My Health Record system

A submission to the:
Senate Community Affairs
References Committee

Prepared by:
The Gold Coast Domestic Violence Integrated Response Working Party Members (GCDVIR)

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Introduction

The Gold Coast Domestic Violence Integrated Response (GCDVIR) is a network comprising 22 community government and non-government domestic violence support services.

The GCDVIR working party members, endorsed agencies and peak bodies across Australia are deeply concerned by the introduction of the My Health Record (the Record) system in Australia and its implications for victims and survivors of family violence.

GCDVIR working party members, endorsed agencies and peak bodies across Australia believe that it is possible that perpetrators of family violence, given their status as a partner or parent of the victim, can access information relating to their victims. This access compromises the safety of vulnerable women and children, by placing them at risk of further or escalating physical and verbal assault, and even homicide. Groups of women and children who have limited capacity to access information relating to how to minimise the Record's risks to their safety, due to mental health issues or language barriers, are particularly vulnerable.

Given these concerns, GCDVIR established a working party of select members of the GCDVIR to explore how My Health is affecting victims of family violence. We have together developed the following submission to the Senate Community Affairs References Committee’s inquiry into the My Health Record system.

About us: The Gold Coast Domestic Violence Integrated Response (GCDVIR) GCDVIR has been operating since 1996, an initiative of and auspiced by the Domestic Violence Prevention Centre Gold Coast Inc. (DVPCGC Inc.). It is a community-based and integrated response to domestic violence that is focused on both government and non-government agencies working together to provide appropriate and coordinated interventions that are consistent with a justice reform model. Our aim is to enhance victim safety, reduce secondary victimisation and decrease the incidence of domestic violence through the enhancement and monitoring of inter-agency cooperation and collaboration.
This submission is formally endorsed by

National Peak bodies, Networks & Organisations

The Australian Women Against Violence Alliance (AWAVA) is one of the six National Women’s Alliances funded by the Australian Government to bring together women’s organisations and individuals across Australia to share information, identify issues and their solutions, to respond to and prevent violence against women and their children. AWAVA’s role is to ensure that women’s voices and particularly marginalised women’s voices are heard by Government, amplifying the work of its member organisations and Friends & Supporters.

AWAVA works towards this by harnessing the expertise of its members, consisting of specialist women’s services from the responding to violence against women sector, and working closely with government. Its members include organisations from every state and territory in Australia and represent organisations working on diverse issues including domestic and family violence, sexual assault, feminist pedagogy and women with disabilities.
Recent Australian and International surveys and our own experience in this field, reveal that there is now an almost complete overlap between technology abuse and domestic and family violence. A survey undertaken by the Recharge Project in 2015 shows that 98% of domestic violence practitioners had clients who had experienced technology abuse; the study found that, in Australia, the three most common forms used for abuse were text messaging, Facebook and GPS tracking.

The Safety Net Australia Project

The WESNET Safety Net Australia project was established in 2011 to examine the intersection of technology and Violence Against Women (VAW). WESNET works closely with the US Safety Net Project run by the National Network to End Domestic Violence (NNEDV).

The objectives of the Safety Net Australia project are to:

- **Work with communities and agencies** to address how ongoing and emerging technology issues impact the safety, privacy and accessibility rights of victims of domestic violence, sexual violence and stalking.
- **Educate** a wide range of community agencies who work with women experiencing all forms of violence on ways to use technology strategically to help find safety and escape domestic violence, dating violence, sexual violence, stalking and abuse.
- **Advocate** for strong local, state, national and international policies that ensure the safety, privacy and rights of all victims and survivors of gender-based violence.

The National Council of Single Mothers and their Children Incorporated (NCSMC) has been an organisation for single mothers since its conception in the early 1970’s. NCSMC believes that having access to information and support when and as required is empowering, it enables women to make informed decisions, and better equips them to protect and support themselves and their child (ren). NCSMC gives primacy to mothers living in hardship.

NCSMC will continue to provide this service in the areas of:
- Financial Hardship / Child Support / Domestic Violence
RizeUp Australia
Rizeup Australia
Educate. Empower. End
Our mission at RizeUp is to drive awareness of domestic and family violence by garnering support through 'vehicles' designed to harness community support.

State Peak bodies & Networks

Queensland

QDVSN – Queensland Domestic Violence Service Network

Queensland Domestic Violence Services Network (QDVSN) is a Queensland network of Regional and State-wide Domestic Violence Services that works collaboratively and strategically to advance understanding of gender, structural, political, economic, legal and cultural inequalities and inequities which result in gender based violence. The QDVSN is made up of the non-government Regional or State-wide domestic and family violence services of Queensland. The QDVSN is convened by Pauline Woodbridge, North Queensland Domestic Violence Resource Service and the secretary and secretariat function is provided by Jude Marshall, Domestic Violence Service (Mackay & Region)
The Services Union (TSU) – QLD
We are the Australian Municipal, Administrative, Clerical and Services Union Queensland (Services and Northern Administrative) Branch and the Queensland Services, Industrial Union of Employees trading as The Services Union.

