CHILDREN BY CHOICE
ASSOCIATION INCORPORATED

Submission to the Universal Access to Reproductive Healthcare Senate Inquiry

15 December 2022

Introduction

Children by Choice is pleased to make this submission to the Senate Community Affairs References Committee's Inquiry into Universal Access to Reproductive Healthcare 2022.

About Children by Choice

Children by Choice provides counselling, information and education services on all pregnancy options, including abortion, adoption, kinship and alternative care and parenting. We provide a Queensland-wide counselling, information and referral service for pregnancy. Nationally we deliver sexual and reproductive health education sessions in schools and youth centres and offer training for GPs and other health and community professionals on pregnancy options, reproductive coercion and post abortion counselling across Australia.

We also advocate for improvements to law and policy that would increase access to reproductive health services and information. We are recognised nationally and internationally as a key advocacy group for reproductive and sexual health.

Our pregnancy options counselling service assists 1800-2400 women and pregnant people each year in Queensland through our funding from the Department of Justice and Attorney General. This represents about 15%-20% of abortion seekers in Queensland.

Our education and community engagement team provides training and information to 1900 professionals and students each year.

Our 2022 programs included a Multicultural project, co-designing digital, video and print resources for 4 language groups on pregnancy options, contraception and reproductive coercion. We also partnered with WWILD Sexual Violence service to co-design resources designed for health professionals working with women with intellectual disabilities. Children by Choice have partnered with Women's Health Tasmania to deliver education and professional development in a Tasmanian context. We recently finished a 3 year Queensland Rural, Regional and Remote Abortion Access project which supported access to abortion in marginalised areas.

Our Queensland Abortion and Contraception online map was launched in 2021 in a move to increase transparency and accessibility of abortion and contraception services to the general public and those supporting people seeking services.

Children by Choice has continued to advocate for access to legal, safe, timely, compassionate healthcare and protections for reproductive rights in conjunction with supporting bodily autonomy and reproductive justice.

We developed an Australian position statement after the US overturned Roe v Wade with over 700 individuals and organisations signing on to voice their support for reproductive rights in Australia. We called upon state and territory Health Ministers to embed essential reproductive healthcare into our public health services.

Children by Choice is a member of the Queensland Sexual Health Clinical Network termination of pregnancy working group and is involved in the development of an action plan for Queensland Health provision of abortion in public and primary health settings.

We are representatives on many committees and working groups, ensuring that reproductive health and rights are part of submissions and consultation with government and other stakeholders, such as:

- Women's Health Services Alliance of Queensland
- Ending Violence Against Women Queensland
- SPHERE Coalition for sexual and reproductive health
- QCOSS Women's Equality Network
- Equality Rights Alliance
- Queensland Abortion and Contraception Community of Practice
- QCOSS CEO Network

Our vision is that people can freely and safely make their own reproductive and sexual health choices without barriers.

Contact

Daile Kelleher
Chief Executive Officer
Children by Choice
07 3357 9933 (ext 1)
0409 625 189
DaileK@childrenbychoice.org.au

Our **Annual Reports and Strategic Plan** are available on our website at www.childrenbychoice.org.au.

Limiting girls' and women's access to essential reproductive health care and their right to make decisions about their own lives also risks reversing progress to achieve gender equality.

Executive Summary

As outlined in the National Women's Health Strategy 2020-2030 priority area 1 – Maternal, sexual and reproductive health is a priority for Australian women and girls and must be considered within the social and cultural context of women's lives. It is not simply about the absence of disease, but refers to a state of physical, mental and social wellbeing across all stages of life. Factors contributing to maternal, sexual and reproductive health include the role of women in society and the control women have over their own bodies, reproductive choices and lifestyle. This highlights the need for women and girls to be informed of, and to have access to, safe, effective, affordable and acceptable forms of fertility regulation, health services and support.

A key priority area for action is increasing access to sexual and reproductive health care information, diagnosis, treatment and services, with a measure of success being equitable access to pregnancy termination services. Specifically, the National Women's Health Strategy 2020-2030 prioritises working towards universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies, including contraception and options for addressing unplanned pregnancies, including access to termination services.

We welcome this Senate Inquiry into universal access to reproductive healthcare and the opportunity to make a submission. Achieving priorities under the National Women's Health Strategy is important for all Australians and Children by Choice is pleased the Labor government and Australian Parliament is committed to universal access to reproductive health by 2030.

The overturning of Roe v Wade in the United States in 2022 threatening access to legal abortion for millions of women and girls, caused great concern among many in Australia and started a much-needed conversation about the community expectation that abortion should be legal, safe and accessible. The Labor Government must do everything it can to enshrine safe access to compassionate abortion services for women across the country. As a progressive government, we call on the government to work with relevant state and territories to ensure all women have access to abortion and contraception services, and pregnancy options counselling as well as post abortion counselling. This is an opportunity to safeguard and enshrine legislation and access to abortion in Australia and ensure we never go backwards in hard fought reproductive rights.

Children by Choice has detailed relevant research and evidence from our service on the terms of reference below. We have a number of recommendations on how to achieve the priority areas in the Australian Women's Health Strategy 2020-2030, with 6 key recommendations below.

Our Key Recommendations:

1. Establish a **national taskforce on abortion care** for recommendations on long term measures to reach universal access.

