in the previous chapter on Strategies for Creating Change, the approach to resolve limited access to abortion services can be through implementing ELA's strategies of building networks, lobbying, and supporting ELA members. These strategies have been demonstrated to work previously in promoting an intersectional and multidimensional approach to create change through consultation and coproduction of policy (KC, Shrestha & Pokharel et. al. 2021). It has been demonstrated to work best when those impacted are involved in the development and implementation of the strategy (Htun & Weldon 2010, p. 211). In the time of COVID-19, and the additional extraneous barriers that has come with it, women's rights and sexual and reproductive health services must be prioritised (Cabello & Gaitan 2021, p.195). The barriers examined above need to be systemically reviewed and regulated to ensure women have complete autonomy over their bodies and live free from prejudice (Cabello & Gaitan 2021, p.195).

By measuring these remaining barriers through a consistent and transparent national database, future reform and strategies for creating change can be informed and supported by data (Latt, Milner & Kavanagh 2019). With the existence and maintenance of a database, the barriers accessing abortions and the socioeconomic indicators that perpetuate them, can be identified, and reflected in targeted policy and resources for sexual and reproductive health services (Latt, Milner & Kavanagh 2019).

#### Measuring Change

Previous researchers have identified that one way to evaluate the health and survival of women in Australia, as captured in the Gender Gap Index, is investing in closing the deep-rooted data gap on health and wellbeing of female bodies (Criado-Perez

2020). Nationally consistent datasets on women's health and wellbeing can be used to identify the gaps in health services for women and consequently shape the solution.

Regarding the access of abortion and reproductive health services for women in Australia, a national database of statistics pertaining to the number of, type of, and outcomes of abortion procedures would ensure the barriers of access and the extent to which they impact women in different locations can be clearly identified and provide a guide for the need for further investment (Keogh, Gurrin & Moore 2021). A publicly released database would ensure that even if a lack of consistency remains in state-wide or territory-wide abortion policy, the way in which information is shared and distributed on the issue of women's reproductive health would be more readily available, transparent and reliable (Sifris & Belton 2017, p. 215). This transparency could not only assist in identifying gaps and limitations in the healthcare system with an intersectional lens but could additionally foster greater trust and accountability between the healthcare system and the Australian public (Latt, Milner & Kavanagh 2019).

#### Conclusion

Reflecting on the immense progress that has been made in Australian ALR and ELA continued support and advocacy, it can be concluded that although vastly improved in terms of decriminalisation, the system is not equal nor equitable. Due to the fortitude of the pro-choice network of Australia, inclusive of ELA, women are no longer faced with the choice to have unsafe or illegal abortions. Before the 1970's 90,000 per year of Australian women faced the prospect of 5 years in prison, illness or death due to illegal and unsafe abortions (Wainer 2007). Since ALR has decriminalised abortions in all jurisdictions, it is now estimated that as of 2018 approximately 17 safe abortions per 1000 women occur for those aged 15-44 years old in Australia (Keogh, Gurrin & Moore 2021).

Drawing from the interviews conducted with the three former and current MP's, Cheryl Davenport, Kay Setches AM and Katrine Hildyard MP in the campaigns for ALR in Western Australia, Victoria and South Australia, themes of hope for the future of women's reproductive health and wellbeing emerged unanimously. Additionally, the decriminalisation of abortions in all Australian jurisdictions has contributed to the multi-dimensional empowerment of women overall, with women holding greater representation in parliament and women holding the autonomy to choose their own destiny (KC, Shrestha & Pokharel et. al. 2021).

However, barriers continue to exist for women in accessing sexual and reproductive health services. As outlined in this report, the remaining barriers to the access of abortions in Australia are financial barriers, geographical barriers, medical training, education and prevailing attitudes of medical practitioners, societal stigma, and the COVID-19 pandemic. In overcoming these barriers, data-driven, and solution-led feminist campaigns must continue to strive for greater reform in accessing reproductive and sexual health services.

