



29 July 2014

Senate Finance and Public Administration Committees  
Parliament of Australia  
PO Box 6100  
Parliament House  
Canberra, ACT 2600

To whom it may concern,

Thank you for the opportunity to make a submission to the Senate Inquiry into Domestic Violence in Australia.

We have made comment relating to our area of expertise.

We have also attached *Love and Kisses- taking action on the reproductive and sexual health and rights of people with disability 2014-2018*. We elaborate further in our submission on the issues identified within this document, which we believe should be part of a comprehensive strategy to address domestic and sexual violence against people with disability.

For further information, please contact Jodi McKay, Director Communications, Government and Community Affairs on 02 87524356

Yours sincerely

Ann Brassil  
CEO

Attachment: submission

## **About us**

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW. We are experts on contraception, pregnancy options, Sexually Transmissible Infections (STIs), sexuality and sexual function, menstruation, menopause, common gynaecological and vaginal problems, cervical screening, breast awareness and men's sexual health.

We have five fixed clinics in NSW (Ashfield, Fairfield, Penrith, Newcastle and Dubbo) and use innovative partnerships to deliver services in other key locations across the state with more than 28,000 client visits annually. We also provide Family Planning NSW Talkline 1300 658 886, a confidential telephone and email information and referral service, connecting our expertise to people and communities across NSW.

We provide information and health promotion activities, as well as education and training for doctors, nurses, teachers and other health, education and welfare professionals.

As an independent, not-for-profit organisation, we recognise that every body in every family should have access to high quality clinical services and information, and we provide a safe place for people to talk about their most intimate and personal issues.

Our services are targeted to communities, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people, people from rural and remote communities and same sex attracted people.

Family Planning NSW is working to assist poor and disadvantaged communities in the Asia Pacific region to access comprehensive reproductive and sexual health services. We collaborate with organisations at national and international levels to strengthen the ability of local health providers to deliver high quality family planning services.

We respect the rights of our clients to make choices about their reproductive and sexual health and we treat each and every person with respect, dignity and understanding.

Our work is evidence-based, and shaped by our research through the Family Planning NSW Sydney Centre for Reproductive and Sexual Health Research, our published clinical practice handbooks on reproductive and sexual health, our nationally recognised data and evaluation unit and validated through our own extensive clinical practice.

## **Our comments**

We have shaped our comments around eight key areas.

### ***School based education***

We believe reaching young people at school is the most effective method of providing information on respectful relationships. This must be a core component of the national Health and Physical Education (HPE) curriculum, currently being finalised. Respectful relationships should also move beyond the framework of a set curriculum and should have a prominent position in the operation of all Australian schools.

We also recognise that some young people cannot be targeted through the school based system and as such we support the mapping of pathways that reach young people from diverse, marginalised and hard to reach communities, such as young people from CALD backgrounds (e.g. Intensive English Centres) and people with disability (e.g. NDIS screening).

It's important that the promotion of respectful relationships is conveyed in different languages and through accessible channels to reach young people at risk of violence transfer. The cost of translation and interpreter services remains prohibitive to many NGOs.

We'd welcome the opportunity to provide advice on where improvements can be made within the NSW school system in the area of sexuality and relationships education and the significant links with domestic and interpersonal violence for people with disability.

Our recommendations for achieving best practice in sexuality and relationship education for people with disability include;

- Clarity on curriculum content for NSW (Australian) schools as it relates to sexuality and relationships education-currently there are no clear guidelines for teachers
- Mandatory and specialised training for teachers to support their capacity to deliver the above mentioned
- Up to date and evidence based information and resources for teachers and students, including digital, online and iPad resources
- An improved module for students with disability which addresses healthy relationships, protective behaviour and information about referral pathways
- Easy to read information for students with disability

Family Planning NSW trains teachers in the sexuality and relationships component of the PDHPE curriculum. We are currently reviewing our course in light of the national curriculum

changes. Ensuring teachers are equipped with the skills to appropriately convey information on respectful relationships is critical. In NSW, with a move to local decision making for schools, there is no requirement for teachers to be specifically skilled in the teaching the sexuality and relationships as part of the HPE curriculum.

As mentioned, it's important that all young people receive information on respectful relationships. Family Planning NSW is the lead partner in Safe Schools Coalition NSW, which works to address homophobic bullying. Foundation for Young Australian has been provided with \$8 million in Federal Government funding to roll-out the program in Australia. It is important that the diversity of relationships is recognised in programs to target domestic and family violence.

