



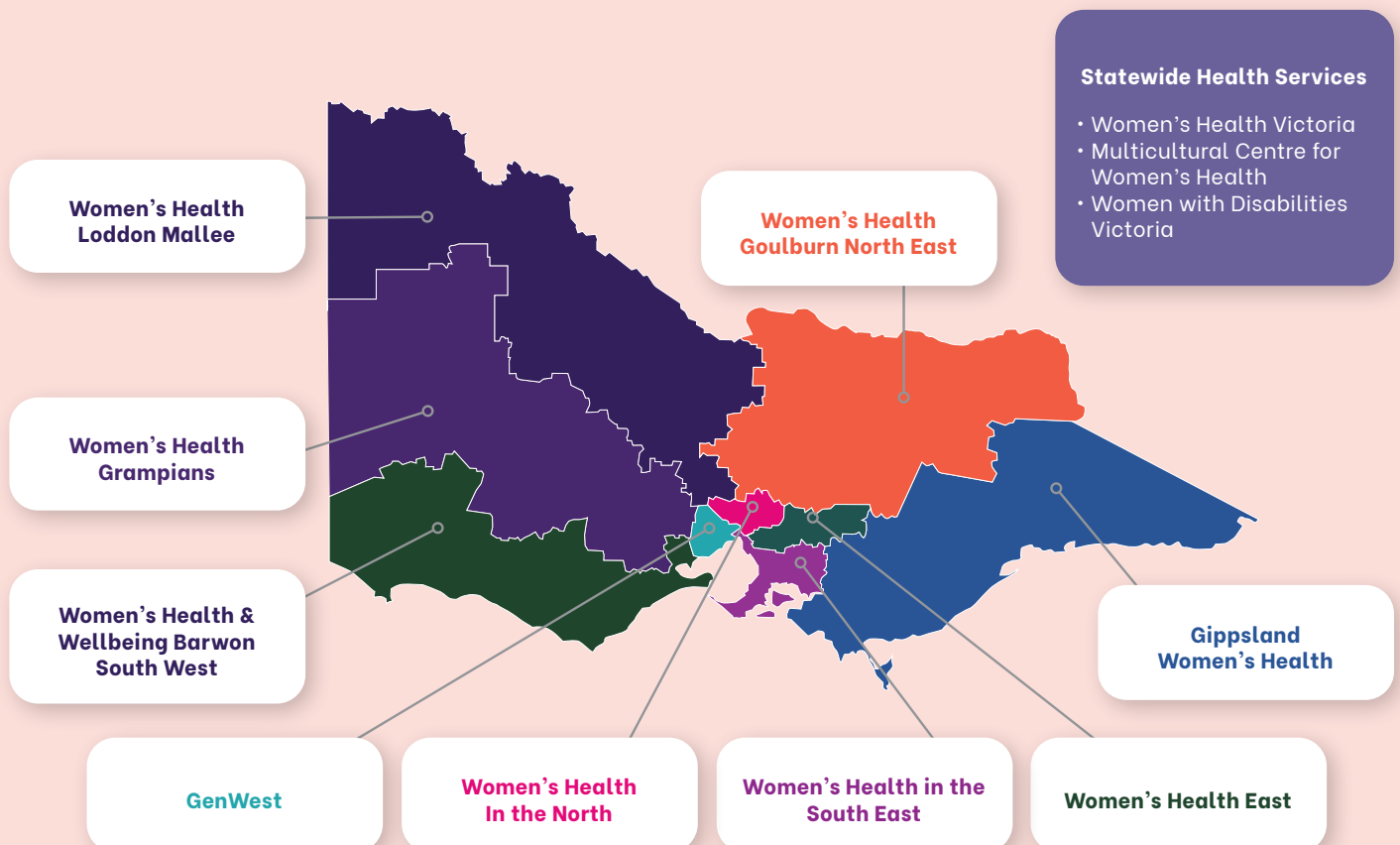
**Working together for a healthier,
safer and more equitable Victoria.**





Welcome

The Victorian Women's Health Services Network encompasses every region of Victoria. We acknowledge the many Traditional Owners and Custodians of the lands and waters on which we live and work. We pay our respects to Elders past and present and acknowledge the future leaders who stand upon the shoulders of generations of giants. We recognise that sovereignty was never ceded and that we are beneficiaries of stolen land and dispossession, which began over 200 years ago and continues today. We are committed to amplifying First Nations voices and to collaboration that furthers self-determination and creates a better, fairer future for all.