It is clear that women who stand together across party lines and reflect multiple experiences and areas of expertise can triumphantly create social reform which improves the quality of lives for all Australian women. ELA continues to play a vital role in ensuring this progress continues through each of the organisation's values. The most

impactful of ELA's actions are network building and collaboration, lobbying across the parliament, and support of ELA MPs, their members, and their wider networks. These strategies for creating change can be used to campaign for inclusive and intersectional reforms relating to access to health services that currently remain as barriers. These campaigns for social reform can reflect the attitudes of Australians and support the access of reproductive and sexual health services providing a platform for all women in Australia to be accounted for and represented in policy. One such significant call to action in overcoming existing barriers to access would be advocating for nationally consistent data and greater education for medical practitioners. This would ensure that future reforms are shaped by factual data and targeting the remaining barriers to abortion access effectively (Latt, Milner & Kavanagh 2019).

Significant to the three interviewees with Cheryl Davenport, Kay Setches AM and Katrine Hildyard MP, was the ultimate hope that the need for fighting for women's rights and gender equality will become superfluous in the near future. With the implementation of ELA's strategies for creating change with an intersectional lens, and a multi-partisan and multi-disciplinary network, this aspiration for the future looks promising.

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## Appendix A

# Five Values of EMILY's List Australia



CHOICE: ELA believes women must have choice and reproductive freedom by having the ability to act on their inherent right to have autonomy of their own bodies, when and how they choose. They have the right to do so without fear of violence, discrimination or coercion (ELA 2019a).

EQUAL PAY: ELA believes that the gendered nature of work and the value we place on women's dominated professions, combined with the provision of care most commonly carried by women must be challenge and changed (ELA 2019a). Equal pay should be inclusive of all aspects of a women's work, which often lead to financial gender inequality and feminisation of poverty (Bradshaw, Chant & Linneker 2017).

EARLY CHILDHOOD EDUCATION & CARE: ELA believes in the need for equitable access of quality, affordable and flexible early childhood education and childcare (ELA 2019a). As these services provide women with a path in which to peruse a fulfilling professional and personal life independent of caring responsibilities (ELA 2019a).

EQUITY: ELA believes in the need for human rights to be accessible to all and believes in a women's right to legally possess equal rights and privileges regardless of gender identity and sexual orientation (ELA 2019a).

DIVERSITY: ELA believes that with greater diversity comes an enhanced democracy (ELA 2019a). Greater diversity of women in leadership roles, within parliaments and throughout society, provides enhanced outcomes for public policy with more diverse voices incorporated (ELA 2019a).

## Appendix B

# Timeline: 25 years of EMILY's List Australia

EMILY's List Australia (ELA) has been at the forefront of launching women into Australian politics for the last 25 years. Through conducting a review of ELA's Annual Reports, strategic plan and policy submissions, a comprehensive list of milestones has been collated to assess ELA's impact and strategies in achieving the organisation's values.

• The Australian Labor Party (ALP) set the target of a required 3 winnable seats in the Senate to be allocated to women by 2	35% of
	002.
<ul> <li>November:         <ul> <li>After 4 years of work from 1992, ELA was launched on 11 Nov with Joan Kirner and Helen Creed as co-conveners.</li> </ul> </li> </ul>	ember 1996
<ul> <li>October:         <ul> <li>First 3 elections held with ELA supported candidates as partice.</li> <li>Claire Martin victory as Northern Territory candidate, supported December:                 <ul> <li>\$135,000 raised in funds for the year.</li> <li>93 Founding members and 594 members.</li> </ul> </li> </ul> </li> </ul>	•
<ul> <li>May: <ul> <li>Cheryl Davenport MLC successfully introduces legislation in W decriminalise abortion.</li> <li>June: <ul> <li>Joan Kirner's 60th Birthday Celebration.</li> </ul> </li> <li>September: <ul> <li>ELA and Glenda Jackson host lunches around the country.</li> <li>October:</li> <li>Federal election, with an increase from 4 to 16 women cand supported by ELA.</li> </ul> </li> <li>December: <ul> <li>\$182,000 raised in funds for the year.</li> <li>139 Founding members, 1088 members and 23 new women of the supported of the year.</li> </ul> </li> </ul></li></ul>	idates,11
<ul><li>1999 <u>January:</u></li><li>• ELA National Office opens in Melbourne, Victoria.</li></ul>	

#### March:

- The Carr government is re-elected in NSW.
- ELA supports 13 women. Two are elected and 4 re-elected.

#### <u>July:</u>

• 30th Anniversary celebration of the Equal Pay Decision.