The specific needs of all groups at risk need to be taken into account when targeting young people. The role of social media and online media should also be considered in the promotion of respectful relationships.

### ***People with disability***

Family Planning NSW's work with people with disability is nationally recognised. We have attached *Love and Kisses- taking action on the reproductive and sexual health and rights of people with disability 2014-2018*.

As you will see, we approach domestic and sexual safety in two broad ways; firstly, the need to equip people with disability with the skills and knowledge they need to understand issues such as consent, public and private behaviour, respectful relationships and sexual safety; and secondly, in the education and training of disability service providers and parent and carers around issues such as sexuality and relationships and rights.

Overarching our approach is a belief that the sexuality of people with disability is most often silent, ignored and invisible. This is particularly true in group homes or where parents and carers and disability workers are over protective and refuse to acknowledge the needs and development of the person in their care.

A framework for addressing these issues should prioritise access to sexuality and relationships education for people with disability as a primary prevention approach. All too often education is only provided after abuse or neglect has already happened. A proactive approach to sexuality and relationships education ensures people with disability are aware of their rights, can develop healthy relationships and learn skills around self-protection. Training for parents, carers and disability workers is also important to ensure support people play an important role in upholding

rights and building the capacity of people with disability to make their own decisions around sexual expression and relationships

### ***Policy definition***

We believe reproductive and sexual health should be a specific component of the definition of domestic violence. There is current but limited evidence that acknowledges the negative impact of domestic violence on reproductive and sexual health of women. This includes increased risk of sexually transmitted infections, unintended pregnancy and miscarriage. There is limited acknowledgement that control of a woman's reproductive and sexual health can be part of the tactics used by perpetrators, for example not allowing use of contraception or access to reproductive and sexual health services.

It is important this broader definition of domestic violence is also recognised in the community. Ensuring the community has information on what constitutes domestic violence, in all its forms, should be part of a national approach to eliminate domestic and family violence.

### ***Serious threat and risk***

We believe co-ordination and effective referral pathways remain a significant issue. Obstacles need to be identified and resources devoted to empowering quick and efficient action for front line agencies and staff. It is essential that there is a shared understanding of what constitutes domestic violence, the process for assessing and managing safety concerns and the ability to refer women and children to a range of services.

It is also important the complexity of issues experienced by some victims of domestic violence is taken into account.

### ***Domestic violence screening***

Reproductive and sexual health is an integral component of the health and well-being of women throughout their life. Regardless of whether women have children, they are likely to come into contact with health care workers to discuss their reproductive and sexual health. Family Planning NSW and other similar services are uniquely placed to identify and offer a brief intervention in relation to domestic and family violence.

Family Planning NSW implemented domestic violence routine screening (DVRS) across five clinical sites from December 2012. The protocol for routine screening is based on the NSW Ministry of Health protocol which has been in place since 2003.

Integrating DVRS into clinical services acknowledges that domestic violence is a crime that negatively impacts on women and children, particularly as it may be linked to reproductive and sexual health issues. Family Planning NSW also works to facilitate access for population groups that may be more severely impacted by domestic violence including Aboriginal and Torres Strait Island women, women with a disability, young women and women from a culturally and linguistically diverse background.

Of the 7,422 women screened from January 2013 to June 2014, 303 women reported domestic violence:

- 18 (6%) felt they were not safe to go home
- 47 (15%) needed assistance
- 229 (76%) were given support and discussed options
- 17 (6%) were reported to police
- 11 (4%) reported to community services
- 25 (8%) were referred to the Family Planning NSW Social Worker for counselling and further assistance
- 27 (9%) were referred to other health professionals for counselling and/or further management

Some women were not screened due to the following:

- presence of partner or other companion during the consultation
- declined to answer question

### ***Capacity building of NGOs***

There has traditionally been a focus on capacity building organisations that specifically work in the domestic violence sector, but we believe it's important that information and training are provided to not for profit organisations, GPs and other service providers that deal with domestic and family violence disclosures.

### ***Establishing the evidence base***

We encourage "built-in" mechanisms for evaluation across the range of strategies, including processes for consistent data collection.

