SexRurality Conference

Showcasing innovations and achievements in rural sexual health

The Centre for Excellence in Rural Sexual Health

June 11-12 2025

POSTERA CRESCAM LAUDE

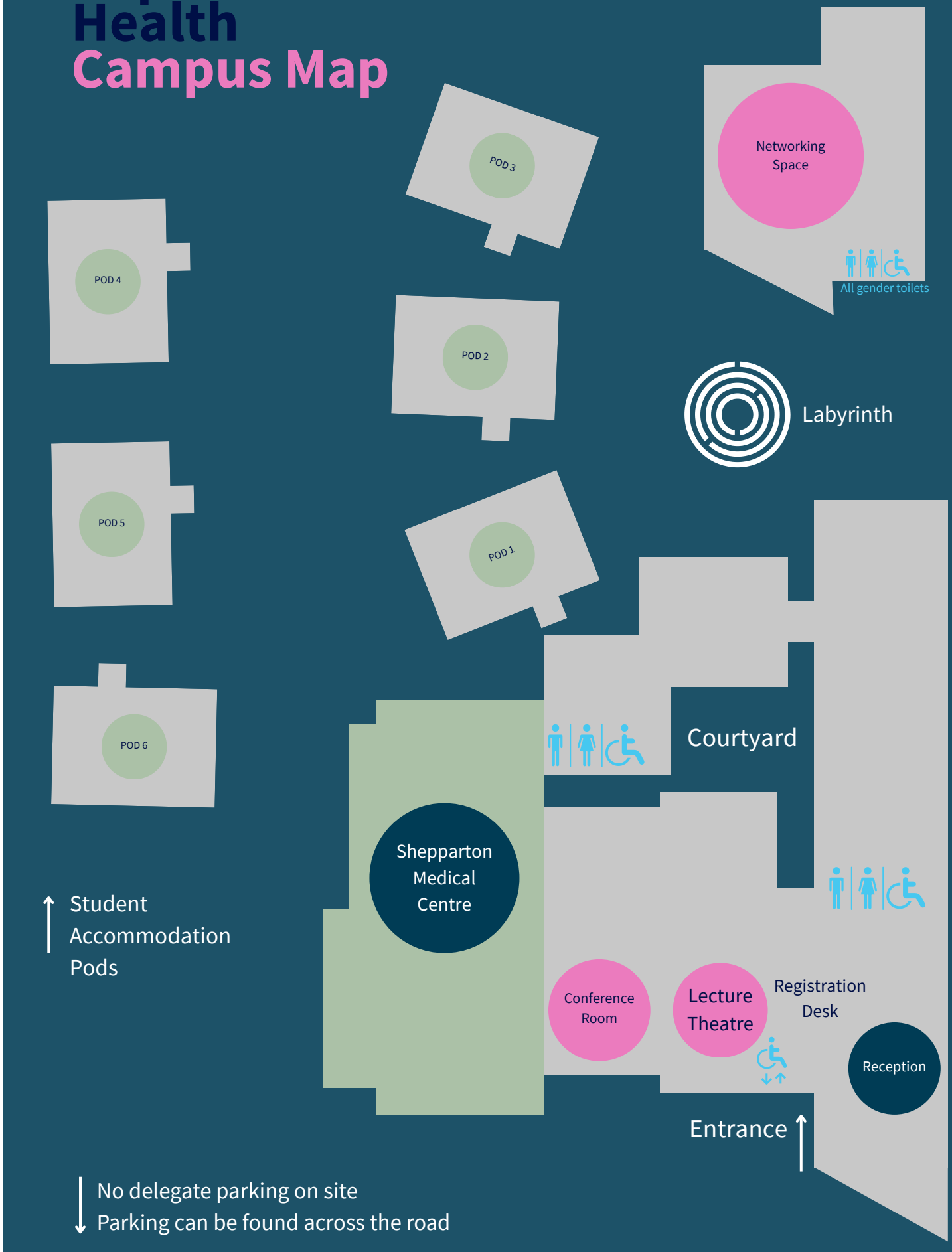
THE UNIVERSITY OF MELBOURNE

Welcome to SexRurality 2025

Professor Jane Tomnay
Director, Centre for Excellence in Rural Sexual Health

Dear Conference Delegates,
I take great pleasure in welcoming you to our sixth SexRurality conference on behalf of the CERSH team and the Department of Rural Health at the University of Melbourne. It is wonderful to be able to share with you one of our three outstanding rural campuses, which is our main campus here in Shepparton, where Medical, Nursing, and Allied Health students come to learn. This campus is also home to our Aboriginal Health team, which provides opportunities and support for Aboriginal students to pursue education and research, and contribute their knowledge to the health sector. I hope you enjoy being in our outstanding facilities and teaching spaces over the next 2 days.
Under the guidance of the members of the conference sub-committees, the conference program has come together at a high standard, including a wide range of important topics from research, policy and practice. I am impressed by the continued interest in this conference and the wide range of abstracts submitted. The presentations at this 2025 conference reflect research and practice in all four streams of the conference and are supplemented by high quality plenary presentations.
I personally wish to thank the CERSH team, especially Sophie Stuart and Ashleigh Colquhoun who led the co-ordination of this conference. It was a huge undertaking which our team managed seamlessly and with great courage. I also wish to thank my colleagues of the Department of Rural Health and the many individuals on the sub-committees whose dedicated energy and time have contributed to making, what I'm sure will be, a highly successful conference.
I hope that you find the conference intellectually and socially rewarding and invite you to participate in the conference dinner, the networking opportunities and the program with an open mind and great interest.

Department of Rural Health
Campus Map



General Information

Disclaimer

The information in this brochure is correct at the time of printing. The Conference Secretariat reserves the right to change any aspect of the program without notice.

Name badges

For security purposes, all attendees must wear their name badge at all times while in the Conference venue. If you misplace your name badge, please advise staff at the registration desk. Please use the space available to write your pronouns on your name badge

Parking

There is no conference delegate parking available at the Department of Rural Health site. There is parking available across the road at GV Health's public carpark at a cost of $6.50 for the day. To enter the conference, make your way to the front of the University of Melbourne, Department of Rural Health building and enter via the glass doors.

Registration desk

All enquiries should be directed to the registration desk located in the Department of Rural Health Foyer.

WI-FI

Wi-fi is available at the venue.
Username: rvisitor1
Password: 1Cur$4

Venue

Department of Rural Health
University of Melbourne
49 Graham St, Shepparton VIC 3630
General enquiries: 03 5823 4500

Poster display

Posters will be displayed for the duration of the conference in the Networking space.

Department of Rural Health, UniMoo

General Information

Mobile phones/beepers

As a courtesy to all delegates and speakers, please switch off, or set to silent, your mobile phones and beepers during all sessions.

Personal filming and photography

Personal filming is not permitted during the conference, however delegates are encouraged to take photographs for posting on social media. Please see below for social media instructions. If you do not wish to be photographed, please see the registration desk to acquire a sticker for your lanyard.
NB: CERSH will be filming presenters and sharing presentations online.

Social media

Delegates are encouraged to share their conference experience and photos on social media. Please use #sexrurality2025 and @unimelb when posting online.

Emergency and evacuation procedures

In the event of an emergency University of Melbourne Department of Rural Health staff will direct delegates accordingly.

Smoking

Smoking is not permitted on the University of Melbourne Shepparton Campus.

Catering

Refreshments will be provided in the Networking Space.

The Conference Dinner will be held at the Woolshed. To attend the Conference Dinner you must have a pre-purchased ticket.
The Woolshed @ Emerald Bank
7719 Goulburn Valley Hwy, Kialla VIC 3631

About Shepparton

At the junction of the Broken and Goulburn Rivers, Shepparton is the heart of this beautiful, naturally productive landscape. This thriving city filled with culture and character, encourages you to connect with a richer, more colourful experience of regional Victoria.
Visit sheppandgv.com.au for things to see and do in Shepparton.

SexRurality Day One

Wednesday 11 June 2025		
Timing	**Session**	**Location**
8:45AM - 9:15AM	**Registrations and welcome tea and coffee**	Foyer
	Opening presentations and plenary sessions Chair: Anne-Marie Kelly	Lecture Theatre
9:30AM - 9:45AM	**Welcome to Country**	Lecture Theatre
9:45AM - 10:00AM	**Professor Frederic Hollande, Deputy Head of School** Conference opening: University of Melbourne Medical School	Lecture Theatre
10:00AM - 10:15AM	**Jill Butty, Director, Women's Health and Population Wellbeing** Conference opening: Department of Health	Lecture Theatre
10:15AM - 10:30AM	**Anne-Marie Kelly, Deputy Director, Centre for Excellence in Rural Sexual Health** Mapping the road ahead: CERSH's Strategic Plan	Lecture Theatre
10:30AM - 11:00AM	**Invited speaker: Lauren French** Woven Knowledge: Indigenous Elder-guided relationship and community repair after youth sexual violence - findings from a Churchill Fellowship	Lecture Theatre
11:00AM - 11:30AM	**Morning tea break** Poster viewing and knowledge exchange tables	Tutorial Room 3-5
11:30AM - 12:00PM	**Invited speaker: Dr Louise Manning** Rolling in the hay: a rural GP's perspective on sexual and reproductive health outside of the Big Smoke	Lecture Theatre
12:00PM - 12:30PM	**Invited speaker: Starlady** Transfemme – preventing and responding to men's violence against trans women	Lecture Theatre
12:30PM - 1:30PM	**Lunch break** Poster viewing and knowledge exchange tables Sexual and reproductive health hub meeting	Tutorial Room 3-5

Concurrent streams

Stream 1: Empowering through Education **Location: Conference Rooms 1&2**		**Stream 2: Rural Research** **Location: Lecture Theatre**	
1:30PM - 1:42PM	**Speaker: Associate Professor Megan Lim** The Gist: A pornography, sex, and relationships education program for young people	1:30PM - 1:45PM	**Speaker: Cathy Halmarick** Retrospective evaluation of Methoxyflurane effectiveness and tolerability for outpatient Intrauterine Device insertion
1:42PM - 1:54PM	**Speaker: Tilly Mahoney** Values-based messaging in sexual and reproductive health: More effective communication	1:45PM - 2:00PM	**Speaker: Dr Erica Millar** Systemic delays and advanced gestation abortion seeking in rural Australia
1:54PM - 2:06PM	**Speaker: Madeleine McDonough** Supporting choice: Self-collected cervical screening test addition to competency for the Victorian Assessment of Cervical Screening	2:00PM - 2:15PM	**Speaker: Lauren Ware** Implementing an online STI testing service for young people in rural and regional Victoria, Australia: Insights from local public health authorities
2:06PM - 2:18PM	**Speaker: Helen Best** Sex in the Fields - Health education at Henty Machinery Field Days	2:15PM - 2:30PM	**Speaker: Catherine Bateman** Does ultrasound place an unnecessary burden on people seeking early medical abortion?
2:18PM - 2:30PM	**Speaker: Gabrielle Mentz** My Menopause Matters: Community and workforce education sessions	2:30PM - 2:45PM	**Speaker: Solana Cheng** General practitioners' perceived barriers and facilitators to partner delivered partner therapy for bacterial vaginosis in women who have sex with women
2:30PM - 2:42PM	**Speaker: Roz Devilee** Culturally safe respect and sexuality education: A rural perspective	2:45PM - 3:00PM	**Speaker: Carrie Van Rensburg** Meeting the needs and values of abortion seekers through person-centred care: findings from a scoping review applicable to rural settings
2:42PM - 2:54PM	**Speaker: Tameaka Lakey** It Takes a Village: A whole-of-school approach to sexual health and wellbeing		
2:54PM - 3:00PM	Question and discussion time		
3:00PM - 3:30PM	**Afternoon tea break - Tutorial Rooms 3-5** Poster viewing and knowledge exchange tables		
3:30PM - 4:00PM	**Speaker: Laura Crozier** Yeah, Nah - Peer-led affirmative consent education	3:30PM - 3:45PM	**Speaker: Max Twycross** Where did we go wrong? Recruitment challenges in researching LGBTIQA+ experiences and support needs following miscarriage
		3:45PM - 4:00PM	**Speaker: Dr Cathy Watson** Differences in reported sexual activity between adolescents attending general practice in metropolitan and rural/regional areas in Victoria
4:00PM - 4:30PM	**Speaker: Anita Brown-Major** Getting Cliterate – How to use the Cliterate model in your practice	4:00PM - 4:15PM	**Speaker: Kaveesha Bodiyabadu** Contraception use and pregnancy outcomes among young people attending general practices in metropolitan and rural/regional Victoria
		4:15PM - 4:30PM	Question and discussion time