2. Ensure **all Australians can access their choice of abortion services without barriers or delays** by funding a national independent service to provide information, referral, funding and all options pregnancy counselling and post abortion support to ensure access to primary, public and private healthcare is clear and barriers are reduced.

3. Support the workforce by establishing an **independent national telephone information and referral service** for health care professionals supporting their patients linking them to safe, credentialled providers of termination services. This would help healthcare professionals meet their obligations under conscientious objection legislation and reduce delays to compassionate abortion care.

4. **National map of abortion and contraception services,** such as the one on Children by Choice website for Queensland and 1800 My Options for Victoria.

5. Develop a **public health education campaign** for health professionals and the general public on abortion, contraception and reproductive coercion and abuse to improve health literacy, destigmatise abortion and support screening of reproductive coercion and abuse.

6. **Increase research and data on abortion access and barriers in Australia** by resourcing national projects and assisting states and territories to collect and report on data. **Report annually** on progress made on the Australian Women's Health Strategy 2020-2030.

Background

On 28 September 2022, the Senate referred an inquiry into the universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry and report by 31 March 2023.

There is a current consultation listed on the Senate Standing Committees on Community Affairs website, which is open until 11.59 pm AEDT on 15 December 2022. We appreciate the opportunity to provide a submission. This submission is written in response to the Committee Terms of Reference.

We consent to this submission being published on the inquiry website and shared publicly online. We welcome an invitation to speak to this submission and provide further evidence at an upcoming public hearing.

Terms of Reference response

Barriers to achieving priorities under the National Women's Health Strategy for 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies', with particular reference to:

a) cost and accessibility of contraceptives, including:

i. PBS coverage and TGA approval processes for contraceptives,

ii. awareness and availability of long-acting reversible contraceptive and male contraceptive options, and

iii. options to improve access to contraceptives, including over the counter access, longer prescriptions, and pharmacist interventions;

Background/research

- Long Acting Reversible (LARC) at time of Termination of Pregnancy (ToP) is associated with reduced likelihood of second abortion[1].
- Contraception options for Reproductive Coercion and Abuse (RCA)[2].
- Australia's low uptake of LARC compared to other countries[3].

Children by Choice experience

- Our counselling team talk to all clients about contraception in a non-judgemental way. In 2021-22, we provided 432 Queensland clients with information about contraception.
- Children by Choice clients are offered contraceptive options at the time of the termination of pregnancy and Children by Choice oftens provides funds for people who cannot cover the out of pocket expense.
- In 2021-22 financial year Children by Choice funded 38 Queensland clients to access LARC's at time of a termination of pregnancy to the value of $5,309.
- GP's often do not suggest LARC or other contraceptive options apart from the contraceptive pill and there is not a lot of education around the efficacy of the pill and the interaction with other medication.
- Myths and misinformation about contraceptive options such as the withdrawal method and breastfeeding.
- Contraceptive options that can't be tampered with or detected – depending on the level of violence and monitoring (Reproductive coercion and abuse) experienced.
- Copper IUD is gold standard emergency contraception but not as commonly prescribed in Australia as other countries.

Our clients speak of their difficulty accessing affordable LARC; and getting men to use condoms.

Connie* from a remote town in Queensland spoke of men's promises – and belief – that withdrawal before orgasm will prevent a pregnancy. Connie said she had friends who got pregnant this way - and of 'their blokes' subsequent lack of consideration and blaming about the 'unwanted pregnancy'. Connie asked our counsellor what she's supposed to do 'when everyone knows everyone's business and you just want to organise an abortion and make sure it doesn't happen again.

*Names have been changed to protect the identity of the clients

Recommendations:

- Develop a **public health education campaign** for health professionals and the general public on abortion, contraception and reproductive coercion and abuse to improve health literacy.
- Provide **free contraception to women.**
- **MBS item number review** for LARC insertions.
- Education and campaign to promote uptake for **GP's to become LARC inserters.**
- Education and campaign for consumers to **promote LARC as a contraceptive option.**
- **Contraceptive pill available without prescription** at pharmacies.
- **LARC offered at time of termination of pregnancy.**
- **PBS coverage for contraceptive options** such as progesterone only pill, combined vaginal ring.
- **Streamline TGA approvals for methods of contraception** used internationally such as the contraceptive patch or self injecting contraception.

b) cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas;

Background/research

- Termination of Pregnancy in Queensland post-decriminalisation: a content analysis of client records from an all-options pregnancy counselling organisation[4] .
- Conscientious objection to abortion, the law and its implementation in Victoria, Australia: perspectives of abortion service providers[5].

Children by Choice experience

- Most commonly faced barriers to accessing abortion are the financial cost of an abortion including the procedure, pre-appointments and tests and other costs such as childcare, travel and accommodation and the lack of clear information or support on where to go to access an abortion.
- Public hospital or sexual health clinic provision – differs from states and territories and within states eg. Queensland, each Health and Hospital Service has developed different pathway, referral and availability of publicly funded access.
- Early medical abortion in primary health (up to 9 weeks gestation with mifepristone and misoprostol) has barriers to access.
    - Financial barriers
    - Access to low or no cost ultrasound
    - Available GP's or pharmacy dispensing
    - Confusion about where to access care and lack of clarity about steps and costs involved.
    - GP knowledge of where to refer if not MTOP provider
    - Regional barriers for access and information of where to find MTOP GP's, Ultrasound providers and dispensing pharmacy as well as willingness of local hospital to take patients with failed early medical abortion.

