



Submission to the inquiry into the relationship between domestic, family and sexual violence (DFSV) and suicide

27 January 2026

Acknowledgement of Country

Women's Health Matters acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land on which we live and work. We recognise these cultures as among the oldest living cultures in human history and pay our respects to Elders past and present. We acknowledge the history of dispossession and its ongoing impact on Aboriginal and Torres Strait Islander communities. We particularly recognise the strength, resilience, and wisdom of Aboriginal and Torres Strait Islander women, and honour their continuing connection and contribution to Country, community, and culture. We are committed to walking alongside Aboriginal and Torres Strait Islander peoples in our shared journey toward health equity and justice. This land always was, and always will be, Aboriginal land.

About Women's Health Matters

Women's Health Matters (WHM) is an independent, non-partisan organisation that works to improve the health and wellbeing of all women in the ACT and surrounding region. We seek to improve access to health information and enhance knowledge and understanding about the determinants of health and illness among anyone who identifies as a woman.

We advocate on behalf of all ACT women, especially those experiencing disadvantage and vulnerability. We want women to feel in control of and understand the determinants of their own health and wellbeing. We do this through health promotion and by providing evidence-based social research, policy development and advocacy services to governments, the corporate sector, policy makers, service providers and peak bodies.

Our submission

WHM welcomes the opportunity to provide input to the inquiry into the relationship between domestic, family and sexual violence (DFSV) and suicide.

Our submission relates to the Terms of Reference 1, 3 and 5, namely:

1. The relationship between domestic, family and sexual violence (DFSV) victimisation, and suicide, and the extent to which DFSV victimisation contributes to suicide risk and incidence in Australia, including prevalence, patterns, and any identifiable at-risk groups, in order to improve understanding of the role of DFSV in suicides nationally;
3. How legal and justice systems, DFSV specialist services, health, mental health and other services recognise and respond to suicide in the context of DFSV;

5. Opportunities to enhance prevention and early intervention efforts to reduce deaths by suicide in the context of DFSV victimisation and perpetration; and

Women's Health Matters' contributions on these Terms of Reference are based on our involvement in research, policy and community engagement on issues of domestic, family and sexual violence (DFSV) and mental health in the ACT.

The following submission outlines our research findings on the relationships between mental health and experiences of DFSV for women in the ACT, as well as summarising relevant feedback received from people with lived experience of DFSV. While not directly addressing suicide, these findings are relevant to the inquiry's focus on suicide, since mental health conditions have been established by research as playing an important role in suicide.¹

As Too et al conclude, the findings of their review and meta-analysis "suggest that better mental health care and improved access to this care are essential for people with a mental disorder to reduce their risk of suicide."²

The findings of our research add to the evidence supporting a relationship between DFSV and mental health conditions, as well as localised evidence for the negative impact of DFSV on access to appropriate health services and on experiences of healthcare. Understanding and responding to these findings will be important to prevent deaths by suicide in the ACT, and will have broader relevance for other jurisdictions.

A gender-sensitive approach to mental health

Mental health is a key concern for women in the ACT, as demonstrated by the findings of our 2023 and 2025 Surveys of Women's Health (discussed further below). Mental health is also one of the five priorities identified by the National Women's Health Strategy 2020-2030.³

While noting the diversity of experiences and barriers across the community as a whole, we urge funders and services to address mental health in a way that responds to its gendered dimensions, including learning from WHM's research as well as the lived experience and scholarship about women's mental health that has been developed over the decades.

Research has established that experiences of health are gendered at the population level. Nationally, women are more likely to self-report their health as only fair or poor than men, more likely to have a chronic condition, and more likely to have a larger number of chronic conditions.⁴

¹ Too L.S., Spittal M.J., Bugeja L., Reifels L., Butterworth P., Pirkis J. (2019) 'The association between mental disorders and suicide: A systematic review and meta-analysis of record linkage studies'. *Journal of Affective Disorders*. Vol. 259, pp. 302-313; Buckner J.D., Lewis E.M., Tucker R.P. (2020) 'Mental Health Problems and Suicide Risk: The Impact of Acute Suicidal Affective Disturbance'. *Archives of Suicide Research*. Vol. 24(sup1), pp. 303-313.

² Too et al (2019).

³ Australian Government. (2018). *National Women's Health Strategy 2020-2030*. https://www.health.gov.au/sites/default/files/documents/2021/05/national-women-s-health-strategy-2020-2030_0.pdf, p. 35.

