



Women's Health

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Women's Health Victoria: Submission to inform a Victorian Youth Strategy

December 2020

This submission is endorsed by the following organisations/individuals:



MAEVe, the **Melbourne Research Alliance to End Violence** against women and their children.



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Executive summary

Women's Health Victoria (WHV) welcomes the opportunity to provide a submission to inform the development of the next Victorian Youth Strategy. WHV is a statewide feminist health promotion, advocacy and support service with a proud history of over 25 years. We advocate and build system capacity for a gendered approach to health that reduces inequalities and improves health outcomes for Victorian women. We collaborate with health professionals, researchers, policy makers, service providers and community organisations to influence and inform health policy and service delivery for women. WHV also operates *1800 My Options*, a statewide information and referral service for pregnancy, contraception and sexual health options.

This submission focuses on the following outcomes identified in the discussion paper, *What matters to young people in Victoria*:

- *Victorian young people are healthy and well, mentally and physically and*
- *Victorian young people are safe, experience equality of opportunity and are treated fairly.*

The submission largely focuses on the experiences of young women, acknowledging the gender inequalities that persist across all aspects of a young woman's life and influence young women's overall health and wellbeing. Research clearly shows that girls and boys are subject to different expectations and pressures during adolescence and that between the ages of 10 and 20, young women's experiences and health outcomes can differ significantly from those of their male peers.¹ For example, young women experience higher rates of relationship violence and sexual harassment than young men, they face greater body image pressures than young men impacting their overall sense of value and wellbeing and, during adolescence, young women's mental health outcomes worsen compared with young men.

A gender analysis should be applied across all elements of the youth strategy acknowledging that gender inequality impacts young people across all areas of life (e.g. education, housing, employment, relationships, access to health care). Mission Australia's 2020 Youth Survey found that 'equity and discrimination' was the top reported national issue for young people. Nearly half the young women surveyed reported being treated unfairly due to their gender (48% compared with 22.5% of young men). WHV supports a whole of government approach to the Victorian Youth Strategy, acknowledging the importance of cross-sector coordination and collaboration in taking a holistic approach to improve outcomes across all domains of young people's lives.

This submission focuses on young women's mental health, physical health, sexual and reproductive health and the prevention of violence against women, drawing on WHV's areas of expertise and highlighting the importance of promoting gender equality to address poor health outcomes across all these areas.

¹ Webster A, Anderson R, Barr M (2017) Growing up unequal: how sex and gender impact young women's health and wellbeing. Women's Health Victoria. Melbourne. – (*Women's Health Issues Paper*, 12). Available from: [URL](#)



Young women report the highest rates of mental disorder of any population group, and their mental health is directly influenced by gendered inequalities, including gendered experiences of poor body image, stress, violence and help seeking. There needs to be an increased emphasis on addressing gender inequality across all aspects of young women's lives, as an underlying driver of negative mental health outcomes among young women. There is also a need for investment in gender-sensitive and trauma-informed services and programs that specifically address young women's mental health needs, in order to address the high rates of depression and anxiety, eating disorders and self-harm, and increasing suicide rates among young women.

Young women's physical health has improved in some areas in recent years. For example, young women's consumption of alcohol and tobacco has declined over the last decade.² Women's participation in sport has increased in recent years,³ likely due to a focus on increased inclusion of women in male-dominated sports and investment in programs targeted at increasing women's participation in sport and physical activity such as VicHealth's *This Girl Can*. However, gendered barriers continue to prevent young women participating in physical activity, including fear of judgement, body shaming and discomfort from being sexualised in sportswear. There needs to be further investment in interventions that address the gendered barriers to young women's engagement in sport and physical activity and healthy eating. This includes ensuring a focus on health not weight, to reduce weight stigma and support positive body image. Participation in sports and physical activity also needs to be inclusive and accessible for all young women; this includes investing in ensuring inclusion within sports clubs, centres and health promotion campaigns and actively addressing sexism, ableism, racism, homophobia and transphobia.

Sexual and reproductive health is essential for women's overall health and wellbeing and fundamental to achieving gender equality. However, contraception and abortion services are not widely available in all regions of Victoria, and shame and stigma remain barriers to access, especially for young women and those with diverse sexual orientations and gender identities. In addition, many young women experience a lack of understanding and support for common reproductive health conditions such as endometriosis, which can often take years to be diagnosed. Increased investment is needed to ensure youth-friendly sexual and reproductive health services can be accessed by all young people confidentially and without fear of judgment or discrimination in all regions across Victoria. In addition, a more comprehensive and consistent approach to sexuality and relationships education – that applies an intersectional gendered lens across all content – is needed across Victorian schools.

Research shows young women experience higher rates of relationship violence, sexual assault and sexual harassment compared with men and older women. Despite recent efforts to scale up initiatives to prevent violence against women, attitudes that drive violence against

² White V, Williams T (2016) Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2014. Cancer Council Victoria. Melbourne. Available from: [URL](#)

³ VicHealth (2020) Sport participation in Victoria, 2018: research summary: part 1: key findings at a glance, VicHealth, Melbourne. Available from: [URL](#)



women are still prevalent, particularly among young men,⁴ and attitudes persist that demonstrate a disregard for consent in sexual relations.⁵ It is critical to ensure that mutually-reinforcing, evidence-based initiatives to prevent violence against women continue to be rolled out and scaled up across all settings, including media and advertising, recognising the impact of media representations not only on attitudes that drive violence against women, but also on young women's mental health and body image. Building on the success of Respectful Relationships Education, a more comprehensive sexuality and relationships curriculum is needed, recognising the intersections between sexual and reproductive health, healthy relationships and gender equality, and highlighting neglected issues such as reproductive coercion/abuse. There is also a need to broaden the policy focus beyond family violence to include a stronger focus on preventing sexual harassment and sexual assault outside the home, given the high rates of sexual harassment of young women in educational and workplace settings. The submission acknowledges the importance of initiatives focused on or engaging with young men in order to improve young women's health and prevent gendered violence.

WHV also acknowledges that not all young people identify as male or female and the importance of ensuring young people with diverse gender identities and sexual orientations are considered across all recommendations and strategy areas. This document uses the term *women* throughout, inclusive of all people who identify as women. WHV recognises that trans men, non-binary, and intersex people can also experience menstruation, pregnancy and reproductive conditions such as endometriosis and also require comprehensive sexual and reproductive health information and services including access to abortion and all forms of contraception.

Principles

This submission is informed by the following principles:

1. Apply an intersectional gender equity approach across the strategy to ensure it addresses the diverse needs of young people

WHV welcomes the inclusion of gender equality within the discussion paper, recognising that gender inequality is a driver of violence against women. We note that gender equality is essential not just to prevent violence against women, but also to improve young women's health and wellbeing and social and economic inclusion. Actions to increase gender equality for young women need to be considered across all outcome domains of the youth strategy. Where possible, the strategy should aim to take a 'gender-transformative' approach, that is, an approach that seeks to challenge the causes of gender inequality and strengthen actions

⁴ Politoff V, Crabbe M, Honey N, Mannix S, Mickle J, Morgan J, et al. (2019) Young Australians' attitudes to violence against women and gender equality: findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS). ANROWS, Sydney – (*ANROWS Insights*; 01/2019). Available from: [URL](#)

⁵ Our Watch (2020) Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia. Our Watch, Melbourne. Available from: [URL](#)



that support gender equality – at both an individual and structural level – within any given context.⁶

For many young women, the impact of gender inequality is compounded by the way that gender-based discrimination interacts with other experiences of inequality. In order to achieve equality in outcomes for all young women, we must take an intersectional approach, balancing universal strategies with specialist, tailored approaches for women who experience different forms of disadvantage, including racism, homophobia and ableism.

2. Take a whole-of-government approach in order to address the social determinants of young people's health and wellbeing

A social determinants of health approach recognises that people's health and wellbeing is influenced by the circumstances in which they are born, grow up, live, learn, work and play, and the wider set of forces and systems shaping these conditions, such as the distribution of money, power and resources.⁷

Gender is increasingly recognised as an important social determinant of health. In fact, gender 'cross-cuts all of the other biological and social determinants that construct human health. Gender influences education, income, reproductive roles, and caring responsibilities, among other determinants.'⁸

In addition to gender, young people's health and wellbeing is influenced by their economic circumstances, housing status, education, access to health care, and physical environment, among other factors.

A whole-of-government approach is necessary to ensure that the multiplicity of factors that influence young people's social, economic and health outcomes are addressed through cross-sector collaboration and coordination.

3. Ensure a strong focus on primary prevention and early intervention across the strategy to support young people's health, wellbeing and inclusion

When thinking about young people, there are several ways in which primary prevention and early intervention are important.

First, preventing ill-health and social exclusion or intervening to address emerging health and social problems early in a person's life – during their youth – will set them up for a healthy, happy and productive adulthood. For example, ensuring that young people have access to youth-friendly sexual and reproductive health information and services is critical for their whole-of-life trajectory.

Second, primary prevention and early intervention are key to ensuring the best outcomes for young people during their youth – ensuring that health and other issues are prevented at a

⁶ Varley C, Rich S (2019) Towards gender transformative change: a guide for practitioners. Women's Health Victoria, Melbourne. – (*Women's Health Victoria Knowledge Paper*, 3). Available from: [URL](#)

⁷ World Health Organization (2020) Social determinants of health. WHO, Geneva. Available from: [URL](#)

⁸ Greaves L, Pederson A, Poole N (eds.) (2014) Making it better: gender-transformative health promotion. Canadian Scholars Press, Toronto, p. 2.



population level before they occur, as well as targeting 'at-risk' groups and/or individuals experiencing emerging issues through early intervention. For example, primary prevention of violence against young women, through population- or sub-population level initiatives that address the gendered drivers of violence, is key to keeping young women safe. Initiatives to proactively support the social inclusion of young people who have had contact with child protection (as a group at risk of poor health, social and economic outcomes) will reduce the likelihood that they will experience further setbacks, such as contact with the criminal justice system. Early intervention with individuals early in the onset of mental illness is likely to support the best health outcomes.

Summary of recommendations

WHV makes the following recommendations:

Overarching

Recommendation 1: Focus efforts on promoting gender equality as a contributing factor to improve outcomes for young women across all outcome domains of the Victorian Youth Strategy.

Mental health

Recommendation 2: Invest in an intersectional gender-sensitive approach to youth mental health promotion to address the drivers of poor mental health among girls and young women, including gender inequality.

Recommendation 3: Take an intersectional, trauma-informed and gender-responsive approach to delivery of youth mental health services.

Recommendation 4: Address barriers to help-seeking among young women.

Physical health

Recommendation 5: Take an intersectional gender-sensitive approach to health promotion, including addressing structural barriers and enablers for healthy behaviours.

Recommendation 6: Tackle the sexualisation of young women and promote positive body image.

Recommendation 7: Focus on health, not weight in all interventions that aim to improve young women's physical health.

Sexual and reproductive health

Recommendation 8: Invest in an evidence-based approach to comprehensive whole-of-school sexuality and relationships education within Victorian schools.

Recommendation 9: Ensure youth-friendly sexual and reproductive health services are available in all regions of Victoria.



Prevention of violence against women

Recommendation 10: Strengthen the focus on sexual assault and harassment in initiatives to prevent and respond to violence against women.

Recommendation 11: Scale up efforts to promote gender equality and prevent violence against women in the media and advertising settings.

Recommendation 12: Strengthen the focus on challenging rigid masculine gender norms in primary prevention.

Recommendation 13: Incorporate a focus on reproductive coercion into primary prevention and response to violence against women.

Recommendation 14: Ensure a strong intersectional focus across all primary prevention initiatives, as well as continuing to roll out and scale up initiatives tailored to specific population groups.

Recommendation 15: Undertake further research to strengthen the evidence base for primary prevention of violence against women.



Mental health

Overview

Gender differences in young people's mental health

The Victorian Youth Strategy needs to prioritise young women's mental health, recognising the high and increasing rates of poor mental health among young women and girls. While girls and boys experience comparable levels of mental health and self-confidence before puberty, young women's mental health outcomes decline during adolescence, compared with young men's.⁹

Young women aged 16 to 24 report the highest rates of mental disorder of any population group (30%),¹⁰ experience higher rates of depression and anxiety than young men, and are presenting to mental health services with self-harm and suicidal behaviours at increasing rates.

Mission Australia's 2020 survey of over 25,000 young people found 30% of young women were experiencing psychological distress in 2018 – up from 22.5% of young women in 2012, and nearly double the level of psychological distress experienced by young men (15.8%).¹¹

This survey showed that young people's top three concerns are coping with stress, mental health and body image. Compared with young men, young women were:

- more than twice as likely to be extremely or very concerned about coping with stress (55.5% compared with 24.8%)
- nearly three times as likely to be concerned about body image (45.9% compared with 15.7%)
- more than twice as likely to be concerned about mental health (43.4% compared with 20.7%) and
- nearly twice as likely to be concerned about school or study problems (40.5% compared with 21.4%).¹²

Sex and gender-based inequalities intersect with other forms of inequality to influence the mental health of different groups of young women. Young women with disabilities are subjected to dual discrimination and stereotyping on the basis of gender and disability, adversely affecting self-esteem and expectations.¹³ For young Aboriginal and Torres Strait

⁹ Hankin BL, Young JF, Abela JRZ, Smolen A, Jenness JL, Gulley LD, et al. (2015) Depression from childhood into late adolescence: influence of gender, development, genetic susceptibility, and peer stress. *Journal of Abnormal Psychology*. 124(4):803-16. Available from: [URL](#)

¹⁰ Duggan M (2016) Investing in women's mental health: strengthening the foundations for women, families and the Australian economy. Australian Health Policy Collaboration, Melbourne. Available from: [URL](#)

¹¹ Hall S, Fildes J, Perrrens B, Plummer J, Carlisle E, Cockayne N, et al. (2019) Can we talk?: seven year youth mental health report: 2012-2018. Mission Australia, Sydney. Available from: [URL](#)

¹² Tiller E, Fildes J, Hall S, Hicking V, Greenland N, Liyanarachchi D, et al. (2020) Youth Survey Report 2020. Mission Australia, Sydney. Available from: [URL](#)

¹³ Women with Disabilities Australia (2015) Submission to the UN Committee on the Rights of the Child (CRC): development of the General Comment on the Rights of Adolescents. WWDA, Lenah Valley, Tas., p. 9. Available from: [URL](#)



Islander women, the compounding effects of a history of colonisation and dispossession, intergenerational trauma, removal from family and community, racism and discrimination have a detrimental effect on mental health.¹⁴ Mission Australia's 2020 Youth Survey also found young Aboriginal women were less likely to be happy/very happy than non-Indigenous women (45.4% compared with 54.4%).¹⁵ Young migrant and refugee women experience structural, institutional and interpersonal forms of disadvantage that significantly impact their ability to experience good mental health, including racism, settlement stress and trauma, gender inequality and gender-based violence.¹⁶

How has COVID-19 impacted young women's mental health?