Break

6:30pm Conference dinner, The Woolshed

SexRurality Day Two

Thursday 12 June 2025		
Timing	**Session**	**Location**
8:15AM - 8:45AM	**Registrations and welcome tea and coffee**	Foyer
	Opening presentations and plenary sessions Chair: Anne-Marie Kelly	Lecture Theatre
9:00AM - 9:30AM	**Invited speaker: Dr Paddy Moore** Changing landscape of abortion in Victoria	Lecture Theatre
9:30AM - 10:00AM	**Invited speaker: Professor Jane Hocking** What's new in STIs?	Lecture Theatre
10:00AM - 10:30AM	**Invited speaker: Professor Barbara Baird** Looking forward while pushing back: How to improve abortion services in uncertain times	Lecture Theatre
10:30AM - 11:00AM	**Morning tea break** Poster viewing and knowledge exchange tables	Tutorial Room 3-5
11:00AM - 11:30AM	**Invited speaker: Jack Muscat** Breaking Free from the Man Box: A Roadmap for Regional Sexual Health	Lecture Theatre
11:30AM - 12:00PM	**Invited speaker: Associate Professor Siobhan Bourke** Sexual Health Across Clinical Contexts - Overview and student reflections	Lecture Theatre
12:00PM - 1:00PM	**Lunch break** Poster viewing and knowledge exchange tables	Tutorial Room 3-5

Concurrent streams

Stream 1: Building Resilience **Location: Conference Rooms 1&2**		**Stream 2: Creating Solutions in Systems and Clinical Contexts** **Location: Lecture Theatre**	
1:00PM - 1:15PM	**Speaker: Carolyn Mogharbel** Realising Access- Insights into abortion access barriers in rural Victoria	1:00PM - 1:12PM	**Speaker: Catherine Bateman** The Fast and The Furious, despite decriminalisation, access to timely abortion still requires focussed and determined energy: two nurse led advocacy projects
1:15PM - 1:30PM	**Speaker: Dr Shelly Makleff** Capturing Obstructive Behaviour (COB)	1:12PM - 1:24PM	**Speaker: Dr Sara Whitburn and Hollie Timmins** Mentorship in a rural sexual and reproductive health Nurse Practitioner model: strengths and challenges
1:30PM - 1:45PM	**Speaker: Dr Greta Skahill** Factors affecting provision of medical abortion services in Australian Primary Care	1:24PM - 1:36PM	**Speaker: Louise Bourchier** Do older adults in rural Victoria want to talk about sexual health with their GP?
1:45PM - 2:00PM	**Speaker: Lauren Elston** Preventing child sexual abuse	1:36PM - 1:48PM	**Speaker: Sarah Harwood and Dr Sara Whitburn** Offering self-collect cervical screening: Popping up at ChillOut Festival
2:00PM - 2:15PM	**Speaker: Dr Louise Manning** Identifying priorities for reducing abortion stigma in the healthcare workforce	1:48PM - 2:00PM	**Speaker: Katherine Keirs and Frances Allix** Long Story Short: Reshaping the narrative of women's sexual and reproductive health
2:15PM - 2:30PM	**Speaker: Steph Paddon and Natalia Smith** Love Your Body	2:00PM - 2:12PM	**Speaker: Dr Anna Noonan** Not just a mirage: a data visualisation tool to forecast policy solutions for shrinking NSW abortion deserts
2:30PM - 2:45PM	**Speaker: Shannon Hill** Tell your Story - Consumer voices maintaining the focus on reproductive healthcare	2:12PM - 2:24PM	**Speaker: Katelouise Howard and Shakilla Naveed** Community partnerships with refugee asylum seeker and migrant women to increase sexual health awareness: outcomes of cancer screening and cervical screening sessions in regional Shepparton
2:45PM - 3:00PM	**Speaker: Damien Stevens-Todd and Zara Jones** Supporting regional/rural communities in the face of anti-LGBTIQA+ activism	2:24PM - 2:36PM	**Speaker: Christy Fischer** New online screening tool and information portal supporting reproductive autonomy among people experiencing reproductive coercion and abuse
		2:36PM 2:48PM	**Speaker: Hollie Timmins** Men's Sexual Health Clinic
		2:48PM - 3:00PM	**Speaker: Heidi Knowles** Using the CERSH Opportunities Checklist to integrate sexual health promotion into the ASHE Program on Yorta Yorta Country

3:00PM - 3:30PM	**Conference wrap up and close** Sexual Health Society of Victoria Abstract Award	**Lecture Theatre**

Keynote Speakers

Lauren French

Body Safety Australia

Lauren French (she/her) is a proud Karajarri women who believes that every young person deserves a life filled with respectful relationships and equitable experiences. Lauren is a Sexologist and Head of Education & Community Development with Body Safety Australia, a not-for-profit organisation specialising in child sexual abuse prevention, LGBTQIA+ equity and inclusivity, consent, and respectful relationships education. Since 2017 Lauren has facilitated hundreds of workshops across early childhood, primary and secondary schools spaces with children, educators and families. Along with her Bachelor in Psychology, Lauren holds a Master of Sexology and has previously worked clinically as a Sexologist with the Australian Institute of Sexology and Sexual Medicine. Lauren is also a member of the Society of Australian Sexologists (SAS) and the Australian & New Zealand Mental Health Association.

Lauren has presented on her work and experience at multiple conferences, including the 2022 Indigenous Wellbeing Conference, the 2023 National Child Protection Conference and the 2023 No to Violence Conference. She's also the proud recipient of the 2023 Indigenous Achievement Award in the 7News Young Achiever Awards (Victoria), was named one of Out for Australia's 2023 30 under 30 winners, and has received a 2023 Churchill Fellowship.

Starlady

Zoe Belle Gender Collective

Starlady (she/her) is a queer trans woman/feminine person living on Dja Dja Wurrung Country and is the Director at the Zoe Belle Gender Collective (ZBGC), a Victorian based trans and gender diverse advocacy organisation. She is passionate about social justice, healthy relationships, sex & consent, and the prevention of gender-based violence. Starlady is the lead author and campaign director of www.transfemme.com.au, a campaign and website promoting healthier relationships between trans women and cis men.

As a part of our work ZBGC would like to promote their resources that may be useful for people attending the conference.

ZBGC resources on sex, consent and healthy relationships for trans and gender diverse people and their partners, or professional workers can be found on page 33.

Keynote Speakers

Dr Louise Manning

Bendigo Community Health Services

Dr Louise Manning is a rural GP obstetrician practising in Central Victoria where she delivers general practice, hospital inpatient and urgent care, procedural obstetric and sexual health services. Her current passion projects in the sexual health space are HIV medicine, gender affirming care and abortion care.

Growing up in a small town she has lived experience of the difficulties accessing healthcare in rural and regional areas, and is dedicated to advocating for equitable health outcomes regardless of geography.

In addition to her clinical duties she undertakes consulting, medical education and advocacy work. She is currently President of the Rural Doctors' Association of Victoria and a non-executive Board Director of Rural Workforce Agency Victoria.

Dr Manning is an alumni of the University of Melbourne Rural Clinical School and recently returned to study a Master of Public Health in 2024. She is mum to an energetic 3 year old and enjoys pottering around the garden in her spare time.

Dr Patricia Moore

Royal Women's Hospital

A gynaecologist and obstetrician by training, Dr Patricia (Paddy) Moore has spent more than 30 years working tirelessly to improve health services and access to care for women and girls. A leading expert in women's health and a well-known advocate for reproductive rights, Dr Moore heads the Early Pregnancy Assessment Service and Abortion and Contraception Service at The Royal Women's Hospital, the largest public provider of abortion services in Victoria.

Dr Moore also leads the state-wide Clinical Champions project, training clinicians across Victoria to support access and availability of abortion and contraception services. Through this, she ensures women, girls and pregnant people can exercise their reproductive rights and control their fertility choices.

In recognition of her contribution to the provision of health care for women and girls, Dr Moore was appointed an Honorary Member in the General Division of the Order of Australia in 2019.

Keynote Speakers

Professor Jane Hocking
University of Melbourne

Professor Jane Hocking is an epidemiologist and implementation researcher whose research interests include the epidemiology and control of sexually transmitted infections. She holds a National Health and Medical Research Council (NHMRC) Investigator Grant and is head of the Sexual Health Unit at the Melbourne School of Population and Global Health, University of Melbourne. Her research has had a focus on developing and evaluating primary health interventions to improve access to STI care, particularly for young adults.

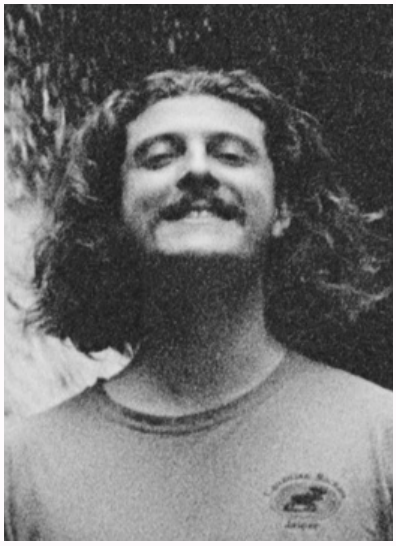
Professor Hocking has conducted large cluster randomised controlled trials in primary care that have evaluated complex chlamydia testing interventions, trials of incentive payments to increase STI uptake and is currently involved in research to develop an online STI testing clinic.

Professor Barbara Baird AM

Professor Barbara Baird AM (she/her) lives and works on the occupied but unceded land of Kaurna people. She is a Professor in Women's and Gender Studies at Flinders University. Her research concerns C20th and C21st Australian histories of sexuality and gender with particular focus on abortion and LGBTIQA+ issues. She is author of Abortion Care is Health Care (Melbourne Uni Publishing 2023) and co-author, with Leigh Boucher, Michelle Arrow and Robert Reynolds, of Personal Politics : Sexuality and the Remaking of Citizenship in Australia (Monash Uni Publishing, 2024).

Since 2017 she has been the co-convenor of the SA Abortion Action Coalition (saaac) and, with fellow co-convenor Brigid Coombe, was made a Member of the Order of Australia (AM) in 2024 - for being an abortion activist!
Photo credit to Nikki Hartmann Photography

Keynote Speakers



Jack Muscat

Wise Ed

Jack Muscat is a paediatric nurse, youth educator, and health advocate with a decade of hands-on experience working directly with young people and their families. He's delivered education to over 6,000 young people across Australia through schools, hospitals, conferences, and community-led platforms—bringing an engaging, no-BS approach to topics that matter. Whether he's talking about harm reduction, masculinity, or sexual health, Jack keeps it real, relatable, and backed by evidence.

Jack is driven by a belief that young people deserve honest conversations and practical tools to help them navigate the complex world they're growing up in.

A/Professor Siobhan Bourke

University of Melbourne

Associate Professor Siobhan Bourke is a Sexual Health Physician who is the Director of the Sensitive Physical Examination Program in the Department of Medical Education, and topic lead for the Sexual Health Across Clinical Context Discovery Subject across MD1-4 in the Department of Rural Health at University of Melbourne. Her passion is to educate pre and post registration health professionals in the art of clear communication in sexual health care. She works clinically at a community health centre in the west of Melbourne.

Keynote Speakers

Brooke Cairns

Medical Student

Brooke is a final year medical student with the University of Melbourne based in Ballarat with a passion for rural and community health. Committed to delivering patient-centred and compassionate care with an interest in general practice, emergency medicine and improving equitable healthcare access to those across regional Victoria. Outside of medicine, she enjoys endurance running, movie nights with the housemates and baking.