Contents

Welcome	1
Contents	2
Introductory message	3
Our approach	4
Our reach	7
Our impact	9
 Transforming Victoria's health system	10
 Building safe environments where we work, learn, live and play	15
 Elevating community voice and leadership in health and wellbeing	20
 Improving health and wellbeing outcomes for women and gender diverse people	25
 Improving access and outcomes for women and gender diverse people from rural communities	30
 Improving access and outcomes for women and gender diverse people from migrant and refugee communities	35
 Improving access and outcomes for women and gender diverse people with disabilities	40
Key terms	45
References	48
Explanatory notes for reach data	51
Report acknowledgements	52

Introductory message

This year marks forty years since the Victorian Government released the landmark *Why Women's Health?* discussion paper, leading to the establishment of the Victorian Women's Health Program. The program provided funding for specialist health promotion services in every region of the state, dedicated to improving the health and wellbeing of women and girls. The Victorian Women's Health Services Network remains the only coordinated statewide women's health network in any Australian state or territory.

Forty years on, the need for the statewide women's health infrastructure is as necessary as ever. Our work is not done until all women and gender diverse people are able to live their lives free from the devastating impacts of gendered violence. It is not done until all women and gender diverse people can access the health information and services they need, when and where they need it – whether it be sexual and reproductive health, chronic disease or mental health. We must continue to shine a spotlight on the unequal health outcomes that arise when we fail to apply an intersectional lens to issues such as housing, education, economic security, employment, disaster and the climate crisis, and to the health system itself.

While our goals are considerable, women's health services have never been better positioned to play our role in creating a safer, healthier Victoria. Commencing in July 2022, significant additional state government funding has meant that for the first time in our history, women's health services have had the funding needed to deliver at the scale and capacity required. We have used this opportunity strategically and effectively: building our teams, strengthening our partnerships, scaling up effective activities,

testing innovative new approaches and extending or re-establishing successful initiatives that would otherwise have ended due to precarious short-term funding.

This report showcases some of our key contributions over the last three years towards better health and wellbeing for women and gender diverse Victorians. It focuses on activities funded via the state government's Victorian Women's Health Program and Women's Health Services Capacity-Building Project. Bringing together case studies from across the state, the report highlights the real impact on people's lives when we invest in women's health and equality.

Our sector's strength lies in our ability to work as a coordinated statewide infrastructure, while delivering tailored and place-based initiatives in our communities. Importantly, we know we cannot achieve our vision alone. We thank our many partners across state and local governments, local public health units, community health, community organisations and not-for-profits, education, the media, the private sector, community and many others for coming together to strive for a state where all Victorians are able to live healthy, safe and equal lives.

Dr Adele Murdolo

**Chair of the Victorian Women's
Health Services Network**

Our approach

The Victorian Women's Health Services Network plays a unique role in Victoria's public health system. As experts in gendered health promotion and primary prevention, we work to prevent the underlying causes of ill-health and harm for women and gender diverse people. This means ensuring people stay well and, if they do need to access healthcare services, they receive optimal care that supports their return to health.

We work from a social model of health, recognising the significant influence social, environmental, political and economic factors have on our health and wellbeing. Factors such as income, education, living and working conditions, safety and inclusion, food security and climate change can either strengthen or disadvantage the health of women and gender diverse people.