#### October:

- Bracks Government elected in Victoria.
- ELA supports 27 candidates; 13 become MPs in Victoria.

## 2000

#### June:

- \$156,000 raised in funds for the year.
- 1687 Founding members and 38 new women elected.

### 2001

## February:

- Gallop Government elected in Western Australia.
- ELA supports 6 women MPs in election in Western Australia.
- Carol Martin becomes the first Indigenous women elected to the Australian Parliament.
- Beattie Government in Queensland includes 27 women, 20 of which supported by ELA.
- Queensland becomes the first state to achieve 40% of women in Parliament.

#### May:

• Centenary of Australian Federation (1901). In 100 years, there were only 121 women in Parliament, 55 of them members of ELA.

#### June:

- \$362,000 funds raised.
- 220 Founding members and 2089 total members, 803 from Vic.

#### August:

 ALP makes history in NT with Clare Martin becoming the first woman Chief Minister in NT.

## October:

- ELA supports 8 candidates in the ACT Stanhope Government.
- ALP reaches the 35% of women in Parliament for the Affirmative Action Target.

#### November:

- 13 new successful ELA MPs throughout the year.
- Jenny Macklin becomes the first woman Deputy Leader of the Opposition in Australia.

#### 2002

#### February:

• SA election: Rann Government elected.

• Federal ALP Government announces 12 weeks paid Maternity Leave as part of their election policy promise.

#### June:

- \$400,000 funds raised for the year.
- 236 Founding members, and 2,640 total members.

## July:

• Bacon Government elected in Tasmania.

#### October:

• Affirmative Action Policy target revised to 40:40:20 by 2012.

#### November:

- Bracks Government re-elected in Victoria.
- 30 candidates supported by ELA, with 21successfully elected in Victorian Election.

## 2003 February:

• ELA launches the Partnership for Equity Network.

#### March:

- Carr Government re-elected in NSW.
- Linda Burney becomes the first Indigenous person elected to the NSW Parliament.

## November:

- Carmen Lawrence becomes the first women elected National President of the ALP.
- Julia Gillard becomes the first women Manager of the Opposition Business in the House of Representatives.

#### 2004 February:

- Beattie Government is re-elected in Queensland with 23 women MP's and 5 women Ministers.
- The South Australian and Victorian State Parliaments join Queensland in having 40% women in Parliamentary seats.

## May:

- ELA celebrates the 20th anniversary of the Sex Discrimination Act.
- 10th Anniversary of the 35% Affirmative Action Rule.

#### June:

- \$500,000 in funds raised for the year.
- 245 Founding members and 2293 total members.

- For the federal election, ELA supports 38 women candidates. 19 are elected.
- Stanhope Government is re-elected in ACT

#### 2005

## January:

 National ELA office moves to the Queen Victoria Women's Centre (QVWC).

#### February:

 Gallop Government re-elected in Western Australia. All sitting ELA members are re-elected.

#### June:

- Clare Martin's Government re-elected in the Northern Territory.
- Senator Claire Moore co-initiates the Therapeutic Goods Administration Bill, to make the RU486 abortion drug available.

#### 2006

## February:

 Medical Abortion becomes legal in Australia, The Therapeutic Goods Administration Bill passes, the RU486 abortion drug is now legal.

#### March:

- Rann Government re-elected in South Australia.
- Lennon Government re-elected in Tasmania.

## Achievements in the first 10 years of ELA:

- With the support of ELA, 106 women were elected.
- 162 ALP women are in Parliaments across Australia.
- 130% increase in female participation since the Affirmative Action Policy was enacted in 1994.
- 118 of that 30% are ELA members.
- In excess of \$600,000 of funds raised for support of candidates.

#### 2007

#### January:

• ELA introduces EMILY's Angels Membership.

## March:

NSW election re-elected to Lemma Government.

#### May

- QLD celebrates the Centenary of Women's Suffrage and voting in state elections.
- Women's Budget released by ALP Federal Government, outlining policies to improve accessibility of childcare and a national plan to end violence against women and children.
- ELA writes to ALP Executive seeking a recommitment to the Affirmative Action target.

## September:

- ELA announces support for 18 progressive ALP candidates for the Federal Election.
- Anna Bligh is sworn in as the first woman Premier for the State of QLD.

 QLD ALP Government has the highest proportion of woman MPs in Australia.