Young women have been disproportionately impacted by COVID-19. Survey data show young women reported higher levels of mental distress than young men (24% compared to 21%).¹⁷

Concerningly, there was a 33% increase in presentations at hospital for self-harm among children and young people in Victoria in the six weeks to August 2020, compared to the previous year.¹⁸ Though sex-disaggregated data is not publicly available, we know that females are over-represented in hospital admissions for self-harm overall.¹⁹

In Victoria, a survey of 2000 people found women aged 18-24 were 2.5 times more likely to have lost their job during the first lockdown, compared to their male counterparts.²⁰ A national survey showed that the employment rate of young women had dropped 7% below that of young men in April and had not caught up by September.²¹

These effects have been attributed to gendered differences in paid and unpaid labour, namely young women's greater representation in the industries directly affected by COVID-19 and increased caring responsibilities during the pandemic.²²

Why do young women experience poorer mental health than young men?

Gender is recognised as a social determinant of mental health. Evidence indicates that discrepancies in mental health between young women and men are driven by sex- and gender-based expectations and experiences, and that the decline in young women's mental

¹⁴ Suicide Prevention Australia (2016) Suicide and suicidal behaviour in women: issues and prevention: a discussion paper. Suicide Prevention Australia. Sydney, p. 24. Available from: [URL](#)

¹⁵ Tiller E, Fildes J, Hall S, Hicking V, Greenland N, Liyanarachchi D, et al. (2020) Youth Survey Report 2020. Mission Australia, Sydney. Available from: [URL](#)

¹⁶ Multicultural Centre for Women's Health (2020), Policy brief: Immigrant and refugee women's mental health. Multicultural Centre for Women's Health, Collingwood, Vic. Available from: [URL](#)

¹⁷ Kabatek J (2020) Jobless and distressed: the disproportionate effects of COVID-19 on young Australians. Melbourne Institute, Parkville, Vic. – (*Research Insights*; 26/20). Available from: [URL](#)

¹⁸ Clayton R (2020) Statistics show increase in children presenting to hospitals after self-harming. *ABC Online*, (Aug 8). Available from: [URL](#)

¹⁹ Women's Health Victoria (2020) Mental health: Self-harm: rate (per 1,000), 2018. *In*: Victorian Women's Health Atlas [Website]. Women's Health Victoria, Melbourne. Available at: [URL](#)

²⁰ VicHealth (2020) Coronavirus Victorian Wellbeing Impact Study: report for survey 1. Victorian Health Promotion Foundation, Melbourne. Available from: [URL](#)

²¹ Kabatek J (2020) Jobless and distressed: the disproportionate effects of COVID-19 on young Australians. Melbourne Institute, Parkville, Vic. – (*Research Insights*; 26/20). Available from: [URL](#)

²² Kabatek J (2020) 5 charts on how COVID-19 is hitting Australia's young adults hard. *The Conversation* (Oct 2). Available from: [URL](#)



health during adolescence is linked to social factors rather than poor health care.²³ Indeed, Mission Australia's 2020 Youth Survey found that 'equity and discrimination' was the top reported national issue for young people. Nearly half the young women surveyed reported being treated unfairly due to their gender (48%), compared with less than a quarter of young men (22.5%).²⁴

The gendered social determinants or drivers of women's mental health are expressions of a wider context of gender inequality in which women's lives are lived. These determinants are not experienced in isolation from one another, but rather concurrently and cumulatively over the course of women's lives. For example, risk factors for the development of mental disorders include: gender-based violence; socioeconomic disadvantage, income inequality and lack of access to resources; subordinate social status; and responsibility for the care of others, all of which disproportionately affect girls and women.²⁵

How can we improve young women's mental health?

Despite the clear gendered discrepancies in mental health for young people, there is a lack of awareness about the prevalence, risk factors and experience of poor mental health among women and girls. Gender is not routinely considered as part of mainstream mental health policy or practice. There is limited evidence about effective gender-responsive interventions,²⁶ and limited investment in strategies specifically targeted to improving young women's mental health. However, by addressing gender inequality and taking a gender-sensitive approach to mental health, there is an opportunity to significantly improve outcomes for young women, young men and gender diverse young people.

A gender-sensitive (or gender-responsive) approach to youth mental health is needed across the spectrum from primary prevention and early intervention through to treatment and recovery. A gender-responsive approach to health identifies gender differences and inequalities among women, men and non-binary people, and sets about addressing them.²⁷

A gendered approach to prevention of mental ill-health means addressing the gendered social determinants of poor mental health for women, men and those with diverse gender identities. The evidence suggests that the most effective way to reduce the risk of poor physical, emotional and mental health outcomes for young women is to create a more gender equal society for girls to grow up in.²⁸ By investing in and strengthening gender equity we can address the social determinants that lead to unequal mental health outcomes for young

²³ Rowlands IJ, Dobson AJ, Mishra GD (2015) Physical health of young, Australian women : a comparison of two national cohorts surveyed 17 years apart. *PLoS One* 10(11): e0142088: 1-12. Available from: [URL](#)

²⁴ Tiller E, Fildes J, Hall S, Hicking V, Greenland N, Liyanarachchi D, et al. (2020) Youth Survey Report 2020. Mission Australia. Sydney. Available from: [URL](#)

²⁵ Hall S, Fildes J, Perrens B, Plummer J, Carlisle E, Cockayne N, et al. (2019) Can we talk?: seven year youth mental health report: 2012-2018. Mission Australia, Sydney. Available from: [URL](#)

²⁶ Duggan M (2016) Investing in women's mental health: strengthening the foundations for women, families and the Australian economy. Australian Health Policy Collaboration, Melbourne – (*AHPC Issues Paper*, 2016-02). Available from: [URL](#)

²⁷ UNESCO (2017) Gender-sensitive resources *In* Women make the news [Webpage] United Nations Educational, Scientific and Cultural Organization, Paris. Available from: [URL](#)

²⁸ Webster A, Anderson R, Barr M (2017) Growing up unequal: how sex and gender impact young women's health and wellbeing. Women's Health Victoria. Melbourne. - (*Women's Health Issues Paper*, 12). Available from: [URL](#)



women and gender-diverse young people. In other words, investing in gender equality is a primary prevention strategy for mental health.

Initiatives to promote mental health and wellbeing need to address social pressures – including stress and poor body image – contributing to high levels of concern for young women.²⁹ Analysis of women's depressive symptoms by the Australian Longitudinal Study of Women's Health has suggested that a range of factors, including education and financial resources, promotion of positive social support systems, and encouragement of health promoting lifestyles, might serve to promote young women's mental health.³⁰

Case study: Girls on the Go!

Girls on the Go! is a Victorian 10-week out-of-school program designed to improve self-esteem, body image, and confidence, using an empowerment model that involves interactive and experiential learning approaches. An evaluation found a significant increase in self-esteem, self-efficacy and reduced dieting behaviours in secondary school participants. These gains were sustained at a 6-month follow-up. The study took place at a community health centre in a culturally diverse area of Melbourne and the authors concluded that Girls on the Go! is a successful way to improve self-esteem among girls from many cultural backgrounds.³¹

Case study: Hear Me, See Me, Support Me

[Hear Me, See Me, Support Me: What young women want you to know about depression](#) is a 2006 resource developed by young women in Canada. When asked for their ideas about depression, young women don't, for the most part, identify physical "symptoms" that can be treated with a prescription. They call attention instead to factors outside of themselves (e.g. cultural expectations, family dynamics, friendship, intimacy, peer pressure and fitting in, sizism, body image and media, racism, trauma (unspoken) and anger) that can prevent young women from slipping into clinical depression.

While the case studies above represent examples of promising practice, there is a need to address the current a lack of research into how best to address the gendered drivers of poor mental health in order to promote mental health and wellbeing among women and girls.

Gender-responsive mental health services are also needed to respond to the concerns, challenges and support preferences of young women, men and gender-diverse people.³² Mental Health Reform Victoria has recently recognised this need, by releasing a tender for the development of a dedicated women's mental health service. However, young people's mental health services remain gender-insensitive.

²⁹ Tiller E, Fildes J, Hall S, Hicking V, Greenland N, Liyanarachchi D, et al. (2020) Youth Survey Report 2020. Mission Australia. Sydney. Available from: [URL](#)

³⁰ Holden L, Harris M, Hockey R, Ferrari A, Lee YY, Dobson AJ, et al. (2019) Predictors of change in depressive symptoms over time: Results from the Australian Longitudinal Study on Women's Health. *Journal of Affective Disorders*. 245:771-8.

³¹ Tirlea L, Truby H, Haines TP (2016) Pragmatic, randomized controlled trials of the Girls on the Go! Program to improve self-esteem in girls. *American Journal of Health Promotion*. 30(4):231-41.

³² In their latest Youth Survey, Mission Australia have highlighted the need for gender-sensitive mental health services.



Mental health issues affecting young women

The following section highlights key areas of young women's mental health that need a stronger focus, including stress, body image, anxiety and depression, self-harm and suicidal behaviours, eating disorders and help-seeking behaviours.

Stress

Young women report high levels of stress, which is often driven by gender inequalities. In Mission Australia's 2020 Youth Survey, twice as many young women in Victoria reported that coping with stress was a major issue of concern (56.9% compared with 28.0% of young men). Young Aboriginal and Torres Strait Islander women share these concerns.

Multiple and intersecting stressors affect young women. These include:

- Pressure to be successful and achieve good marks,³³ and feeling that they need to work 'harder' than boys to be successful.³⁴
- Pressure to be 'perfect' – to be the perfect friend/student/partner and have the perfect body – as well as guilt associated with inactivity and 'inefficiency'.³⁵
- Pressure to be pleasing and care for others (therefore not having enough personal time).³⁶
- Having more expected of them than of their brothers.³⁷ For example, girls generally do more housework and homework than boys.³⁸
- Pressure on appearance, and the notion that the female body needs to be controlled (for example, through dieting, body hair removal).
- Exposure to gender-based violence and harassment, and fear of assault. Girls feel less comfortable and safe in their neighbourhoods and are less likely to be allowed to travel by themselves.³⁹

³³ Wiklund M, Bengs C, Malmgren-Olsson E-B, Öhman A (2010) Young women facing multiple and intersecting stressors of modernity, gender orders and youth. *Social Science and Medicine*. 71(9):1567-75.

³⁴ *ibid.*

³⁵ *ibid.*

³⁶ Fink E, Patalay P, Sharpe H, Holley S, Deighton J, Wolpert M (2015) Mental health difficulties in early adolescence: a comparison of two cross-sectional studies in England from 2009 to 2014. *Journal of Adolescent Health*. 56(5):502-7, p. 505. Available from: [URL](#)

³⁷ Wiklund M, Bengs C, Malmgren-Olsson E-B, Öhman A (2010) Young women facing multiple and intersecting stressors of modernity, gender orders and youth. *Social Science and Medicine*. 71(9):1567-75, p. 1571

³⁸ Australian Institute of Family Studies (2012) The housework and homework habits of Australian ten and eleven year-olds. *Australian Institute of Family Studies Media Release* (Jul 13). Available from: [URL](#)

³⁹ IPSOS Australia (2016) Everyday sexism: girls' and young women's views on gender inequality in Australia. Plan International Australia; Our Watch, Melbourne, p. 20. Available from: [URL](#)



Research suggests that same-sex attracted and gender-queer young people living in rural and regional Victoria face added pressures due to higher levels of homophobia, increased surveillance, and reduced access to relevant information, resources and services.⁴⁰

Young mental health carers, who are overwhelmingly female, experience particular challenges and vulnerabilities. For example, evidence shows young mental health carers experience higher rates of educational disengagement and lower rates of mental health and wellbeing than young people with other types of caring responsibilities.⁴¹ They may also present as high achievers at school, which can compound the immense pressure of their caring roles.⁴²

It is clear that unfair and unrealistic gender norms and expectations, and gendered experiences of discrimination, underpin these stressors for young women. Initiatives to increase gender equity should therefore be an important component of the health and wellbeing domain of the Victorian Youth Strategy.

Body image

Mission Australia's 2020 Youth Survey found that nearly three times as many young women as young men report being extremely or very concerned about body image (45.9% compared with 15.7%). Nearly one in ten young women rate body image as their biggest personal concern (compared with 2.9% of males), and body image is the second most pressing concern overall for young women in Victoria.⁴³

In a society in which more than half of Australian girls report that they are more often valued for their looks than their brains and ability,⁴⁴ girls and young women internalise the view that their appearance is the measure of their self-worth, and this is constantly reinforced by media and advertising, as well as by family and friends.