Historically, the lack of gendered analysis across health, social, economic and environmental legislation, policy and programming has resulted in poorer health outcomes for women and gender diverse people. This inequity continues today and is heightened for communities marginalised by racism, colonialism, ableism, ageism, homophobia and transphobia, and for regional and rural communities.

WE WORK TO REDRESS HEALTH INEQUALITIES BY DELIVERING A RANGE OF ACTIONS GUIDED BY THE WORLD HEALTH ORGANIZATION'S OTTAWA CHARTER FOR HEALTH PROMOTION:



Creating better public policies that promote good health



Improving health service provision, reach and accessibility



Ensuring the environments where we live, work, learn and play are safe, equal and foster better health outcomes



Supporting communities to have more ownership and control over their health and health services



Giving people the information and supports needed to make positive, informed choices about their health



[View clip](#)

The Victorian Government funds us to work across six overarching priority health areas: gender equality; gendered violence prevention; sexual and reproductive health; chronic disease prevention; mental health and wellbeing; and women in a changing society – climate change, emergency and disaster situations.

We created this short clip to explain how the social determinants of health contribute to unequal health outcomes across society and how health promotion seeks to prevent this.





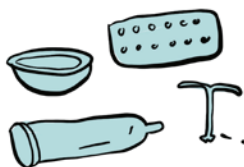
BREAST, BLADDER
and BOWEL HEALTH

POSITIVE
AGEING



CHRONIC DISEASE
PREVENTION:

CANCER, DIABETES,
WOMEN'S PAIN
and ACTIVE LIVING



CONTRACEPTION,
PREGNANCY OPTIONS
and FERTILITY CARE



MENTAL
HEALTH
and
WELLBEING

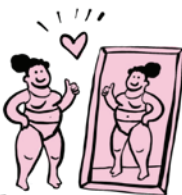


ENDOMETRIOSIS
and PELVIC PAIN

MENOPAUSE and
PERIMENOPAUSE



BODY
IMAGE



SUPPORTING
NEW PARENTS



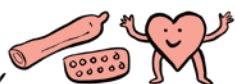
REDUCING
SOCIAL
ISOLATION



NAVIGATING
the HEALTH
SYSTEM



FINANCIAL
LITERACY



SAFE SEX,
CONSENT
and
RESPECTFUL
RELATIONSHIPS

WHAT IS WOMEN'S HEALTH and WELLBEING?

ALL WOMEN and GENDER-DIVERSE
PEOPLE can ACCESS the HEALTH
INFORMATION and SERVICES THEY NEED,
WHEN and WHERE THEY NEED THEM.



EQUITY and
SAFETY in OUR:
WORKPLACES,
MEDIA, SPORTS,
EARLY YEARS
EDUCATION,
PUBLIC SPACES
and POLITICS



PREVENTING
GENDERED
VIOLENCE:

FAMILY VIOLENCE,
SEXUAL ASSAULT,
and SEXUAL
HARASSMENT



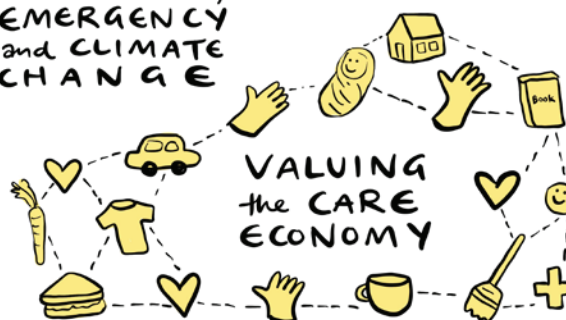
ABORTION
ACCESS and
REPRODUCTIVE
RIGHTS



GENDER LENS
ON DISASTER,
EMERGENCY
and CLIMATE
CHANGE



HOUSING, EMPLOYMENT,
FOOD SECURITY, DIGITAL
ACCESS and INCLUSION
and ECONOMIC EQUALITY



VALUING
the CARE
ECONOMY

Our reach

A SNAPSHOT OF OUR REACH
JULY 2022 – MAY 2025

12

women's health services

\$54.5M

total funding

136→197

staff growth

1,458

organisations worked with

948

social media campaigns

781

resources launched

50,159

people attended WHSN training

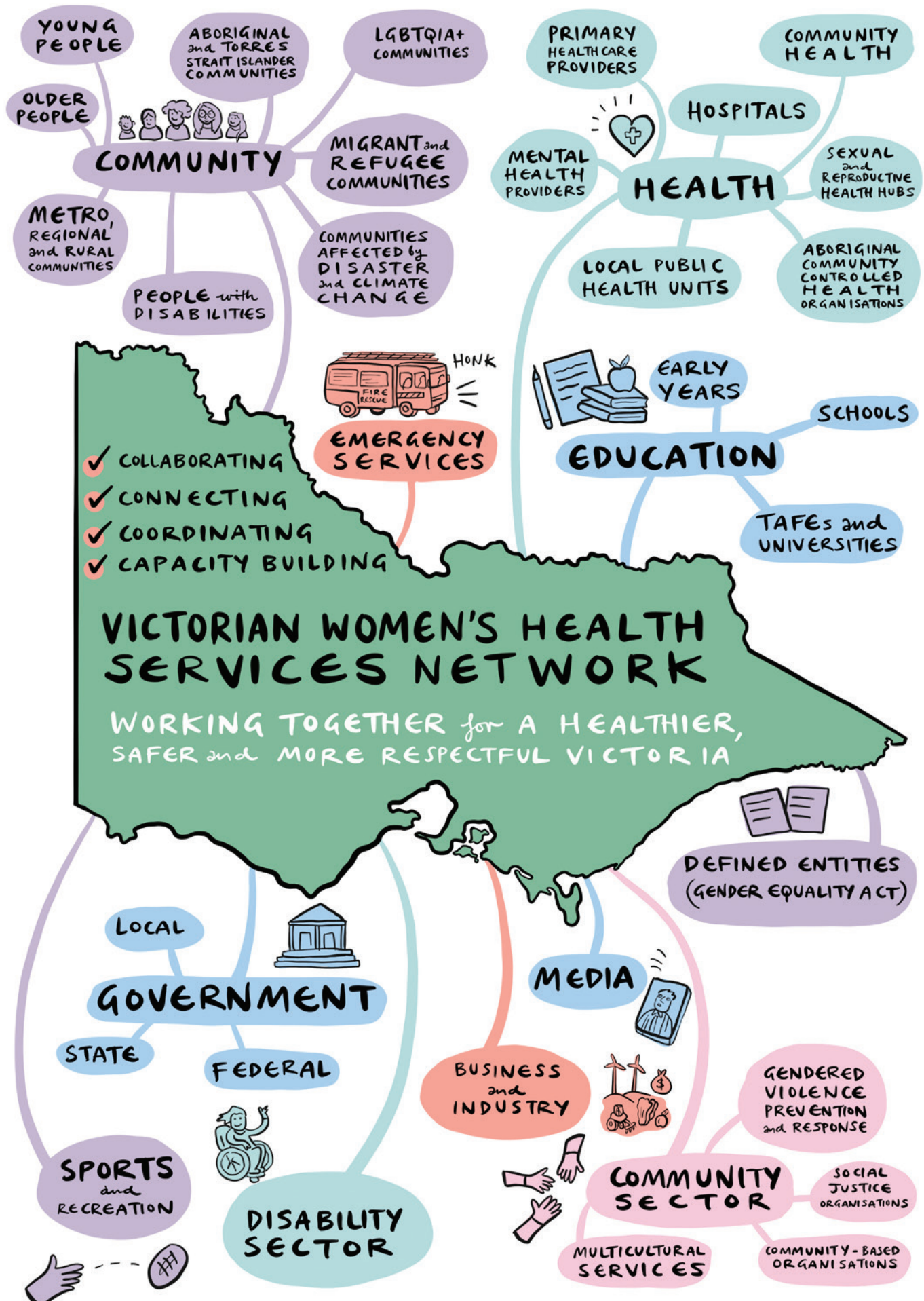
39,849

people attended WHSN activities

1,867 WHSN
e-learning
modules successfully completed

97 networks, partnerships
and communities of
practice convened by
WHSN

Further information about each measure can be found in the explanatory notes at the report's end.