⁴ Australian Institute of Health and Welfare. (2023). *The health of Australia's females - Web report*. <https://www.aihw.gov.au/getmedia/1977b98f-ac4e-4097-9393-33fd89ef104e/the-health-of-australia-s-females.pdf>

These patterns are reflected locally. In the ACT, women are more likely to self-report fair/poor general health than men, and more likely to report a level of psychological distress indicating serious mental illness.⁵ Women are less likely to find it easy to access health services, including GP services, specialist services and mental health services.⁶

While cultural, economic and other differences between people of the same gender are often as significant as (or more significant than) commonalities by gender, gender is nevertheless one of the key factors that influence health outcomes and experiences, including mental health.

It is important to note that many health datasets use a binary model of gender (women compared with men, as in the summaries above) that does not properly reflect the experiences of trans, non-binary and gender diverse people. A recent study shows that the mental health of trans, nonbinary and gender-diverse people in Australia is worse than the general population and that this gap is worsening over time.⁷ The authors of this study note that:

*It is highly likely that structural factors are contributing to these mental health inequalities. For example, although a substantial body of research has shown that access to gender-affirming care is associated with better mental health outcomes, including improved quality of life and reduced symptoms of depression and suicidal ideation among TGD [trans and gender-diverse] populations, there is inadequate and inequitable access in Australia.*⁸

A long-standing body of research has identified specific mental health concerns for men, including suicide and self-inflicted injuries, and substance abuse disorders.⁹ ¹⁰ Research has also highlighted the impact of loneliness and men’s reluctance to seek help.¹¹

WHM supports efforts to design mental health services and initiatives with gendered experiences in mind, including attention to the experiences of trans, non-binary and gender-diverse people, men and women. For this reason, we support approaches that prioritise the mental health needs of the LGBTIQ+ community.

In this submission, we draw on our role as the ACT peak body for women’s health and wellbeing to highlight the mental health experiences and needs of women, and outline how these are shaped by DFSV. Our community research, health education and advocacy aims to include trans women, non-binary women, femme-identifying people and others who align themselves with these groups.

⁵ ACT Government. (2022). *2022 ACT General Health Survey Statistical Report*.
<https://www.act.gov.au/directorates-and-agencies/act-health/data-statistics-and-surveys/healthstats-act/epidemiology-publications/2022-act-general-health-survey-statistical-report>

⁶ ACT Government (2023). *Wellbeing Data Dashboard: Access to Health Services*.
<https://www.act.gov.au/wellbeing/explore-overall-wellbeing/health/access-to-health-services>

⁷ Saxby, K., Hutchinson Tovar, S., Bishop, G.M., Down, I., Spencer, R., Petrie, D., and Aitken, Z. (2025). ‘Gender identity and mental health inequalities 2001–2022: population-level evidence from an Australian cohort study’, *BMJ Mental Health*, vol. 28, pp. 1–7.
<https://mentalhealth.bmj.com/content/ebmental/28/1/e301277.full.pdf>

⁸ Saxby et al (2025), p. 6.

⁹ Australian Institute of Health and Welfare. (2023). *Australian Burden of Disease Study 2023 – Web report*.
<https://www.aihw.gov.au/getmedia/61a653c5-d991-44fb-a334-4df7c453225f/australian-burden-of-disease-study-2023.pdf>

¹⁰ Terhaag, S., Quinn, B., Swami, N., Daraganova, G. (2020). *The Australian Longitudinal Study on Male Health - Chapter 1 - Mental health of Australian males: depression, suicidality and loneliness*.
https://aifs.gov.au/sites/default/files/2022-10/2020_ttm_insights_report_chapter_1.pdf pp. 4–8.

¹¹ Terhaag et al (2020), pp. 21–23.