Media and advertising play a highly influential role in reinforcing idealised and unrealistic beauty standards, particularly for young women.⁴⁵ There is substantial evidence that advertising and other mass media contribute to body dissatisfaction. Advertising constructs female success as being based on physical attractiveness, by relying on limiting, unrealistic images of women's bodies and by linking women's power to their sexual desirability to men.⁴⁶

⁴⁰ Leonard W, Marshall D, Hillier L, Mitchell A, Ward R (2010) Beyond homophobia: meeting the needs of same sex attracted and gender questioning (SSAGQ) young people in Victoria : a policy blueprint. Australian Research Centre in Sex, Health & Society, La Trobe University, p. 11. Available from: [URL](#)

⁴¹ Redmond G, Hamilton, M (2019) Are young carers less engaged in school than non-carers?: evidence from a representative Australian study. *Child Indicators Research* 13(1):33-49. Available from: [URL](#)

⁴² *ibid.* Available from: [URL](#)

⁴³ Tiller E, Fildes J, Hall S, Hicking V, Greenland N, Liyanarachchi D, et al. (2020) Youth Survey Report 2020. Mission Australia. Sydney. Available from: [URL](#)

⁴⁴ IPSOS Australia (2016) Everyday sexism: girls' and young women's views on gender inequality in Australia. Plan International Australia; Our Watch, Melbourne, p. 20. Available from: [URL](#)

⁴⁵ Hall S, Fildes J, Perrins B, Plummer J, Carlisle E, Cockayne N, et al. (2019) Can we talk?: seven year youth mental health report: 2012-2018. Mission Australia. Sydney. Available from: [URL](#)

⁴⁶ McKenzie M, Bugden M, Webster A, Barr M (2018) Advertising (in)equality: the impacts of sexist advertising on women's health and wellbeing. Women's Health Victoria, Melbourne. - (*Women's Health Issues Paper*, 14). Available from: [URL](#)



Girls as young as 6-9 years of age who are exposed to sexualised images via television and magazines experience increased body dissatisfaction.⁴⁷

Body dissatisfaction often emerges during childhood and peaks in adolescence when young women are 'acutely attuned' to their body weight and shape.⁴⁸ Girls may engage in self-objectification, a process of internalising a third-person view of their bodies as the main way to think about themselves.⁴⁹ This process has significant consequences for young women's health, including increased feelings of anxiety and shame.⁵⁰ The sexualisation and objectification of young women also leads to them being considered to have lower mental capacity and lower moral status, and is also associated with less sympathetic responses to girls who experience bullying or other harms.⁵¹

Appearance pressures permeate our whole society, and young women absorb this from family and friends. For example, when mothers talk frequently about their own weight, shape, or size, this is linked to lower self-worth and higher depressive symptoms among their daughters.⁵² Body dissatisfaction is also higher when a teenager's friends talk a lot about weight loss strategies, make comparisons, or convey the importance of thinness and appearance for someone to be socially acceptable.⁵³

The ideal beauty standard is also a stereotypically feminine and heterosexual one – and young women who express their physical image in ways which are seen as masculine or gender non-conforming can be treated with hostility.⁵⁴

What works to address poor body image for girls and young women?

Research shows that interventions that focus on promoting self-esteem and positive body image for young women and girls —starting just before the onset of puberty at age 8 or 9 years— are amongst the most promising for supporting positive body image in young women.⁵⁵

A New South Wales study found that young people who saw family, strong friendships and achievements as centrally important in their lives were buffered from viewing body image as

⁴⁷ *ibid.* Available from: [URL](#)

⁴⁸ Webb HJ, Zimmer-Gembeck MJ (2013) The role of friends and peers in adolescent body dissatisfaction : a review and critique of 15 years of research. *Journal of Research on Adolescence*. 24(4). [Author manuscript version; p. 3]. Available from: [URL](#)

⁴⁹ Stiefler Johnson V (2014) Internalizing beauty ideals: the health risks of adult women's self-objectification. *OPUS (NYU Steinhart)*. 2014(Fall):13-19. Available from: [URL](#)

⁵⁰ *ibid.* Available from: [URL](#)

⁵¹ Holland E, Haslam N (2016) Cute little things: the objectification of prepubescent girls. *Psychology of Women Quarterly*. 40 (1):108-19. Available from: [URL](#)

⁵² Bauer KW, Bucchianeri MM, Neumark-Sztainer D (2013) Mother-reported parental weight talk and adolescent girls' emotional health, weight control attempts, and disordered eating behaviors. *Journal of Eating Disorders*. 1(Article:45):1-8. Available from: [URL](#)

⁵³ Webb HJ, Zimmer-Gembeck MJ (2013) The role of friends and peers in adolescent body dissatisfaction : a review and critique of 15 years of research. *Journal of Research on Adolescence*. 24(4). [Author manuscript version; p. 27]. Available from: [URL](#)

⁵⁴ Webster A, Anderson R, Barr M (2017) Growing up unequal: how sex and gender impact young women's health and wellbeing. Women's Health Victoria, Melbourne. - (*Women's Health Issues Paper*, 12). Available from: [URL](#)

⁵⁵ Eddy MM (2014) Promoting self-esteem in overweight and obese girls. *Women's Healthcare: A Clinical Journal for NPs*. (Oct 9): webpage. Available from: [URL](#)



the critical factor that determined their self-worth.⁵⁶ This suggests that the strongest protective factors for body image are associated with an integrated view of wellbeing that is validated by the people and world around us.

The same study found that Indigenous participants were politicised around issues to do with Aboriginality and discrimination and this acted as a protective factor in shaping the way they experienced body image pressures.⁵⁷ Participants were conscious of mainstream adherence to culturally narrow perceptions of beauty and were quick to identify with African-American culture and role models from Aboriginal and Torres Strait Islander communities.⁵⁸

Case study: Happy Being Me

Happy Being Me is a three-session classroom prevention intervention for girls aged 11 to 14 years. This program was delivered to five schools in Melbourne and developed to reduce body dissatisfaction, desire to obtain the thin body type portrayed as ideal by the media, peer interactions that contribute to body dissatisfaction, and body comparison tendency. An evaluation of this program found significant improvements in body dissatisfaction and psychological risk factors post intervention and at six-month follow-up, compared to those who did not participate in the program.⁵⁹

To address poor body image, WHV recommends investing in initiatives that support gender equality and promote an integrated view of a young woman's value and worth, reducing the importance placed on young women's appearance both by the community and by young women themselves.

Challenging the sexualisation and objectification of young women and girls at the societal level also has the potential to improve young women's body image, increase their physical activity, and improve their mental and emotional wellbeing, sexual experiences, and relationships.⁶⁰

Efforts to promote more diverse and authentic representations of young women in media and advertising, for example through WHV's [Gender Equality in Advertising project](#), should be scaled up. Parents, teachers and health professionals also need to be equipped with skills to promote self-esteem and shift emphasis away from young women's appearance.

Anxiety and depression

Rates of depression, anxiety and psychological distress are on the rise among young women in Australia and internationally.⁶¹ Gender inequality is a contributing factor to women's anxiety

⁵⁶ Flaxman S, Skattebol J, Bedford M, Valentine K (2012) National Youth Affairs Research Scheme (NYARS): body image and disadvantaged/vulnerable youth: final report. University of NSW. Social Policy Research Centre, Sydney, p. 4. Available from: [URL](#)

⁵⁷ *ibid.* Available from: [URL](#)

⁵⁸ *ibid.* Available from: [URL](#)

⁵⁹ Dunstan CJ, Paxton SJ, McLean SA (2017) An evaluation of a body image intervention in adolescent girls delivered in single-sex versus co-educational classroom settings. *Eating Behaviors*. 25(Apr):23-31.

⁶⁰ Webster A, Anderson R, Barr M (2017) Growing up unequal: how sex and gender impact young women's health and wellbeing. Women's Health Victoria, Melbourne. - (*Women's Health Issues Paper*, 12). Available from: [URL](#)

⁶¹ Bor W, Dean AJ, Najman J, et al. (2014) Are child and adolescent mental health problems increasing in the 21st century?: a systematic review. *Australian and New Zealand Journal of Psychiatry*. 48(7):606-616



and depression and needs to be factored into any response to improve young people's mental health.

Anxiety disorders are the leading contributor to the burden of disease in Australian girls and women aged five to 44.⁶² The Australian Longitudinal Study on Women's Health has found that about a third of young women have been diagnosed with or treated for either depression or anxiety.⁶³ Women aged 15-24 years are twice as likely to report having an anxiety-related condition as young men (18.9% compared with 7.9%).⁶⁴ Symptoms often first appear during late adolescence and early adulthood.

According to 2015 ABS data, 10.5% of young Australian women aged 15-24 reported depression or feelings of depression, compared to 5.6% of their male counterparts.⁶⁵ The 2019 HILDA survey found that 20.1% of women aged between 15 and 34 are suffering from diagnosed depression and anxiety, up from 12.8% in 2009.⁶⁶

Twice as many rural adolescent girls report depressive symptoms compared to their male counterparts.⁶⁷ This is exacerbated by a lack of mental health services including insufficient access to comprehensive mental health programs; stigma around mental health which is more pronounced in smaller communities; and a lack of transport options.⁶⁸

This steep increase in depression and anxiety has been attributed to increased sexualisation and objectification of girls and young women, as well as exposure to social media and increased pressure on school performance.⁶⁹ Sleeping difficulties have been found to precede the development of anxiety and depression in young women.⁷⁰ Low socioeconomic status is also associated with anxiety disorders.⁷¹

Addressing social factors such as poverty, exposure to violence and other stressors, provides the greatest opportunity for anxiety prevention. For example, women who experience

⁶² AIHW (2018) Australia's health 2018: in brief. Australian Institute of Health and Welfare, Canberra. Available from: [URL](#)

⁶³ Mishra G, Loxton D, Anderson A, Hockey R, Powers J, Brown W, et al. (2014) Health and wellbeing of women aged 18 to 23 in 2013 and 1996: findings from the Australian Longitudinal Study on Women's Health. Women's Health Australia, Newcastle, NSW, p. 110. Available from: [URL](#)

⁶⁴ ABS (2015) Mental and behavioural conditions: anxiety-related conditions *ln*: 4364.0.55.001: National Health Survey: first results 2014-15. Australian Bureau of Statistics, Canberra. Available from: [URL](#)

⁶⁵ ABS (2015) Table 3: Long-term health conditions Australia [Data cube] *ln*: National Health Survey: first results 2014-15. Australian Bureau of Statistics, Canberra. Available from: [URL](#)

⁶⁶ Wilkins R, Laß L, Butterworth P, Vera-Toscano E (2019) The Household, Income and Labour Dynamics in Australia (HILDA) Survey: selected findings from Waves 1 to 17. University of Melbourne. Melbourne Institute, Parkville Vic. Available from: [URL](#)

⁶⁷ Black G, Roberts RM, Li-Leng T (2012) Depression in rural adolescents: relationships with gender and availability of mental health services. *Rural and Remote Health*. 12(2092):1-11, p. 7. Available from: [URL](#)

⁶⁸ *ibid.* Available from: [URL](#)

⁶⁹ Fink E, Patalay P, Sharpe H, Holley S, Deighton J, Wolpert M (2015) Mental health difficulties in early adolescence: a comparison of two cross-sectional studies in England from 2009 to 2014. *Journal of Adolescent Health*. 56(5):502-7, p. 505. Available from: [URL](#)

⁷⁰ Jackson ML, Sztendur EM, Diamond NT, Byles JE, Bruck D (2014) Sleep difficulties and the development of depression and anxiety: a longitudinal study of young Australian women *Archives of Women's Mental Health*. 17(3):189-198. Available from: [URL](#)

⁷¹ Mwinyi J, Pisanu C, Castelao E, Stringhini S, Preisig M, Schiöth HB (2017) Anxiety disorders are associated with low socioeconomic status in women but not in men *Women's Health Issues* 27(3):302-307. Available from: [URL](#)



domestic violence are four times more likely to develop anxiety.⁷² Youth mental health services women must also take an intersectional gender-sensitive approach and be attentive to the range of factors that impact young women's mental health, not limited to but including gendered expectations and pressures.

Self-harm and suicidal behaviours

Despite high rates of suicide, self-harm and suicidal behaviours among young women, there is limited investment in gender-sensitive strategies aimed at reducing suicide and suicidal behaviours among young women.

Suicide is the leading cause of death for young women aged 15-24.⁷³ A 2020 report by the Australian Institute of Health and Welfare and Flinders University shows that suicide rates in adolescent females have risen the most sharply of any age group. The suicide rate for 15-19 year old females born between 1999-2003 is 1.8 times higher than for the cohort born in 1954-58 (6.4 per 100,000 compared with 3.6 per 100,000).⁷⁴

Further, nearly 1 in 3 girls aged 16-17 have self-harmed.⁷⁵ In 2016-17, young women aged 15-19 accounted for the largest age-specific rates of hospitalised self-injury cases, nearly four times the rate of their male counterparts.⁷⁶ The number of Australian women aged 15-24 years who injure themselves so severely that they require hospital treatment has increased by more than 50% between 2000 and 2016.⁷⁷ Aboriginal and Torres Strait Islander women are hospitalised for self-harm at twice the rate of non-Aboriginal women and hospitalisation rates generally increase with level of disadvantage and degree of remoteness.⁷⁸ Transgender youth also have high rates of self-harm.⁷⁹ Young people who are same-sex attracted, bisexual, or unsure of their sexuality are at greater risk of self-harm than heterosexual teens.⁸⁰ As not all episodes of self-harm end in hospitalisation, the true prevalence of self-harm among young women is likely higher.