#### November:

- Kevin Rudd's ALP Government wins Federal Election, with Julia Gillard as Deputy PM.
- First ALP Federal Government since the establishment of ELA with the highest ever number of women represented in Federal Government.
- ELA makes policy submission to the Victorian Law Reform Commission advocating for the decriminalisation of abortion.

#### December:

• Gillard becomes the first woman Acting PM in Australia.

## 2008 January:

 Marion Scymgour becomes the Acting Chief Minister of the Northern Territory and the first Indigenous Australian since colonisation to lead a government.

## February:

 Rudd Government formally and officially apologises to Indigenous Australia's Stolen Generation.

#### May:

 Victorian Government announces a Bill to decriminalise abortion will be introduced into Victorian Parliament.

#### July:

• ELA hosts an Information session for Wayne Berry, Speaker of the Assembly on Abortion Law Reform for Victorian ALP MP's.

## August:

- ELA makes a submission for the review of the Sex Discrimination Act.
- ELA announces support for 10 progressive ALP candidates for the WA Election.
- NT Election: APL wins a third term, with the highest percentage of woman in the Caucus.
- Abortion Law Reform Bill 2008 introduced into the Victorian Parliament a huge milestone in the crusade to decriminalise abortion in Australia.

#### <u>September:</u>

 18week paid Parental Scheme Recommendation Report released by the Productivity Commission.

#### October:

- The Abortion Law Reform Bill 2008 passes in the Victorian Parliament.
- 3 ELA women candidates elected in ACT General Election.

## 2009 February:

Victorian Government announces support for a Federal Paid Paternity
 Scheme.

#### March:

- Stephan Smith as the Foreign Affairs Minister repeals the ban on the use of AusAID funding to be used to support safe abortion services and family planning in developing countries.
- Anna Bligh secures a fifth term, becoming Australia's 1st elected woman State Premier.
- QLD election ensures woman make up 49% of Caucus, the highest percentage in Australia.

#### April:

 Auspoll survey shows 67% (2 out of 3) Australian's support the belief that all women should have access to government funded maternity leave.

#### May:

• ALP's Rudd Government introduces a federal scheme for paid parental leave to begin on the January 1, 2011.

## <u>July:</u>

• ELA, in collaboration with others, makes a submission to the Productivity Commission's Inquiry into Paid Parental Leave.

#### August:

• 25th anniversary of the Sex Discrimination Act 1984 implementation.

#### November:

 Gillard honours ALP election promise by dismantling the Howard Government's Work Choices Bill and replaces it with the Fair Work Bill.

## December:

- 'Empowering Women' Professional Development Training.
- Sharryn Jackson MP releases her policy recommendations from 'Making it Fair', reiterating the importance of the industrial system to advancing pay equity.

#### 2010 March:

- SA goes to the polls on March 20.
- TAS goes to the polls on March 20.
- 'Empowering Women Training' launched.
- 'Empowering the Community Sector' launched.

#### May:

- Alice Pryor (National Office Treasurer) goes on Maternity Leave.
- The Paid Parental Leave Bill is introduced to the Federal Parliament by Jenny Macklin. Endorsed in June, to commence in January 2011.

## June:

• Preparation for the Federal Election.

- As a result of Australian Service's Union (ASU) lobbying, Lisa Neville (VIC)
  pledges that Victoria will follow in the steps of Queensland ALP
  Government to contribute funding the ASU Pay Equity case. This led to pay
  justice for community sector workers, majority of whom are women.
- On June 24, Julia Gillard is elected as leader of the Federal ALP and becomes the first woman Prime Minister of Australia.

#### August:

- August 12, Federal Election re-election of the minority Gillard ALP Government.
- ELA supports 38 candidates, including 17 re-elected MP's and Senators, such as Julia Gillard, Laura Smyth, Gai Brodtmann and Lisa Singh.

## September:

 Kate Ellis appointed as the Minister for the Status of Women and Child Care.

#### October:

• ELA begins to prepare for the Victorian State Election.

#### November:

- November 28, Victorian Election. ALP loses by one seat after 11 years.
- 28 ELA candidates contest the election, with 18 elected.

## 2011 January:

• Gillard Federal Government delivers Paid Parental Leave.