- People having to travel to access clinics face various out of pocket costs, not just the procedure. Sometimes if the procedure is covered by patient travel schemes there are still unexpected costs which organisations such as Children by Choice fundraise to cover:
    - Travel to and from the clinic
    - Support person for post abortion recovery
    - Accommodation gaps
    - Childcare or other care requirements
    - Having to pay upfront and being reimbursed
- Religious institutions who receive public funding and act as major public hospitals or services – Mater and Mercy Hospitals as well as Flying Doctor O&G in Queensland who refuse to provide abortion or contraceptive care.
- Conscientious objection clauses within some legislation have a duty to refer to a health practitioner who is not a conscientious objector (Queensland, NSW, NT, SA, TAS and Vic).
- Conscientious objection is only legislated to be individual but in reality it can be institutional and some health practitioners are not meeting their obligations under legislation to refer – this leads to distress, trauma and confusion for the person seeking an abortion, and can also result in delays which can result in poorer mental and physical health outcomes.
- Some services are offering all required tests and prescriptions within one appointment (ultrasound, MTOP prescription or referral to surgical termination) reducing cost and multiple appointments, improving accessibility for people who might have restrictions on their travel or movements, or be disengaged from health systems. (Tasmania family planning clinics and SA Pregnancy Advisory Service).
- Access is often reliant on community champions – Doctors or nurses who sometimes 'break the rules' to provide abortion care.
- People without Medicare face high private clinic costs and often aren't eligible for public provision.
- Accessibility in the second or third trimester due to clinic wait times as an overreliance on a few private clinics to provide public healthcare.
- Access to affordable and local ultrasounds in regional and remote areas creates barriers and delays to access abortion and suitable antenatal care.
- Our 3 year Rural, Regional and Remote Abortion Access Project outlined barriers faced in these communities and recommendations on how to reduce those barriers, including an Abortion and Contraception Map, community led consultation on implementing abortion care and funding portable ultrasound equipment.

Tanya* lives in Mater Hospital catchment in Brisbane South. She has casual work and 2 children under 4 years both born at the Mater. Her morning sickness is disabling her ability to care for her little ones; and she is missing shifts and wants to end the pregnancy. Tanya's partner took her to Mater Adult Emergency. She was dehydrated and distressed about the pregnancy. She was given anti-nausea medication and told to see her GP as she was not going to be able to access a termination of pregnancy at the Mater due to their religious governance.

Kali* has been couch surfing since she left the DV shelter. She rarely attends her adult mental health appointments because she moves around so much. Kali has complex trauma from sustained neglect and significant abuse in childhood. Her ex-partner has been remanded in custody for sexual assault. Kali is pregnant and cannot afford - or face - the need for an ultrasound scan; and doesn't know how she'll afford - or manage - a medical abortion. Her fear of needles and an invasive surgical procedure make MTOP her only option. But she can't afford the GP fees and there is no walk-in free compassionate Sexual and Reproductive Health Service in her region.

*Names have been changed to protect the identity of the clients

Recommendations:

- Establish a **national taskforce on abortion care** for recommendations on long term measures to reach universal access.
- Ensure **all Australians can access their choice of abortion services without barriers or delays by funding a national independent service** to provide information, referral, funding and all options pregnancy counselling and post abortion support to ensure access to primary, public and private healthcare is clear and barriers are reduced.
  - **National fund to provide financial support for women and pregnant people who want contraception or abortion** but cannot afford the cost of the healthcare. This fund to be held independently and able to be access for primary, public or private healthcare as well as associated costs such as childcare, travel and accommodation. Fund to include people without Medicare who face further barriers and costs to accessing contraception, abortion and pregnancy services.
- Support the workforce by establishing an **independent national telephone information and referral service for health care professionals** supporting their patients linking them to safe, credentialled providers of termination services. This would help healthcare professionals meet their obligations under conscientious objection legislation and reduce delays to compassionate abortion care.
- **National map of abortion and contraception services**, such as the one on Children by Choice website for Queensland and 1800 My Options for Victoria.
- Develop a **public health education campaign** for health professionals and the general public on abortion, contraception and reproductive coercion and abuse to improve health literacy, destigmatise abortion and support screening of reproductive coercion and abuse.

- **Increase research and data on abortion access and barriers** in Australia by resourcing national projects and assisting states and territories to collect and report on data. **Report annually** on progress made on the Australian Women's Health Strategy 2020-2030.
- **National Sexual and Reproductive Health Strategy** working alongside states and territories with an equity approach and human rights framework to **actively facilitate access for marginalised people**, including migrants and refugees, people experiencing domestic and family violence and sexual assault, people with disabilities, young people, LGBTIQA+ and people living in poverty.
- **National standards** of clinical care and access to abortion services.
- **National public telehealth abortion phoneline** for MTOP prescription with postal delivery.
- Address inequity across jurisdictions, harmonise legislation and policy, including **aligning legislative gestational limits** across Australia.
- Public providers of obstetrics and gynaecology care **be required to map conscientious objection within their workforce**, conduct workforce planning and recruitment to ensure a balance of conscientious objection does not impede a pregnant person's access to timely abortion care.
- **MBS item number review** for medical abortion and LARC to remove out of pocket costs.
- **Access to affordable and local ultrasounds in regional and remote areas** creates barriers and delays to access abortion and suitable antenatal care - MBS review of rebates associated with ultrasound screening. Resource portable ultrasound equipment and training in regional and remote locations across Australia.
- **TGA amendments** to the risk management plan and regulatory reforms for abortion medication that would improve access and reduce barriers.

c) workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals;

Background/research

- Screening for Safety[6].
- The role of nurses and midwives in the provision of abortion care: a scoping review[7].
- Working with or against the system: Nurses' and midwives' process of providing abortion care in the context of gender-based violence in Australia[8].