Mental health experts have warned that the growing suicide risk for young women in Australia is not being taken seriously enough.⁸¹ Orygen's survey of youth self-harm emergency

⁷² Trevillion K, Oram S, Feder G, Howard LM (2012) Experiences of domestic violence and mental disorders: a systematic review and meta-analysis *PLOS One*. 7(12):e51740. Available from: [URL](#)

⁷³ AIHW (2018) Deaths in Australia: web report. Supplementary tables. Table S3.2 leading causes of Death, by age group, 2014-16. Available from: [URL](#)

⁷⁴ AIHW, Henley G, Harrison JE (2020) Suicide in Australia: trends and analysis: 1964 to 2018. Australian Institute of Health and Welfare, Canberra. – (*Injury Research and Statistics*; no. 132). Available from: [URL](#)

⁷⁵ Robinson J, McCutcheon I, Browne V, et al. (2016) Looking the other way: young people and self-harm. Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, p. 12. Available from: [URL](#)

⁷⁶ AIFS (2020), Suicide and intentional self-harm *In: Australia's health 2020*. Australian Institute of Health and Welfare, Canberra. Available from: [URL](#)

⁷⁷ Suicide Prevention Australia (2016) Suicide and suicidal behaviour in women: issues and prevention: a discussion paper. Suicide Prevention Australia. Sydney, p. 24. Available from: [URL](#)

⁷⁸ Harrison JE, Henley G (2014) Suicide and hospitalised self-harm in Australia: trends and analysis: hospitalised intentional self-harm: 2010-11. Australian Institute of Health and Welfare, Canberra.. Available from: [URL](#)

⁷⁹ Strauss P, Cook A, Winter S, Watson K, Wright-Toussaint D, Lin A (2017) Trans pathways: the mental health experiences and care pathways of trans young people: summary of results. Telethon Kids Institute, Perth. Available from: [URL](#)

⁸⁰ Australian Institute of Family Studies (2017) Fact sheet: Self-harm and suicidal behaviour of young people aged 14-15 years old. Available from: [URL](#)

⁸¹ Mottram L (2020) As an AFLW star dies, youth mental health group, Orygen, identifies poor treatment of young women at risk of suicide [Video]. ABC Online. (Oct 15), 1 video (5 min.). Available from: [URL](#)



presentations found that young women come away feeling worse than before they accessed the service.⁸² Suicidal behaviour and self-harm in women can be viewed by family, health professionals and the community as attention-seeking, manipulative and non-serious, which can negatively influence how young women are treated.⁸³ This indicates a need for gender-sensitivity training for mental health workforces that addresses harmful attitudes and gender stereotypes, as well as gender-sensitive, non-judgemental mental health services for young women.

Rates of self-harm are high among young women with a mental illness, including depression, anxiety, post-traumatic stress disorder, eating disorders and borderline personality disorder. However, self-harming behaviours are still poorly understood, indicating a need for further research into the reasons why women turn to self-harm. Gender-sensitive, trauma-informed and culturally-safe treatment is needed, which includes addressing harmful coping behaviours. Trauma-informed care recognises how socio-cultural factors such as gender inequality, power imbalances, colonisation and disenfranchisement give rise to victimisation and can present barriers to seeking support.⁸⁴

Connection to country and culture is important to the health of Aboriginal and Torres Strait Islander young women and strengthening this connection is widely considered the key to disrupting cycles of disadvantage.⁸⁵ Programs to address Aboriginal and Torres Strait Islander mental health and suicide prevention should include community-led programs that focus on strengthening social and emotional wellbeing and cultural renewal.⁸⁶

Eating disorders

Young women in Australia are at risk of developing disordered eating patterns that affect their health and quality of life. While eating disorders can occur across all ages, socio-economic groups and genders,⁸⁷ being female and experiencing puberty are key risk factors for the onset of an eating disorder.⁸⁸ Eating disorders are the third most common chronic illness in young females.⁸⁹ Approximately one in 100 adolescent girls develops anorexia nervosa, and 75% of children diagnosed with the condition are female. The mortality rate for people with eating

⁸² Orygen (2019) Examining emergency department practices for young people who self-harm. *Orygen Media Release*. (May 1). Available from: [URL](#); as reported in Mottram L (2020) As an AFLW star dies, youth mental health group, Orygen, identifies poor treatment of young women at risk of suicide [Video]. ABC Online. (Oct 15), 1 video (5 min.). Available from: [URL](#)

⁸³ NHMRC Centre of Research Excellence in Suicide Prevention (2015) Care after a suicide attempt. Australia. National Mental Health Commission, Sydney. Available from: [URL](#)

⁸⁴ Quadara A (2015). Implementing trauma-informed systems of care in health settings: The WITH study: State of knowledge paper. Australia's National Research Organisation for Women's Safety. Sydney. - (*ANROWS Landscapes*, 10/2015). Available from: [URL](#)

⁸⁵ Aboriginal Family Violence Prevention and Legal Service Victoria (2016) A Victorian Government gender equality strategy: submission by FVPLS Victoria. FVPLS Victoria, Footscray, Vic., p. 15. Available from: [URL](#)

⁸⁶ UWA. School of Indigenous Studies (2016) Solutions that work: what the evidence and our people tell us: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report [ATSISPEP Report]. University of Western Australia, Crawley, WA, p. 56. Available from: [URL](#)

⁸⁷ Eating Disorders Victoria (2015) Risk factors. EDV, Abbotsford, Vic. Available from: [URL](#)

⁸⁸ Treasure J, Claudino AM, Zucker N (2010) Eating disorders. *Lancet*. 375 (9714):583-93

⁸⁹ National Eating Disorders Collaboration (2012) An integrated response to complexity: National eating disorders framework. NEDC. Sydney. Available from: [URL](#)



disorders is the highest of all psychiatric illnesses, and over 12 times higher than for people without eating disorders. This includes increased risk of suicide.⁹⁰

Australian healthy weight adolescent females commonly adopt weight control behaviours such as dieting, skipping meals and inducing vomiting.⁹¹ The Australian Longitudinal Study on Women's Health measured the impact of disordered eating on women with a mean age of 24 years over a period of 12 years. This research found that even apparently minor symptoms are associated with significant and far-reaching deficits in well-being.⁹²

Modifiable risk factors for eating disorders include low self-esteem, body dissatisfaction, internalisation of the thin socio-cultural ideal and disordered eating and dieting.⁹³ The Butterfly Foundation also reports that in multicultural communities, prolonged exposure to Western ideals of shape and size can lead to low self-esteem and increased risk of developing an eating disorder.⁹⁴

Accessing treatment early reduces the severity, duration and impact of an eating disorder.⁹⁵ Eating disorders often co-occur with depression and/or anxiety, and it is essential that co-occurring mental health conditions are addressed during treatment. However, there are reports of inadequate eating disorder inpatient and outpatient services in Victoria, resulting in long waitlists.⁹⁶ People living in rural and regional areas report lack of services and healthcare workers with knowledge about eating disorders in their area.⁹⁷ Of people living with an eating disorder, 79% report that cost remains a significant barrier to accessing treatment.⁹⁸

Help-seeking and access to services

As highlighted in Mission Australia's latest Youth Survey, gender-sensitive mental health services are important to respond to the concerns, challenges and support preferences of young females and males.⁹⁹

⁹⁰ National Eating Disorders Collaboration (2012). Eating disorders in Australia. NEDC, Sydney, p. 7. Available from: [URL](#)

⁹¹ Guest J, Bilgin A, Pearce R, Baines S, Zeuschner C, Rossignol-Grant CL, et al. (2010) Evidence for under-nutrition in adolescent females using routine dieting practices. *Asia Pacific Journal of Clinical Nutrition*. 19 (4):526-33

⁹² Wade TD, Wilksch SM, Lee C (2012) A longitudinal investigation of the impact of disordered eating on young women's quality of life. *Health Psychology*. 31(3):352-9

⁹³ Butterfly Foundation (2020), Risks and warning signs [Webpage] Butterfly Foundation, Crows Nest, NSW. Available from: [URL](#)

⁹⁴ Butterfly Foundation (2020) People from multicultural communities [Webpage]. Butterfly Foundation, Crows Nest, NSW. Available from: [URL](#)

⁹⁵ Butterfly Foundation (2020) Eating disorders treatment [Webpage]. Butterfly Foundation, Crows Nest, NSW. Available from: [URL](#)

⁹⁶ Hart L, Philipou A (2020) COVID has presented unique challenges for people with eating disorders: they'll need support beyond the pandemic. *The Conversation*. (Nov 24): 1 webpage. Available from: [URL](#)

⁹⁷ Butterfly Foundation (2020) MAYDAYS 2020 Survey report: barriers to accessing eating disorder healthcare and support. Butterfly Foundation, Crows Nest, NSW. Available from: [URL](#)

⁹⁸ *ibid.* Available from: [URL](#)

⁹⁹ Hall S, Fildes J, Perrrens B, Plummer J, Carlisle E, Cockayne N, et al. (2019) Can we talk?: seven year youth mental health report: 2012-2018. Mission Australia, Sydney. Available from: [URL](#)



A lack of understanding by health professionals and parents, and feelings of shame and guilt, can be barriers to seeking help.¹⁰⁰ The Mission Australia survey found higher proportions of young women reported the following as barriers to seeking help:

- stigma and embarrassment (39.4% compared with 33.2% of males),
- fear (31.3% compared with 19.7% of males) and
- a lack of support (28.6% compared with 24.1% of males).¹⁰¹

Many young people from migrant and refugee backgrounds are reportedly very reluctant to seek professional support with their psychosocial problems due to a range of individual, cultural, and service-related barriers.¹⁰² These include a lack of culturally relevant mental health services (and/or services that treat migrant and refugee young women as a homogeneous group, rather than responding to differing community needs), lack of trained bilingual and bi-cultural practitioners working in health services, and unaffordability of services.¹⁰³

Young mental health carers face barriers to accessing support. Because much of the support they provide is emotional and behavioural, it can be invisible, making young carers hard to identify and hindering their access to support. Fear of disclosing their caring role and mental health situation of their family member is a significant barrier to their seeking support, as well as fear of bullying and stigma, or of questions being raised about child protection.¹⁰⁴ Tandem, the peak body for mental health carers in Victoria, also report feelings of guilt and worry about the potential impacts on their parental and family relationships as barriers to seeking help.

During COVID, many young people who have sought help have been unable to access timely services. The Victorian Commission for Children and Young People found that a 'significant number of children and young people reported inadequate access to mental health services, including programs not being available, long wait lists and the lack of services tailored to young people.'¹⁰⁵ The same report found that many young people prefer to access face-to-face mental health services, rather than telehealth services, particularly if they were engaging with services for the first time.

There is a need to 'join the dots' between women's experiences of gender inequality, sexual harassment, violence and trauma, and poor mental health outcomes. An awareness of gendered barriers to help-seeking is critical to support the best mental health outcomes for young women. There is also a need to address stigma and discrimination, as well as gendered

¹⁰⁰ Robinson J, McCutcheon I, Browne V, et al. (2016) Looking the other way: young people and self-harm. Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, p. 9. Available from: [URL](#)

¹⁰¹ Hall S, Fildes J, Perrens B, Plummer J, Carlisle E, Cockayne N, et al. (2019) Can we talk?: seven year youth mental health report: 2012-2018. Mission Australia, Sydney. Available from: [URL](#)

¹⁰² Centre for Multicultural Youth (2014) Mind matters: the mental health and wellbeing of young people from diverse cultural backgrounds. CMY, Melbourne, p.8.

¹⁰³ Multicultural Centre for Women's Health (2020), Policy brief: Immigrant and refugee women's mental health. Multicultural Centre for Women's Health, Collingwood, Vic. Available from: [URL](#)

¹⁰⁴ Redmond G, Hamilton M (2019) Are young carers less engaged in school than non-carers?: evidence from a representative Australian study. *Child Indicators Research*. 13(1), 33-49. Available from: [URL](#)

¹⁰⁵ Victoria. Commission for Children and Young People (2020) Impact of COVID-19 on children and young people. CCYP, Melbourne. Available from: [URL](#)



attitudes to young women who may be seeking or need support, to ensure their concerns are taken seriously.

Youth mental health services need to be gender-responsive and trauma-informed. Using this lens, behaviours that may be considered 'difficult' are understood as appropriate responses or adaptations to trauma.¹⁰⁶ A framework that is grounded in understanding and responding to trauma is important in any service that supports women, due to the links between poor mental health and experiences of gendered violence, including family violence¹⁰⁷ and sexual abuse.¹⁰⁸

Mental health programs, services and prevention initiatives aimed at young women must also take an intersectional approach and be culturally safe and responsive to the other factors that impact young women's lives beyond sex and gender. Services and health professionals must avoid homogenising approaches to young women's mental health and wellbeing by recognising that the experience of sex and gender-based inequality interacts with experiences of ableism, homophobia, racism and socio-economic and rural disadvantage.

Further detail on gender-responsive, trauma-informed and culturally safe services is included in Recommendation 3 below.