Our impact

The women's health services' statewide infrastructure drives collaborative and coordinated health promotion throughout Victoria. This has resulted in significant contributions towards Victorian health equity across the three-year period from July 2022–June 2025.

- We are guiding the transformation of Victoria's health system by identifying gaps in research, policy and the service system and providing evidence-based solutions.
 - We are supporting organisations, communities and the health workforce to build safer and more equitable environments where we live, work, learn and play.
 - We are elevating community voice and leadership in health and wellbeing to identify the issues and changes that matter most to our communities.
- We are delivering evidence-based gendered health promotion initiatives to improve health and wellbeing outcomes for women and gender diverse people. This includes co-designed initiatives to improve access and outcomes for women and gender diverse people with disabilities, from migrant and refugee communities, and from rural communities.

THIS SECTION EXPLORES EACH OF THESE KEY IMPACTS, INCLUDING CASE STUDIES SHOWCASING OUR WORK ACROSS THE STATE.



Follow the QR code for an online list containing links to all the initiatives included in this section.

1

Transforming Victoria's health system

Good health is not just about avoiding illness or injury – it means a state of complete physical, mental and social wellbeing (WHO 2025c).

This requires a health system that actively supports people to stay well and effectively responds when they need it.






The issue

Health inequities – the avoidable uneven health outcomes experienced across our communities – are created and sustained by systems of inequality, including sexism, racism, colonialism, ableism, heterosexism and cisgenderism, and capitalism. Systemic bias in health priorities and investment has created gaps in the research, policy and services needed to meet the health and wellbeing needs of cisgender women and trans and gender diverse people. The result is poorer health outcomes, which, in turn, negatively impact engagement in education, employment, social and political participation, and economic stability. It also increases demand on the health system – including primary care, hospitals and mental health services – and the spending required to meet this demand.

Our work

We identify what is needed to ensure Victoria’s health system is designed to support the health and wellbeing of all women and gender diverse people, no matter who they are or where they live.

-  We provide intersectional analysis, evidence and advice to improve legislation, policy and service provision. This includes research into current and emerging gendered health issues, service gaps and structural barriers, and solutions.
-  We deliver preventative health initiatives across the state to help Victorians stay well and reduce demand on clinical and response services.
-  We coordinate partnerships and initiatives across the state to deliver the government’s health, gender equality and safety goals.

By addressing these research, policy and service system gaps, we help move Victoria closer to the vision shared by the *Victorian public health and wellbeing plan 2023–2027* and *Our equal state: Victoria’s gender equality strategy 2023–2027* for a state where ‘the health and wellbeing of Victorians is not limited by gender’ (State of Victoria, 2023).

We support the Victorian Government to deliver:

- *Victorian public health and wellbeing plan 2023–2027*
- *Our equal state: Victoria’s gender equality strategy and action plan 2023–2027*
- *Free from violence: Victoria’s strategy to prevent family violence and all forms of violence against women*
- *Victorian women’s sexual and reproductive health plan 2022–2030*
- *Royal commission into Victoria’s mental health system – recommendations implementation*
- *Wellbeing in Victoria: a strategy to promote good mental health 2024–2034 (forthcoming)*
- *Health and human services climate change adaptation action plan 2022–2026*

Reducing the sexual and reproductive healthcare ‘postcode lottery’

Victoria is an Australian sexual and reproductive healthcare (SRH) leader, being one of the first states/territories to decriminalise abortion nearly two decades ago. However, access to SRH remains inconsistent, uneven and inequitable across the state. Our sector has a long history of working to reduce the postcode lottery experienced by Victorians seeking access to SRH services.