Children by Choice experience

- Not enough early medical abortion providers (MTOP GP's) in primary care.
- Limited access to termination of pregnancy in some public hospital settings.
- Limited reproductive coercion and abuse knowledge, screening, response and education for health professionals and the general public.
- Pathways for access to abortions are not clear to health professionals who do try to support their patients.
- Insufficient professional debriefing and support for abortion providers to ensure a trauma informed and supported workforce.
- MTOP GP providers have set up groups such as a Facebook group for questions and support as there are no formal support mechanisms.
- Communities of Practice for abortion successfully established in Queensland and Victoria aim to connect and support abortion and contraception providers.
- Conscientious objection is creating barriers for provision of abortion in public and primary healthcare settings.
- Health professionals are concerned about providing abortion care, especially in rural and remote areas, as they fear negative community reactions.
- There is a perception/fear that healthcare workers who provide abortion care experience stigma, additional support and connection to others providing abortion care would reduce this perceived stigma. Phase 1 of an evaluation of our Queensland Abortion and Contraception Map (currently unpublished) found no negative reactions to providers publicly listing their abortion services on a public abortion and contraception providers map, and many received favourable community reactions.

Recommendations:

- Support the workforce by establishing an **independent national telephone information and referral service** for health care professionals supporting their patients linking them to safe, credentialled providers of termination services. This would help healthcare professionals meet their obligations under conscientious objection legislation and reduce delays to compassionate abortion care.
- **National map of abortion and contraception services**, such as the one on Children by Choice website for Queensland and 1800 My Options for Victoria.
- Develop a **public health education campaign** for health professionals and the general public on abortion, contraception and reproductive coercion and abuse to improve health literacy, destigmatise abortion and support screening of reproductive coercion and abuse.
- **Workforce support** through clinical professional external debriefing and counselling for abortion providers.
- **Investment into a Community of Practice** for abortion and contraception providers in Australia.
- **Nurse/midwife led models** of abortion care or working to top of scope.
- **Investment in workforce development** specifically to increase abortion providers.

- **Conscientious objection mapping and pathways** including workforce planning and recruitment to ensure not all practitioners are CO.
- **Continuous workforce skills and training** on pregnancy options, reproductive coercion and abuse for all health professionals – not just abortion providers.
- **Guidelines developed to ensure screening for reproductive coercion and abuse** in all health settings.
- **Review availability of RANZCOG advanced training in sexual and reproductive health** (including provision of abortion) for all obstetrics and gynaecology trainees.
- **Expand early medical abortion provision** – MTOP GP's in schools, sexual health clinics, youth services etc
- **Royal commission into health and wellbeing** of Australian health workers.
- **Resource portable ultrasound equipment and training** for health care providers in regional and remote locations across Australia.

d) best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery;

Background/research

- Sexual Health Standards – Scotland[9]
- International Planned Parenthood Federation (IPPF) – Client Centred Clinical Guidelines[10]
- NICE guidelines UK[11]
- RCOG abortion care best practice guidelines[12]

Children by Choice experience

- Children by Choice has defined compassionate abortion care as legal, safe, timely, local, culturally appropriate, accessible, patient centred, genuine choice and trauma informed.
- There is currently little to no consumer engagement in development of pathways and implementation of abortion services in Australia.
- Children by Choice support mixed models of choice of abortion care – public hospitals, primary healthcare and private clinics – provides timely and compassionate access that caters to individual need.
- Co-designing projects with multicultural communities and women with intellectual disabilities has produced great resources for individuals, communities and health professionals to educate, empower and inform about reproductive healthcare, pregnancy options, contraception and reproductive coercion and abuse.
- Availability of all options pregnancy counselling as well as post abortion support leads to better health outcomes.
- Children by Choice conducted 'Kitchen Table Discussions' in partnership with Health Consumers Queensland in 2020 - 2021. These discussions were led by First Nations women and hosted for women in their communities for consumer engagement and consultation regarding unintended pregnancy and reproductive health. Five yarning circles (kitchen table discussions) were held in Hervey Bay, Longreach, Rockhampton, Cairns and Ipswich.

Mei* was 6 weeks pregnant when she called Children by Choice. She felt immobilised by a sadness; and overwhelmed by a need to decide. She talked about her pregnancy - her feelings and thinking about 'what's going to be right for me and our family'. Mei and her husband have 3 children. Mei was lucky, she knew her husband would support her if she chose to continue. However, this was a pregnancy Mei knew she had to let go. And she knew the abortion would bring with it a grief she'd struggle to openly mourn. Mei engaged in 2 pregnancy options counselling sessions before her surgical abortion at a private clinic. Mei then engaged in 3 sessions of post abortion counselling support. She talked and cried and processed the whole experience. At closure Mei spoke with gratitude about the counselling - and the follow up care from her compassionate GP. Both were important for Mei's recovery.