Recommendations to support young women's mental health

2. Invest in an intersectional gender-sensitive approach to youth mental health promotion to address the drivers of poor mental health among girls and young women, including gender inequality by:

- Investing in gender equality as a primary prevention strategy for mental health;
- Focusing on addressing the structural, as well as individual, 'drivers' of poor mental health among young women (including gendered violence, trauma, housing and financial insecurity, and poor body image among others);
- Investing in gendered, intersectional mental health promotion initiatives that support young women with mild to moderate mental health concerns to manage their mental health more autonomously;
- Challenging the sexualisation and objectification of young women and girls at the societal level;
- Raising awareness about the impacts of poor body image for young women and its drivers, including sexualisation, gender inequality, racism and ableism;

¹⁰⁶ Funston L (2019) In the business of trauma: an intersectional-materialist feminist analysis of 'trauma informed' women's refuges and crisis accommodation services in Sydney and Vancouver [Thesis] *University of Sydney*. *Sydney Digital Theses*. 2019 (4699). Available from: [URL](#)

¹⁰⁷ Trevillion K, Oram S, Feder G, et al. (2012) Experiences of domestic violence and mental disorders: a systematic review and meta-analysis. *PLoS ONE* 7(12): e51740. Available from: [URL](#)

¹⁰⁸ Quadara A (2015). Implementing trauma-informed systems of care in health settings: The WITH study: State of knowledge paper. Australia's National Research Organisation for Women's Safety. Sydney. - (*ANROWS Landscapes*, 10/2015). Available from: [URL](#)



- Providing ongoing investment to multilingual and ethno-specific organisations to facilitate innovative, tailored mental health promotion programs;¹⁰⁹
- Investing in research examining why young women experience mental health problems at almost double the rates of young men,¹¹⁰ and building the evidence base for gender-sensitive approaches to support the mental health of women and girls.

3. Take an intersectional, trauma-informed and gender-responsive approach to delivery of youth mental health services. Services should:

- Be gender-responsive: This involves understanding mental distress within the context of young women's lives and addressing the mental health impacts of gendered experiences including sexual abuse, family violence and poor body image.
- Be trauma-informed: A trauma-informed approach requires an awareness of a person's history of trauma and understanding the impact that violence and victimisation has in their lives. The aim is to move away from a victim-blaming deficit focus towards a strengths-based approach, asking 'what has happened to you?' rather than 'what is wrong with you?'¹¹¹
- Be culturally safe and relevant to the communities they serve. This includes not just having access to qualified interpreters, but ensuring that bi-lingual and bi-cultural workers with expertise in women's mental health operate in all major mental health services. Multilingual health information and resources must be available and provided in a wide range of community languages.
- Build the evidence-base for gender-sensitive interventions and supports for young women. Despite widespread acceptance of gender as a key determinant of mental health, there is little evidence about effective gender-sensitive interventions.
- Work in partnership with organisations with specialist expertise on the needs of specific groups of young women, such as Aboriginal women and women from newly arrived and migrant backgrounds, to ensure that services are culturally safe and appropriate referrals are made.
- Be co-designed with young women, enabling them to be involved in initiatives intended to promote good mental health and to make choices about their mental health care and treatment.
- Understand that many mental health conditions are comorbid with each other – and with physical health conditions – and must be treated together.

¹⁰⁹ Multicultural Centre for Women's Health (2020) Policy brief: Immigrant and refugee women's mental health. Multicultural Centre for Women's Health, Collingwood, Vic. Available from: [URL](#)

¹¹⁰ Hall S, Fildes J, Perrens B, Plummer J, Carlisle E, Cockayne N, et al. (2019) Can we talk?: seven year youth mental health report: 2012-2018. Mission Australia, Sydney. Available from: [URL](#)

¹¹¹ Funston L (2019) In the business of trauma: an intersectional-materialist feminist analysis of 'trauma informed' women's refuges and crisis accommodation services in Sydney and Vancouver [Thesis] University of Sydney. Sydney Digital Theses. 2019 (4699).



- Ensure staff understand the importance of gender-responsive, trauma-informed and culturally safe services and are trained in how to deliver such services.
- Be holistic and have appropriate warm referral capabilities with other services e.g. housing, family violence and sexual assault services, financial counselling etc.

4. Address barriers to help-seeking among young women

- Provide gender-sensitivity training for health and mental health workforces that addresses harmful attitudes and gender stereotypes and encourages them to take young women's experiences seriously, as well as training them on how to provide gender-sensitive, non-judgemental mental health support for young women;
- Embed curriculum on the mental health of women and girls within medical and other relevant tertiary syllabi;
- Address stigma, discrimination and fear as barriers to help-seeking;
- Improve the accessibility and affordability of mental health services, particularly in rural and regional areas.

Physical health

Overview

The onset of puberty can change the way young women feel about their bodies and abilities, as well as how they are treated by others, impacting their health and wellbeing. Regular physical activity is vital for good physical and mental health, however young women report barriers to participation in organised sports and self-directed exercise. For example, parental and individual perceptions of safety influence participation in active play. Girls are less likely than boys to report that their parents let them walk or ride to places, or visit local parks on their own.¹¹² Feeling unsafe in their neighbourhood also limits young women's participation in community life.

Positively, women's participation in organised sport has grown between 2015 and 2018, with the largest growth in participation rate (6.2%) among girls in the 10–14-year age group.¹¹³ This increase is largely due to increases in girls' participation in traditionally male-dominated sports such as Australian football, cricket and soccer.¹¹⁴ This increase also reflects the success of significant policy investment focusing on increasing women's participation in sport, including *This Girl Can*, the Active Women and Girls program, the Australian Football League Women's Competition (AFLW) and efforts to ensure sport infrastructure is inclusive. However, young women's participation in physical activity drops after the age of 15,¹¹⁵ and women remain underrepresented in sports participation overall, highlighting the need for a continued focus on gender equity in sport and physical activity.¹¹⁶ There is also an opportunity to proactively review the way that physical education is taught in schools to ensure that it is meeting the needs of young women and girls.

It is important to take an intersectional and gendered approach to health promotion that addresses the barriers and enablers to healthy behaviours for young women at both a structural/environmental and individual level. As a starting point, we must create environments that support health and healthy living, and this includes consideration of physical, social and economic factors and acknowledging that doing the same for everyone will not enable equal access. For example, interventions to increase the participation of women in physical activity must consider the physical environment (e.g. women's actual and perceived safety, lighting etc), social norms (e.g. socially constructed body and beauty ideals) and economic inequalities (e.g. affordability). It is also essential to ensure that sport and recreation programs are welcoming and inclusive spaces for all young women by actively addressing sexism, ableism, racism, transphobia and homophobia.

¹¹² VicHealth (2017) Youth 12-17: physical activity insights. Victorian Health Promotion Foundation. Carlton South, Vic., p. 5. Available from: [URL](#)

¹¹³ VicHealth (2020) Sport participation in Victoria, 2018: Research summary: Part 1: Key findings at a glance. Victorian Health Promotion Foundation, Carlton South, Vic. Available from: [URL](#)

¹¹⁴ *ibid.* Available from: [URL](#)

¹¹⁵ Eime R (2016) VicHealth Research Practice Fellowship - Physical Activity: final report. Sport and Recreation Spatial, Available from: [URL](#)

¹¹⁶ VicHealth (2020) Sport participation in Victoria, 2018: Research summary: Part 2: Discussion of key findings. Victorian Health Promotion Foundation, Carlton South, Vic. Available from: [URL](#)



Gendered barriers to participation in physical activity persist for young women and girls and many of these barriers relate to body image and appearance concerns, as well as sexism, sexualisation and sexual harassment:

- A reduction in young women's interest and confidence in physical activity in adolescence due to combination of puberty, body image concerns and gender norms.¹¹⁷
- Concern about the presence of males when exercising and worry about being judged, humiliated and harassed.¹¹⁸
- Sexualisation through uniform and sportswear design can make girls feel uncomfortable playing sport.¹¹⁹
- Social norms around what physically active people look like, namely 'thin' and conventionally 'attractive', can be unattainable for some and reinforce the perception that physical activity is not for them.¹²⁰

While healthy eating is often simplistically described as a 'choice', young women's choices are determined by factors such as affordability, opportunity, safety and availability, as well as gendered norms and expectations related to food and eating. For example, cost is usually the most important factor determining the food-purchasing decisions of lower-income households, and the rising cost of fruits, vegetables and other healthy foods in Australia makes healthy eating unaffordable for young women on low incomes. Gendered norms and practices that position food preparation as women's work, as well as gender stereotypes related to women and food (for example, over-eating or eating unhealthily as a coping mechanism¹²¹), also need to be challenged.

A key challenge in health promotion is that being 'healthy' is often equated with being 'thin', and 'health' goals for women become linked to appearance norms and thinness pressures. Public health campaigns that emphasise the desirability of an ideal body weight and shape are associated with increased stigma and body dissatisfaction in people of all weights.¹²² Research on adolescent girls and boys has also found that weight-based victimisation in adolescence can lead to increased risk of depression, low self-esteem, suicidal ideation and

¹¹⁷ Webster A, Anderson R, Barr M (2017) Growing up unequal: how sex and gender impact young women's health and wellbeing. Women's Health Victoria, Melbourne. - (*Women's Health Issues Paper*, 12). Available from: [URL](#)

¹¹⁸ van Bueren D, Elliott S, Farnam C (2016) 2016 Physical activity and sport participation campaign: insights report. TNS Social Research, North Sydney. p. 7. Available from: [URL](#)

¹¹⁹ Abbott (2013) Teaching girls to prioritise function over form for better body image. *The Conversation* (Feb 15). Available from: [URL](#)

¹²⁰ Stiefler Johnson V (2014) Internalizing beauty ideals: the health risks of adult women's self-objectification. *OPUS (NYU Steinhardt)*. 2014(Fall):13-19. Available from: [URL](#)

¹²¹ Upston B, Anderson R, Wojcik E (2017) Serving up inequality: how sex and gender impact women's relationship with food. Women's Health Victoria, Melbourne. - (*Women's Health Issues Paper*, 11). Available from: [URL](#)

¹²² National Eating Disorders Collaboration (2017) Eating disorders and obesity treatments: a systematic review of the physical, psychological and eating disorders outcomes from obesity treatments. NEDC, Crows Nest, NSW. Available from: [URL](#)



poor body image, higher levels of disordered eating, harmful weight control behaviours, weight gain and lower levels of physical activity.¹²³

The first principle of any health promotion efforts targeting young women must be to do no harm. Given the prevalence and salience of body image concerns for young women (as explored in the mental health section of this submission), it is critical that any health promotion initiatives avoid reinforcing a focus on appearance and weight.

Recommendations to improve young women's physical health

To continue to foster positive lifelong relationship between young women and their bodies, WHV recommends the following:

Recommendation 5: Take an intersectional gender-sensitive approach to health promotion, including addressing structural barriers and enablers for healthy behaviours

- Proactively review the way that physical education is taught in schools to ensure that it is meeting the needs of young women and girls.
- Continue to focus efforts on gender equity in sport, and ensure interventions to increase the participation of women in physical activity consider the physical environment, social norms and economic and other barriers to participation.
- Ensure that sports and recreation programs, clubs and services are equitable, welcoming and inclusive for young women and girls including actively addressing sexism, ableism, racism and homophobia.
- Create an enabling environment for healthy eating, and challenge gendered norms, practices and stereotypes that limit or negatively influence young women's eating behaviours.

Recommendation 6: Tackle sexualisation and objectification of young women and promote positive body image

- Raise awareness about the drivers and impacts of poor body image for young women and, including sexualisation, gender inequality, racism and ableism.
- Increase resources for young people, parents, teachers and health professionals to promote positive body image and challenge the objectification and sexualisation of young women.
- Advocate for improved representation of women and girls in public spaces, including through efforts to promote gender equality in media and advertising.

Recommendation 7: Focus on health, not weight in all interventions that aim to improve young women's physical health

¹²³ Pont S, Puhl R, Cook SR, Slusser W (2017) Stigma experienced by children and adolescents with obesity. *Pediatrics*. 140(6):e20173034. Available from: [URL](#)



Women's Health

V I C T O R I A

healthy • empowered • equal

- Ensure public health policy and health promotion focuses on health, not weight, and actively reduces weight stigma.

Sexual and reproductive health

Overview

Good sexual and reproductive health refers to the ability to manage fertility, have safe, respectful, and pleasurable sexual relationships, and access essential health services such as contraception and abortion. It also includes the experience and treatment of specific reproductive health conditions such as polycystic ovarian syndrome and endometriosis.

Adolescence is a time of significant physical, emotional and social change for young women and it is important they have adequate access to appropriate sexual and reproductive health information and services.¹²⁴ Comprehensive sexuality education has been shown to be protective for young people's ongoing sexual health: delaying first sexual experience, and promoting more effective use of contraception.¹²⁵

Young women's sexual and reproductive health issues are often neglected or ignored by health practitioners and absent from school sexuality and relationships education. Harmful gendered attitudes and norms persist that impact young women's sexual and reproductive health, for example, that preventing pregnancy is the young woman's responsibility and that intense period pain is normal. Numerous barriers also exist for young people accessing sexual and reproductive health services, including lack of confidentiality, stigma and cost, and these barriers are heightened for those in rural and regional areas.

The Victorian Youth Strategy should include an increased emphasis on young people's sexual and reproductive health, including the specific needs of young women. Key priorities include a renewed focus on comprehensive sexuality and relationships education and improved access to youth-friendly, inclusive sexual and reproductive health services for young people across Victoria, with a focus on young women in rural and regional areas, young women with disabilities, young migrant and refugee women, young Aboriginal and Torres Strait Islander women and young people with diverse gender identities and sexual orientations.

The below sections focus on sexuality and relationships education, period and pelvic pain, access to contraception and abortion information and services for young people, and youth-friendly sexual and reproductive health services.