#### March:

- 100th anniversary of International Women's Day.
- March 12, NSW State elections results in the loss of ALP Government after 16 years. 9 ELA candidates contest the election, with 3 elected.
- ELA and 'Women on Boards' present Affirmative Action: From Parliament to Boardroom.

#### May:

- Fair Work Australia rules that Equal Pay Case has proved that community and social service workers in not-for-profit sectors are underpaid. As many of these positions are held by women, the case highlights the gendering in underpayment.
- ELA join with women from the ALP to attend the National ALP Women's Conference in Brisbane. The conference makes motions to support: Women and the Care economy, National Gender Analysis, Equal Pay, Equal Marriage and 50/50 Affirmative Action.

#### <u>June:</u>

• Equal Pay National Day of Action.

#### <u>July:</u>

• July 1, Lisa Singh assumes office as Senator for Tasmania.

• Gillard Government announced changes to the tax-free threshold, which benefits women working part-time.

#### November:

- ELA celebrates 15 years
- Prime Minister Gillard pledges \$2billion towards Equal Pay.
- The Family Law Legislation Amendment Bill passed in the Australian Senate.

## December:

- ELA MP Tanya Plibersek is promoted to Federal Health Minister. She is now the fifth women in Gillard's Cabinet, resulting in this Cabinet having the highest proportion of women ever.
- Julie Collins MP also becomes the Minister for Community Services, Indigenous Affairs and the Status of Women.

## 2012 February:

- ELA member, Susan Close is election in a By-Election in Port Adelaide, SA.
   This By-Election results in an increase in representation of women in SA
   Parliament and the ALP Caucus.
- Fair Work Australia awards ASU members Equal Pay with a majority of those workers being women. This is a highly significant decision.

#### March:

- Kate Lundy is promoted to Minister for Multicultural Affairs and Minister for Sport.
- Queensland State Election results in the loss of the ALP after almost eleven years. ELA supports 11 candidates and MP's, with already sitting MPs Anna Bligh and Desley Scott re-elected.

## April:

• ELA member Jackie Trad elected in South Brisbane in a By-Election due to the resignation of Premier Anna Bligh after 17 years in Parliament.

#### May:

• ELA member and Minister for Melbourne, Bronwyn Pike announces her retirement after 12 years in Parliament. She retires as the longest serving female Minister in Victoria. Bronwyn Pike was instrumental in the Victorian Abortion Law Reform during the Bracks' era. Jennifer Kanis was her successor when later elected.

#### June:

• ELA endorses candidates for upcoming NT State Election. All women standing are supported by ELA.

#### July:

• Jennifer Kanis elected in Victoria.

## August:

• ELA Prime Minister Gillard addresses the Australian Medical Association and vows to protect women's reproductive rights.

## September:

• ELA supports all ALP women candidates for the NT State Election, which results in a loss for the ALP Government after 11 years in power. MPs Delia Lawrie (promoted to Leader of the Opposition) and Lynne Walker are reelected, and Natasha Fyles is elected. With Lawrie's promotion, women now make up 55% of the ALP party leaders at a State, Territory and Federal level. 4 of the 5 women are ELA members.

#### October:

- ELA supports all ALP women candidates in the ACT state election, resulting in the ALP Government securing a fourth consecutive term.
   Four ELA candidates elected include: Chief Minister Katy Gallagher, Joy Burch, Mary Porter and Yvette Berry.
- Prime Minister Gillard makes her historic speech on sexism and misogyny in Parliament in response to the behaviour of the Federal Opposition Leader Tony Abbott. This speech has remained significant and become an international sensation.

## 2013 January:

 Olympic and Commonwealth gold medallist and advocate for Indigenous Australian girl's education, Nova Peris is pre-selected ALP's top candidate for the Federal State Election in NT, replacing ELA Founding member Trish Crossin.

## March:

- ELA supports 13 women candidates in the WA election. Five are successfully elected.
- ELA MP's Jan McLucas, Catherine King and Sharon Bird are promoted to the Federal Ministry and Junior Ministry.

## May:

 Tony Abbott announced a Paid Maternal Leave Scheme and also makes a controversial and offensive statement about 'women of calibre.'

#### June:

- At a Liberal National Party (LNP) fundraiser, Prime Minister Gillard is compared to food items on a menu. ELA responds with creating a 'different menu for Australia', which reaches over 100,000 people on social media.
- Leadership challenge by Kevin Rudd results in removal of Julia Gillard as Prime Minister.