*Names have been changed to protect the identity of the clients

Recommendations:

- Ensure **all Australians can access their choice of abortion services without barriers or delays by funding a national independent service** to provide information, referral, funding and all options pregnancy counselling and post abortion support to ensure access to primary, public and private healthcare is clear and barriers are reduced.
- **Compassionate abortion care guidelines developed in consultation with consumers**. Standards and KPI's developed, and data collected on patient experiences.
- **National standards** of clinical care and access.
- **Consumer engagement guidelines** for developing abortion pathways.
- **Co-designing resources with marginalised community groups on sexual and reproductive health** in particular pregnancy options, abortion, contraception and reproductive coercion and abuse
- **Increased investment into migrant and refugee run health services, and First Nations health services** to develop resources and run community-controlled initiatives.

e) sexual and reproductive health literacy;

Background/research

- School-Based Education: An Opportunity to Promote Equitable Access to Sexual and Reproductive Health Knowledge Seminars in Reproductive Medicine[13].
- Young people from culturally diverse backgrounds and their use of services for sexual and reproductive health needs: A structured scoping review[14].
- Community-Based Sexual and Reproductive Health Promotion and Services for First Nations People in Urban Australia[15].
- Sexual and reproductive health education: Midwives' confidence and practices[16].

Children by Choice experience

- "The interconnection of low levels of knowledge and experience navigating the healthcare system, combined with ambivalence and difficulty in decision making, often delayed clients from seeking support, which in turn created barriers to ToP access."[4]
- "Conversely, clients with greater health literacy were in a better position to exercise their reproductive autonomy, and more confident to make informed choices and navigate the healthcare system..."[4]
- Discussions with clients show a lack of understanding or literacy on contraception, pregnancy options and abortion, as well as lack of recognition of behaviours that can be defined as domestic or family violence or reproductive coercion and abuse.
- Abortion is a stigmatised form of healthcare, leading to some sexual and reproductive health education excluding the mention of abortion in their education.
- Young people from culturally diverse backgrounds, including migrants, refugees and international students, are at heightened risk of poor sexual and reproductive health. However, while they have varied and sometimes complex health needs, these are often overlooked, and sexual and reproductive health services underutilised.
- Aboriginal and Torres Strait Islander populations need reproductive and sexual health literacy materials that are embedded within cultural frameworks.

Recommendations:

- Develop a **public health education campaign** for health professionals and the general public on abortion, contraception and reproductive coercion and abuse to improve health literacy, destigmatise abortion and support screening of reproductive coercion and abuse.
- **Respectful relationships school-based education** to include sexual and reproductive health education including **reproductive coercion and abuse and all pregnancy options including abortion.**
- **Co-designing resources with marginalised community groups on sexual and reproductive health** in particular pregnancy options, abortion, contraception and reproductive coercion and abuse
- **Increased investment into migrant and refugee run health services, and First Nations health services** to develop resources and run community-controlled initiatives.

f) experiences of people with a disability accessing sexual and reproductive healthcare;

Background/research

- Pregnancy decision making support for pregnant people with intellectual and learning disability experiencing reproductive coercion and abuse[17].
- Towards Reproductive Justice for young women, girls and feminine identifying and non binary people with disability[18].
- A conceptual re-evaluation of reproductive coercion: centring intent, fear and control[19].
- Reproductive Coercion: A Systematic Review. Trauma Violence Abuse[20].
- Hidden Forces: Shining A Light on Reproductive Coercion: White Paper[21].
- Individuals with Intellectual Disabilities: A Review of the Literature on Decision-Making since the Convention on the Rights of People with Disabilities (CRPD)[22].

Children by Choice experience

- Coerced or forced into contraception, sterilisation or pregnancy outcomes such as abortion or adoption.
- People with disabilities experience inequities in sexual and reproductive health including poorer access to healthcare, coercion or forced medical interventions, coercion to abortion or contraception, higher rates of pregnancy-related complications and neo-natal mortality, and significantly higher rates of child removal than their peers.
- People with disabilities are significantly more likely than people without disabilities to experience both planned and unintended pregnancies in their lifetime.
- People with disabilities are at greater risk of experiencing intimate partner violence including having a higher risk of experiencing sexual violence.
- An audit of Children by Choice pregnancy counselling, referral and post-abortion clients found that 39% of clients who reported having a disability described experiences of RCA, compared to 15% of all clients[23]. RCA can result in forced abortions, forced pregnancies and a suite of violence, all of which have significant long-term health and social impacts for individuals and communities.