Solana Cheng

Medical Student

Solana is a final year medical student at the University of Melbourne from Canada. She has previously completed a Bachelor of Science at the University of British Columbia, with a major in Microbiology and Immunology and a minor in Psychology. Solana is currently completing her research in the Department of General Practice in the area of sexual health.

Simone Morris

Medical Student

Simone is a final year Doctor of Medicine student at the University of Melbourne. She has previously completed a Bachelor of Science in Immunology and English Literature. Simone is currently the co-chair of the medical student-led Sexual Health club, Teach the Teacher, which develops educational seminars and tools for Master of Teaching Students about sexual health.

Coco Moysey

Medical Student

Coco is a final year medical student completing her studies with the University of Melbourne at Echuca Regional Health, previously spending time as a student at Goulbourn Valley Health. She is passionate about rural healthcare and sexual health education and has thoroughly enjoyed undertaking Sexual Health Across Clinical Contexts as an elective over the past three years.

Rural Research Abstracts

Does ultrasound place an unnecessary burden on people seeking early medical abortion?

Authors: Catherine Bateman[1], Paul Brougham[1], Romey Giles[1]

Background/Aims:
To compare outcomes among patients who had a confirmed intrauterine pregnancy vs those who did not before obtaining a prescription for an early medical abortion (EMA) at a face to face community health centre in Gippsland, Victoria Australia.

Methods/Approach:
This clinical audit included patients obtaining a medication abortion at a community health service in Gippsland, Victoria between July 2022 and March 2025. Clinical records were audited and patients were assigned to groups; intrauterine pregnancy (IUP) confirmed by ultrasound visualisation of a gestational sac containing a yolk sac and/or a foetal pole with heartbeat, probable intrauterine pregnancy (PIUP) confirmed by ultrasound visualisation of a cystic structure within the uterus without yolk sac or foetal pole, or pregnancy not seen (PNS) – no ultrasound or ultrasound shows nothing. Outcomes were; abortion complete (AC), ongoing pregnancy (OP), ectopic pregnancy (EP), emergency hospitalisation (EH) or other non-emergency unplanned clinical encounter (UCE).

Results/Outcomes/Impact:
Analysis included 323 patients who took MS2Step after an appointment at Latrobe Community Health Service. 125 IUP, 99 PIUP and 99 PNS. UCEs occurred in 15 out of 125 (12%) IUP patients compared to 5 out of 99 (5%) PIUP and 6 out of 99 (6%) of PNS patients. One ectopic pregnancy was detected prior to prescription. The most common UCEs were retained products of conception (RPOC) and endormetritis (Ex). Two emergency hospitalisations (EH) were recorded for the IUP group for haemorrage and some patients who were later admitted for surgical management of RPOC had previously presented to emergency. 4 of all (15.4%) of the UCEs resolved with no intervention.

Conclusion:
In this audit, ultrasound confirmation of IUP was not consistent with higher safety or efficacy for patients seeking medical abortion. Complication rates were consistent with existing knowledge about medical abortion. Further analysis required to investigate reasons for higher rate of complications in IUP group.

Contraception use and pregnancy outcomes among young people attending general practices in metropolitan and rural/regional Victoria

Authors: Kaveesha Bodiyabadu[2], Cathy Watson[2], Sara Newton[2], Lena Sanci[3], Jane S Hocking[2]

Background/Aims:
Access to contraceptive methods is crucial to ensuring optimal sexual and reproductive outcomes. Most young people rely on primary care to access contraception but those residing in rural/regional Australia face greater barriers to accessing healthcare services. Using data from an online survey, we compare contraceptive use and pregnancy outcomes among young people.

Methods/Approach:
Young people aged 16-24 years who recently attended a clinic participating in the Rebate Adolescent Health trial (RAd Health) were invited via SMS to complete an online health and wellbeing survey.

Results/Outcomes/Impact:
A total of 1,527 young people (71.3% female) completed the survey, with 1,106 (72%) from metropolitan and 421 (28%) from rural/regional clinics. Condoms were the most reported form of contraception used during last vaginal sex (41.2%) followed by the oral contraceptive pill (34.5%), with no significant differences between geographic locations. Long-acting reversible contraception (LARC) was the third most commonly used method, reported by 20% of metropolitan and 21.8% of rural/regional participants. The withdrawal method was significantly more prevalent among rural/regional participants than their metropolitan counterparts (21.4% vs. 15.1%, $p<0.05$). Pregnancy rates were similar between rural/regional and metropolitan participants (15.4% vs. 14.7%), and among respondents who reported a pregnancy, 24% (n=22) of first pregnancies occurred at age 17 or younger. Age of first pregnancy did not differ between the two groups. Most pregnancies were unplanned (76.9%), with no difference between metropolitan (76.3%) and rural/regional (78.1%) participants ($p=0.572$). Metropolitan participants had higher pregnancy termination rates (45.8% vs. 25.0%, $p=0.203$), with rural/regional participants more likely to continue a pregnancy.

Conclusion:
Contraceptive practices were similar between rural /regional and metropolitan youth. Continuing a pregnancy was more common for rural/regional than metropolitan young people who experienced a pregnancy. Further investigation into whether this is a personal choice or associated with access to sexual and reproductive health education, appropriate contraception, emergency contraception or abortion services is warranted.

Disclosure of Interest Statement
The RAd Health trial is funded by The National Health and Medical Research Council (NHMRC).

1 Latrobe Community Health Service, Morwell and Warragul, Victoria, Australia
2 Melbourne School of Population and Global Health, The University of Melbourne
3 Department of General Practice and Primary Care, The University of Melbourne

Rural Research Abstracts

Systemic delays and advanced gestation abortion seeking in rural Australia

Author: Erica Millar [3]

Background/Aims:
Abortion seekers in rural Australia are more likely than their urban counterparts to require an abortion at an advanced gestation. For instance, between 2018 and 2023, callers to 1800 My Options from rural Victoria were twice as likely as those from Melbourne to be at an advanced pregnancy gestation, with the convergence of geographic and gestational access issues worsening during this period (Sarder et al., 2024, p. 44). This paper explores the systemic delays experienced by abortion seekers who live outside metropolitan areas, which can lead them to present for abortion in the second trimester and beyond.

Methods/Approach:
This paper is based on a larger study of hospital-based abortion provision in Australia, involving 51 semi-structured interviews with health advocates and workers conducted between 2022-2024. A key theme in the interviews was advanced gestation abortion care, as many participants provided this care or identified gestational limits as a major barrier to access.

Results/Outcomes/Impact:
Women with restricted access to abortion services are more likely to seek abortions at advanced gestations. Interviewees highlighted several access issues, including the lack of services, limited public provision, delays in support services like ultrasound, conscientious objection, and inadequate referrals. These access issues are more acute for people living outside of cities and regional centres, who must frequently travel for abortion care, especially at advanced gestations, with the expense and inconvenience of travel for health care compounding their relative socio-economic disadvantage.

Conclusion:
Systems of health care delivery must be improved to better ensure timely abortion care delivery. Such improvements would include expanding the provision of abortion care in public hospitals and providing general practitioners with the resources to provide effective referrals to services.

Disclosure of Interest Statement
This research is funded by the Australian Research Council. Erica Millar is a member of the South Australian Abortion Action Coalition.

Implementing an online STI testing service for young people in rural and regional Victoria, Australia: Insights from local public health authorities

Author: Lauren Ware,[4] Mitchell McGrath,[4] Oliva Walsh,[4] Ethan T Cardwell,[4] Jane Tomnay,[5] Dave Evans,[5,6] Anne-Marie Kelly,[5] Jason J Ong,[7] Jane S Hocking,[4] Fabian YS Kong,[4] Teralynn Ludwick [4]

Background/Aims:
Australian rural and regional young people are more likely than urban counterparts to prefer online STI testing, for reasons of privacy and confidentially, yet some studies show lower uptake of online STI testing among rural and regional users compared to metropolitan users. There is limited understanding about the acceptability and suitability of online STI testing for rural and regional communities. This study was conducted to support the design of *Test it*, a free, online STI testing service being developed for Victoria by the Melbourne Sexual Health Centre and the University of Melbourne. It investigated local public health authorities' perspectives on implementing a new online STI testing service for young people in rural/regional Victoria, Australia.

Methods/Approach:
Semi-structured interview were conducted with ten individuals responsible for sexual health services within 7 Victorian Local Public Health Units (LPHUs)/Department of Health, and a state-wide health promotion organisation. Topics covered included: attitudes towards online STI testing, advantages/challenges of online STI testing for rural/regional communities, and strategies to support effective implementation.

Results/Outcomes/Impact:
Participants were enthusiastic about the potential of an online STI service, viewing it as a means to offer options in settings with limited sexual health providers, provide users with greater anonymity (bypassing GPs), create efficiencies, and support LPHUs to deliver their priorities. However, needing to attend a pathology service in-person may reduce appeal and create barriers given limited transport/opening hours and fear of stigmatisation by young people. Navigating treatment, if needed, may also be challenging.

Conclusion:
Despite offering many advantages, rural/regional young people are likely to encounter barriers to online STI testing that are different to and more significant than in urban areas. Strategies are needed to support implementation in rural/regional areas to fully capitalise on the potential of online testing to improve equitable access for under-served communities.

3 La Trobe University, Melbourne, Australia
4 Melbourne School of Population and Global Health, University of Melbourne, Parkville, Vic, Australia
5 Centre for Excellence in Rural Sexual Health, University of Melbourne, Parkville, Vic, Australia
6 Mat-Su College, University of Alaska Anchorage, Palmer, AK, USA
7 Melbourne Sexual Health Centre and Monash University, Melbourne, Vic, Australia

Rural Research Abstracts

General practitioners' perceived barriers and facilitators to partner delivered partner therapy for bacterial vaginosis in women who have sex with women.

Author: Solana Cheng[8], Meredith Temple-Smith,[8] Karen Freilich,[9,10] Siobhan Bourke[10,11]

Background/Aims
Bacterial vaginosis (BV) is one of the most common vaginal conditions in primary care. This condition is highly recurrent and is associated with significant gynaecological and obstetric sequelae as well as psychosocial distress. Recent advances in the field have shifted the understanding of BV to a condition that is sexually transmitted, highlighted by the success of male-partner treatment. BV is also has been found to be more prevalent in women who have sex with women (WSW). Given the intersectionality of barriers that WSW face in accessing healthcare and the lack of literature on BV management in WSW in primary care, it is essential to equip general practitioners (GPs) with knowledge, support, and resources needed to provide appropriate treatment. The aim of this study is to explore the perceived barriers and enablers for Australian GPs regarding partner treatment of BV in WSW, ensuring treatment guidelines are practical and accessible for primary care.

Methods/Approach:
A qualitative thematic analysis approach was used for this study. Fifteen general practitioners participated in semi-structured interviews regarding their experience managing BV, perspectives on their needs for guideline development, and potential challenges related to partner treatment of BV in WSW.

Results/Outcomes/Impact:
Preliminary results suggest there is discourse on the following topics: hesitancy treating asymptomatic partners and the preferred mode of care delivery—whether through patient-delivered-partner-therapy or direct consultation with the partner—and the benefits and challenges of each. Common concerns raised across multiple interviews included the definition of recurrence, patient antibiotic hesitancy, and stigma surrounding LGBTQIA+ and STIs. Together, this suggests the need to address these issues and work collaboratively to create a practical guideline for the implementation of change in management.

Conclusion:
Data analysis is currently in progress. Final results and conclusions will be presented at the conference.

Meeting the needs and values of abortion seekers through person-centred care: findings from a scoping review applicable to rural settings

Author: Carrie Van Rensburg[12], Mridula Shankar,[13] Shelly Makleff,[12] Jessica Moulton,[12] Louise Keogh[12]

Background/Aims:
Access to quality abortion care is critical to fulfilling sexual and reproductive health and rights. Person-centred care is a key component of quality and refers to the responsiveness of healthcare services towards the needs, values, and preferences of care seekers. Person-centred care is an under-examined component of quality abortion care. Our scoping review aims to identify what aspects of person-centred abortion care are important to or valued by abortion seekers. This presentation presents findings from rural settings.