In 2024, Women’s Health Victoria (WHV) released the landmark report [Realising access: Abortion and contraception inequities and enablers in Victoria](#). This provides a clear picture of Victoria’s SRH landscape, including barriers and enablers to accessing abortion and contraception services throughout the state. Findings highlight profound differences in service seeking and access based on geographic location, population characteristics and measures of socioeconomic disadvantage. The report’s detailed recommendations inform Victorian and Australian needs-based health policy and service provision, and 1800 My Options service planning.

Across the state, women’s health services are leading place-based work to dismantle these inequities. Case studies such as Women’s Health in the South East’s [establishment of a medical abortion clinic at Peninsula Health](#) and a collaborative summary of [enablers needed for SRH hubs to thrive](#) reflect this local approach. Research from Women’s Health Grampians ([Tell Your Story](#)) and [regional mapping](#) undertaken by Women’s Health and Wellbeing Barwon South West further illuminate experiences navigating SRH care in rural settings. Multicultural Centre for Women’s Health draws attention to [systemic barriers to reproductive autonomy and decision-making for migrant and refugee communities](#). Regional partnerships such as [Action for Equity](#), led by GenWest, are driving coordinated, evidence-based action to improve SRH outcomes.

Together, our sector is providing government with a united, evidence-informed roadmap to eliminate postcode-driven disparities and build a truly equitable SRH system for all Victorians.



Addressing the gender pain gap

Victoria's Inquiry into Women's Pain aims to address the prevailing gender pain gap that sees women and girls less likely to receive treatment despite experiencing a higher prevalence of chronic pain than men. While women generally experience more recurrent, more severe and longer-lasting pain than men, medical gender bias means this is more likely to be minimised, denied and not treated (Department of Health 2024).

The Women's Health Services Network (WHSN) contributed [a joint submission to the Victorian Government's Inquiry into Women's Pain in 2024](#). The submission is informed by 10 community consultations held across regional and metropolitan Victoria, in addition to three decades of women's health research and experience. It draws together local evidence and expertise from every region, alongside that of our statewide specialists, to present a unique and thorough exploration of the gender pain gap in Victoria.

It will take a sustained, collective effort to dismantle the underlying systemic and cultural inequities that make it permissible to minimise, dismiss and override women and gender diverse people's lived experience of pain.

Our submission identifies opportunities and actions for all levels of government in Victoria to work alongside the broader healthcare system, health promotion and community organisations to achieve this systemic change.

OUR FINDINGS AND RECOMMENDATIONS COVER FIVE KEY AREAS:

1. INCORPORATING LIVED EXPERIENCES OF WOMEN AND GENDER DIVERSE PEOPLE IN THE DEVELOPMENT OF HEALTH POLICIES
2. ENGAGING CLINICIANS AND STRENGTHENING GENDER EQUITY IN THE HEALTHCARE WORKFORCE
3. EMBEDDING GENDER EQUITY IN HEALTH RESEARCH, FUNDING POLICY AND MEDICAL CURRICULA
4. REDUCING BARRIERS TO PRIMARY CARE AND SPECIALIST SERVICES, PARTICULARLY IN RURAL AND REGIONAL AREAS
5. GREATER INVESTMENT IN HEALTH PROMOTION TO ENHANCE HEALTH LITERACY AND REDUCE STIGMA SURROUNDING CHRONIC PAIN

Improving menopause support

Almost half of all Australians will experience menopause. Despite this, significant gaps persist in our understanding of experiences and treatment of perimenopause and menopause. This means many people experiencing menopause do not receive the healthcare or workplace supports they need to best navigate this period of their lives.

