Submission by Family Planning NSW

Inquiry into family, domestic and sexual violence

July 2020

Standing Committee on Social Policy and Legal Affairs
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Family Planning NSW welcomes the opportunity to contribute to the inquiry into Family, Domestic and Sexual Violence by the Standing Committee on Social Policy and Legal Affairs.

About Family Planning NSW

Family Planning NSW is the state's leading provider of reproductive and sexual health services. We are experts on contraception, pregnancy options and abortion care, sexually transmissible infections (STIs), sexuality and sexual function, menstruation, menopause, common gynaecological and vaginal problems, cervical screening, breast awareness and men's and women's sexual health.

As an independent, not-for-profit organisation, we recognise that everybody in every family should have access to high quality clinical services and information. Family Planning NSW provides clinical services to more than 30,000 clients annually. We have five fixed clinics in NSW and use innovative partnerships to deliver services in other key locations across the state. We provide information and health promotion activities, and best practice education and training in reproductive sexual and health for doctors, nurses, teachers and other health, education and welfare professionals.

Our services are targeted to marginalised and disadvantaged members of the community, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people and people from rural and remote communities. Our work is evidence-based, and shaped by our research, published clinical practice handbooks on reproductive and sexual health, nationally recognised data and evaluation unit and validated through extensive clinical practice.

Recommendations

To improve services, support and outcomes for people experiencing family, domestic and sexual violence, our recommendations are to:

1. take a rights-based approach to protect women and their children and promote their wellbeing in the national plan to reduce violence against women and their children
2. ensure comprehensive sexuality education – including content on healthy and respectful relationships - is a priority, especially during the school years
3. include domestic violence routine screening as part of reproductive and sexual health clinical services
4. improve access to emergency contraception and long-acting reversible contraceptives (LARCs) to reduce rates of unintended pregnancy and abortion
5. incorporate information about domestic violence and trauma-informed care into a range of medical, nursing and professional education courses
6. provide access to key health and social services, including Centrelink, Medicare and housing for temporary visa holders
7. understandings of family, domestic and sexual violence should include reproductive coercion
8. incorporate questions about reproductive coercion into current domestic violence routine screening protocols
9. promote access to reproductive and sexual health services by women from diverse groups experiencing family, domestic and sexual violence
10. actively seek the views of domestic violence service users in designing appropriate services
11. use Police data and reports alongside NGO and health service DV screening data to understand the prevalence of domestic violence
12. extend MBS item numbers for telehealth services beyond the COVID-19 period to address unmet need for reproductive and sexual health care.

Key points

This submission focuses on the importance of the need for the implementation and delivery of comprehensive sexuality education to address gender equality and gender-based violence and access to reproductive and sexual health services to promote the health, wellbeing and rights of women and girls. Family Planning NSW recognises that men also experience domestic and family violence, however, the evidence shows that women are primarily affected.

Our key points, in relation to the inquiry *Terms of Reference*, are outlined below:

a) Immediate and long-term measures to prevent violence against women and their children, and improve gender equality.

Reproductive and sexual health is a fundamental human right as enshrined in multiple international agreements that Australia has signed onto, including the Beijing Declaration and Platform for Action, and the International Conference on Population and Development.(1, 2) As per these commitments, women and girls have the right to access reliable, safe and effective methods of family planning, health care and protection, education and information relating to reproductive and sexual health and rights.

Reproductive rights include the rights of couples and individuals to decide freely and responsibly on the number, spacing and timing of their children; have the information and means to do so, and the right to attain the highest standard of reproductive and sexual health; and make decisions concerning reproduction free from discrimination, coercion and violence.(3)

Reproductive and sexual health rights are intrinsically linked with a range of human rights, and the impact of reproductive coercion, and domestic and family violence, constitutes a violation of those rights. These include but are not limited to women being treated as equals, being allowed to make choices about their reproductive health such as planning if and when they become pregnant.

Recommendation

1. Take a rights-based approach to protect women and their children and promote their wellbeing in the national plan to reduce violence against women and their children.

b) Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response, that could be considered in an Australian context.