Methods/Approach:
Our scoping review was guided by the Arksey and O'Malley framework. We used directed content analysis as it allows for existing person-centred care theory to be refined with the perspectives of abortion seekers. Coding was based on domains presented in the Person-Centred Care Framework for Reproductive Health Equity: dignity, autonomy, privacy, communication, social support, supportive care, trust, and health facility environment.

Results/Outcomes/Impact:
Of the 125 publications discussing person-centred abortion care, 11 (all qualitative studies) included the perspectives of abortion seekers in rural settings. Of these, six were based in Australia, two in India, and one study from each of Canada, Scotland, and South Africa. Our scoping review describes aspects of person-centred abortion care important to or valued by abortion seekers across contexts and models of care. This presentation will contextualise and unpack the aspects of person-centred abortion care deemed important to abortion seekers in rural settings, the most common aspects being supportive care (i.e. clear, non-obstructive referral pathways), and communication (i.e. providing comprehensive information to inform decision-making and accessible information describing services that provide abortion). Finally, the presentation will consider the implications these findings have for rural healthcare providers and the Australian health system.

Conclusion:
Findings from the presentation can be used to inform quality improvement activities and interventions aiming to improve person-centred abortion care in rural settings.

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Rural Research Abstracts

Differences in reported sexual activity between adolescents attending general practice in metropolitan and rural/regional areas in Victoria

Authors: Cathy J Watson[14], Kaveesha Bodiyabadu,[14] Sara Newton,[14] Lena Sanci,[15] Jane S Hocking[14]

Background/Aims:
An understanding of the sexual activity of adolescents can inform sexual health conversations in general practice. There may be differences in sexual activity between those who live in rural/regional areas compared with those living in metropolitan areas.

Methods/Approach:
As a part of a randomised controlled trial set in Victoria, Australia (RAd Health Trial), we invited young people aged between 16-24 who had recently attended a RAd practice to complete an online survey to explore their health and well-being.
We compare the sexual practices of adolescents living in rural/regional areas with those living in metropolitan areas.

Results/Outcomes/Impact:
Between May 2024 and January 2025, patients from 42 (32 metropolitan and 10 rural/regional) general practices were invited to participate. A total of 1,527 young people across Victoria completed the survey; 421 (27.6%) attended a rural/regional clinic and 1,106 (72.4%) attended a metropolitan clinic. A higher proportion of rural/regional young people had ever been sexually active (68.4% rural/regional; 56.3% metro, p<0.005), and reported ever having non-consensual sex (22.3% rural/regional; 14.9% metro, p<0.005). Age of first sex was lower in rural/regional areas, with 35.4% of respondents reporting first sex aged 15 or less, compared with 25.9% in metropolitan areas (p<0.005). Use of condoms was similar in both groups (42.3% rural/regional vs 40.7% metro). Similar numbers of young people in rural/regional and metropolitan areas reported being diagnosed with an STI in the past 12 months (14.7% vs 12.8%; p=0.902). Most reported ever having viewed pornography (69.6% rural/regional and 63.1% of metro; p=0.003), with an average of 49% of all participants reporting seeing pornography for the first time at 14 years or younger.

Conclusion:
Young people from rural areas in our study commenced sexual activity younger than their metropolitan counterparts and were more likely to report non-consensual sex. Awareness of sexual health issues for adolescents can assist rural/regional health practitioners deliver preventative care.

Disclosure of Interest Statement:
The RAd Health trial is funded by The National Health and Medical Research Council (NHMRC).

Where did we go wrong? Recruitment challenges in researching LGBTIQA+ experiences and support needs following miscarriage.

Author: Max Twycross[16] Meredith Temple-Smith,[16,17] Jade Bilardi,[17,18] Emily Thrower,[16] Clare Bellhouse[19]

Background/Aims:
Miscarriage is the loss of a pregnancy before 20 weeks and affects around one in four confirmed pregnancies. While impacts are well documented, psychosocial support remains limited. Most research focuses on cisgender heterosexual individuals, despite the growing number of LGBTIQA+ families in Australia and their heightened vulnerability to mental ill health. This study aimed to explore psychosocial support needs of LGBTIQA+ people following miscarriage. However, significant recruitment challenges required us to consider factors limiting participation in this research.

Methods/Approach:
A qualitative descriptive approach was used. Over 36 organisations and individuals affiliated with sexual health and the LGBTIQA+ community were contacted. Participants were recruited for semi-structured interviews using purposive and snowball sampling. Data was subjected to thematic analysis.

Results/Outcomes/Impact:
While nine people expressed interest, only six participated. Although data saturation was not reached, four themes were identified: 1) discrimination anxiety in acute vulnerability; 2) significance of donors and surrogates; 3) LGBTIQA+ identity as a protective factor; and 4) how resources can be optimised. LGBTIQA+ participants' interactions with support services were influenced by fear of discrimination, although their community provided a safe haven for many. Resources balancing general advice with LGBTIQA+ needs were valued, with sharing of stories considered helpful. Further interviews are being sought, but we identified three broad reasons for recruitment issues structural/historic, psychosocial/cultural, and demographic and contextual barriers. These difficulties take account of the intersection of past and ongoing history, and LGBTIQA+ reproductive rights.

Conclusion:
This study revealed both novel insights and important reminders of what we already knew. Participants highlighted unique vulnerabilities following miscarriage. They emphasised the need for overtly safe, affirming spaces and for resources that are both inclusive and specific to diverse experiences. Recruitment challenges underscored the need for longer timelines and targeted strategies, such as leveraging social media and engaging directly with LGBTIQA+ networks.

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18 Central Clinical School, Monash University, Clayton, VIC Australia
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Rural Research Abstracts

Retrospective evaluation of Methoxyflurane effectiveness and tolerability for outpatient Intrauterine Device insertion.

Author: Cathy Halmarick[20], Marta Turek[20], Robyn Holmes[20]

Background/Aims:
Apprehension of pain presents a prominent barrier to the uptake of intrauterine device (IUD) insertion whilst conscious. Evidenced-based analgesic approaches, aside from intravenous sedation or general anaesthesia, are limited and without consensus. Methoxyflurane, inhaled through a self-administered portable device, can provide rapid short-term analgesia in acute trauma and brief surgical procedures. There is, however, a paucity of literature for its use during IUD insertion.
The aim of the study was to evaluate methoxyflurane efficacy and tolerability during outpatient IUD insertion.

Methods/Approach:
A retrospective evaluation was conducted over a one year period following the introduction methoxyflurane as an optional analgesic in July 2023 at a metropolitan outpatient and community health clinics. Mean self-reported numerical rating pain scores (1-10) during and post procedure were extracted from a pre-existing anonymous and voluntary consumer survey and analysed using a paired t-test. Consumer experience survey response ratings were also assessed. Ethics approval was obtained to access medical record documentation of adverse events and IUD insertion success for consumers identified as having received methoxyflurane.

Results/Outcomes/Impact:
Methoxyflurane use was reported in 120 of 233 survey responses and demonstrated significant improvement in mean self-reported pain scores during ($M = 5.16$, $SD = 5.66$) and post procedure ($M = 3.98$, $SD = 5.74$), $t(119) = 4.18$, $p < .001$, with consumers rating the procedure as acceptable in 99% of cases.
Methoxyflurane administration was confirmed in 151 consumer medical records with adverse events documented in 7%, predominantly for vasovagal syncope and dizziness, considered consistent with expected procedural complications. IUD insertions were successful in 94% of this cohort, with inadequate pain management the reason for procedure abandonment for three consumers (2%).

Conclusion:
Methoxyflurane appears to be a safe and effective analgesic option for IUD insertion. It provides a convenient alternative to traditional sedation or anaesthesia, potentially improving patient recovery times, enhancing clinic efficiency and reducing healthcare costs in a community health setting. This could be adapted in regional health clinics to improve access to services.

20 Peninsula Health, Frankston, Australia

Education Abstracts

The Gist: A pornography, sex, and relationships education program for young people

Authors: Megan Lim[21,22,23], Ana Orozco[21], Jake Turvey[21], Dave Evans[24]

Background/Aims:
Pornography use is near ubiquitous among young people, yet can be associated with poorer mental health, sexual wellbeing, and relationships. Education may be a means of reducing the negative impacts of pornography, but few programs have been formally evaluated. We piloted and evaluated The Gist.

Methods/Approach:
The Gist was co-designed with young people experiencing marginalisation and/or disengaged from mainstream education. The program includes a website (www.thegist.org.au) and a series of lessons designed to be delivered in alternative schools and youth services. The Gist embeds critical literacy of pornography throughout crucial education about sexual health, consent, and relationships. We piloted The Gist in 50 lessons held at educational institutions in Melbourne, Ballarat, Swan Hill, and Mildura. The evaluation included a pre-post knowledge and attitudes survey, website analytics, interviews with educators, and qualitative review of researcher notes.

Results/Outcomes/Impact:
Overall knowledge scores showed a statistically significant increase from pre- to post-program. There was no evidence of a change in pornography viewing frequency before and after the program. The Gist website experienced limited engagement, with only 346 visits during the evaluation period. User interaction lacked depth, with most visitors only briefly exploring the site. The Gist content was seen as highly relevant to the sexual health needs of students, and inclusive of diverse gender identities and sexual orientations. Teaching staff suggested that this played a pivotal role in facilitating strong student engagement and participation. Visual content and interactive activities were particularly successful in engaging students.

Conclusion:
The Gist as an education program which is highly appealing and relevant to young people and educators in metropolitan and regional Victoria. There was some evidence of improvements in knowledge following the program, and no evidence.

Disclosure of Interest Statement:
This project was funded by the Office of the eSafety Commissioner research grant program. The authors have no other conflicts of interest to declare.

Values-based messaging in sexual and reproductive health: More effective communication

Authors: Tilly Mahoney[25], Shannon Hill[26], Sarah Lorrimar[27], Carolyn Mogharbel[28]

Background/Aims:
Sexual and reproductive health (SRH) issues are often surrounded by stigma, shame and misinformation. Breaking through these barriers to give individuals confidence to make informed decisions about their SRH works when communication engages pro-social values including self-respect, equality and communal good. Health promotion campaigns that fail to engage with these core values are less likely to be successful. Strong, effective SRH campaigns can be achieved though pro-social framing and strengths-based messaging.

Methods/Approach:
In 2024, the Women's Health Services Network engaged Common Cause Australia to develop an evidence-based message guide on effective communication to promote SRH. The guide is informed by a discourse review, surveys, focus groups and testing on what is needed to align messages with audience values and beliefs. We sought to answer the following questions:

- What will help people feel comfortable to talk about SRH and seek services when they need to?
- How can we challenge shame, stigma and taboo in community?
- How can we best combat mis and disinformation?

Results/Outcomes/Impact:
Over 1200 people across Australia participated in this research. Key findings demonstrate there is strong community support for talking openly about SRH and people are responsive to positive framing. Furthermore, explaining *why* open conversations matter has the power to persuade people. There is also strong community support for (and little backlash to) abortion. Notably, comparing regional/rural responses with metropolitan areas there was little difference across most questions. This challenges the perceived conservative views of regional/rural Australia.

Conclusion:
This evidence-based message guide is a practical tool that can be used to empower the rural health workforce to develop effective, persuasive messaging that can dismantle shame and stigma. Using this guide we can build the knowledge and skills to promote help-seeking behaviour and contribute to better SRH outcomes.

Disclosure of Interest Statement:
Women's Health In the North is funded by the State Government of Victoria. The authors have no conflicts of interest to declare.

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26 Women's Health Grampians, Ballarat, Australia
24 GenWest, Footscray, Australia
28 Women's Health Victoria, Melbourne, Australia

Education Abstracts

Sex in the Fields - health education at Henty Machinery Field Days

Author: Helen Best [29]

Background/Aims:
Henty Machinery Field Days attracts more than 55,000 visitors each year. It is southern Australia's single biggest agricultural event. As Rural and Remote people are hard to reach for sexual health, women's health, Hepatitis and LGBTIQ+ services.