- These risks are known to be in part driven and compounded by limited access to sexual and reproductive healthcare and information. People with disabilities report lower SRH health literacy, including limited access to school based and informal, as well as 'formal', sex education. Providers globally report discomfort and a lack of training in communicating effectively with patients with disabilities, and often speak over patients with disabilities to carers or parents, reducing their opportunities for agency in decision making and control over their own bodies and health care. Biases – personal and systemic – reduce pregnant people with disabilities access to pregnancy, birthing and parenting options and often fail to understand their capacity in the context of their support networks to make choices and/or to parent.
- The prioritisation of carer preferences when making healthcare decisions, failure to adequately include people with disabilities in healthcare conversations at appointments, and a lack of appropriate resources to provide to people with disabilities also play into the supportive or unsupportive nature of healthcare interactions.
- Women reported staff involved in their deliveries and maternity care were focused primarily on the infants wellbeing and less so on making the birthing person comfortable, informed and feel supported.
- They were very grateful for the opportunity to stay in hospital post birth for up to a week to learn about breastfeeding, infant needs, etc. They felt this greatly increased their capacity to parent well.

- Our clients particularly enjoyed, and found it helpful, when doctors drew pictures for them helping to explain key information and core concepts. Multiple women reported health providers had done this for them during instances of reproductive health care.
    - "When I had to go in for my hysterectomy, the surgeon would sit there and he's drawing me pictures and he's telling me this."
- People with disabilities were generally unaware of specialist services, and were most likely to seek care from known providers and disability services. Violence support services, pregnancy options counselling services were largely not known about.

Recommendations:

- **Co-designing resources with people with a disability on sexual and reproductive health** in particular pregnancy options, abortion, contraception and reproductive coercion and abuse. Resources for individuals, carers and health professionals.
- **Training for health professionals and carers** is needed to increase their capacity to support informed pregnancy decision making, and to identify and respond to reproductive coercion and abuse, when working with people with disabilities.
- **Ableist, biased structures and social and professional norms** that are currently embedded in social discourses and professional (healthcare and other) practice **must be addressed** if care and information is to be accessible and acceptable to this population.
- **Research funding** is needed to support the **development of a local evidence base regarding the experiences and needs of people with disabilities when seeking and accessing sexual and reproductive health** information, commodities and services, as well as into experiences of reproductive coercion and abuse, both interpersonal and systemic.

g) experiences of transgender people, non-binary people, and people with variations of sex characteristics accessing sexual and reproductive healthcare;

Background/research

- What does inclusive sexual and reproductive healthcare look like for bisexual, pansexual and queer women? Findings from an exploratory study from Tasmania, Australia[24].

Children by Choice experience

- No LGBTIQA+ specific reproductive health services or resources, sexual health services often have focus on blood borne viruses.
- Children by Choice clients who take testosterone, often believe that the testosterone is a form of contraception and report not having any education surround preventing a pregnancy when consulting with healthcare providers who are managing their HRT. There is a lot of misinformation about contraception and as mainstream services are often not safe for those with diverse bodies and genders, there are limited opportunities for this community to engage in this conversation.
- Clients report that when accessing any pregnancy related service, irrelevant of their choice surrounding the pregnancy outcome, mainstream services are not safe for them, noting:
    - that the language used to describe their bodies is gendered,
    - that in large maternity hospitals, it is hard to even find a unisex accessibility toilet, leaving female bathrooms as their only option.
- Clients report their dead names will be used by the professionals providing services.
- There are no gender diverse resources available around contraception and pregnancy related topics.
- There can be cultural implications surrounding how the pregnancy came about. A pregnancy has the potential to out someone as having a uterus and that they have had penetrative sex.

Greg* was a trans man. He thought the testosterone he was taking would prevent a pregnancy. Greg called Children by Choice for support with his pregnancy options. He had two children from previous relationships and was needing to decide between continuing or terminating his pregnancy. Greg was frightened of being judged by his own Queer community; the broader community; and the health care system. Being a trans man in a reproductive health space created anxiety for Greg - particularly in the absence of understanding, acceptance and supportive information. CbyC gave Greg a warm welcome and an opportunity to talk with a Queer pregnancy options counsellor; and, given Greg's decision, information and support to access abortion care.

*Names have been changed to protect the identity of the clients

Recommendations:

- **Co-designing resources with marginalised community groups on sexual and reproductive health** in particular pregnancy options, abortion, contraception and reproductive coercion and abuse – for LGBTIQA+ people and for health professionals.
- **Improving inclusion of trans, non-binary and gender diverse people** in all levels of healthcare education

h) availability of reproductive health leave for employees; and

Background/research

In 2020, the Health and Community Services Union in Victoria began a push for reproductive health and well-being leave as part of their enterprise bargaining process. This claim includes paid leave and flexible working arrangements for menstruation, menopause, miscarriage and stillbirth, fertility treatments, vasectomies, hysterectomies and gender affirmation therapies.

Some workplaces are offering reproductive health leave for employees such as Future Super and Modibodi.

There is no standard or consistency regarding the type of leave or conditions. These policies are part of a global movement to normalise and accommodate the body at all stages of life and for all people across the sex and gender spectrums, including cisgender, transgender, gender diverse and non-binary people.

Children by Choice experience

- Children by Choice is currently exploring options for Reproductive Health Leave for employees to cover leave and flexible working arrangements for menstruation, menopause, miscarriage and stillbirth and abortion.

Recommendations:

- **Public consultation on reproductive health leave options** to see if there is public support for legislative change.
- **Commission research into the impact of reproductive health on women's workforce participation.**

i) any other related matter.
Reproductive coercion and abuse (RCA)

Background/research

- Reproductive Coercion and abuse among pregnancy counselling clients in Australia: trends and directions[23].
- Unfit for purpose: A situational analysis of abortion care and gender based violence[25].