Sexuality and relationships education

Sexuality and relationships education enables young people to make informed decisions about sex and relationships and can support the prevention of violence against women.¹²⁶ A recent study shows inconsistency in the delivery of sexuality education across Australia, with

¹²⁴ Webster A, Anderson R, Barr M (2017) Growing up unequal: how sex and gender impact young women's health and wellbeing. Women's Health Victoria, Melbourne. - (*Women's Health Issues Paper*, 12). Available from: [URL](#)

¹²⁵ Grunseit A, Kippax S (1993) Effects of Sex Education on Young People's Sexual Behaviour, Geneva, World Health Organization, p.10.

¹²⁶ Holden J, Bell E, Schauerhammer V (2015) We want to learn about good love: findings from a qualitative study assessing the links between comprehensive sexuality education and violence against women and girls. Plan International UK; Social Development Direct, London. Available from: [URL](#)



some young people reporting sufficient education and some reporting none.¹²⁷ Young people associated the inclusion of topics on diverse sexuality with good sexuality education.¹²⁸

Key topics highlighted by young people that were often missing in their sex education included 'relationships, sexuality and gender diversity, consent and sexual violence, sexually transmissible infections and human immunodeficiency virus prevention across different bodies and sexual practices, and pleasure'.¹²⁹ Anecdotal evidence from WHV's sexual and reproductive health information and referral service, *1800 My Options*, suggests that education about abortion is also lacking from Victorian schools' sexual and reproductive health education programs.

Case study: Lack of comprehensive sexuality and relationships education in schools

A 17 year old woman from suburban Melbourne called *1800 My Options* because her period arrived a few days later than expected and she thought she might be pregnant. She had not used oral contraceptives because of fear of side effects.

1800 My Options educated her about long term acting reversible contraception options and found a youth-friendly low-cost service in her area. *1800 My Options* also educated her around emergency contraception options and abortion options for future reference.

The caller mentioned that she had not known about these services, and that her school sex education had not explained what to do in these situations.

The rollout of a whole of school approach to Respectful Relationships Education in schools, represents significant progress towards a comprehensive approach to sexuality and relationships education. However, not all elements of comprehensive sexuality and relationships education are taught consistently in schools or, in some cases, they are taught too late in the curriculum (e.g. only offered as an elective in Year 10 or later). Schools in Victoria are also inconsistent in their adoption of a 'whole of school approach', where messages that support positive sexuality and relationships are reinforced across the school, parents are supported to have further conversations with young people, and young people are connected with the broader support they need within the community.

The next phase of work required is to review the existing curriculum and approach taken by schools across Victoria to identify the components of sexuality and relationships education that are not being consistently taught. These are likely to include long-acting reversible contraception, abortion, pornography literacy, sex and pleasure, menstruation and period pain.

¹²⁷ Waling A, Fraser S, Fisher, C (2020) Young people and sources of sexual health information. LaTrobe University. Australian Research Centre in Sex, Health and Society, Bundoora, Vic., p.16. - (*ARCShS Monograph Series*; no. 121). Available from: [URL](#)

¹²⁸ *ibid.* Available from: [URL](#)

¹²⁹ *ibid.* Available from: [URL](#)



All sexuality and relationships education must also be underpinned by approaches that consider power and gender equality, and are inclusive of diverse sexual orientations and gender identities. This acknowledges that gender inequality is a contributing factor to poor sexual and reproductive health outcomes and that gendered attitudes impact current sexual and reproductive health practices. For example, preventing pregnancy is often seen as the sole responsibility of women and therefore education messages focus on how young women can 'protect themselves', reinforcing gendered assumptions and inequalities, as opposed to having a broader conversation with young men and women about equality, respect and responsibility in relationships.

Further investment is needed in teacher training to ensure teachers are confident delivering sensitive content¹³⁰ and to ensure a sustainable, whole of school approach is embedded.¹³¹ Family Planning Victoria currently offers evidence-based teacher training for the delivery of comprehensive sexuality and relationships education and could be funded to make this available more broadly.

Period and pelvic pain

Persistent pelvic pain is a serious and widespread issue among young women, and it is essential that they have access to adequate information on menstruation and pelvic pain and can access support without stigma.

Almost three quarters of young women report regular period pain.¹³² Adolescents with severe dysmenorrhea have impaired quality of life and are at increased risk of depression and anxiety.¹³³ Recent Australian research found that 3 out of 10 young women reported having to skip class at school or university due to menstrual symptoms in the past 3 months.¹³⁴ This not only has implications for their education and workforce participation, but also for social activities and wellbeing.

Many young women also suffer from reproductive health conditions that impair their quality of life. It is estimated that endometriosis affects approximately one in nine women in Australia,¹³⁵ however this is likely to be an underestimate. It takes an average of 7 years to be diagnosed with endometriosis and many women report suffering undiagnosed in their teenage years, unaware that the condition even existed.¹³⁶ Women often feel frustrated and angry at

¹³⁰ Ollis D, Coll L (2018) Beyond teaching the 'taboo': renegotiating sexuality and relationships education's boundaries with students and teachers. *Active and Healthy Journal*. 25(Issue 2/3):47-54.

¹³¹ Ollis D, Harrison L (2016) Lessons in building capacity in sexuality education using the health promoting school framework: from planning to implementation. *Health Education*, 116(2):138-153.

¹³² Armour M, Parry K, Manohar N, Holmes K, Ferfolja T, Curry C, et al. (2019) The prevalence and academic impact of dysmenorrhea in 21,573 young women: a systematic review and meta-analysis. *Journal of Women's Health*. 28(8):1161-1171. Available from: [URL](#)

¹³³ Sachedin A, Todd N (2020) Dysmenorrhea, endometriosis and chronic pelvic pain in adolescents *Journal of Clinical Research in Pediatric Endocrinology*. 12(Suppl. 1):7-17. Available from: [URL](#)

¹³⁴ Armour M, Hyman MS, Al-Dabbas M, Parry K, Ferfolja T, Curry C, et al. (2020) Menstrual health literacy and management strategies in young women in Australia: a national online survey of young women aged 13-25. *Journal of Pediatric and Adolescent Gynecology*. Online in-press (Nov 11). Accessed: November 2020. Available from: [URL](#)

¹³⁵ Endometriosis Australia (2020) Endo facts [Webpage], cited December 2020. Available from: [URL](#)

¹³⁶ Jean Hailes for Women's Health (2016) Endometriosis [Fact Sheet]. Available from: [URL](#)



unsatisfactory experiences with healthcare providers, and raise concerns about the effectiveness and side effects of treatments.¹³⁷

Polycystic Ovary Syndrome (PCOS) affects approximately one in ten women and is the most common hormonal disorder in women of reproductive age. Depression, anxiety and period pain are symptoms of PCOS.¹³⁸ Despite being a leading cause of women's infertility, it is often undiagnosed.¹³⁹ It can also increase the risk of other long-term health issues such as diabetes and cardiovascular disease.¹⁴⁰

Period pain is normalised by health professionals, the community and young women themselves. Coupled with stigma around periods and lack of knowledge about conditions associated with severe pelvic pain such as endometriosis, this leads to delays in diagnosis and treatment.¹⁴¹ A recent study in Australia found young women are actively seeking more information on menstruation, but also reported experiences of shaming and stigmatisation of menstruation at school by both teachers and students.¹⁴²

Education on menstruation and managing period pain should be part of a comprehensive whole school approach to sexuality and relationships education.¹⁴³ Menstrual education should include a focus on: reducing stigma, fear and shame around menstruation; teaching positive management strategies; and encouraging adolescents to seek help for their menstrual concerns.¹⁴⁴ Schools must also take period and pelvic pain seriously and provide support to students experiencing it. There is strong evidence that consistent delivery of a menstrual health education program in schools increases adolescent student awareness of endometriosis.¹⁴⁵

Young women also need increased access to youth friendly sexual and reproductive health services outside school, where they can access information and treatment without judgement.

Access to contraception and abortion information and services

Access to affordable and appropriate contraception and pregnancy choices is essential for young women's sexual and reproductive health and wellbeing, and to support social and economic participation throughout their lifetime. While Victoria has progressive abortion laws,

¹³⁷ Jean Hailes for Women's Health (2017) Health topics: Endometriosis [Webpage]. Available from: [URL](#)

¹³⁸ Jean Hailes for Women's Health (2019) Polycystic ovary syndrome (PCOS) [Fact Sheet]. Available from: [URL](#)

¹³⁹ Healthdirect (2018) Polycystic ovarian syndrome (PCOS) [Webpage]. Available from: [URL](#)

¹⁴⁰ Jean Hailes for Women (2019) Polycystic ovary syndrome (PCOS) [Fact Sheet]. Available from: [URL](#)

¹⁴¹ Armour M, Holmes K, Parry KA (2020) 3 out of 10 girls skip class because of painful periods: and most won't talk to their teacher about it. *The Conversation*. (Nov 23):1 webpage. Available from: [URL](#)

¹⁴² Waling A, Fraser S, Fisher, C (2020) Young people and sources of sexual health information. LaTrobe University. Australian Research Centre in Sex, Health and Society, Bundoora, Vic., p.16. - (*ARCSHS Monograph Series*; no. 121). Available from: [URL](#)

¹⁴³ Armour M, Hyman MS, Al-Dabbas M, Parry K, Ferfolja T, Curry C, et al. (2020) Menstrual health literacy and management strategies in young women in Australia: a national online survey of young women aged 13-25. *Journal of Pediatric and Adolescent Gynecology*. Online in-press (Nov 11). Accessed: 24 November 2020. Available from: [URL](#)

¹⁴⁴ Li, AD, Bellis EK, Girling JE, Jayasinghe YL, Grover SR, Marino JL, et al (2019). Unmet needs and experiences of adolescent girls with heavy menstrual bleeding and dysmenorrhea: a qualitative study. *Journal of Pediatric and Adolescent Gynecology*, 33(3):278-284

¹⁴⁵ Bush D, Brick E, East MC, Johnson N (2017) Endometriosis education in schools: a New Zealand model examining the impact of an education program in schools on early recognition of symptoms suggesting endometriosis. *Australian and New Zealand Journal of Obstetrics and Gynaecology*. 57(4):452-457. Available from: [URL](#)



Victorian women are still not able to exercise their full reproductive rights, and the barriers are often heightened for young women.

Barriers to access to sexual and reproductive health information and services for young women include:

- deep rooted gender norms that place responsibility for pregnancy prevention on women
- persistent fears about using hormonal contraception¹⁴⁶
- health practitioners who continue to relay myths or out-of-date information about long-acting reversible contraception, such as that women who have not had children should not use IUDs¹⁴⁷
- high rates of conscientious objection to abortion among health practitioners, especially in rural and regional areas¹⁴⁸
- long wait times, especially in rural and regional areas¹⁴⁹
- difficulty obtaining an appointment without parents' knowledge and accessing a doctor that is not their parents' doctor, particularly in rural and regional areas¹⁵⁰
- cost, including cost of transport¹⁵¹
- judgement by health service staff¹⁵²

Consequences of lack of access to abortion and contraception for young women can be numerous, with an international study from 2015 finding that women who are denied access to abortion are more likely to:

- experience serious complications at the end of the pregnancy
- stay with abusive partners, and
- suffer anxiety and loss of self-esteem in the short term.¹⁵³

¹⁴⁶ Fisher CM, Kauer S (2019) National Survey of Australian Secondary Students and Sexual Health 1992–2018: trends over time. LaTrobe University. Australian Research Centre in Sex, Health and Society, Bundoora, Vic. - (*ARCShS Monograph Series*; no. 118). Available from: [URL](#)

¹⁴⁷ Women's Health Victoria (2020) Delivering optimal sexual and reproductive health outcomes for Victorian women: priorities for the next women's sexual and reproductive health plan 2021-2025. Women's Health Victoria, Melbourne.

¹⁴⁸ Keogh L, Haining C, Dam M, Hendron M (2020) Increasing reproductive choices in the Grampians and Pyrenees and Wimmera Regions. University of Melbourne. Centre for Health Equity; Women's Health Grampians, Melbourne. Available from: [URL](#)

¹⁴⁹ Waling A, Fraser S, Fisher, C (2020) Young people and sources of sexual health information. LaTrobe University. Australian Research Centre in Sex, Health and Society, Bundoora, Vic., p.16. - (*ARCShS Monograph Series*; no. 121). Available from: [URL](#)

¹⁵⁰ *ibid.* Available from: [URL](#)

¹⁵¹ *ibid.* Available from: [URL](#)

¹⁵² *ibid.*, p.16. Available from: [URL](#)

¹⁵³ Advancing New Standards in Public Health (2020) Turnaway Study [Webpage]. ANSIPH. University of California San Francisco (UCSF), San Francisco. Accessed December 2020. Available from: [URL](#)



Case study: Health practitioners can increase barriers to sexual and reproductive health for young women

A 19 year old woman from outer eastern Gippsland region who called WHV's sexual and reproductive health information and referral service, *1800 My Options*, was told by her General Practitioner (GP) that no abortion services existed in the region, and she would need to travel to Melbourne for a termination. The woman called *1800 My Options* on the advice of a friend and was provided with pathways to two GPs within her region where she could access low cost medical abortion.

Further investment is needed to ensure all young women can access youth-friendly, confidential and non-judgemental contraception and abortion information and services in all regions of Victoria. This is explored further below.

Some groups of young women experience additional barriers to access. For example, young women on temporary or student visas have limited service options. This was exacerbated during COVID-19 when many of those on temporary or student visas lost their jobs and were unable to access income supplements. *1800 My Options* reported a higher number of these women seeking access to free or low-cost contraception or abortion during this period. *1800 My Options* partnered with Family Planning Victoria to provide access to affordable contraception and pregnancy options for some of these women. Information and services for young migrant women, including those women on temporary or student visas, must be affordable, inclusive (including having information available in multiple languages and access to translators) and culturally sensitive (e.g. ensuring female practitioners are available).