It is vital that all people receive evidence-based, comprehensive sexuality education. In Australia, comprehensive sexuality education is not provided consistently across the country. A global review conducted by the United Nations, Education, Scientific and Cultural Organization (UNESCO) found comprehensive sexuality education has a positive impact on safer sexual behaviour, delays sexual debut, and can reduce unintended pregnancy and sexually transmissible infections (STIs).(4)

Evidence shows that comprehensive sexuality education improves health outcomes, reduces gender-based violence and can improve gender equality.(5) UNESCO's global review found that "failing to provide marginalised adolescents and young people with comprehensive sexuality education will deepen the social exclusion that many experience, limiting their potential and putting their health, futures and lives at greater risk".(5) From a rights perspective, it is crucial that all people receive high-quality and evidence-based comprehensive sexuality education.

Recommendation

2. Ensure comprehensive sexuality education – including content on healthy and respectful relationships - is a priority, especially during the school years.

c) The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non-government and community organisations, and business.

Access to reproductive and sexual health services is an essential aspect of healthcare for people experiencing family, domestic and sexual violence. There are known links between domestic violence and reproductive and sexual ill-health.

Family Planning NSW first introduced domestic violence routine screening in 2012. Domestic violence routine screening is a strong component of delivering holistic services to clients at Family Planning NSW clinics.(6) Given associations between domestic violence and sexual and reproductive ill-health, a domestic violence routine screening program is appropriate in reproductive and sexual health clinics.(7)

Women experiencing domestic violence, including reproductive coercion, require access to comprehensive reproductive and sexual health services including contraceptive methods that can be used discreetly without a partner's knowledge, including an intrauterine device (IUD), contraceptive injection and safe abortion care.

Access to timely and affordable emergency contraception is essential for women experiencing domestic and/or sexual violence. Emergency contraception available in Australia includes emergency contraceptive pills available without a prescription at pharmacies, and the copper intrauterine device (IUD). To reduce the need for emergency contraception, increased access to long-acting reversible contraceptives (LARCs), such as implants and IUDs, can reduce rates of unintended pregnancy and abortion.

Recommendations

3. Include domestic violence routine screening as part of reproductive and sexual health clinical services.
4. Improve access to emergency contraception and long-acting reversible contraceptives (LARCs) to reduce rates of unintended pregnancy and abortion.

d) The way that health, housing, access to services, including legal services, and women's economic independence impact on the ability of women to escape domestic violence.

Good communication and coordination between services across government and non-government agencies are important to support women escaping domestic violence. A unified trauma-informed approach and training for health professionals about domestic violence and trauma-informed care is valuable.

A particularly vulnerable group is victims of violence on temporary visas. Many temporary visa holders experience abuse without access to key health and social services, including Centrelink, Medicare and housing.(8)

Recommendations

5. incorporate information about domestic violence and trauma-informed care into a range of medical, nursing and professional education courses
6. provide access to key health and social services, including Centrelink, Medicare and housing for temporary visa holders

e) All forms of violence against women, including, but not limited to, coercive control and technology-facilitated abuse.

Reproductive coercion is a less recognised but important aspect of domestic violence which is gaining increasing attention in the global and Australian context. Reproductive coercion can form part of the range of behaviours for someone experiencing domestic and family violence or can be an indicator of domestic and family violence occurring in the future.

Reproductive coercion includes behaviours such as controlling access to contraception, sabotaging contraception use and/or using violent or threatening behaviours in response to pregnancy options, including limiting access to abortion services or forcing someone to terminate their pregnancy. This is most often perpetrated by a male against a female partner in the context of an intimate relationship.

Reproductive coercion can lead to:

- increased risk to safety for women and children
- limited reproductive control (e.g. unsafe sex or lack of contraception)
- difficulties accessing care and services
- poor reproductive and sexual health outcomes including STIs, gynaecological issues, unintended and/or unwanted pregnancy, pregnancy complications, unsafe abortion, pelvic inflammatory disease, urinary tract infections and sexual dysfunction

Recommendations:

7. Understandings of family, domestic and sexual violence should include reproductive coercion.

f) The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing.