Methods/Approach:
To have an exhibition stall at Henty Machinery Field Days 17-19th September 2024. To collaborate with stake holders to provide information and resources on sexual health, women's health, Hepatitis and LGBTIQ+ services for the local region as well as to visitors from both NSW and VIC rural and remote community's. To be able to provide Sexually Transmitted Infection testing (STI), Cervical Screening Test (CST) and Dried Blood Spot Testing (DBST) to visitors to the stall. For the distribution of resources including Condoms and Lube to visitors to the stall.

Results/Outcomes/Impact:
Over the 3 day event the site was visited by approximately 200 people per day. Engagement on a variety of sexual health topics including Erectile Disfunction, Menopause, Contraceptives, Incontinence, Cancer Screening, Vaccinations and Sex Therapy. There was 6 CST tests, 4 STI tests and no DBST tests performed over the 3 days. Collaboration from staff in different locations and work settings coming together to provide information and referrals to the general public.

Conclusion:
Rural and Remote people have difficulty accessing health care, especially appropriate sexual health care. The stall was a opportunity to openly discuss these topics and give referral pathways if needed. Normalising a healthy sex life over the life span was the main focus of the stall, which was not the expectation prior to the event. Moving forward there will be more information and referral pathways for a variety of sexual health and other health services, both locally and online.

Yeah, Nah - Peer-led affirmative consent education

Authors: Laura Crozier[30], Sam Champion[30], Derm Ryan[30]

Background/Aims:
Young people are tired of being spoken down to or excluded from the conversation altogether when it comes to consent and sexual health education. They want to be a part of the conversation that shifts societal attitudes and behaviours. Yeah, Nah: affirmative consent education, with it's peer-led youth participation approach, centres young people by empowering them to be part of the design, development and delivery of all resources, workshops and education developed as part of the project.

Methods/Approach:
The Yeah, Nah project started in 2023 by recruiting a team of five Young Peer Educators who would lead the project in the design, development and delivery. Young Peer Educators were extensively trained in sexual reproductive health, consent legislation, navigating disclosures, facilitation and ethical practice. Investing in the Young Peer Educator's support, skills and expertise was a vital part of the project delivery.
Using all they'd learned, the Young Peer Educators were then supported to be the leaders behind the development of the workshop and resources created, also engaging other young people through community consultations and focus groups to ensure the content being developed was hitting the mark.

Results/Outcomes/Impact:
The original pilot program in the Mallee region of Victoria engaged over 25 young people in the design and delivery of the workshops and resources produced. 2025 has seen Yeah, Nah expand to a statewide delivery and to date has been delivered to 300+ young people.

Conclusion:
The Yeah, Nah Project demonstrates the power of er-led, youth-centred education when it comes to consent. By actively involving young people from the design to the delivery, this approach ensures content is relevant, engaging and impactful. This model highlights the importance of youth voice in shaping sexual health and consent education, creating a safe and effective space for promoting affirmative consent and respectful relationships amongst young people.

THIS ABSTRACT WILL BE PRESENTED AS A TUTORIAL.

29 Sexual Health Promotion Officer, Albury Wodonga Health, Albury, Australia
30 Youth Affairs Council Victoria

Education Abstracts

Culturally safe respect and sexuality education: A rural perspective

Author: Roz Devilee [31]

Background/Aims:
Students at Mildura English Language Centre (MELC), a campus of Mildura Senior College, are from many different countries. They primarily attend MELC to learn English before joining a mainstream school.
In 2024, barriers to teaching respect and sexuality education (RSE) curriculum to the secondary school age students from varied language groups and cultures were identified. The concerns raised were around student safety and agency and healthy adolescent development.
A project to provide culturally safe and appropriate RSE was initiated by MELC staff with the Secondary School Nurse (SSN).

Methods/Approach:
The SSN reviewed the Department of Education's Resilience Rights and Respectful Relationships curriculum and Sexual Health Victoria curriculum resources. The Centre for Ethnicity and Health provided expert advice. Content was adapted to meet the needs of students with regard to their understanding of concepts and plain language content and included activities and audio-visual material. Delivery method was a face-to-face oral presentation in English with translators available from the main language groups of the MELC students.

Results/Outcomes/Impact:
Male and female secondary students attended separate sessions conducted simultaneously in English, Swahili, Punjabi, Persian and Thai languages. Some interpreters were in the room, a Thai interpreter joined via phone and an Indian language interpreter joined online.
Topics included body changes at each stage of the lifespan including puberty, protective behaviours, respectful relationships, affirmative consent, Australian law and services in Mildura area and online.
After the sessions, verbal feedback was requested. One interpreter commented that they wished they had this education when they were young. Students were invited to provide verbal comment or put questions anonymously in a question box.

Conclusion:
It was important to 'chunk' information for students to allow time for the information to be interpreted into the relevant languages. We learned that many concepts around sexuality and adolescent development required specific translation and defining. Further work to present personal development sessions is planned.

My Menopause Matters: community and workforce education sessions

Author: Gabrielle Mentz [32]

Background/Aims:
In October 2024, four My Menopause Matters education sessions were delivered as part of Menopause Month. Three different community sessions were delivered and one workforce session. The purpose of the community sessions was to create a relaxed setting for women and gender diverse people to improve knowledge on menopause, to recognise, track, and manage symptoms, where to get support and the skills to thrive throughout.
The purpose of the workforce session was for managers to become informed on menopause, how symptoms impact workplace engagement, how to manage staff and become a menopause friendly workplace.

Methods/Approach:
All sessions utilized adult learning principles, used interactive tools and were delivered online to reach rural and regional audiences. Evaluation surveys for each session utilized both quantitative and open-ended qualitative questions.

Results/Outcomes/Impact:
91% of community respondents significantly improved their confidence to apply knowledge to improve their health and wellbeing around menopause. Significant qualitative themes were that respondents found the information useful, enjoyed the relaxed tone and interactive participation. Another identified theme was for deeper dives on management of symptoms, navigating changes in sex and intimacy and getting support.
In the workforce session, 80% of respondents reported an increase in confidence to apply knowledge of women's sexual and reproductive health in their work. Significant qualitative themes were that respondents knew what practical steps to take and resources to use, support for policy and strategy development and opportunities to collaborate with different organisations.

Conclusion:
This presentation will give insight into creating interactive sessions using online tools and adult learning principles that improve participants' knowledge and skills on the menopause transition. Through the evidence, learn what women and gender diverse people want to know about menopause and create an environment which starts the conversation on a topic long shrouded in misinformation, silence and stigma.

31 Secondary School Nurse Program, Mallee Area, North Western Victoria Region, Department of Education, Victoria
32 Women's Health Loddon Mallee, Victoria, Australia

Education Abstracts

It takes a village: A whole-of-school approach to sexual health and wellbeing

Author: Tameaka Lakey [33]

Background/Aims:
Despite comprehensive Relationships and Sexuality Education (RSE), Respectful Relationships and Affirmative Consent education being included in both the Victorian and Australian curriculums, there is great disparity in the rollout of this education between and within schools.
Schools that deliver some RSE often focus on the mechanics of sexual health (body parts and sexually transmitted infections). Many teachers don't feel well-equipped to deliver the education, often bringing in their own values, opinions, experiences or biases into the classroom.
Data from the most recent Australian Survey of Secondary Students and Sexual Health Survey (2021), found that young people are still reporting gaps around diversity, how to talk to your sexual partner about pleasure, communicating boundaries, and pornography. The survey also highlighted that students want more relevant RSE, that can be reinforced through conversations at home and by community organisations.

Methods/Approach:
Evidence-based practice shows that a whole-of-school approach is more effective in improving the overall health and wellbeing of children and young people when compared to one-off health education sessions.
The Achievement Program is a free Victorian initiative that supports a whole-of-school approach to health and wellbeing. Jointly developed by the Department of Health and the Department of Education, it reflects the Victorian Government's ongoing commitment to support children and young people to be healthy, active and well.

Results/Outcomes/Impact:
Ballarat Community Health is currently engaged with 18 schools (primary, secondary, P-12 and specialist) across our catchment who are working towards or have successfully embedded a whole-of-school approach to sexual health, wellbeing and relationships.

Conclusion:
The Achievement Program has proven effective in providing an overarching framework that captures the wonderful work schools do and highlighting areas for improvement. It offers a blueprint for how staff, families and community organisations can work together to support children and young people, through comprehensive RSE, Respectful Relationships and Affirmative Consent education.

Getting Cliterate – how to use the Cliterate Model in your practice

Author: Anita Brown-Major [34]

Objectives:
- Understand the clinical applications of the Cliterate model in various settings (e.g., general medical practice, sexual health clinics, disability services, and schools).
- Gain up-to-date knowledge of anatomy and physiology, including recent research on the clitoris and vulva.
- Receive accurate, evidence-based anatomical images for clinical use.

Format:
- Small-group learning (3–4 participants per group), each with a Cliterate model and associated inner labia.
- Overview of key anatomical structures and physiological functions.
- Group discussion on clinical applications of the model.
- Provision of free handout representing how the clitoris may be situation within a body.

THIS ABSTRACT WILL BE PRESENTED AS A TUTORIAL.

33 Ballarat Community Health, Victoria, Australia
34 Thrive Rehab, Brunswick West, Victoria, Australia

Education Abstracts

Supporting choice: Self-collected cervical screening test addition to competency for the Victorian Assessment of Cervical Screening.

Authors: Madeleine McDonough[35], Larissa Hudson[35]

Background/Aims:
Cervical screening training for nurses in Victoria has traditionally focused on clinician-collected cervical screening tests. With the inclusion of self-collected cervical screening tests as an option under the National Cervical Screening Program, training programs must evolve to ensure competency in this approach. This update describes the integration of self-collection competency into the Victorian Assessment of Cervical Screening, ensuring nurses, midwives and Aboriginal Health Practitioners are equipped to offer this option confidently and effectively.

Methods/Approach:
The Victorian Assessment of Cervical Screening now requires cervical screening course participants to complete a supervised self-collected cervical screening test in addition to five clinician-collected cervical screening tests. Participants must accurately identify clients eligible for self-collection, differentiate between self- and clinician-collected tests and provide clear client education. Training also includes practical skills in specimen preparation, infection control, result notification, and culturally appropriate client communication.

Results/Outcomes/Impact:
The inclusion of self-collected screening competency enhances practitioners' ability to provide client-centred care, particularly in rural and underserved communities where barriers to clinician-collected screening exist. By equipping nurses, midwives and Aboriginal Health Practitioners with the knowledge and skills to support self-collection, the initiative promotes increased participation in cervical screening including from under screened priority populations, aligning with national efforts to eliminate cervical cancer. These priority populations include Aboriginal and Torres Strait Islander people, people living with a disability, people from culturally and linguistically diverse backgrounds, and LGBTIQA+ people.

Conclusion:
Integrating self-collected cervical screening test competency into training ensures a more inclusive and adaptable cervical screening program. This addition empowers cervical screening providers to offer flexible screening options, ultimately improving access, client autonomy, and health outcomes. The initiative highlights the importance of evolving clinical education to meet public health needs and underscores the role of self-collection in increasing cervical screening participation rates.