Young women with disabilities may face transport and other barriers which stop them from having independent access to key services and information. In addition, a recent consultation undertaken by WHV highlighted that many sexual and reproductive health services do not provide information in accessible formats and many health services still demonstrate ableist attitudes that further limit access for women with a disability.¹⁵⁴ Information and services for young women with a disability must be physically accessible, welcoming and inclusive, and have information available in a variety of accessible formats.

Youth-friendly sexual and reproductive health services

According to the World Health Organisation (WHO), the two most common characteristics that young people want in a sexual and reproductive health service are confidentiality and being treated with respect and without judgement by service providers.¹⁵⁵

A youth friendly service should aim to (but not limited to):

- ensure confidentiality

¹⁵⁴ Women's Health Victoria (2020) Delivering optimal sexual and reproductive health outcomes for Victorian women: priorities for the next women's sexual and reproductive health plan 2021-2025. Women's Health Victoria, Melbourne.

¹⁵⁵ World Health Organisation. Department of Maternal, Newborn, Child and Adolescent Health (2012) Making health services adolescent friendly: developing national quality standards for adolescent friendly health services. WHO, Geneva. Available from: [URL](#)



- ensure communication is non-judgemental
- be inclusive and respectful of diverse gender, sexual and cultural identities
- provide free or low-cost services
- ensure age-appropriate health information is available
- address structural barriers to young people accessing the service.¹⁵⁶

A consultation with young people on their sexual and reproductive health needs led by *1800 My Options* found that services that demonstrated inclusivity of diverse populations, for example by displaying the rainbow and Aboriginal flags on the premises, were seen as being more youth friendly.

Youth friendly services in Victoria should at a minimum focus on:

- increasing health practitioner understanding of youth needs including the importance of non-judgmental attitudes for all health service staff, and
- ensuring accessibility, affordability and inclusiveness of information and services for all young people, including those with diverse gender identities and sexual orientations, Aboriginal and Torres Strait Islander young people, those with a disability, and migrant and refugee young people.

It is also important to ensure sexual and reproductive health services that are appropriate for young people are available in all regions. This could include ensuring the Doctors in Secondary Schools program is available in all regional and rural schools, as well as out-of-school options, recognising that not all young people are engaged in (school) education or will want to engage with school-based options.

Recommendations to improve young people's sexual and reproductive health

Recommendation 8: Invest in an evidence-based approach to comprehensive whole-of-school sexuality and relationships education within Victorian schools

- Review the current approach to sexuality and relationships education taken by schools across Victoria to identify the components that are not being consistently taught.
- Provide greater curriculum guidance to schools on sexuality and relationships education to increase the number of schools covering the full suite of topics, including: sex and consent; abortion, bodily autonomy and reproductive rights; media literacy including an explicit focus on sexualisation, body image and gender stereotypes in the media and advertising; and healthy masculinities.

¹⁵⁶ Family Planning Victoria (2017) Improving access to reproductive and sexual health services for young people: a service coordination guide for primary health care providers in Victoria. FPV, Melbourne. Available from: [URL](#)



- Ensure menstruation and pelvic pain education is included within sexuality and relationships education.
- Invest in teacher training for sexuality and relationships education to ensure teacher confidence and sustainability.
- Ensure a gender and power analysis is applied across all sexual and reproductive health curriculum (e.g. ensure education on contraception unpacks gendered attitudes that assume contraception is the responsibility of women).

Recommendation 9: Ensure youth-friendly sexual and reproductive health services are available in all regions of Victoria

- Ensure young people across Victoria can access affordable, accessible, confidential and non-judgemental contraception and abortion services across Victoria.
- Ensure sexual and reproductive health services for young people are welcoming, inclusive and culturally safe for all young people.
- Invest further in the Doctors in Schools program to ensure it is available in all Victorian secondary schools.

Prevention of violence against women

Overview

WHV welcomes the inclusion of a proposed outcome to ensure *Victorian young people are safe, experience equality of opportunity and are treated fairly*. It is essential that the Victorian Youth Strategy includes a focus on the prevention of violence against women, given young women (aged 18–24 years) experience significantly higher rates of physical and sexual violence than women in older age groups.¹⁵⁷

An evidence-based approach to prevention of violence against women needs to recognise that gender inequality provides the underlying conditions in which violence against women occurs, and address the four gendered drivers of violence against women outlined in the national framework for the prevention of violence against women, *Change the Story*.¹⁵⁸

1. Condoning of violence against women
2. Men's control of decision making and limits to women's independence
3. Stereotyped constructions of masculinity and femininity
4. Disrespect towards women and male peer relations that emphasise aggression

It must also address other forms of inequality and discrimination such as ableism, racism, and colonisation that can increase the risk or severity of violence. For example, young people with disability are twice as likely to report experiencing violence in the last 12 months compared to young people without disability.¹⁵⁹ This means that 'universal' prevention initiatives must take an intersectional approach, ensuring they include and address the experiences of diverse groups of women, and that tailored approaches or initiatives may also be needed to address the needs of particular groups of young people.

A whole-of-government youth strategy presents a valuable opportunity to embed an intersectional approach to gender equity across all outcome domains and make a strong contribution to the prevention of violence against women, both for young women and for women throughout their lives.

An effective approach to the primary prevention of violence against women requires mutually-reinforcing initiatives that target gendered norms, practices and structures across multiple settings (including schools, workplaces, sports and media) and at every level of the socio-ecological model (individual, relationship, community and societal). Examples include:

¹⁵⁷ Politoff, V., Politoff V, Crabbe M, Honey N, Mannix S, Mickle J, Morgan J, et al. (2019) Young Australians' attitudes to violence against women and gender equality: findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS). ANROWS, Sydney – (*ANROWS Insights*; 01/2019). Available from: [URL](#)

¹⁵⁸ Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS), VicHealth (2015) *Change the story: a shared framework for the primary prevention of violence against women and their children in Australia*. Our Watch, Melbourne. Available from: [URL](#)

¹⁵⁹ Centre of Research Excellence in Disability and Health. Violence against young people with disability in Australia. CRE-DH, Parkville, Vic. – (*CRE-DH Fact Sheet*, 2). Available from: [URL](#)



- Respectful Relationships Education, which addresses harmful gender norms and practices at an individual, organisational and community level, within the school setting
- WHV's Gender Equality in Advertising project which takes a systems approach to promoting diverse and transformative gender portrayals in advertising – working with individuals, organisations and governments to address sexist attitudes and behaviours, transform discriminatory workplace practices and cultures, and strengthen inadequate regulatory frameworks.

Key gaps in Victoria's approach to the prevention of violence against women that require further attention as part of the Victorian Youth Strategy include:

- A stronger focus on preventing and responding to sexual harassment and sexual violence
- Cross-sector collaboration to prevent and respond to reproductive coercion/abuse
- Evaluating and enhancing media literacy and critical media analysis for young people
- Approaches to primary prevention that target young men and challenge harmful attitudes and behaviours and rigid masculine gender norms

Preventing and responding to sexual harassment and sexual violence

A recent report by Our Watch tracking the progress of efforts to prevent violence against women in Australia found that a *'concerning proportion of people hold attitudes which disregard the need for sexual consent in sexual relations'*.¹⁶⁰ This is particularly true for young men with a 2019 Australian study finding that significant proportions of young men supported attitudes that justified sexual violence. For example, nearly a quarter of young men (24%) agreed that *'women find it flattering to be persistently pursued, even if they are not interested'*.¹⁶¹

Research also shows high levels of sexual harassment in settings where there are high proportions of young people. A recent report found that one in five students in Australian universities had experienced sexual harassment.¹⁶² Another study into the hospitality and retail sectors¹⁶³, where many young people undertake their first job, found that the majority of the female workforce had experienced sexual harassment and that rates of sexual harassment were highest among those aged 18–29 years.¹⁶⁴ The high rate of sexual harassment of young

¹⁶⁰ Our Watch (2020) Tracking progress in prevention: a national monitoring report on progress towards the primary prevention of violence against women and their children in Australia, Our Watch, Melbourne. Available from: [URL](#)

¹⁶¹ Politoff V, Crabbe M, Honey N, Mannix S, Mickle J, Morgan J, et al. (2019) Young Australians' attitudes to violence against women and gender equality: findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS). ANROWS, Sydney – (*ANROWS Insights*; 01/2019). Available from: [URL](#)

¹⁶² Australian Human Rights Commission (2017) Change the course: National report on sexual assault and sexual harassment at Australian universities. AHRC. Sydney. Available from: [URL](#)

¹⁶³ Australian Human Rights Commission (2019) Everyone's business: Survey on sexual harassment of members of the Shop, Distributive and Allied Employees' Association. AHRC, Sydney. Available from: [URL](#)

¹⁶⁴ *ibid.* Available from: [URL](#)



female workers both reflects and reinforces the power imbalance between junior female staff and more senior male staff and customers.

Following the Royal Commission into Family Violence, the Victorian Government has invested in a range of primary prevention initiatives. While these initiatives are framed as addressing 'all forms of violence against women', in practice they tend to be focused on family violence; other forms of violence against women, particularly sexual violence and harassment have received less attention. WHV welcomes the commitment in the second Family Violence Rolling Action Plan to the development of a comprehensive sexual assault strategy. Additional investment to support a stronger focus on preventing sexual assault and harassment is essential to ensure the safety of young women, who are over-represented as victims of sexual violence.

The recently released Australian Human Rights Commission report, *Respect@Work*, includes a range of recommendations for addressing sexual harassment at work, including several that state governments can and should act on, for example in relation to strengthening workplace health and safety laws to address sexual harassment. Targeted initiatives are also needed to prevent and address sexual harassment within industries where there are high rates of sexual harassment, and where there tend to be high numbers of young people, such as hospitality. There is also a role for the Victorian Government in advocating for implementation of those recommendations for which the federal government has responsibility.

There is also an opportunity to strengthen the focus on sexual harassment and sexual violence in education settings. As outlined in the section of this submission on sexual and reproductive health, there is a need to address gaps in Victoria's approach to Respectful Relationships Education in schools to ensure comprehensive sexuality and relationships education is being delivered in all Victorian schools, taking a whole-of-school approach. For example, a recent study found that information on sex, consent and relationships is an area where young people are still wanting further information.¹⁶⁵

WHV is pleased to see that the second Family Violence Rolling Action Plan includes a commitment from the Victorian Government to work with Our Watch to test and scale up whole-of-organisation prevention initiatives within the vocational education and training (VET) sector, using evidence-based resources such as *Workplace Equality and Respect*. The [accredited gender equity training](#) recently developed and piloted by Women's Health Victoria can play an important role in building the capability of the VET workforce in gender equity. Similar initiatives should be adopted within the university sector.

Cross-sector collaboration to prevent and respond to reproductive coercion/abuse

Men's control of decision making and limits to women's independence is one of the drivers of violence against women. Research shows that although attitudes may be shifting towards

¹⁶⁵ Waling A, Fraser S, Fisher, C (2020) Young people and sources of sexual health information. LaTrobe University. Australian Research Centre in Sex, Health and Society, Bundoora, Vic., p.16. - (*ARCShS Monograph Series*; no. 121). Available from: [URL](#)



greater support for women's equality and independence in the workplace and public life, this is less so in the private sphere. A recent study found that young men were less likely than young women to support attitudes that promote women's independent decision making in private life (i.e. home and family). For example, 22% of young men agreed men should take control in relationships and be the head of the household (compared with 12% of young women).¹⁶⁶

This is concerning and highlights the need for a stronger focus on promoting women's autonomy in their private lives, including their bodily autonomy and reproductive rights and choices. Ensuring young women have access to contraception and abortion is key to promoting their independence and autonomy and preventing reproductive coercion/abuse – a form of violence against women which has been neglected to date, and which requires coordination between the sexual and reproductive health and violence against women sectors (prevention and response).

Reproductive coercion/abuse is defined as 'behaviour that interferes with the autonomy of a person to make decisions about their reproductive health'.¹⁶⁷ Reproductive coercion/abuse contributes to negative health outcomes including poor mental health, unintended pregnancy and sexually transmitted infections.¹⁶⁸ Although the rate of reproductive coercion/abuse in Australia is unknown, evidence shows women are at increased risk of experiencing intimate partner violence during pregnancy¹⁶⁹ and that unintended pregnancy occurs more commonly in relationships where the woman experiences violence.¹⁷⁰

While reproductive coercion/abuse is a form of violence against women and shares the same gendered drivers, it is not explicitly addressed in primary prevention and response frameworks and this gap needs to be addressed. The mainstream health, sexual and reproductive health and violence against women sectors all need increased understanding of how the gendered drivers of violence may manifest in the context of sexual and reproductive health, as well as how to identify and respond to reproductive coercion/abuse, including through referral of women to sexual and reproductive health services that will enable them to assert control over their reproductive rights and choices. This could include integrating information on reproductive coercion/abuse into prevention of violence against women material targeting young people (for example, contextualising the four gendered drivers of violence against women within a sexual and reproductive health context), and ensuring links and referral

¹⁶⁶ Flood M (2020) Masculinities and health: attitudes towards men and masculinities in Australia. Victorian Health Promotion Foundation (VicHealth), Melbourne. Available from: [URL](#)

¹⁶⁷ Grace KT, Anderson JC (2018) *Reproductive coercion: a systemic review. Trauma, Violence and Abuse.* 19(4):371-390 - cited in: Marie Stopes Australia (2018) Hidden forces: shining a light on reproductive coercion: White Paper. Marie Stopes Australia, Melbourne, p.7. Available from: [URL](#)

¹⁶⁸ Tarzia L, Wellington M, Marino J, Hegarty K (2018) A huge, hidden problem: Australian health practitioners' views and understandings of reproductive coercion. *Qualitative Health Research.* 29(10):1395-1407.