Children by Choice experience

- Common behaviours associated with RCA that are pregnancy promoting include contraceptive sabotage, forced sex to cause pregnancy, emotional pressure, threats and/or violence to become pregnant or continue a pregnancy. Common behaviours associated with RCA that are pregnancy preventing include forced contraception use or sterilisation, emotional pressure, threats and/or violence to ensure a pregnancy is terminated, or physical violence to induce a miscarriage. Recent research suggests that although each form of RCA may occur in isolation, victims/survivors can experience multiple forms of RCA within a single pregnancy.[23]

- RCA continues to be a relatively hidden problem in Australia and the limited body of research precludes the development of practice guidelines that might assist health practitioners to respond effectively.

- 15% of our pregnancy options counselling clients reported experiencing reproductive coercion and abuse to their counsellors.

- Children by Choice clients who reported having disabilities showed the rate among this sub-population was over twice that reported by our general client base: Approximately 38% of clients with disabilities reported experiencing RCA in regard to their 'current' pregnancies.

- Our data showed RCA was significantly more prevalent among clients reporting experiencing other forms of domestic or family violence than it was among clients reporting no other domestic or family violence.
- Our 2019-2020 annual report, the most recent with concrete relevant data, showed that 25% of our clients reported experiencing domestic and family violence and sexual assault. Among our financial assistance clients, 66% reported experiencing a combination of violence and mental health concerns.
- There is little quality Australian data on RCA, and in particular on the experiences of RCA among marginalised populations. Yet, we know RCA (as with other forms of domestic and family violence) flourishes where power differentials are greatest, and thus is an issue of grave concern for reproductive health equity and rights in Australia. Due to this, along with research conducted in collaboration with MSIA and a range of Universities, Children by Choice have undertaken a suite of grant funded projects over the last 24 months aimed at understanding perceptions and experiences of RCA among migrant and refugee communities, and among women with intellectual disabilities.

Gemma* is pregnant again. Earlier in the year Children By Choice supported her to access a bulk billing MTOP provider. One of only 2 in her Metro region. By year's end Gemma was back in touch. Gentle enquiry revealed Gemma's new partner was controlling her money, dependent on alcohol and cannabis and refusing condom use. Gemma says he gets aggressive if she refuses sex 'so it's just easier to let it happen'. And 'he doesn't believe in abortion'. Gemma speaks of there being no money for the pill, let alone a GP consult. She was apologetic about calling, but couldn't face being 'pregnant to him … after what he did last night'. Gemma didn't want to talk about her safety, she just wanted an abortion. Although she acknowledged that if 'he tried it again she'd would ring 000'. Gemma needs access to outreach domestic violence support and free accessible sexual and reproductive health care. DV services are overwhelmed by the level of need; and there are no free clinics in her region. Children By Choice paid for Gemma's surgical abortion and LARC. The public pathway for free care was too complex for Gemma to navigate given her lack of control over her movements and her money; and her need for a timely discreet intervention while her partner is at work.

*Names have been changed to protect the identity of the clients

Recommendations:

- Develop a **public health education campaign** for health professionals and the general public on abortion, contraception and reproductive coercion and abuse to improve health literacy, destigmatise abortion and support screening of reproductive coercion and abuse.
- **Development of a screening tool** for health professionals on screening and responding to reproductive coercion and abuse.
- Development and distribution of **co-designed resources (for consumers and health professionals) on reproductive coercion and abuse** made available to all health facilities, DV services, youth services, multicultural and settlement services and disability services.
- **Respectful relationships school-based education** to include sexual and reproductive health education including **reproductive coercion and abuse and all pregnancy options including abortion.**

Attachments

- Children by Choice Case Studies 2022 – CONFIDENTIAL
- Rural, Regional and Remote Abortion Access Project reports 1,2 & 3
- Children by Choice KTD Report – Sept 2020 – CONFIDENTIAL
- Children by Choice KTD Report Feb 2021 - CONFIDENTIAL
- Culture and Language Inclusive Practice report
- DFV RCA Contraception Chart
- Children by Choice Annual report 2021-22
- Reproductive Coercion and Abuse among Pregnancy Counselling Clients in Australia research paper
- Termination of Pregnancy in Queensland post decrimalisation research paper