The Services Union is committed to Real Change to make Australia a better place to live and work. We do this by acting as professionals providing community and public services.

Paul Monsour
Secretary
SPEAQ (Services and Practitioners for the Elimination of Abuse Qld)

Dr Heather Lovatt
Queensland Centre for Domestic and Family Violence Research
CQUUniversity Australia

Annabel Taylor PhD
Research Professor Gendered Violence
CQUUniversity
Funded by the Queensland Government since 2002, QCDFVR is supported by CQUUniversity to be a resource for the domestic and family violence sector and since 2016, the sexual assault sector. QCDFVR has now been at the forefront of the Queensland domestic and family violence scene for more than a decade and is regarded as a leader in the sector.
Domestic Violence NSW is the peak, statewide representative body for a diverse range of specialist domestic and family violence services in New South Wales.

Operating from a feminist, social justice perspective we work to improve the spectrum of policy, legislative and program responses to domestic and family violence (DFV) and to eliminate DFV through leadership in advocacy, partnerships and the promotion of good practice.

Women’s Health NSW is an association of statewide women’s health centres and specialist women’s centres. All centres are non-government, community based, feminist services that provide choices for women to determine their individual health needs.
Domestic Violence Victoria (DV Vic) is the peak body for specialist family violence services for women and children in Victoria. We are an independent, non-government organisation.

Our vision is for a world where women and children can live fulfilled lives, free from fear and violence.

No to Violence is the peak body for organisations and individuals working with men to end family violence in Victoria and New South Wales. We also provide telephone counselling, information and referrals for men in Victoria, New South Wales and Tasmania.
Western Australia

The Women’s Council for Domestic and Family Violence Services (WCDFVS), formerly the Women’s Refuge Group of WA Inc, was established in 1977 and is now representing 64 Women’s Refuges and domestic and family violence services in Western Australia. The WCDFVS is a state-wide peak organisation committed to improving the status of women and children in society. We seek to ensure that all women and children live free of domestic and family violence.

Our role is to provide a voice on domestic and family violence issues that facilitates and promotes policy, legislative and programmatic responses relevant to women and children who have experienced domestic and family violence. The WCDFVS operates from a feminist perspective and proactively advocates for social justice in order to further empowerment, access, equity and safety for all women and children.

Canberra

Domestic Violence Crisis Service (DVCS) has been helping Canberrans affected by family and domestic violence for 30 years, providing emergency and long-term support services to help break the cycle of violence. DVCS services include a 24/7 telephone crisis counselling service, access to emergency accommodation, help with legal and court matters, and support programs for those who’ve experienced or witnessed violence and those who want to stop using violence.

Contact details: 24/7 Crisis Line: 02 6280 0900 or email crisis@dvcs.org.au, Business administration 02 6280 6999 or email admin@dvcs.org.au.
Individual agencies and organisations

CEO : Rosemary O’Malley
Domestic Violence Prevention Centre – Gold Coast , QLD

We are a not for profit community based organisation providing specialist domestic violence support services. Established in 1992, we provide a wide range of programs to support women and their children affected by domestic and family violence. We also work with men who perpetrate domestic violence.

Through the Gold Coast Domestic Violence Integrated Response we partner with government agencies, non-government agencies and other women’s services to continue to improve responses to domestic and family violence as we work toward achieving our goal of ending violence against women. We hope you will find the information here useful.

We aim to be part of the solution by delivering services that tackle issues affecting the lives of children and young people.

Our services include counselling, helplines, crisis care, education and training, employment, parenting help, mentoring, social development and life skills.

The Centre Against Sexual Violence, Logan and Redlands – QLD

We provide free, high quality sexual assault services in the Logan, Beenleigh, Beaudesert and Redlands regions, for the benefit of all women, including young women aged 12 years and over, who have been victims of sexual violence.
Brisbane Domestic and Family Violence service and Micah Projects is a not-for-profit organisation committed to providing services and opportunities in the community to create justice and respond to injustice.

Southern Communities Advocacy Legal Education Service (SCALES)

The Southern Communities Advocacy Legal and Education Service Inc. (SCALES) is a community legal centre and the site of the Murdoch University legal clinic and opened its doors in April 1997. SCALES was established by Murdoch University in partnership with the local community. SCALES runs a Clinical Legal Education unit and an Advanced Clinical Legal Education unit
Providing exceptional care from over 60 locations around Queensland
Ozcare was established as a special work of the St Vincent de Paul Society Queensland in 1996. The Society, as a lay Catholic organisation, aspires to live the gospel message by serving Christ in the poor with love, respect, justice, hope and joy, and by working to shape a more just and compassionate society.