¹⁶⁹ Campo M (2015) Domestic and family violence in pregnancy and early parenthood: overview and emerging interventions. Australian Institute of Family Studies, Melbourne. Available from: [URL](#) - cited in: Anderson R, Webster A, Barr M (2018) Great expectations: how gendered expectations shape early mothering experiences. Women's Health Victoria, Melbourne. - (*Women's Health Issues Paper*, 13). Available from: [URL](#)

¹⁷⁰ Miller E, Decker R, McCauley H, Tancredi D, Levenson R, Waldman J, et al. (2010) Pregnancy coercion, intimate partner violence and unintended pregnancy. *Contraception.* 81(4):316-322. Available at: [URL](#) - cited on the Children by Choice website. Accessed July 2020. Available at: [URL](#)



pathways between youth friendly sexual and reproductive health services and family violence response agencies.

Case study: Experience of reproductive coercion/abuse and the need for awareness and support across sectors.

A 25 year old woman called *1800 My Options* at 13 weeks' gestation. The woman reported that she had experienced violence and reproductive coercion from the pregnancy partner. She first sought abortion information from her GP at 5 weeks' gestation, and was told repeatedly to wait and see what would happen. Her GP eventually referred her for an ultrasound at 12 weeks, at which point she was past the gestational cut-off for local rural abortion services and needed to travel to Melbourne for services.

1800 My Options provided the caller with a direct referral into the Royal Women's Hospital Abortion and Contraception Clinic, where she was able to receive the counselling, support and termination services that she needed.

This case study demonstrates that an effective approach to preventing and responding to reproductive coercion/abuse requires increased understanding and collaboration between the health and violence against women sectors.

As noted in the section of this submission on sexual and reproductive health, there is also a need for comprehensive sexuality and relationships education in schools that covers all essential topics, including abortion, contraception and bodily autonomy, and includes a gender and power analysis across all content, to support efforts to prevent sexual violence and reproductive coercion/abuse.

This needs to be coupled with access to youth-friendly sexual and reproductive health information and services which are culturally safe and accessible for all young people, including those with a disability, Aboriginal and Torres Strait Islander young people, and migrant and refugee young people, recognising different populations' unique experiences of reproductive coercion/abuse.¹⁷¹

Evaluating and enhancing critical media literacy for young people

While the Victorian Government has invested in a range of initiatives to prevent violence against women in schools, sports clubs and workplaces, there has only been a limited focus on the media and advertising setting.

Media and advertising are pervasive in all aspects of our everyday lives, and are highly influential in shaping gendered norms, attitudes and behaviour. While media and advertising play a critical role in perpetuating the attitudes, beliefs and behaviours that promote violence against women, they can also play a significant role in contributing to their transformation and promoting gender equity.

¹⁷¹ Marie Stopes Australia (2018) Hidden forces: shining a light on reproductive coercion: White Paper. Marie Stopes Australia, Melbourne, p.7. Available from: [URL](#)



In 2018, WHV undertook research examining the links between advertising and gender inequality.¹⁷² The research showed that girls and women are still under-represented in advertising and depicted in stereotyped ways. It also showed that portrayals of girls and women have become more sexualised and objectifying over time, and that advertising often reinforces attitudes and behaviours that drive violence against women.¹⁷³

The Victorian Government has recognised the power of advertising in shaping social norms by funding WHV to lead a [project to address sexism in advertising](#). The project represents the first coordinated effort in Australia to address the drivers of violence against women and promote gender equality in the advertising setting. The project takes a whole-of-system approach to transforming advertising, including a focus on educating and empowering consumers.

A 2019 review of global and local promising practice to address sexist advertising commissioned by WHV as part of this project identified mixed evidence about the effectiveness of media literacy education for young people and the need for further research and evaluation:¹⁷⁴

From a protectionist perspective, it has been argued that advertising literacy equips children with a capacity to identify and resist advertising content, however the evidence on this front is mixed (Hudders et al. 2017; Livingstone and Helsper 2006; Rozendaal et al. 2011). Similarly, the capacity for media literacy to empower has been questioned. For example, adolescent girls' media literacy may help them to understand the techniques and messaging behind sexualised media content, but does not necessarily mitigate the harm that content continues to exert (Gill 2012). Nevertheless it has been argued that media literacy should be included in sex and/or respectful relationships education to aid young people in mitigating the impact of harmful representations (Papadopoulos 2010). This may comprise young people openly discussing their media consumption and the ways in which it informs their understanding around issues of love, sex, relationships and body image (Lumby and Albury 2008).

It also identified gaps in comprehensive sexuality and relationships education covering these issues in Australia:

*Australian school curricula do not specifically focus on issues of sex, sexualisation, body image and gender stereotypes in relation to media and advertising content... While there is some discussion of these issues, it is delivered in a piecemeal fashion and spread across a variety of units.*¹⁷⁵

By contrast, in the UK, media literacy relating to gender representations, body image and sexualisation is a specific focus within the Personal, Social, Health and Economic area mandated for all high school students, and is reinforced through the provision of Media Smart resources for primary school aged children, which help students explore the relationship between advertising, gender representation and body image.¹⁷⁶

¹⁷² McKenzie M, Bugden M, Webster A, Barr M (2018) Advertising (in)equality: the impacts of sexist advertising on women's health and wellbeing. Women's Health Victoria, Melbourne. - (Women's Health Issues Paper; 14). Available from: [URL](#)

¹⁷³ *ibid.* Available from: [URL](#)

¹⁷⁴ Gurrieri L, Hoffman R. 2019. Addressing and preventing sexist advertising: an analysis of local and global promising practice. RMIT University, Melbourne. Available from: [URL](#)

¹⁷⁵ *ibid.*, p. 40. Available from: [URL](#)

¹⁷⁶ *ibid.*, p. 41. Available from: [URL](#)



The research concludes that: *'Media and advertising literacy show some promise in their capacity to offer both protection and empowerment to young people by equipping them with the skills necessary to critically use and analyse sexist media and advertising content. However, a more explicit focus is perhaps required, as the Australian curriculum does not directly address issues of sexualisation and stereotyping in the media as it does in the United Kingdom.'*¹⁷⁷

In line with this research, WHV recommends that a more explicit focus on sex, sexualisation, body image and gender stereotypes in the media and advertising be included as part of comprehensive sexuality and relationships education, and that further research and evaluation be undertaken of media literacy interventions to test their effectiveness and further refine the approach.

If we are to counter (or harness) the powerful influence of media and advertising, there is also a need to scale up projects promoting change in this setting, such as WHV's Gender Equality in Advertising project.

Challenging harmful attitudes and behaviours and rigid masculine gender norms

Although recent research has shown a decrease in some attitudes that support violence against women since 2013,¹⁷⁸ notably among young men (aged 16-24 years), harmful attitudes that support violence against women persist. For example, since 2013, there has been a decrease in the number of people (particularly young people) who identified men as most likely to perpetrate domestic violence and women as more likely to experience physical harm and fear from this violence.¹⁷⁹

The 2017 National Community Attitudes towards Violence against Women survey found that, compared with young women, young men had a lower level of understanding of violence against women, lower level of support for gender equality, and a higher level of attitudinal support for violence against women.¹⁸⁰ For example:

- only 57% of young men agreed that violence against women is common (compared with 78% of young women), and
- 18% of young men agreed that allegations made by women about sexual assault are often false (compared with 10% of women)

Harmful attitudes are also reflected in and reinforced by harmful behaviours. For example, the Australian Human Rights Commission also found in its Respect@Work report that there is a

¹⁷⁷ *ibid.*, p. 43. Available from: [URL](#)

¹⁷⁸ Politoff V, Crabbe M, Honey N, Mannix S, Mickle J, Morgan J, et al. (2019) Young Australians' attitudes to violence against women and gender equality: findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS). ANROWS, Sydney – (*ANROWS Insights*; 01/2019). Available from: [URL](#)

¹⁷⁹ *ibid.* Available from: [URL](#)

¹⁸⁰ *ibid.* Available from: [URL](#)



higher risk of sexual harassment occurring in male-dominated industries (e.g. mining and construction).¹⁸¹

In addition to being harmful to women, there is a wealth of evidence that conformity to traditional masculine stereotypes is limiting for men and boys.¹⁸²

A recent report by Our Watch tracking the progress of prevention of violence efforts in Australia found that many men are still highly influenced by *'expectations of their male peers'*, which may influence or reinforce sexist behaviour and/or stop men from taking bystander action. The report called for increased investment in initiatives that *'challenge rigid attachment to dominant norms of masculinity and disrupt male peer relations and expressions of masculinity that normalise aggression, disrespect and hostility towards women, and power and control over women'*.¹⁸³

VicHealth has also recently published research which tested various messages for promoting healthier masculinities to identify those most likely to inspire positive change. Among the key recommendations for community and health providers to better engage with men were to:

- focus on progressive ideas that will appeal to the vast majority of people, rather than pandering to men with traditionally masculine language or focusing on myth-busting
- emphasise the need to free men from outdated masculine stereotypes
- focus less on the problem, and more on the solution.¹⁸⁴

The evidence is clear that there is a need for a stronger focus on challenging rigid masculine gender norms and there is emerging evidence about what works. There is an opportunity to pilot and scale up initiatives targeting young men and harmful gender norms which:

- increase the skills of family and peers to support young men to critique negative masculine norms.
- work with boys and men in their communities (education, sport, workplaces, media and advertising) to provide alternate ways of being that challenge negative masculine norms.¹⁸⁵

These initiatives should complement prevention initiatives led by women, be accountable to women and women's organisations, and be delivered as part of a comprehensive approach to promoting gender equality and preventing violence against women.

¹⁸¹ Australian Human Rights Commission (2020) Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces. AHRC, Sydney. Available from: [URL](#)

¹⁸² Ragonese C, Shand T, Barker G (2019) Masculine norms and men's health: making the connections. Promundo, Washington, DC. Available from: [URL](#)

¹⁸³ Our Watch (2020) Tracking progress in prevention: A national monitoring report on progress towards the primary prevention of violence against women and their children in Australia. Our Watch, Melbourne. Available from: [URL](#)

¹⁸⁴ VicHealth (2020) Framing masculinity: message guide. Victoria Health Promotion Foundation, Carlton South, Vic. Available from: [URL](#)

¹⁸⁵ HealthWest Partnership Victoria (2020) Working Together with Men: how to create male allies for gender equity in your community. HealthWest Partnership Victoria, Footscray, Vic. Available from: [URL](#)



There is also a need for further research on masculinities that includes intersectional experiences and impacts in diverse communities.¹⁸⁶ Our Watch's progress report found 'a correlation between attitudes supportive of violence against women and other types of discriminatory attitudes, such as racism',¹⁸⁷ highlighting the need for a strong intersectional focus across all primary prevention initiatives.

Recommendations for the prevention of violence against women targeting young people

Refer to Recommendation 8 regarding further investment in comprehensive sexuality and relationships education, inclusive of Respectful Relationships Education.

Recommendation 10: Strengthen the focus on sexual assault and harassment in initiatives to prevent and respond to violence against women

This should include:

- Action across a range of settings, including education settings, male-dominated industries and industries with high proportions of young employees.
- Acting on the recommendations of the Australian Human Rights Commission's Respect@Work report on sexual harassment.

Recommendation 11: Scale up efforts to promote gender equality and prevent violence against women in the media and advertising settings.

Recommendation 12: Strengthen the focus on challenging rigid masculine gender norms in primary prevention

This should include piloting and scaling up targeted initiatives that complement existing efforts to promote gender equality and prevent violence against women.

Recommendation 13: Incorporate a focus on reproductive coercion/abuse into primary prevention and response to violence against women

This should include:

- Explicitly including reproductive coercion/abuse in frameworks for the primary prevention of and response to violence against women, including contextualising the gendered drivers of violence in a sexual and reproductive health context.
- Fostering collaboration across the health and violence against women sectors to build capability to effectively prevent, identify and respond to reproductive coercion/abuse.

¹⁸⁶ The Men's Project, Flood M (2018) The Man Box: a study on being a young man in Australia: Fact Sheet: recommendations. Jesuit Social Services, Melbourne. Available from: [URL](#)

¹⁸⁷ Our Watch (2020) Tracking progress in prevention: A national monitoring report on progress towards the primary prevention of violence against women and their children in Australia. Our Watch, Melbourne. Available from: [URL](#)



Recommendation 14: Ensure a strong intersectional focus across all primary prevention initiatives, as well as continuing to roll out and scale up initiatives tailored to specific population groups.

Recommendation 15: Undertake further research to strengthen the evidence base for primary prevention of violence against women

This should include:

- Research into and evaluation of media literacy interventions to test their effectiveness and further refine the approach.
- Research on masculinities that includes intersectional experiences and impacts in diverse communities.



Conclusion

This submission highlights the importance of applying an intersectional gender lens to all outcome domains of the Victorian Youth Strategy, in order to ensure that the Strategy addresses the diverse needs and experiences of young women and girls. A whole-of-government approach, which supports cross-sector collaboration, will be critical to the Strategy's success.

The increasing rates of mental ill-health among young women, high rates of gendered violence experienced by young women, and ongoing barriers to accessing sexual and reproductive health services require particular attention in the Strategy.

Common themes arising across different outcome domains include: the value of investment in gender equality as a primary prevention/health promotion strategy; the need for comprehensive and consistent sexuality and relationships education across Victoria; the need for youth-friendly, gender-responsive, accessible and culturally-safe services; and the importance of addressing the sexualisation and objectification of young women, and promoting positive body image.

WHV looks forward to working with the Victorian Government to improve health, social and economic outcomes for young women and girls, and all Victorian young people.