Education Posters

Sexual Health Victoria

Author: Taladwyn Maschette[35]

Background/Aims:
The goal is to highlight the educational services Sexual Health Victoria offers to ruraland remote communities. We aim to expand our reach into these areas to enhance knowledge and skills in educational and community settings, ensuring the delivery of comprehensive and age-appropriate Relationships and Sexuality Education (RSE) to young people. Additionally, we seek to empower teachers by building their capacity to deliver sustainable, impactful education. This submission will present the current reach of SHV in regional areas, the barriers to reaching regional areas and propose solutions.
We will use current delivery statistics and budget analysis to highlight our reach in schools and community services across rural and remote areas, emphasizing the disparity between regional and inner-city access to education. We will also highlight the health outcome disparities between rural populations and inner-city regions, aiming to reduce this gap and ensure more equitable access to health education.
Results/Outcomes/Impact:
By identifying the barriers to regional education, we hope to find solutions to the delivery of RSE in regional areas. We aim to equip young people with the knowledge and skills to navigate relationships and sexuality education, empowering them to seek support when needed. Ultimately, we strive to help them lead healthy, fulfilling lives with the confidence to make informed decisions. Adequately recognising the barriers and the importance of overcoming these barriers will have an impact on the opportunities of regional young people.
Conclusion:
Our ultimate goal is to empower young people to lead fulfilling lives by equipping them with the knowledge, confidence, and skills to navigate relationships and sexuality education. Every young person deserves access to comprehensive education that helps them make informed decisions, foster healthy relationships, and understand their rights and responsibilities. By providing the necessary tools, we aim to help young people thrive emotionally, socially, and physically.

35 Sexual Health Victoria, Box Hill, Australia

Building Resilience
Abstracts

Preventing child sexual abuse online

Authors: Lauren Elston[36], Lewis Allan[36]

Background/Aims:
Child sexual abuse is one of the most impactful harms that can occur online. However, despite the level of harm and the relative ease of perpetration, there is little research evidence in this space, and even fewer protective resources for families.
eSafety engaged directly with parents and carers to better understand what they know and need in relation to child sexual abuse online. The consultation generated a report on the digital parenting experiences of migrant and refugee groups in Australia, with a methodology consisting of a rapid evidence scan and 16 peer group discussions with parents from migrant and refugee backgrounds, involving pre- and post- surveys.
eSafety applied this new knowledge to the creation of resources and advice on preventing child sexual abuse online. This dedicated space on the eSafety website provides information about what child sexual abuse online is, how it happens, and how families can help prevent it. There is also a strong focus on having age-appropriate conversations with children, including conversation starters that parents and carers can use verbatim. This meets a request from parents and carers to 'put words in our mouths.'
The resources and advice are underpinned by a developmental continuum that maps the growth of children in their sexual literacy and understanding of respectful relationships through the lens of online safety. The continuum examines how growing up in a digitally enabled world impacts and mediates children's sexual development, as well as offering a range of practical activities and interventions for parents and carers.
Since the release of the resources in September 2024, the 'Protecting children from sexual abuse online' homepage has been viewed by over 6,300 users. eSafety continues to evaluate the impact and effectiveness of their advice and resources, with improvements and further resources to come.

Tell your story - consumer voices maintaining focus on reproductive healthcare

Author: Shannon Hill[37]

Background/Aims:
The Grampians region has the lowest rate of providers of medical abortion and long acting contraception in Victoria. Comparing the number of patients in our region who obtained prescriptions, indicates a significant shortfall of local services.
While this data driven view of unmet patient need is compelling, the lived experience of seeking reproductive healthcare has remained anecdotal and undocumented. Our aim was to collect stories to reflect the patient perspective of what needs to change and why.

Methods/Approach:
Women's Health Grampians invited women and gender diverse people aged 18-45 years living across 11 local government areas to *Tell Your Story* of accessing abortion and contraception. An anonymous survey allowed participants to speak freely on this often-stigmatised aspect of healthcare. Survey questions where chosen to build on previous research covering service availability and accessibility, stigma and privacy and information.

Results/Outcomes/Impact:
Capturing 110 stories provides a clear picture of what women value when seeking reproductive healthcare, how they feel about the current level of service and changes they would most like to see. Stories illustrate the impact that travel and cost are having on rural women. 77% of participants who indicated it would be difficult to afford an abortion, also indicated it would be difficult to travel. Findings show that continuity of care from a local healthcare provider increases perceptions of privacy. 66% were confident their privacy would be respected if they spoke about abortion.
This evidence moves our advocacy beyond data and service gaps to confidently convey the impact if we don't build and maintain local services.

Conclusion:
Themes emerging from *Tell Your Story* define the challenges and offer strategies that will maintain progress towards equitable and accessible reproductive healthcare in our region. A strong consumer voice is inspiring change. Partners, stakeholders and funders are actively responding to the needs of our region.

36 eSafety Commissioner, Melbourne, Australia
37 Women's Health Grampians, Ballarat, Australia

Building Resilience
Abstracts

Factors affecting provision of medical abortion services in Australian Primary Care: a mixed methods systematic review

Authors: Greta Skahill,[38] Mridula Shankar [39]

Background/Aims:
Medical abortion using mifepristone and misoprostol is available in Australian primary care up to 63 days' gestation. However, few primary care providers offer the service, contributing to inequities in access particularly in rural areas. This review aims to synthesise factors affecting medical abortion provision by general practitioners, nurses, and pharmacists in Australian primary care.

Methods/Approach:
We searched MEDLINE, Scopus, Web of Science and CINAHL for quantitative, qualitative and mixed methods peer-reviewed studies published from 1st January 2013 to 18th January 2025. We undertook thematic synthesis of qualitative data to categorise findings on barriers and facilitators of medical abortion provision. We assessed confidence in qualitive review findings using the GRADE CERQual approach. We evaluated quantitative data against each finding to identify areas of alignment and deviation. We critically appraised studies using the Mixed Methods Appraisal Tool.

Results/Outcomes/Impact:
We included twenty-three studies and developed 10 review findings grouped under three themes: (1) Moral, legal and regulatory influences on abortion care, (2) Absence of a systems-based approach to abortion provision, and (3) Early medical abortion belongs in primary care. Fourteen studies reported on provision in rural areas. Barriers included lack of a supportive service delivery strategy, insufficient Medicare renumeration, anticipated stigma and geographic isolation, limited training, and proximity to conscientious objectors. Facilitators included access to clinician support networks and personal motivation to provide reproductive healthcare.

Conclusion:
Our review identifies factors affecting the under-utilisation of primary care for medical abortion provision and underscores factors that exacerbate geographical and financial inequities in access. Rurally based providers lack structural support to meet community needs, experience burnout and are inadequately compensated. Findings highlight policy areas to address, including funding geographic decentralisation of medical abortion training and services, supporting nurse-led models, and developing national and state-wide strategies to integrate abortion as a primary care service.

Identifying priorities for reducing abortion stigma in the healthcare workforce

Authors: Louise Manning,[40] Karen Freilich,[41] Linda Kirby,[42] Mridula Shankar,[40] Shelly Makleff [40]

Background/Aims:
Access to safe and high-quality abortion care remains a challenge for many abortion seekers in Australia, particularly in rural, regional and remote areas. Abortion access is hindered by a range of factors, including stigma. Yet there is a paucity of evidence to inform how stigma-related access barriers can be addressed. This study seeks to inform future interventions by prioritising behaviours exhibited by the healthcare workforce that can impact the quality of care and experiences of abortion seekers; identifying the behaviours most amenable to change; and examining if stigmatising behaviours differ by rurality.

Methods:
Data was collected via an online survey from healthcare and ancillary workers who interact with abortion seekers. Respondents answered a combination of closed and open-ended questions drawing on prior research undertaken with abortion seekers. Descriptive and thematic analysis was conducted.

Results:
Over half of the 300 respondents provide healthcare outside of metropolitan centres, and most interact with abortion seekers on a frequent basis. Healthcare workers identified behaviours they believed were most influential on abortion access and experiences. The most selected negative behaviours were delaying referrals, false or inaccurate abortion information, and refusal to stock abortion medication in pharmacies. The impact of these behaviours is magnified in rural areas, where barriers to access included a lack of providers, transportation or culturally safe options. The most selected positive behaviours were the normalisation of abortion as standard care, professional and friendly communication from providers, and care pathway navigation. Behaviours deemed most amenable to change to improve care quality, regardless of geography, were delaying referrals and provision of misinformation.

Conclusion:
These results suggest avenues for interventions to improve referral pathways and to train healthcare and ancillary workers to reduce stigmatising interactions between abortion seekers and healthcare workers. Such efforts can lead to more equitable abortion access, particularly in rural areas.

Disclosure of Interest Statement:
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41 The University of Melbourne Medical School, Victoria, Australia
42 True Relationships and Reproductive Health, Queensland, Australia

Building Resilience
Abstracts

Realising Access: Insights into abortion access barriers in rural Victoria

Authors: Carolyn Mogharbel[43], Tali Kalman[44]

Background/Objectives
Equity of access to abortion in rural Victoria is a public health priority. Challenges facing rural abortion seekers are often complex with communities facing specific barriers.
This project sought to understand service seeker needs and trends and identify service access gaps and specific access barriers and challenges for abortion seekers in Victoria highlighting the unique challenges for regional and rural Victorians.

Methods
Analysis of over 30,000 de-identified call records, alongside PBS and MBS data from the Victorian Women's Health Atlas, ABS Census of Population of Housing data (2021), ABS Socio-Economic Indexes for Areas (SEIFA) data (2021) and qualitative survey responses. Datasets were analysed and described using the R language for statistical computing.

Results
Abortion seekers who called 1800 My Options over nine weeks gestation were likely to be from more disadvantaged backgrounds and under-served communities. Rural Victorians were 200%-300% more likely to call the service over 9 weeks gestation than metropolitan residents.
SRH service 'deserts' demonstrated by registrations on the 1800 My Options service provider database were common in regional LGAs, particularly the most disadvantaged half by SEIFA ranking.
The misalignment between the number of surgical abortion services – and those seeking these services, particularly in rural Victoria – disproportionately impacts more socioeconomically disadvantaged communities.
Registering medication abortion providers on the 1800 My Options map increases access in that local area.

Conclusions
Abortion and contraception services are not accessible to all, especially those from rural areas. This report is a significant step towards building this understanding, providing critical insights and recommendations that can drive better access and inform planning, policy reform, and monitoring and evaluation of both the Victorian SRH service system and service seeker needs.

Capturing Obstructive Behaviour (COB): A tool to document obstruction experiences along the abortion care pathway

Authors: Shelly Makleff[45], Carolyn Mogharbel[43], Bronwen Merner[45], Casey Haining[45], Louise Keogh[45]

Background/Aims:
In Australia, equitable access to abortion care is not a reality, despite the decriminalisation of abortion. Many barriers contribute to this, including health practitioners opting out of abortion provision and enacting obstructive behaviours. Despite legal and professional obligations to facilitate abortion access, these are not always complied with in practice, particularly in regional and remote areas. Obstructive behaviour ranges from not referring when legally required to, active dissuasion, making people feel guilty, providing misinformation, and active attempts to delay access such as through making someone undertake unnecessary scans. Detailed accounts of such experiences remain relatively underexplored empirically. This project aims to develop an online tool for healthcare workers to anonymously report cases of obstruction of abortion care.

Methods/Approach:
The tool was iteratively developed based on practice knowledge and research evidence about the types of obstruction that occur in Australia. A survey to evaluate the tool was designed to assess usability, feasibility, and potential for scale-up.

Results/Outcomes/Impact:
We have invited a cohort of healthcare workers who interact with abortion seekers across service delivery modalities in regional and metropolitan Victoria to pilot the Capturing Obstructive Behaviour tool for one month. Participants will include, but are not limited to, nurses, doctors, allied health, call centre staff, and pharmacists. They will be asked to complete the online tool for every patient who describes obstruction on their pathway to abortion care. The tool will collect anonymised data about the nature of the obstruction, its impact, where it occurred, and length of delay. After one month using the tool, they will complete the online evaluation to inform adjustments before wider implementation.

Conclusion:
This tool will document the nature and geographic patterns of obstructive behaviours, which will help advocate for policy and health system interventions to minimise obstruction and ensure equitable access to abortion.