Mental health experiences and needs of women

As the National Women's Health strategy points out:

[A] variety of situations typically associated with women can lead to anxiety and depression. These include; infertility and perinatal loss, being a primary care giver, relationship breakdowns, violence or abuse, discrimination, unemployment or under-employment, isolation and socioeconomic disadvantage.¹²

At the broadest level, a significant proportion of women in Australia experience mental health conditions:

- In 2021, the proportion of women aged 20–29 (16%) that reported being told by a doctor or nurse that they have a mental illness was double that of men in the same age group (8%).¹³
- It is estimated that approximately 1 in 5 women in Australia will experience depression and 1 in 3 women will experience anxiety during their lifetime.¹⁴
- Women are twice as likely to experience depression compared with men.¹⁵
- Women also experience post-traumatic stress disorder (PTSD) and eating disorders at higher rates than men.¹⁶

Importantly, mental health concerns for women and girls extend across the lifespan,¹⁷ including:

- Stress, anxiety, depression, self-harm, and eating disorders among school-age girls
- High rates of sexual abuse and sexual assault against girls and young women
- Widespread experiences of violence generally against women and LGBTIQ+ people
- Perinatal loss
- Perinatal depression, anxiety and other mental health concerns
- The mental health impacts of reproductive health conditions and symptoms of menopause/perimenopause
- Work stress, inequity and the impact of care responsibilities
- High levels of psychological distress
- Physical and social isolation, especially for older women, women with disabilities and migrant and refugee women, and
- Financial stress

Impacts of gender-based violence

There is increasing evidence about the mental health impacts of gender-based violence, and increasing understanding of the need to support people to recover from experiences of violence, not only in moments of crisis but in the years beyond and across all decades of the lifespan.

¹² *National Women's Health Strategy 2020-2030*, p. 35.

¹³ Australian Institute of Health and Welfare. (2025). Prevalence and impact of mental illness. <https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness>

¹⁴ *National Women's Health Strategy 2020-2030*, p. 35.

¹⁵ National Mental Health Commission. (2022). Snapshot of women's mental health and wellbeing in Australia. <https://www.mentalhealthcommission.gov.au/news-media/news/international-womens-day-snapshot-womens-mental-health-and-wellbeing-australia>

¹⁶ *National Women's Health Strategy 2020-2030*, p. 35.

¹⁷ Mental Health First Aid Australia. (2023). Women and mental health across the lifespan. <https://www.mhfa.com.au/women-and-mental-health-across-the-lifespan/>

Women's Health Matters recently consulted with people who have lived experience of DFSV, to inform the development of the ACT Domestic, Family and Sexual Violence Strategy. One of the key themes that emerged was the health impacts of violence and the barriers to healthcare access:

Violence creates chronic health conditions requiring long-term, expensive treatment. The Strategy must ensure healthcare access doesn't depend on victim survivor's capacity to pay. The health consequences of violence last decades – the Strategy needs to create healthcare responses that match this reality rather than expecting victim survivors to bear impossible costs for injuries they didn't cause (p45)

Comments from individual participants illustrate how gender-based violence impacts mental health, among other health issues:

Trauma manifests as chronic pain, autoimmune conditions, mental health impacts and stress-related illnesses requiring ongoing specialist care. (p45)

Rising health costs make specialist psychological support completely inaccessible. (p45)

Epidemiological research adds to the evidence about this impact, finding that intimate partner violence (IPV), including domestic, family and sexual violence, contributes more to the burden of disease for women aged 18-44 years than any other risk factor (and more than well-known risk factors including tobacco use or high cholesterol).¹⁸ In a large literature review, ANROWS found strong evidence that IPV results in depression and anxiety among women in Australia.¹⁹

Of the diseases included in [ANROWS] study, the largest proportion of the intimate partner violence burden in women was due to mental health conditions, including depressive disorders and anxiety disorders. Together these two diseases were estimated to account for around 70% of the burden in both age groups.²⁰ [emphasis added]

A major longitudinal study of the prevalence and impact of sexual violence in Australia found that experiencing sexual violence at any stage increased the risk of financial stress, adverse health behaviours, and poor physical and mental health, and that sexual violence in childhood is a risk factor for later violence.²¹

The study also found that sexual violence is much more widespread than previously reported, especially among younger women. Working with the established age cohorts of the Australian Longitudinal Study

¹⁸ Webster, K. (2016). *A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women* (ANROWS Compass, 07/2016). ANROWS. <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2019/01/19025309/28-10-16-BOD-Compass.pdf>, p. 7.

¹⁹ Lum On, M., Ayre, J., Webster, K., Moon, L. (2016). *Examination of the health outcomes of intimate partner violence against women: State of knowledge paper*. Australia's National Research Organisation for Women's Safety (ANROWS). https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2019/02/19024846/160324_1.7-Burden-of-Disease-FINAL_0.pdf, p. 20.