With 46 services in 25 locations and 600 staff, we started our journey; to help seniors and people with disability stay in their own homes as long as possible, to help the disadvantaged get back on their feet, to provide respite services to carers looking after loved ones, and to offer homely aged care facilities to our oldest Australians.
Refuges Services

Maybanke Refuge – QLD
Women’s Crisis Support Service Inc. Ipswich
Women’s House Shelta QLD
Macleod Refuge – QLD
Parmonie refuge – QLD
Our submission
Below we set out our concerns about the introduction of the My Health Record system in relation to the Committee’s terms of reference.

c. privacy and security

i. the vulnerability of the system to unauthorised access

GCDVIR working party members, endorsed agencies and peak bodies across Australia have deep concerns about the privacy and security of My Health Record system’s potential to compromise the safety of women and children who are subjected to family violence. Currently, the My Health Record system maintains extremely sensitive information about individuals, which is too easily accessible by their family members. We also believe that this holds true for both the opt-in and opt-out systems. These concerns are derived from real life examples that we have encountered in our work with vulnerable families.

Whether a woman is currently living with, escaping or successfully escaped a partner who is violent towards her, or whether a young person is escaping a violent home, under the My Health Record system it is possible that:

1. A woman’s abusive partner may know their password or control their access to My Health and therefore be able to access information relating to tests they have had undertaken (e.g. pregnancy) and conditions and illnesses (e.g. STIs, alcohol or drug dependency or mental health) or traumas (e.g. physical attacks or mental health issues as a result of the domestic violence) that they have suffered.

   An abusive partner’s knowledge about these tests, conditions or the admissions the victim has made to health staff about the abuse they have been subjected to, could result in further or an escalation of physical or verbal abuse towards and/or increase the risk of lethality for the victim and their children. The abusive partner could also use these to their legal advantage if there is a dispute in relation to the care of a child/ren (e.g. mental health or drug and alcohol issues are often used by abusive partners as reasons family violence victims should not have sole, or any, access to their children).

2. If a woman’s abusive partner or young person’s abusive parent knows their password, they could use My Health to track them. The system provides alerts whenever a visit to a health centre has occurred, and importantly, thereby reveals their location to those who have accessed the Record. This could occur without knowledge of the woman or child.

3. A woman’s partner with access to her My Health Record can discover information (e.g. they are not a virgin) which may put her at risk of further abuse if this is deemed inappropriate by her partner. In some cases, depending on her background, the loss of virginity before marriage may be considered culturally
inappropriate and lead to a woman’s social isolation, physical assault or even lethality.

4. An abusive partner may have joint access to a child’s My Health Record and will therefore receive notifications when a new medical service accesses their child’s records. This notification provides information relating to the whereabouts of a woman and the child, enabling an abusive partner to extend their surveillance or control over them, or locate them. These alerts can be used as a tool to further domestic violence behaviours such as stalking, separation violence, controlling behaviours, and even spousal homicide.

5. If a child is the victim of child abuse or sexual assault in the home and an abusive parent receives notification that the child has accessed a medical service for assistance, there may be further, or an escalation of, abuse towards the child resulting in severe emotional or physical consequences for the child.

6. An abusive parent could re-opt into the system on behalf of their children even if the other parent or child has opted out of the system, gaining access to information that could compromise victim’s safety.

As a result of these privacy and security issues, the unintended consequences may be that people in abusive relationships do not access the health services they require. This was a key concern of GPs in the UK when My Health was proposed there as they are often the first line of support for those suffering family violence.¹

In addition, even if a woman in or fleeing from an abusive relationship has taken measures to reduce the risks mentioned above by opting out of the system, freezing their Record, or requesting that a medical service does not upload information to the Record, there are still flaws within the design and privacy of the system that allows ease of access of records for a perpetrator. For example, an abusive partner – who often has control of their partner’s mobile phone or internet use - may be able to opt a victim back into the system or create a record for them based on the personal information to which they already have access. The result of which is that My Health record could be used as a tracking tool by perpetrators of violence.

Furthermore, the process of taking measures to protect a My Health Record is lengthy (unhelpful at times of crisis or when a woman may be seeking refuge from an abusive partner). For many vulnerable woman and children, seeking to reduce risks of My Health can be complex. There is no clear pathway that allows for a consistent approach to manage privacy and confidentiality in situations where risk is identified. This is a notable concern, particularly for vulnerable groups such as women and children with disabilities, mental health issues, alcohol or drugs issues, poor language and literacy, or who do not speak English as a first language. Our deep concern is that these vulnerable people may not be able to easily access information about the system, how it is a risk to them or about what steps to take to minimise the privacy and security risks for them inherent in the system.

¹ [http://theconversation.com/online-health-records-may-increase-risks-for-victims-of-abuse-73257](http://theconversation.com/online-health-records-may-increase-risks-for-victims-of-abuse-73257)
**Recommendation:** The GCDVIR working party members and endorsed agencies, peak bodies, networks and organisations across Australia recommend

1. My Health Record be suspended until concerns relating to unauthorised access by family members of an individuals’ sensitive medical records compromising a person’s privacy, security and critically their safety are robustly resolved.

2. All discussions to resolve privacy and information security **must** include recognised Domestic and Family Violence specialists and researchers to ensure that domestic and family violence practice, research and evidence informs future decisions in the interests of every individual’s safety.