## September:

• September 7: Federal Election.

## October:

 October 13: Tanya Plibersek is elected as Deputy ALP Leader and Penny Wong is re-elected Leader in the Senate.  October 31: Fifth anniversary celebration of the Victorian Abortion Law Reform.

## 2014 February:

• Feb 4: ELA candidate, Terri Butler becomes Member for Griffiths (QLD) at By-Election.

#### March:

 March 15: ELA supports 12 candidates in the Tasmanian and SA State elections. All six SA candidates elected in the ALP Government. In Tasmania, Lara Giddings, Michelle O'Byrne and Rebecca White are reelected as Opposition Ministers.

## November:

 Nov 14: SA celebrates 120 years of Women's Suffrage and ELA celebrates 18 years.

#### **December:**

 Dec 12: A record number of ELA MPs are appointed to Victorian Cabinet in the State election.

## 2015 February:

• Feb 14: Five ELA MPs announced in a new QLD Cabinet.

#### May:

• May 31: Launch of ELA's Status of Women, 2015 Report.

#### July:

 July 26: ALP National Conference votes to enshrine the target of 50% women's representation in Parliament by 2025.

#### November:

• Nov 28: Anniversary of the Victorian ALP Government election.

## 2016 January:

• Jan 29: Anniversary of the QLD ALP Government election.

#### June:

• June 21: Unveiling of portrait of Joan Kirner at Victorian Parliament House.

#### July:

• July 2: Federal Election.

## August:

- Aug 12: "Counting Women Victoria fabulous, feisty, feminist, Friday!"
- Aug 27: NT State Election. ALP wins in a landslide victory.

#### October:

• ACT State Election. ALP wins the election.

## 2017 | March:

• March 11: WA State Election. ALP wins.

#### April:

 April 10: Hon Julia Gillard launches the Next Generation Internship in Victoria.

#### June:

• June 17: Affirmative Action event, Where are we now? prior to the opening of the National ALP Women's Conference in SA.

## September:

- Sept 7: Victorian ALP Government announces women's sexual and reproductive health hub.
- Sept 7: WA ALP adds support of Safe Access Zones to party platform.

#### November:

- November 25: QLD State Election.
- December 7: Marriage Equality passes in Federal Parliament.
- QLD ALP elects first woman State Secretary, Julie-Ann Campbell.

## 2018 March:

- March 3: Tasmanian State Election.
- March 17: SA State Election.

#### June:

- June 8: Safe Access Zones around abortion clinics introduced in NSW.
- June 8: Tampon Tax repealed.

#### August:

• August 23: Queensland Abortion Law Reform, Next Steps event.

## September:

- September 6: Gillard's Next Generation Internship Report launch in NSW.
- September 11: Tasmanian Union Women's Conference.

## 2019 March:

 March 5: International Women's Day Union Women's Conference in Victoria.

## April:

• April 11: ELA's Great Gender Debate.

## May:

May 18: Federal Election.

#### September:

September 16: The Hon Julia Gillard's Next Generation Internship 2019 Report Launch in Victoria.

 September 26: NSW Parliament pass the Reproductive Health Care Reform Bill.

- October 5: ALP Enabled Conference in QLD.
- October 19: ALP Women's Conference in QLD.

## 2020 February:

- Feb 7: Victorian Parliament pass Australia's first Gender Equality Bill.
- Feb12: ELA joins Gender Equality Victoria campaign to oppose the Religious Discrimination Bill.
- Feb 29: ELA's Women Who Run event in Melbourne with Susie Byers, Ged Kearney, Meghan Hooper and Cindy O'Connor.

#### April:

• April 27: ELA members zoom event- Information session on JobKeeper.

#### June:

- June 8: Founding member, Kay Setches AM is honoured with an Order of Australia.
- June 15: Eden-Monaro Meet the Candidate event for Federal By-Election.
- June 21: 10 year celebration of The Hon Julia Gillard as Prime Minister.

#### October:

• October 31: Queensland State Election.

## 2021 <u>February:</u>

Feb 21: SA decriminalises abortion.

#### March:

- March for Justice following the allegations of sexual assault by Britany Higgins, resulting in the announcement of the Jenkins review.
- March 13: WA State Election

#### May:

• May 1: Tasmanian State Election.