²⁰ Australia's National Research Organisation for Women's Safety (ANROWS). (2020). *Violence against women and mental health* (ANROWS Insights, 04/2020). <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2020/07/23094405/VAW-MH-Synthesis-ANROWS-Insights.pdf>, p. 3.

²¹ Townsend, N., Loxton, D., Egan, N., Barnes, I., Byrnes, E., & Forder, P. (2022). *A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health* (Research report, 14/2022). ANROWS. <https://alswh.org.au/wp-content/uploads/2022/09/ANROWS-Report-Life-course-approach-to-sexual-violence-prevalence-and-impact.pdf>

on Women's Health (ALSWH), the study found that the lifetime prevalence of women in Australia experiencing sexual violence was:

- 51% of women in their twenties
- 34% of women in their forties
- 26% per cent of women aged 68 to 73.²²

Importantly, this study found that social support, mental health service use and physical activity were indicated as potentially beneficial to wellbeing among women who had experienced sexual violence.²³ Given the extremely widespread nature of sexual violence, it would make sense for health systems to be attuned to the need to address the support needs of women who have had or are having these experiences.

Findings from the Survey of Women's Health in the ACT

Women's Health Matters has run two waves of a major Survey of Women's Health in the ACT,²⁴ collecting 1668 responses in 2022-23 and 1319 responses in 2024-25. Questions in the survey ranged across several topics including general health, mental health, health service use, access and experiences, sexual and reproductive health, contraception, pregnancy and birth, beliefs about abortion, healthcare discrimination, violence and safety, financial stress and demographic characteristics.

Widespread experiences of violence

Noting the important relationship between experiences of violence and mental health as outlined above, it is worth observing the high reported prevalence of violence in our survey:

- 39% of respondents in 2024-25 reported ever having been subjected to sexual violence (similar to the 44% who answered yes to the same question in 2022-23)²⁵
- This is higher than the prevalence estimated by the ABS's Personal Safety Survey (2021), which found that 22% of women Australia-wide had experienced sexual violence since the age of 15, but similar to the rates found by ANROWS & ALSWH (noted above)
- 2.3% of respondents reported experiencing sexual violence in the last year (similar to the 2.9% who answered yes in 2022-23)²⁶
- This is just slightly higher than the 2021 Personal Safety Survey, which reported 1.9% of women had experienced sexual violence in the last year.

Our survey findings on workplace sexual harassment, family violence, violence by someone you live with or rely on, domestic violence, and institutional violence likewise show that violence is a widespread experience among women in the ACT. In our 2024-25 survey, only around a third of respondents reported never having experienced any of these forms of violence, with many reporting that they had experienced more than one form.

Of the people who reported ever having experiencing violence, only 28% said they had ever engaged with services focused on violence. The kinds of services most widely reported as being used by

²² Townsend et al. (2022), p. 31.

²³ Townsend et al. (2022), pp. 63–68.

²⁴ For more information about Women's Health Matters' Survey of Women's Health in the ACT, see: <https://www.womenshealthmatters.org.au/womens-health-wellbeing/surveyofwomenshealth/>

²⁵ Women's Health Matters. (2023), p. 77.

²⁶ Women's Health Matters. (2023), p. 78.

respondents were domestic and family violence services (many of which include counselling), phone support services (such as 1800RESPECT, which include counselling), legal services, and police.

Relationship between experiences of violence, health and healthcare access

Analysis of our 2025 survey data found that women and femme-identifying people who were experiencing or had experienced domestic, family or sexual violence:

- Had poorer self-rated general health
 - 44% of people who had experienced any form of violence rated their health as “fair” or “poor” compared with 27% of those who had not experienced some form of violence.
- Had poorer mental health
 - 78% of those who had experienced some form of violence had been diagnosed with or treated for a mental health condition at some point in their lives, compared with 52% of those who had not experienced some form of violence.
- Had poorer access to and experiences with healthcare
 - 23% of people who have experienced violence rated their access to GPs as “fair” or “poor” compared with 16% of those who had not experienced violence.
 - 46% of people who have experienced violence said they worry about judgement or discrimination from doctors, compared with 27% of people who had not experienced violence.
 - 48% of people who had experienced violence said they felt they had been taken only somewhat seriously or not at all seriously by doctors, compared with 41% of people who had not experienced violence.

