Integrating AI use in a feminist model of care

A Women's Health NSW position paper

October 2025

Artificial intelligence (AI) technology has arrived and is here to stay. AI has the potential to support us to increase the number of women we see by improving efficiency in information, billing, and data collection, freeing up more time for client-centred care. As a sector, we have built trust with women, our communities, and our funders through conscious service delivery. The successful integration of AI into a feminist model of care requires us to mitigate any risks that could jeopardise the health and safety of the women we support. AI integration must not compromise our ability to apply clinical judgement, critical reflection, and trauma-informed, culturally safe, gender-affirming care. This position paper sets out three key considerations for implementing AI into a feminist model of care. It is informed by current legal, regulatory and professional frameworks, and consultation with key stakeholders across legal, health, and domestic, family and sexual violence sectors.

Scope

This position paper is designed to support WHNSW members to safely integrate AI technology in a feminist model of care. It is based upon the information available at the time of publishing. The rapid advancement of AI does have the potential to create new and unforeseen risks not addressed in this paper.

Definitions

There is no universally accepted definition of AI. The NSW Government defines AI as a computer system with the ability to perform tasks that would normally require human intelligence, such as learning, reasoning, or decision making.[i] AI uses pattern recognition to create content. There are multiple forms of AI that span a wide spectrum of capabilities. The NSW Government identifies four types of AI[ii], however for our purposes, we have arranged them into two broad categories: non-generative AI and generative AI.

Non-generative AI focuses on analysing and classifying existing data rather than creating new content. Most often, non-generative AI tools have a restricted scope that is designed to address a single problem. Some examples include facial recognition for unlocking smartphones, autocorrect features, and email spam filters.[iii, iv]

Generative AI creates original and new content using training data. Training data is information provided, or gained autonomously, to learn from.[v, vi] The relevance and quality of content created by generative AI is directly related to what training data is available. Examples of generative AI include, *ChatGPT*, *DeepFakes* (hyper-realistic videos and images) and digital scribes used for writing case notes, like *Heidi Health*, and *Lyrebird*.[vii, viii]

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Key considerations for using AI in the women's health sector

In women's health sector workplaces, integrating any tool that influences workplace practices, including AI tools, must be assessed for its compatibility with a feminist model of care. Integrating AI into our workflows requires us to maintain a delicate balance between the transformative potential of AI to improve outcomes for women, and the ongoing need to provide gender-sensitive, culturally safe, and trauma-informed care. Applying a feminist lens to AI requires us to explore how the technology interacts with pre-existing systemic bias, and the potential for AI tools to compound or exacerbate the effects of sex-role stereotyping and gender, ability and cultural-based discrimination.

WHNSW has identified three key considerations for integrating AI into our network. Below we unpack the risks and challenges for each one, concluding the paper with ten recommendations that support the safe integration of AI in a feminist model of care.

AI may impact women's trust and safety, leading to poorer health outcomes

- The newness of AI technology means we don't know enough about how the women who engage with our services will feel about AI technology being used in service delivery. As with all new technologies, some women's health centre staff and women we serve will be early adopters of AI, while others will view AI with suspicion. We need to balance the needs of both groups in our service provision, and in our workplaces. Both our staff and the women we serve need to be brought along with this process to avoid psychosocial hazards and poorer health outcomes.
- The use of AI may impact women's willingness to make disclosures, and their sense of safety, leading to poorer health outcomes.
- AI has the potential to retraumatise women who have experienced technology-based abuse. Research suggests that this is a significant segment of women. ANROWS research found one in two Australian adults have experienced technology facilitated abuse victimisation in their lifetime.[ix] Research from the eSafety Commissioner indicates that over one quarter (27%) of domestic and family violence cases involve technology-facilitated abuse of children.[x]
- Gaining genuine consent from women to use AI technology in service delivery is complex. For example, the imbalance of power between practitioners and women may lead to women consenting to the use of AI through fear of losing access to services. Gaining informed consent should mean that women are empowered to ask questions, express concerns, and understand they can withhold or withdraw consent at any time without implications.[xi, xii]
- AI has the potential to change the way our practitioners work with women. For example, practitioners using digital scribes may use more academic terms when working with women to achieve a better transcription. We need to be vigilant to ensure any changes do not negatively affect women.

AI has inherited stigma and discrimination at odds with a feminist model of care

- Research and user experience demonstrates that AI technology is learning from, and reproducing content that is bathed in misogyny and patriarchal stereotypes. This is more easily seen in AI generated images, such as ones representing Australian women as "white, often blonde, and frequently coded through domestic settings"[xiii]. Other known biases include AI technology using race-based equations to determine lung capacity and kidney function[xiv], the misspelling of non-English names, and incorrectly transcribing speech of those with an ascent[xv]. We have a duty of care to prevent racism in our workplaces.
- A lack of transparency and nuance within AI tools that present generated content with confidence can mean we fail to recognise the level of uncertainty or complexity that may exist within the content it creates.[xvi] In a Primary Health Network podcast, one doctor explained *Heidi Health*, a medical scribe, documented things that were never discussed in the appointment. When the generated content seems logical, it can be difficult for doctors

to recognise conversations that were never had. The doctor provided an example of the AI tool ordering a pregnancy test for a female patient. Without context into the women's life this could seem reasonable given how she described her symptoms, but it could also be inappropriate if her sexuality and recent sexual activity were never discussed.[xvii]

- The time needed to review AI generated content may surpass the time initially saved by using AI.