To improve the evidence base around the prevalence of domestic and family violence, routine screening protocols can incorporate specific questions about reproductive coercion. In 2018, screening for reproductive coercion was added to the Family Planning NSW domestic violence routine screening protocol. During 2018-19, 12,464 women were eligible for screening, and 8,525 women were screened for domestic violence (68% screening rate), with 332 cases of domestic violence identified (4% disclosure rate). A total of 114 cases of reproductive coercion were disclosed from December 2018 until June 2019 (2.2% disclosure rate).(6)

Recommendation

8. Incorporate questions about reproductive coercion into current domestic violence routine screening protocols.

h) The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTQI women, women with a disability, and women on temporary visas.

Access to reproductive and sexual health services is vital so all community members can achieve good health outcomes, including those most disadvantaged. People who are socially or culturally vulnerable may face challenges in navigating health care, contributing to health inequity. Belonging to multiple vulnerable groups (intersectionality) can make health system navigation even more complex.(9)

Reproductive and sexual health services should be offered to all groups in the community in a style, location and manner that ensures accessibility and sensitivity. Services need to be accessible, affordable, non-judgmental, confidential services for people from vulnerable groups to ensure services are welcoming and inclusive. Engaging women from diverse groups in planning and decision making will result in better services and programs.

Recommendations

9. Promote access to reproductive and sexual health services by women from diverse groups experiencing family, domestic and sexual violence.
10. Actively seek the views of domestic violence service users in designing appropriate services.

i) The impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services.

Concerns have been raised that social isolation strategies implemented to address the COVID-19 pandemic may inadvertently increase the incidence of domestic violence. However, the Bureau of Crime Statistics and Research (BOCSAR) reported that domestic violence data comparing April 2020 with April 2019 found slightly lower domestic violence assaults recorded by NSW Police.(10) It is possible that these figures above are affected by a fall in domestic violence reporting during social isolation when women may be unable to find a safe space to contact a DV helpline.

Family Planning NSW DV routine screening found, from June 2018 to May 2019, 68.8% of eligible women were screened (8,600 women screened/12,494 eligible women) with 237 (2.8%) disclosing violence. In comparison, from June 2019 to May 2020, 68.6% of eligible women were screened (7,860 women screened/11,455 eligible women) resulting in a disclosure by 273 women (3.5%). Throughout the COVID-19 pandemic, the Family Planning NSW DV routine screening rate was affected as, in line with NSW Health guidelines, screening was not conducted during telehealth consultations. Despite a reduction in screening levels, our figures indicate that domestic violence rates were similar for the two periods compared, and possibly show a slight increase.

Family Planning NSW's Talkline provides free and confidential information, advice and referral services across a wide range of essential reproductive and sexual health issues, including contraception, pregnancy options including abortion services, STIs and healthy relationships. Throughout the COVID-19 pandemic, the Talkline experienced an increase in the number of contacts seeking access to termination of pregnancy services. In April 2020, the Talkline calls, emails, and online chats answered relating to abortion increased by 237% compared to April 2019. Abortion related calls, emails, and online chats relating to financial difficulty increased by 450% in April 2020 compared to April 2019.

Recommendation:

11. use Police data and reports alongside NGO and Health service DV screening data to understand the prevalence of domestic violence

j) The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.

Throughout the COVID-19 pandemic, access to helplines (such as Family Planning NSW's Talkline) and telehealth services have expanded service access providing state-wide services and advice. Talkline has received more calls, and the temporary Medicare Benefits Schedule (MBS) telehealth item numbers have supported enhanced access to care, including in rural areas where there are limited reproductive and sexual health services.

The implementation of funded telehealth services throughout the COVID-19 period has enabled access to tele-abortion services. This has been a 'game-changer' as it has supported access to low- or no-cost abortions which has been extremely poor up until the present. Changes to MBS item numbers have enabled the provision of bulk billed teleabortion (medical abortion) which benefits those experiencing financial stress. However, the availability of tele-abortion is subject to telehealth MBS item continuance following COVID-19. Telehealth MBS item numbers are currently under review and should be extended beyond September 2020.

Recommendation:

12. extend MBS item numbers for telehealth services beyond the COVID-19 period to address unmet need for reproductive and sexual health care.

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