We also found that there is a probable link between experiences of violence, poverty/financial stress and access to medical care (although further analysis is required to understand these relationships):

- People who had experienced violence were more likely than others to have experienced financial stress: 51% of people who had experienced violence had experienced one or more forms of financial stress, compared with 30% of people who had not experienced violence.
- People who had experienced violence were more likely to have experienced more forms of financial stress.²⁷
- 26% of people who had experienced violence had gone without medical care or medication because of not having enough money, compared with 8% of those who had not experienced violence.
- People who had experienced more kinds of financial stress
 - had poorer access to GPs
 - had poorer access to mental health care

²⁷ The forms of financial stress listed were: Had to delay or cancel non-essential purchases e.g. holiday, going to a restaurant or movie, buying clothes; Could not pay electricity, gas or telephone bills on time; Could not pay mortgage or rent payments on time; Went without medical care or medication; Could not pay for car registration or insurance on time; Could not make minimum payment on your credit card; Pawned or sold something because you needed cash; Went without meals; Were unable to heat or cool your home; Sought financial assistance from friends or family; Sought assistance from welfare or community organisations.

- had poorer access to specialists
- had poorer access to emergency care

Qualitative analysis of open text answers in the survey supports the quantitative results, showing that many people who experienced violence felt dismissed by institutions, including health systems. Comments detailed feeling "shamed" and facing a "lack of validation" from figures in authority. This relational failure constitutes an institutional betrayal. When a person's self-report of harm is invalidated by a healthcare professional, it undermines their self-worth, exacerbates feelings of isolation, and is strongly associated with the chronic avoidance of formal healthcare. This crisis of trust fundamentally limits the system's ability to intervene, contributing directly to the compounding of existing health burdens and driving chronic disengagement from essential medical care. This dynamic needs to be addressed in any efforts to prevent suicide associated with experiences of domestic, family and sexual violence.

Psychological distress and mental health conditions

In our survey sample generally we found that experiences of psychological distress and mental health conditions were widespread:

- In our most 2024-25 survey, two thirds of respondents (875) indicated they had been treated for or diagnosed with a mental health condition at some time in their lives
- Almost half (656) had been treated or diagnosed in the last two years.
- Consistent with other national and local survey, depression and anxiety are the most widely reported mental health conditions in our survey.

We also used the Kessler Psychological Distress scale (K6), a measure of psychological distress developed by Kessler et al (2002). The results are used to indicate whether the person is likely to have a serious mental illness.

- Our 2024-25 survey found that around 20% of respondents had a K6 score indicating probable serious mental illness.
- This is a higher rate of psychological distress than found by the ACT General Health Survey.
- By comparison, the 2022 ACT General Health Survey found that 7.7% of female people surveyed had a K6 score indicating probable serious mental illness.
- This discrepancy is likely to be influenced by differences in sampling strategy and data collection methods.
- An Australia-wide study also found a significant increase in levels of likely mental illness from 6.3% before the COVID pandemic, to 17.7% in early July 2020, using the K6 in combination with another single-item measure (Botha et al 2022).
- Our earlier survey (2022-23) yielded similar results for lifetime mental health condition, mental health condition in the last two years, and K6.²⁸

We asked specifically about perinatal depression and perinatal anxiety and found that 140 (11%) of respondents reported they had ever been treated for or diagnosed with one or both of these conditions.

²⁸ Women's Health Matters. (2023). *Report on the Survey of Women's Health in the ACT*. <https://www.womenshealthmatters.org.au/wp-content/uploads/2023/07/Report-on-ACT-Survey-of-Womens-Health.pdf>, pp. 43–46.

Use of mental health services

While experiences of psychological distress and mental health conditions were widespread, we found that many people were not accessing mental health services:

- Only 27% of respondents in 2024-25 overall reported that they had consulted a mental health worker in the last year.
- This represents a slightly lower level of service use from the last survey (2022-23), when similar proportions of people reported experiences of being treated for or diagnosed with a mental health condition on a lifetime basis (64%) and more recently (45% in last 2 years).
- In that 2022-23 survey by comparison, 34% of respondents reported having consulted a mental health worker in the last 12 months.²⁹
- In the 2024-25 survey, among those who had ever been diagnosed or treated for a mental health condition, 63% had **not** consulted a mental health professional in the last 12 months.
- Of those who had been diagnosed or treated for a mental health condition in the last 2 years, more than half (54%) had **not** consulted a mental health professional in the last 12 months.