43 1800MyOptions, Women's Health Victoria, Melbourne, Australia
44 Women's Health Victoria, Melbourne, Australia
45 Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia

Building Resilience
Abstracts

Love Your Body

Authors: Steph Paddon[46], Natalia Smith[46]

Background/Aims:
Sexually Transmissible Infection rates (STI's) in the City of Greater Bendigo (CoGB) are high, with rates of Chlamydia and Gonorrhoea for 2022 being the highest levels recorded since 2018 (ASHM, 2022). Victoria has seen a spike with both STI's at a higher rate than before COVID-19. Although Bendigo LGA rates are far less than those seen across the state, data demonstrates an increase or 'bounce back' following the COVID-19 pandemic. Additionally, an increase in demand for sexual health (SH) education from CoGB schools was identified due to a combination of COVID-19 education impacts and a gap in knowledge for school teaching staff.
In response, the BCHS Love Your Body Expo was created. The expo's objectives were to; decrease STI rates in CoGB, increase condom access for young people in the CoGB, increase SH knowledge in young people in CoGB and increase access to and knowledge for young people of local youth services.

Methods/Approach:
In alignment with World Sexual Health Day, BCHS hosted a one-day SH exhibition in collaboration with local organisations (6 partners and 2 BCHS teams) who provide youth services and invited year 9-10 students from CoGB high schools to attend. A 'Sex Online' Presentation was delivered at the beginning of each session, followed by interactive stalls, incorporating both activities and information on the services they offer.

Results/Outcomes/Impact:
- Approximately 200 students attended from 2 schools
- 95 students completed the post satisfaction survey, rating the expo 3.6 stars out of 5.
- 83 students felt more confident to manage their SH and wellbeing following the expo.
- School staff feedback was positive - expo was informative, useful and easy to understand

Conclusions:
- Methods of school engagement to deliver sex education
- Importance of message alterations for target audiences – for students requiring a different level of support
- Youth sexual education and activity engagement
- Quality improvement / learnings

Disclosure of Interest Statement:
Bendigo Community Health Services, Integrated Health Promotion Team are funded by the Community Health Health Promotion funding kindly provided by the Department of Health. No grants were received to deliver this project.

Supporting regional/rural communities in the face of anti-LGBTIQA+ activism

Authors: Damien Stevens-Todd[47], Zara Jones[47]

Background/Aims:
Analysis of anti-LGBTIQA+ organising and activism in rural/regional Australia and strategies to support LGBTIQA+ communities, events and services.

Methods/Approach:
Use of lived/living experience response (i.e. non-violent community mobilisations) to highlight improvements and positive outcomes in rural/regional communities across Victoria.

Results/Outcomes/Impact:
- Trained and empowered LGBTIQA+ people and allies to stand together.
- Enhanced community safety and feelings of pride and radical trust.
- More visible and vibrant.

Conclusion:
- Consult with the LGBTIQA+ Communities before making decision to postpone or cancel an event.
- Consult with your LGBTIQA+ staff to manage workloads and mental health.
- Be proud and visible super advocates.
- Don't do the haters work for them!

46 Bendigo Community Health Services, Bendigo, Victoria, Australia
47 Thorne Harbour Country, Victoria, Australia

Creating Solutions
Abstracts

The Fast and The Furious, despite decriminalisation, access to timely abortion still requires focussed and determined energy: two nurse led advocacy projects.

Authors: Catherine Bateman[48], Lydia Mainey[49]

Background/Aims:
Despite the decriminalisation of abortion in Australia, access remains challenging, particularly in rural and remote areas. Barriers include high costs, conscientious objections, a shortage of providers, inadequate skills among healthcare professionals, and complex referral processes, leading to frustration among pregnant individuals, community members, and providers. Two nurse-led advocacy projects have emerged: The Good Guide to Compassionate Termination of Pregnancy Care in Queensland and the Abortion Care Cascade in Gippsland, Victoria. These projects aim to coordinate advocacy and activism at multiple societal levels.

Methods/Approach:
Initiated in 2021 and 2024 respectively, these projects use the socio-ecological model to examine factors influencing abortion access and care. Data were collected through meetings and correspondences with clinicians, NGOs, and consumers, and analysed thematically. The Queensland project's findings were shared with the Victorian team, who extended the scoping activity to map the context of abortion care in Gippsland. The findings were drafted onto a care cascade framework and tested with a broader stakeholder group.

Results/Outcomes/Impact:
The Queensland project identified issues such as stigma, inadequate education, and siloed services, leading to the creation of the Good Guide to Termination of Pregnancy Care. The Victorian project identified enablers and improvements within the system and community, fostering an environment where stakeholders could contribute to abortion care. The Abortion Care Cascade was drafted under criteria including diagnosis, entry into care, initiation of preferred care, completion of abortion care, and follow-up.

Conclusion:
These projects have improved the organisation of efforts to enhance abortion care. The Good Guide influences healthcare policy, education, resource allocation, workforce support, and data collection. The Abortion Care Cascade provides a framework for planning, implementing, and tracking abortion care, demonstrating effectiveness in coordinating care within and beyond the community. These projects highlight the importance of viewing abortion care as a shared responsibility among all stakeholders.

Mentorship in a Rural Sexual and Reproductive Health Nurse Practitioner Model: Strengths and Challenges

Authors: Hollie Timmins[50], Sara Whitburn[51]

Background/Aims:
The establishment of a Nurse Practitioner (NP) model in Sexual and Reproductive Health (SRH) within Swan Hill, Victoria, a rural township with a catchment area of 15,000, has demonstrated significant community uptake and service demand. As the sole graduate NP providing medical termination of pregnancy (MTOP) and comprehensive SRH care, professional mentorship was essential to ensure clinical confidence, skill consolidation, and sustainability of the model.

Methods/Approach:
A funded structured mentorship program was implemented with Sexual Health Victoria (SHV) via Microsoft Teams meetings, offering monthly supervised sessions where case studies, clinical challenges, and learning needs were discussed. This provided tailored support, professional recommendations, and guidance on scope expansion. A logbook of case discussion was maintained and learning plans developed after each meeting. At the end of 12 months an evaluation of the learning goals and knowledge improvement was completed via Survey Monkey.

Results/Outcomes/Impact:
Pros of the mentorship model:
- Access to an experienced leader in the field for knowledge exchange and skill refinement
- A structured, supportive environment for professional growth and clinical decision-making.
- Increased confidence and autonomy in delivering SRH care as a sole provider.
- Enhanced service sustainability, ensuring the longevity and evolution of the NP model.

Challenges and considerations:
- The need for ongoing funding to support structured supervision and professional development.
- Working in a siloed role, requiring strong self-motivation and resilience.
- Limited access to specialist services and additional SRH services in a rural setting.

Conclusion:
This mentorship program has proven invaluable in supporting an innovative NP-led model of SRH care. With continued investment in supervision and professional growth, this model has the potential to expand, further improving reproductive healthcare access in rural communities.

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50 Swan Hill District Health, Victoria, Australia
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Creating Solutions
Abstracts

Using the CERSH Opportunities Checklist to integrate sexual health promotion into the ASHE program on Yorta Yorta Country

Authors: Heidi Lauren Knowles[52,53], Jess Utiger[52,53], Miika Coppard[54]

Background/Aims:
Integrating sexual health promotion into community services is crucial for improving the health and wellbeing of young people. The CERSH Opportunities Checklist ('Checklist') provides a structured framework to identify sexual health promotion actions that can be implemented within community settings. On Yorta Yorta Country in Shepparton, the Academy of Sport Health and Education (ASHE) provides a culturally integrated education program for students. This project aimed to explore how the Checklist could be used to promote sexual health within the ASHE program, with the goal of destigmatising sexual health, improving access to resources and services, and providing culturally relevant sexual health education.

Methods/Approach:
The project used a community-based participatory approach, involving ASHE staff and students, local sexual health nurses, and local and state Aboriginal Community Controlled Health Organisations (ACCHOs). The Checklist was completed by ASHE staff, who, with guidance from CERSH, developed an action plan prioritising key sexual health promotion actions. These included engaging a sexual health nurse for education sessions, installing condom dispensers, displaying Aboriginal sexual health resources, and supporting staff professional learning.

Results/Outcomes/Impact:
The project resulted in notable improvements in sexual health knowledge among ASHE students, particularly regarding contraception, STI prevention, and consent. ASHE staff reported an increase in their confidence in addressing sexual health issues, with their average self-reported score rising from 5.4/10 to 8.2/10. Furthermore, culturally appropriate sexual health materials, such as posters and pamphlets, were displayed throughout the Munarra Centre, and strong, collaborative relationships were established between ASHE staff, local sexual health nurses, and ACCHOs.

Conclusion:
This project highlights the effectiveness of the Checklist in integrating sexual health promotion into community settings. It also demonstrates the success of public health initiatives driven by First Nations organisations, where local knowledge and leadership ensures cultural relevance, enhances community engagement, and ultimately leads to improved health outcomes.

Long Story Short: Reshaping the narrative of women's sexual and reproductive health

Authors: Katherine Keirs[55], Mary Reema Antony[55], Alison Jones[56], Frankie Allix[56], Tina Helm[56]

Background/Aims:
Access to sexual and reproductive health (SRH) services is a fundamental human right, yet women in rural and regional Victoria face challenges due to social stigma, structural inequities and geographic constraints. The "Long Story Short" research project conducted in the Loddon Mallee and Goulburn North East regions of Victoria applies a multi-lens approach, considering SRH barriers within the context of gender and intersectionality. The research aims to ensure women living in rural and regional areas have access to timely, safe, and appropriate health information and services, delivered free from stigma and discrimination. By centring women's lived experiences, the project seeks to identify solutions to inform strategies for improved SRH information provision and service delivery that addresses the specific needs of these communities and to propose innovative solutions for policy change.

Methods/Approach:
The research utilised a mixed-methods approach, combining both quantitative and qualitative data collection. The quantitative analysis involved a detailed examination of regional demographics and social determinants of health data. Qualitative data collection had a strength-based approach and was guided by a community advisory group and involved focus groups, consultations, and online surveys with service providers and women living and working in Loddon Malle and Goulburn North East. This comprehensive approach aimed to capture the diverse realities and aspirations of women regarding their SRH and wellbeing.

Results/Outcomes/Impact:
The quantitative data analysis reveals a regional profile with pockets of complex barriers and inequities related to accessing health and wellbeing supports. Furthermore, the qualitative data analysis captures the experiences and aspirations of rural women with key themes emerging as 1) Access and Availability, (2) Stigma and Societal Attitudes, (3) Education and Awareness, and (4) Quality of Care.

Conclusion:
"Long Story Short" provides lived experience-driven recommendations to enhance SRH service provision in rural settings. By integrating lived experiences into service planning, this project informs gender-responsive, community-led strategies that reduce stigma, improve education, and enhance accessibility. Attendees will gain practical knowledge on implementing inclusive SRH solutions in their communities.

52 Academy of Sport, Health and Education, Shepparton, Australia
53 University of Melbourne, Victoria, Australia
54 Centre for Excellence in Rural Sexual Health, Victoria, Australia
55 Women's Health Goulburn North East, Wangaratta-Victoria, Australia
56 Women's Health Loddon Mallee, Bendigo-Victoria, Australia

Creating Solutions
Abstracts

Do older adults in rural Victoria want to talk about sexual health with their GP?

Authors: Louise Bourchier[57], Meredith Temple-Smith[58], Jane S Hocking[57], Sue Malta[57]

Background/Aims:
When older adults seek sexual healthcare they are most likely to do so with a GP, however, these conversations remain rare due to factors such as embarrassment and competing health issues. With one third of older Australians living in regional or remote areas, and the proportion rising, rural primary care is a setting of increasing importance to address the sexual health and wellbeing of our ageing population. This study investigated barriers and facilitators to accessing sexual healthcare among rural older adults in Victoria and identified ways to support sexual healthcare access for this population in primary care.

Methods/Approach:
Semi-structured interviews were conducted Jul-Dec 2024 across rural Victoria with 9 older adults (aged 64-87) and 8 primary care clinicians. Questions explored whether sexual health conversations occurred between these older patients and GPs, how these conversations are/could be initiated, barriers and facilitators to addressing sexual health concerns, and ways to support older adults' sexual health within routine care.

Results/Outcomes/Impact:
Key findings: 1) participants saw sexual health as important for rural older adults; 2) there were barriers for some rural older adults such as limited choice of GPs, high GP turnover, long wait and travel times, perceived inhibition of rural people, and lack of anonymity in small communities; 3) initiating conversations was a shared responsibility, with the onus on the patient if they had a concern, and GPs expected to ask intermittently as part of routine care; 4) participants identified opportunities to promote awareness and reduce stigma around older adults' sexual health, such as brochures/poster in clinics and hosting community talks.