We have identified two areas where we believe urgent research is required:

*Research project 1:* Impact of interpersonal violence (IPV) on reproductive and sexual health

*Research project 2: Effectiveness of healthy relationships education in Australian schools (and associated health promotion interventions)*

Research project 1: Impact of interpersonal violence (IPV) on reproductive and sexual health

We would advocate for formal research into the interplay between IPV and reproductive and sexual health. This includes but is not limited to:

- Choices in relation to contraception use
- Choices in relation to pregnancy planning and/or spacing
- Unintended pregnancy/impact on options
- Incidence of sexually transmissible infections
- Impact of IPV on women's capacity to access reproductive and sexual health services

There is currently limited evidence that acknowledges the impact of domestic violence on the reproductive and sexual health of women in the Australian context.

The World Health Organisation (WHO) in the most recent review of *Global and regional estimates of violence against women (2013)* identifies that women who have been subjected to partner violence:

- are twice as likely to have an abortion
- have an increased incidence of sexually transmissible infections

This report also notes the need for research on the effect of IPV on adolescent pregnancy, unintended pregnancy in general, miscarriage, stillbirth and intrauterine haemorrhage.

Accessed on line [http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf)

As the leading provider of reproductive and sexual health services, including clinical services, education, research and health promotion, our clinical practice and education experience supports an anecdotal awareness of the following issues related to domestic and family violence:

- women who seek "hidden" methods of contraception to prevent pregnancy
- women who report they are unable to negotiate a short period of abstinence with regular partners
- women engaging in unsafe sex or sexual acts they feel uncomfortable about
- women who are not able to consider the whole range of "pregnancy options" when presenting with an unintended pregnancy
- negotiating condoms with a partner
- young people and dating violence

Given the significant gaps that exist, the following outcomes could be achieved through research;

- increased understanding of possible indicators/risk factors in relation to IPV
- increased identification of IPV in the reproductive and sexual health context
- evidence for the development of training resources and practice standards inclusion of IPV in the RSH context
- incorporation of the interplay between IPV and reproductive and sexual health into the training of clinical and other health professionals to encourage increased screening and improved management in primary care
- increased community awareness through the provision of IPV health promotion programs

### Research project 2: Effectiveness of healthy relationships education in Australian schools (and associated health promotion interventions)

We believe there should be an evaluation of the effectiveness of programs and curriculum that promote healthy relationships. In NSW, healthy relationship education is generally taught as part of the PDHPE curriculum, however with the introduction of a national curriculum, there exists an opportunity to evaluate current state approaches to ensure there is an appropriate focus on healthy, safe and respectful relationships.

As mentioned, one of our roles is to train teachers in the sexual health and relationships component of the PDHPE curriculum and our practice experience tells us there is significant room for improvement, particularly in the teaching of the syllabus to students with disability, culturally and linguistically diverse students and young Aboriginal and Torres Strait Islander young people.

There is also a great need for innovative resources, such as apps and interactive online teaching resources, so any research project could also consider the current gaps in teaching in a holistic manner. Research is necessary to determine the most effective means of educating young people and giving them the best methods and means of protecting themselves. The research would provide an opportunity to pilot or implement a range of consistent practice changes including:

- specialised training for teachers to support their capacity to deliver the healthy relationships component of the curriculum
- best practice for incorporation in the new national PDHPE curriculum



- up to date and evidence based information and resources for teachers and students, including apps, and online resources
- an improved module for students with disability which addresses healthy relationships, protective behaviour and information about referral pathways
- easy to read information for students with disability
- translated and culturally appropriate information
- a program for young people that includes learning and support

### ***Marginalised communities***

It is critical that actions to eliminate domestic violence address complexities of marginalised and disadvantaged groups and tackle the beliefs and attitudes that allow violence to continue.

We believe strategies should be developed that target the following groups- Aboriginal and Torres Strait Islander people, women with disability, people from CALD backgrounds.

Responses for priority populations should also recognise the coerced or forced control of a person's reproductive and sexual health

The following areas could be addressed within the strategies:

- *Engagement with community representatives (men and women).* In our work in East Timor we're involved in a successful program targeted men and boys around respectful relationships. In our work in Aboriginal and Torres Strait Islander communities we've developed a program which equips elders to work directly with young people around reproductive and sexual health issues (acknowledging the separation of women's business and men's business)
- *Translated and easy to read material* where appropriate. The cost of translating material into key languages is prohibitive
- *A focus on screening programs* into key health and welfare services working with the targeted population groups
- *Age appropriate education programs in schools that recognise the different strategies required for different populations.*