*Names have been changed o protect the identity of the clients

References

1. Grzeskowiak LE, Rumbold AR, Subasinghe A, Mazza D, Black KI, Calabretto H, et al. Long-acting reversible contraception use after medical abortion is associated with reduced likelihood of a second medical abortion. Med J Aust. 2022;216(9):476-7.
2. Children by Choice. A Resource for Enhancing Women's Reproductive Autonomy. 2017. [Available from: https://www.childrenbychoice.org.au/wp-content/uploads/2022/01/DVRCcontraceptionchart_final.pdf]
3. Mazza D, Bateson D, Frearson M, Goldstone P, Kovacs G, Baber R. Current barriers and potential strategies to increase the use of long-acting reversible contraception (LARC) to reduce the rate of unintended pregnancies in Australia: An expert roundtable discussion. Aust N Z J Obstet Gynaecol. 2017;57(2):206-12.
4. Cleetus M, Lazarou M, Tooker S, Jenkinson B, Dean JA. Termination of pregnancy in Queensland post-decriminalisation: a content analysis of client records from an all-options pregnancy counselling organisation. Sexual health. 2022.
5. Keogh LA, Gillam L, Bismark M, McNamee K, Webster A, Bayly C, et al. Conscientious objection to abortion, the law and its implementation in Victoria, Australia: Perspectives of abortion service providers. BMC Med Ethics. 2019;20(1):11-.
6. Price L, Screening to Safety Project. Children by Choice; 2018. [Available from: https://www.childrenbychoice.org.au/wp-content/uploads/2022/01/screening_to_safety_project_final_report.pdf]
7. Mainey L, O'Mullan C, Reid-Searl K, Taylor A, Baird K. The role of nurses and midwives in the provision of abortion care: A scoping review. Journal of Clinical Nursing. 2020;29(9-10):1513-26.
8. Mainey L, O'Mullan C, Reid-Searl K. Working with or against the system: Nurses' and midwives' process of providing abortion care in the context of gender-based violence in Australia. Journal of Advanced Nursing. 2022.
9. Healthcare Improvement Scotland. Sexual Health Standards. Edinburgh; 2022.
10. International Planned Parenthood Federation. Client-Centred Clinical Guidelines for Sexual and Reproductive Healthcare 2022 [Available from: https://www.ippf.org/cccg.]
11. National Institute for Health and Care Excellence. Abortion care: NICE guideline 2019 [Available from: https://www.nice.org.uk/guidance/ng140]
12. Royal College of Obstetricians & Gynaecologists. Best practice in abortion care 2022 [Available from: https://www.rcog.org.uk/media/geify5bx/abortion-care-best-practice-paper-april-2022.pdf.]
13. Walker R, Fields J, Gilbert J, Leahy D. School-Based Education: An Opportunity to Promote Equitable Access to Sexual and Reproductive Health Knowledge Seminars in Reproductive Medicine 2022;40(3):193-8. [Available from: https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0042-1742336.]
14. Botfield JR, Newman CE, Zwi AB. Young people from culturally diverse backgrounds and their use of services for sexual and reproductive health needs: A structured scoping review. Sex Health. 2016;13(1):1-9.

15. Hickey S, Roe Y, Harvey C, Kruske S, Clifford-Motopi A, Fisher I, et al. Community-Based Sexual and Reproductive Health Promotion and Services for First Nations People in Urban Australia. Int J Womens Health. 2021;13:467-78.
16. Bradfield Z, Officer K, Barnes C, Mignacca E, Butt J, Hauck Y. Sexual and reproductive health education: Midwives' confidence and practices. Women and Birth. 2022;35(4):360-6.
17. Children by Choice & WWILD. Pregnancy decision-making support for pregnant people with intellectual and learning disability experiencing reproductive coercion and abuse. 2021 [Available from: https://www.childrenbychoice.org.au/wp-content/uploads/2022/01/25.11.21_Children_by_Choice_WWILD_project.pdf.]
18. Women With Disabilities Australia. Towards Reproductive Justice for young women, girls, feminine identifying, and non-binary people with disability (YWGwD) 2022 [Available from: https://wwda.org.au/wp-content/uploads/2022/11/Towards-Reproductive-Justice-for-young-women-girls-feminine-identifying-and-non-binary-people-with-disability-YWGwD.pdf.]
19. Tarzia L, Hegarty K. A conceptual re-evaluation of reproductive coercion: centring intent, fear and control. Reprod Health. 2021;18(1):87-.
20. Grace KT, Anderson JC. Reproductive Coercion: A Systematic Review. Trauma Violence Abuse. 2018;19(4):371-90.
21. Marie Stopes Australia. Hidden Forces: Shining A Light on Reproductive Coercion: White Paper. Melbourne. 2018 [Available from: https://www.mariestopes.org.au/wp-content/uploads/Hidden-Forces_MSA-RC-White-Paper_FINAL_WEB.pdf.]
22. Werner S. Individuals with Intellectual Disabilities: A Review of the Literature on Decision-Making since the Convention on the Rights of People with Disabilities (CRPD). Public health reviews. 2012;34(2):1.
23. Sheeran N, Vallury K, Sharman LS, Corbin B, Douglas H, Bernardino B, et al. Reproductive coercion and abuse among pregnancy counselling clients in Australia: trends and directions. Reproductive health. 2022;19(1):1-170.
24. Grant R, Nash M, Hansen E. An International Journal for Research, Intervention and Care Volume 22, 2020 - Issue 3. What does inclusive sexual and reproductive healthcare look like for bisexual, pansexual and queer women? Findings from an exploratory study from Tasmania, Australia. [Available from: https://www.tandfonline.com/doi/abs/10.1080/13691058.2019.1584334.]
25. Mainey L, O'Mullan C, Reid-Searl K. Unfit for purpose: A situational analysis of abortion care and gender-based violence. Collegian. 2022;29.

15 December 2022

CHILDREN BY CHOICE
ASSOCIATION INCORPORATED

www.childrenbychoice.org.au

Contact

Daile Kelleher
Chief Executive Officer
Children by Choice
07 3357 9933 (ext 1)
0409 625 189
DaileK@childrenbychoice.org.au