Conclusion:
Older adults in rural areas face unique challenges in managing and improving their sexual health and wellbeing. This study identifies ways forward to improve sexual healthcare for rural older adults and to address inequities experienced by this population.

Offering self-collect cervical screening: Popping up at ChillOut Festival.

Authors: Sarah Harwood[59], Scott Walsberger[60], Ana Varua[60], Juan Dueñas[60], Alison Guo[60], Sara Whitburn[59]

Background/Aims:
This presentation explores the delivery of a pop-up self-collect cervical screening initiative at ChillOut Festival, a major LGBTQIA+ event in Daylesford, Victoria. LGBTIQA+ individuals are less likely to participate in cervical screening, and over 70% of cervical cancer diagnoses occur in under-screened populations 1. The goal was to raise awareness and provide accessible screening on-site.

Methods/Approach:
In partnership with ACON's national *Own It* campaign funded by the Department of Health and Aged Care2, Sexual Health Victoria (SHV) ran a screening clinic during ChillOut's Carnival Day the biggest and longest-running Country Queer Pride event in regional Australia 3, offering self-collection in a private mobile accessible restroom. Participants were assessed for eligibility as per the National Cervical Screening Program, and samples were sent to VCS pathology. Results were managed by SHV protocol, with 'no HPV detected' results communicated via SMS and positive/unsatisfactory results communicated by telephone and results discussed with a clinical team. Age at time of screening, postcode and previous screening history were noted at time of screening.

Results/Outcomes/Impact:
Of 35 consultations, 29 attendees completed screening: 1 unsatisfactory, 4 HPV non-16/18 detected, and 25 HPV not detected. Screening history showed that 14 people were due in the preceding 12 months, 14 people overdue (1+–10+ years), 3 were new to screening, and 2 new to screening in Australia but had received screening overseas previously. IT challenges affected access to clinical systems, but short wait times and refreshments enhanced the experience.

Conclusion:
The pop-up cervical screening clinic was successful, screening 29 people and proving that flexible models of care provide the opportunity to step outside the confines of the consult room and proactively remove barriers to accessible healthcare.

57 Sexual Health Unit, School of Population and Global Health, University of Melbourne
58 Department of General Practice and Primary Care, University of Melbourne
59 Sexual Health Victoria, Victoria, Australia
60 ACON

Creating Solutions
Abstracts

Not just a mirage: a data visualisation tool to forecast policy solutions for shrinking NSW abortion deserts

Authors: Anna Noonan[61,62], Madeleine Belfrage[62], Ri Liu[63]

Background/Aims:
Abortion scholarship in Australia has focused on 'the postcode lottery'; the political and geographic barriers hamper access for individual abortion-seekers. Yet little is known about which postcodes are most affected nor how to solve it. This project uses data visualisation techniques to map abortion service gaps in NSW and forecast which policy and provider solutions will have the greatest impact.

Methods/Approach:
A unique dataset was created comprising all NSW public hospitals, general practices, all publicly listed abortion services and pharmacies in NSW. A series of abortion desert maps were created to depict "abortion deserts" –areas where the nearest abortion service was more than 160km by road. Using scenario sequencing, forecasting maps were then created to visualise how these desert shapes would shrink with different policy changes; public hospital provision, one prescriber at every GP, availability of abortion medication pills at all pharmacies. Using ABS data, the number of pregnancy capable people of reproductive age living in all abortion desert scenarios was calculated.

Results/Outcomes/Impact:
Abortion deserts currently cover almost 1/3 of NSW. This affects approximately 49,200 residents of reproductive age and capacity, mainly living in rural and remote inland areas. Surgical abortion deserts affect almost 5 times as many people (n = 232,565), affecting almost all areas outside greater Sydney. Public hospital provision of surgical abortion services was the policy change with the greatest potential impact, shrinking the affected population from 14.5% of total NSW population of reproductive age and capacity to 2.09%.

Conclusion:
This project offers a new conceptual tool to visualise abortion (in)access at a community rather than individual level, deepening our understandings of who is affected by Australia's abortion "postcode lottery". Importantly it also demonstrates that while increases in primary care options are important, the most effective policy change is public hospital provision of surgical abortion.

Community partnerships with refugee asylum seeker and migrant women to increase sexual health awareness: outcomes of cancer screening and cervical screening sessions in Regional Shepparton

Authors: Christine Nunn[64], Dale-Maree Hopper[65], Katelouise Howard[66], Shakilla Naveed[64]

Background/Aims:
Social, cultural, and structural determinants of health for refugees, asylum seekers and migrants can contribute towards poorer women's and sexual health outcomes. They usually use/access less mainstream women's and sexual healthcare services and have lower levels of health literacy compared with the Australian population. The Wise Well Women Community Health Educator program has advocated for innovative initiatives that address the unique sexual and reproductive health needs of women/girls from refugee, asylum seeker and migrant communities in regional and rural Victoria, specifically the Goulburn Valley.

Methods/Approach:
Commencing in 2023, utilising partnership approaches a model of delivery developed incrementally. Promotional material, information sessions and clinics were specific to language/cultural groups. These were about cancer prevention (breast, bowel & cervical) alongside cervical screening self-collection clinics. Attendee demographics were collected, with session outcomes and participant feedback. Reflection by partners noted areas for improvements in subsequent sessions.

Results/Outcomes/Impact:
149 women attended the 12 Information Sessions and Clinics. 89 (60%) women completed a self-collection test on the day, 5 attended the Meryula Clinic with the support of a Community Health Educator and further 8 attended of their own accord. 88 women had not screened prior to attending. Protocols were enacted for the small number that received high risk results All participants providing feedback reported they'd share the knowledge gained with family/community. The Community Health Educators reached over 2,300 women through messaging. Community leaders and 30 health workers also shared messages for reinforcement and promoting access.

Conclusion:
Barriers and enablers to screening were identified, eg:
- Systemic/cultural barriers often concerning fear and misinterpretation
- Enablers including the vital community connection provided through trusted the community health educators, strong partnerships and promotion of messages in different formats/shared according to cultural group needs.

Some cultural groups were underrepresented, and the partnership is investigating impediments to participation and approaches to improve culturally appropriateness.

61 The University of Sydney, School of Rural Health, Orange, Australia
62 Sydney Social Sciences and Humanities Advanced Research Centre (SSSHARC), The University of Sydney, Sydney, Australia
63 Independent data visualisation specialist, Bendigo, Australia
64 Wise Well Women Community Health Educator program Convenor, Barongarook Projects Pty Ltd
65 Goulburn Valley Public Health Unit, Victoria, Australia
66 GV Health, Meryula Sexual and Reproductive Health Service, Shepparton, Australia

Creating Solutions
Abstracts

Men's Sexual Health Clinic

Authors: Hollie Timmins[67], Gayle Taylor[67]

Background/Objectives:
In rural areas sexual and reproductive health care is often unattainable due to the inability to provide services and/or health professionals within the niche field. With a newly established NP led sexual health service it was an optimal time to cultivate a men's sexual health clinic. The aim was to initiate sexual healthcare delivery to an often marginalised cohort in a rural town. By removing stigmatisation, promoting awareness of the service whilst ensuring a positive shift in men obtaining sexual health within their locality.

Method:
Full sexual health assessments were delivered to clients, within dedicated men's sexual health sessions per fortnight. Ensuring clients did not have to wait for appointments and safeguarded a seamless delivery of sexual health care. Education, support/guidance, prescribing and referral pathways were delivered within a holistic manner.
The initial funding from CERSH enabled the service to develop and ensure targeted audiences were reached. Various modes of communication and awareness were used from radio advertising, social media posts, newspaper articles and hospital wide promotion. Stakeholders were supported with flyers drop offs at various organisations within the town, guaranteeing a conscious effort was made by reaching a broad range of potential clients. Being the only healthcare facility in a rural town offering Monkeypox vaccinations, it was critical that consumers were aware of the availability.

Results: Approximately 17 men accessed with service within a 10 week period resulting in generating over 43+ additional appointments for; follow up care, immunisations, prescribing, obtaining diagnostic results, or 3 monthly injections for gender diversity care. Data collection indicated the most effective method of advertising/awareness was via social media, radio and referral from friends and/or family with 41% for each medium. Within the findings, 82% identified as male and 18% as transgender, 59% of presentations were for sexual health. 12% of the presentations were Non-Medicare clients. Approximately 65% STI screens were completed with 36% positive results resulting in 100% treatment being achieved. Opportunistically 29% obtained mental health support and education.

Conclusion:
The diversity of the clinic was illustrated with the age range of clients from 17 years to 81 years of age. Incidental outcomes found were; valuable feedback from a transgender client in regard to organisational wide support and data collection, also the high need for opportunistic STI screening. Implanon contraception support was also displayed in findings illustrating the critical need for gender diversity provision in rural towns. The development of a transgender support clinic is currently being established within the organisation which is very exciting for clients and the wider rural community.

67 Swan Hill District Health, Victoria, Australia

Creating Solutions
Abstracts

New online screening tool and information portal supporting reproductive autonomy among people experiencing reproductive coercion and abuse

Authors: Christy Fischer[68], Lene Ritter[68]

Background/Aims:
Reproductive Coercion and Abuse (RCA) is an under-recognised form of Domestic, Family, and Sexual Violence and Abuse (DFVSA) that involves behaviours aimed at controlling a person's reproductive choices. Approximately 1 in 7 people seeking pregnancy options counselling in Australia report experiencing RCA, with prevalence significantly higher among those affected by other forms of DFVSA. Children by Choice is a leading organisation in RCA research, practice, and screening. In partnership with the Queensland Government and key stakeholders, we have developed and launched Australia's first online RCA screening tool and information hub to support reproductive autonomy and improve responses to RCA in healthcare and community settings.

Methods/Approach:
The development of the tool was informed by a co-design process involving reproductive health specialists, DFVSA experts, and consumers. The platform integrates RCA screening with a contraceptive options quiz, offering users a personalised experience that helps identify suitable contraceptive methods while raising awareness about RCA. The site includes:

- An interactive contraceptive options quiz embedded with RCA screening questions.
- Resources on RCA available in multiple languages and Easy English.
- Relatable "textversations" that provide real-world examples of RCA to aid understanding and self-identification.
- Tools to support healthcare and community workers in recognizing and responding to RCA.

Results/Outcomes/Impact:
Since launching, the tool has been accessed widely by community members and professionals. Preliminary findings from six months of use indicate:

- Increased awareness and identification of RCA among both healthcare providers and individuals.
- Enhanced confidence among professionals in screening for RCA and discussing reproductive autonomy.
- Empowerment of individuals in making informed contraceptive choices and advocating for their reproductive rights.
- Positive feedback from users regarding accessibility and relevance of the content.

Conclusion:
This initiative represents a groundbreaking step in addressing RCA in Australia, providing both individuals and professionals with practical tools to support reproductive autonomy. Insights from this project highlight the importance of integrating RCA screening into reproductive healthcare and demonstrate how digital solutions can bridge gaps in knowledge and service delivery. Lessons learned from this collaborative approach, including emerging trends and challenges, will be shared to inform future policy, research, and practice in RCA prevention and response.

68 Children by Choice, Brisbane, Australia

Additional Resources

Zoe Belle Gender Collective

ZBGC resources on sex, consent and healthy relationships for trans and gender diverse people and their partners, or professional workers can be found on the following links:
https://zbgc.org.au/resources/

Transfemme is a website supporting healthier relationships between trans women and cisgender men.
Gender euphoria and sex is a resource exploring gender, sex, and consent for trans and gender diverse people.

Gender diversity, sex & consent is a resource for people who want to learn more about healthy sexual relationships with trans and gender diverse people.
Responding to the objectification, fetishisation, and sexual exploitation of trans women and trans feminine people by cisgender men is a resource for health and community services practitioners who want to better understand how to identify and address these issues.

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