Our sector is delivering place-based initiatives across the state to support individuals, workplaces, health practitioners and government to better understand and respond to the impacts of menopause. Examples of community health education include Women's Health in the South East's [Mastering Menopause program](#), Women's Health Loddon Mallee's [My Menopause Matters program](#) and tailored local content in Gippsland Women's Health's [Are You Covered?](#) magazine. Initiatives improving workplace policy and practices for people experiencing menopause include Women's Health Grampians' [Menopause@Work program](#) and Women's Health East's [How to become a menopause friendly workplace guide](#).

In 2024, the WHSN drew on our expertise and experience to contribute [a joint submission to the Senate Community Affairs References Committee inquiry into the issues related to menopause and perimenopause](#). We also accepted an invitation to speak to the Committee.

Our recommendations are reflected across those made by the Committee in its final report. We await further announcement on these recommendations for additional opportunities to scale up our existing work with the healthcare workforce and workplaces.

WE PROVIDE RECOMMENDATIONS FOR POLICY AND PRACTICE IN SIX MAIN AREAS:

1. RESEARCH AND FUNDING GAPS
 2. HEALTHCARE WORKFORCE CAPACITY AND KNOWLEDGE
 3. INTERSECTIONAL SYSTEMIC BARRIERS TO ACCESSING CARE
 4. POOR HEALTH LITERACY AMONG PEOPLE WHO WILL EXPERIENCE MENOPAUSE
 5. INADEQUATE WORKPLACE POLICY
 6. CULTURAL AND SOCIETAL FACTORS AFFECTING PUBLIC ATTITUDES
-

2

Building safe environments where we work, learn, live and play

The environments where we live, work, learn and play have considerable impact on our health and wellbeing across each stage of our lives.

They can help strengthen and protect, or worsen, our health and health outcomes (WHO 2025b).



The issue

For many Victorians, our homes, schools, workplaces and public spaces are not safe or equal places. Women and gender diverse people continue to experience high rates of gendered violence, including family violence, sexual assault and workplace sexual harassment. Structural barriers persist that limit the ability of women and gender diverse people to participate fully and equally in political, economic and community life. We see this reflected in the gender pay gap, under-representation in leadership positions, higher rates of poverty and over-representation in unpaid and underpaid care work. Safety, respect and equality are prerequisites for achieving and maintaining optimal health and wellbeing.

Our work

We help make the spaces where we live, work, learn and play safer and fairer so that more Victorians benefit from health-supporting environments.



We support organisations to embed safety and equality in their policies, practices and culture, including defined entities delivering on their *Gender Equality Act 2020* obligations.



We build workforce capabilities so that more practitioners, organisations and services are delivering effective gendered health promotion and primary prevention.



We lead local, regional and statewide partnerships, alliances and communities of practice to deliver more effective, coordinated gender equality initiatives across the state.

Embedding workplace equality and respect

Our workplaces significantly influence our health and wellbeing. They directly impact our physical and mental health and the financial resources we have for housing, healthcare and other needs. Evidence shows that safe, inclusive workplaces benefit everyone – people, communities and the economy (WGEA 2025).

Women's Health and Wellbeing Barwon South West (WHWBSW) and Wannon Water's [Learning Together partnership](#) is building understanding of what it takes to effectively embed workplace respect, equality and safety. Since 2015, WHWBSW has supported Wannon Water in policy review, staff training, engaging in campaigns such as the 16 Days of Activism against Gender-based Violence and meeting obligations under the *Gender Equality Act 2020* and the Victorian Auditor-General's Office's sexual harassment action plan.

In the last year, WHWBSW has developed and delivered two tailored training packages across the four Wannon Water sites: Warrnambool, Portland, Hamilton and Camperdown. Consisting of three sessions over a six-month period, so far, more than 200 people have completed training on gender equality, sexual harassment and bystander action.

The decade-long relationship provides key learnings into what is needed to support the evolving gender equity needs of a dynamic workforce within a changing legislative environment. As a major regional employer, the partnership's impact extends across the community via the many roles employees play within their schools, sporting clubs and community groups. Wannon Water also sits on the Executive Governance Group for Respect 2040, the region's prevention of violence against women strategy.