## August:

• Release of third Julia Gillard Next Generation Intern Report

Source: (Davenport 2008; Davenport 2021; EMILY'S LIST Australia (ELA) 1997; ELA 1998; ELA 1999; ELA 2000, ELA 2001; ELA 2002; ELA 2003; ELA 2004; ELA 2005; ELA 2006; ELA 2007; ELA 2008a; ELA 2008b; ELA 2009; ELA 2010; ELA 2011; ELA 2012; ELA 2013; ELA 2014; ELA 2015; ELA 2016; ELA 2017; ELA 2018; ELA 2019b; ELA 2019c; ELA 2019d; ELA 2019e; ELA 2020b; Hildyard 2021; Setches 2021).

## Appendix C

# Interview Questions

Abortion Law Reform and EMILY's List Australia' Interviews by Esther Lee-Scott July/August 2021

- 1. What prompted you to become involved in the Abortion Law Reform campaign, given the divisive nature of the debate?
- 2. What would you say were the most significant turning points, or events in the campaign for Abortion Law Reform within your state? When did you know you were going to win despite the claims of the opposition?
- 3. What would you describe as the some of the most valuable actions and strategies that contributed to achieving the reform of abortion law in your state?
- 4. Is there a moment you consider to be your proudest throughout the process of campaigning for Abortion Law Reform?
- 5. Drawing from you own experience, what are the most valuable lessons that you could pass on to other organisations trying to create change?
- 6. In what capacity was Emily's List Australia involved in the Abortion Law Reform campaign you were a part of?
- 7. What have you learnt from your time working towards Abortion Law Reform and what are your hopes for the future of Abortion services and policy in Australia?
- 8. Do you think the measures used the Abortion Law Reform campaign could be used as a template to create other social changes?

## Appendix D

Figure 5.1: Abortion Law Reform in All Australian Jurisdictions

(Acts Amendment (Abortion) Act 1998 (WA); Medical Practitioners (Maternal Health)

Amendment Bill 2002 (ACT); Abortion Law Reform Act 2008 (VIC); Reproductive

Health (Access to Terminations) Bill 2013 (TAS); Termination of Pregnancy Law Reform

Act 2017 (NT); Termination of Pregnancy Bill 2018 (QLD); Abortion Law Reform Act

2019 (NSW); Termination of Pregnancy Act 2021 (SA))

State	Date of legalisation	Status	Details
WESTERN AUSTRALIA (WA)	May 20, 1998	Legal & accessible up to 20 weeks	<ul> <li>Must have doctor's referral</li> <li>Parental notification if under 16 years of age</li> <li>Safe Zones pending since 2020- Public Health Amendment Bill 2020</li> </ul>
AUSTRALIAN CAPITAL TERRITORY (ACT)	August 2002	Legal & no limit on accessibility	<ul> <li>Abortion must be provided by a trained medical doctor</li> <li>50m Safe Zones since 2015</li> </ul>
VICTORIA (VIC)	October 2008	Legal & accessible up to 24 weeks	2 doctors' approval needed after 24 weeks     150m Safe Zones since 2016
TASMANIA (TAS)	November 2013	Legal & accessible up to 16 weeks	<ul> <li>2 doctors' approval after 16 weeks on the basis of psychological or medical requirements</li> <li>150m Safe Zones since 2013</li> </ul>
NORTHERN TERRITORY (NT)	July 2017	Legal & accessible up to 24 weeks	<ul> <li>Public health system provides both medical and surgical abortions</li> <li>2 doctors' approval needed after 14 weeks</li> <li>150m Safe Zones since 2017</li> </ul>
QUEENSLAND (QLD)	December 2018	Legal & accessible up to 22 weeks	<ul> <li>2 doctors' approval needed after 22 weeks</li> <li>150m Safe Zones since 2018</li> </ul>
NEW SOUTH WALES (NSW)	October 2019	Legal & accessible up to 22 weeks	2 doctors' approval needed after 22 weeks     150m Safe Zones since 2018
SOUTH AUSTRALIA (SA)	February 2021	Legal up to 22 weeks and 6 days	<ul> <li>2 doctors' approval needed after 23 weeks</li> <li>150m Safe Zones since January 2021</li> </ul>