Our use of AI must be lawful, and maintain our quality assurance standards

- It is difficult to assess and monitor individual AI tools' adherence to the extensive list of legal, regulatory and professional frameworks that staff in your organisation must comply with. The frameworks relevant to your workplace will depend upon individual practitioner disciplines, however, they will include many of the following:
    - *Privacy Act 1988 (Cth)*
    - Australian Privacy Principles
    - Office of the Australian Information Commissioner: Guidance on privacy and the use of commercially available AI products
    - Supreme Court Practice Note SC Gen 23: Use of generative Artificial Intelligence (Gen AI)
    - Psychotherapy and Counselling Federation of Australia (PACFA): Integrating Artificial Intelligence in Counselling and Psychotherapy
    - Australian Health Practitioner Regulation Agency (AHPRA): Meeting your professional obligations when using Artificial Intelligence in healthcare

- Assessing whether individual AI tools adhere to legal and regulatory frameworks is further complicated by a lack of transparency from AI developers and misleading marketing.[xviii] For example, the digital scribe, *Lyrebird*, states on their website, "we meet all relevant Australian privacy and healthcare regulations, including requirements set by the Therapeutic Goods Administration (TGA)." Contact with both the TGA and *Lyrebird* revealed it is not currently registered with the TGA. Without registration, the TGA has no oversight over *Lyrebird*.[xix] Importantly, even with expert support, access to internal information on how AI tools store and use data is controlled by the developer. This has seen some organisations, including NSW Health, provide binding guidance on the use of AI tools and discourage the use of some commercially available tools and applications. Many organisations are pursuing bespoke solutions which function within a closed network to protect organisational security.
- The rapid advancement of AI technology also makes it difficult for legal and regulatory bodies to stay up to date with AI development. For example, digital scribes are currently not considered medical devices and are not regulated by the TGA. This is because AI developers claim scribes do not intend to propose diagnosis or treatment options for patients. However, a recent review by the TGA found AI scribes often stray into diagnosing and suggesting treatment strategies for patients. The TGA is currently considering changing their definition of medical device so they can regulate AI scribes.[xx]
- We don't yet know how women's legal outcomes will be affected if AI generated case notes and/or other content are subpoenaed. In February 2025, the Supreme Court of New South Wales released formal guidance on how generative AI can be used in court matters, including restricting the use of AI generated affidavits, witness statements, other evidentiary material and expert reports[xxi]. Currently there is no available data on the impact of AI-generated counselling or medical case notes on women's legal outcomes.
- There is an increased financial burden in appropriate information, communication and technology (ICT) support to manage risks associated with AI programs. Advice from legal peak bodies for organisations using AI tools is to have 24/7 proactive ICT support that can respond immediately to data breaches and provide adequate oversight.

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Recommendations

1. Consult with staff, and the full range of women accessing your service, to understand their perception and acceptance of AI, and circumstances they would consent to its use.

2. Investigate the operation and security of AI programs against the legal and regulatory standards relevant to your workplace. Pay particular attention to processes for safeguarding personal and sensitive information. WHNSW recommends using AI tools that:

    i. Do not interface with the broader internet

    ii. Incorporate a non-AI function that de-identifies women's information prior to sending it to the AI component

    iii. Only hold data temporarily.

3. Assess AI tools against their adherence to the *Privacy Act 1988* (Cth). The *Privacy Act 1988* requires personal and sensitive information to be stored and held within Australia[xxii]. Under Australian Privacy Principle 8, personal information can only be processed and stored overseas when equivalent privacy and security standards are met.[xxiii]

4. Consider the ways you might use AI, identifying what is in and out of scope, and develop guidelines and procedures to guide your practitioners. This might start with a narrow scope of application to trial and gain learnings, minimising risk before extending use.

5. Update existing policies and procedures to ensure they reflect the use of AI technology, with particular attention to privacy and confidentiality, informed consent, and codes of conduct.

6. Support staff through change by making sure workplace practices reflect the use of AI technology as a supplementary tool, not a substitute for human expertise. Everyone still needs to know how to record good case notes manually to support women who opt out.

7. Policies should mandate that all AI-generated content is reviewed and critically assessed prior to being formalised as case notes, clinical decisions, and in the care of women.

8. If a client expresses discomfort or wishes to opt out of using AI tools, practitioners must respect this decision without any negative impact on the therapeutic relationship and access to services. A process of recording clients opting in and out of AI should be established.

9. Facilitate access to appropriate training for practitioners to be competent in the use of AI prior to integrating it into service delivery. Training should focus on the parameters of use, and ensure practitioners are equipped with adequate information to gain informed consent. This should include a clear understanding of how each AI tool collects, stores and uses data.

10. Engage in ongoing monitoring and evaluation. Incorporate discussions about AI use as standard agenda items in team meetings and supervision sessions to encourage reflective practice, address challenges, and receive support and guidance. Regularly audit data during the implementation process to stay abreast of unexpected changes.

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