Experiences with GPs in relation to mental health

In 2024-25 we also asked respondents who had seen a GP in the last 12 months whether their GP in their last consultation had asked them about their mental health. Just over half (51%) answered “no”, while 45% responded “yes”.

We also asked respondents to rate how well their GP considered their mental health and wellbeing. Over half (55%) answered “Excellent” or “Very good” while only 19% answered “Fair” or “Poor” (on a five-point scale).

Access to mental health services

We asked respondents to rate their access to different kinds of medical care (care in an emergency, care on short notice, after hours care, telehealth, sexual health and family planning, medical specialists, and mental health services).

- Around 40% of respondents rated their access to mental health services as only ‘fair’ or ‘poor’ (the bottom two options on a five point scale)
- Mental health services were equal in fair/poor ratings to after hours care and specialists (all 40% fair/poor), and only rated higher than one other type of care (care at short notice: 44% fair/poor)

Experiences of healthcare and help-seeking

Our survey asked a number of questions about people's experiences of seeking and receiving healthcare. On the positive side, a majority of respondents in the 2024-25 survey agreed that the care they have received from doctors in the last few years has been good (referring to all kinds of doctors, not only GPs). In relation to GPs specifically, GPs were rated favourably for how well they listened, explained problems and treatments, and respected people's cultures, identities, beliefs and choices.

²⁹ Women's Health Matters. (2023), p. 27.

However, over a third (35%) say that they avoid seeing a doctor whenever possible and nearly 40% say they only go to the doctor if there is no other option (up from 26% and 35% respectively in 2022-23).³⁰

Over 45% say doctors have taken them only “somewhat seriously” (35%) or “not at all seriously” (10%) (on a four-point scale with “mostly seriously” and “completely seriously” comprising the remainder of responses). This compares with 34% of respondents in our 2022-23 survey giving “somewhat seriously” (28%) or “not at all seriously” (6%) to the same question.³¹

Many people reported good healthcare experiences, but hundreds of respondents told us in free text answers about distressing experiences of being invalidated, judged negatively, denied care and given ineffective treatments because they were not listened to or believed.

In 2024-25 we also asked people about experiences of healthcare discrimination, finding that 15% of respondents reported experiencing discrimination or unfair treatment in healthcare. Discrimination on the basis of gender, age, weight and disability were the most common factors identified.

Over a quarter (27%) of respondents in 2024-25 agreed or strongly agreed that they worried about judgement or discrimination from doctors.

While these experiences referred to interactions with a wide range of medical professionals (from GPs to allied health, specialists and hospital staff), they have implications for mental health in two key ways: first, they have direct negative impacts on psychological wellbeing; and second, they decrease trust and willingness to seek help from mental health professionals and other types of formal services that might be involved in mental health support.

Conclusion: implications for health system and community responses

From our research and the other research summarised above, we can conclude that while many women experience good levels of wellbeing and access to healthcare in the ACT, there are several concerns:

- Large numbers of women in the ACT have experienced and are experiencing different forms of violence.
- People who have experienced violence have poorer health outcomes (especially mental health outcomes) as documented by our survey findings as well as other research.
- People in our survey who had experienced violence had poorer access to healthcare and poorer experiences with healthcare.
- Local and national evidence suggests experiences of violence are likely to be key drivers of psychological distress and mental health conditions for women in the ACT.
- Experiences of psychological distress and mental health conditions are widespread among women in the ACT, and include gendered experiences that require gender-sensitive responses.
- Significant proportions of women experiencing psychological distress and mental health conditions feel that they do not have good access to mental health services.
- Significant proportions are not accessing support from mental health professionals
- A significant proportion of women have poor experiences with healthcare and are wary about seeking help from professionals.

³⁰ Women's Health Matters. (2023), p. 36.

³¹ Women's Health Matters. (2023), p. 37.

Summary of recommendations

We recommend that policy-makers and services:

- 1. Wherever possible, incorporate learning from research, lived experience and policy development that addresses gendered dimensions of mental health.**
- 2. Work towards improving health services' capability to respond effectively to experiences of violence and trauma, and their flow-on effects.**
- 3. Prioritise improving access to mental health support and services for people who have experienced violence, including sexual violence.**

We look forward to contributing further to efforts to reduce deaths by suicide and to improve system responses to mental health conditions and DFSV.

Please get in touch if you would like us to expand on any aspect of this submission.

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