'The changes we've seen in our workplace are amazing. We've seen the gender pay gap close; we've seen more women in senior roles. We've introduced flexibility – but that's not just good for women, that's good for everyone and helps people just balance their lives. It helps Wannon Water perform to its best.'

Andrew Jeffers, Managing Director, Wannon Water



Reaching more Victorians where they live, work, learn and play

Effective health promotion needs to reach across every place where we live, work, learn and socialise. This means every sector and setting has a role to play in supporting better health for all Victorians.

Our nine place-based services coordinate stakeholders from across their regions to come together to address a range of women's health and wellbeing issues. These regional partnerships bring together a broad range of partners from across the health, community, government, education, media, sports and private sectors. In most regions, this takes the form of a partnership focused on gendered violence prevention and another focused on sexual and reproductive health.

The partnerships support effective on-the-ground implementation of the state government's health, gender equality, gendered violence prevention, and sexual and reproductive health strategies and targets. Each partnership develops its own regional plan, contextualising action to its region. We act as backbone organisations, ensuring coordinated, collaborative and best practice design, delivery and evaluation. The regional partnerships come together to create a statewide infrastructure, delivering on state and national health and equality goals.

Our regional partnerships support a diverse movement of more than 500 public, private and community sector partners across the state to take real action towards a healthier, safer and more equitable Victoria.



Cultural safety for First Nations communities

The ongoing impacts of colonisation and dispossession have created a health system that is not always safe, inclusive or respectful for First Nations people. Our sector is committed to elevating First Nations voices and priorities in women's health and embedding cultural safety in our organisations and the work we do. This journey is unique for each women's health service, the First Nations communities they serve and the Country they operate across.

For instance, Women's Health In the North has worked with First Nations consultants to undertake truth-telling sessions and embed First Nations considerations into organisational policies, processes and practices. Women's Health Goulburn North East is implementing a cultural safety action plan that embeds cultural learning into everyday practice. Women's Health Grampians is currently implementing its Innovate Reconciliation Action Plan.

In 2022, it established a First Nations program with a First Nations Health Promotion Officer working across priority areas on improving wellbeing and connection for First Nations women in the region. Women's Health Loddon Mallee's Innovate Reconciliation Action Plan activities include Aunties on Country – Nurture and Nourishment Gatherings, connecting First Nations women with culture, community and country and facilitating opportunities to elevate First Nations voices and self-determination in women's health. GenWest is now approaching its third Reconciliation Action Plan, guided towards achieving its reconciliation goals by an Aboriginal Advisory Committee.

By building culturally safe women's health services in every region of the state, we are better able to contribute towards advancing First Nations health equity.



3

Elevating community voice and leadership in health and wellbeing

‘Health promotion is the process of enabling people to increase control over, and to improve, their health’ (WHO 2025a).






The issue

Historic and ongoing bias about which voices inform health research, policy and service design has created a health system not built to meet the needs of everyone in our community. Elevating community voices and leadership helps address these gaps by enabling communities to identify the issues that matter to them and the solutions that will make the most difference in their lives. These initiatives are more likely to succeed because they are tailored, context-specific and grounded in lived experience.

Our work

The WHSN is uniquely placed to amplify the voices of Victorian women and gender diverse people. We consist of nine place-based organisations covering every local government area (LGA) and specialist services with expertise in migrant and refugee health, gender and disability, and gender equity in health. As community-based organisations, our staff and boards consist of women and gender diverse people from our communities. We place community at the centre of everything we do, working to elevate community priorities and solutions.

-  We support communities to have more ownership and control over their health and health services, including identifying the health issues and solutions that matter to them.
-  We partner with communities to co-design and deliver tailored place-based gendered health promotion and primary prevention initiatives.
-  We amplify women and gender diverse people's voices and community action in disaster preparedness, response and recovery.

Prioritising care before, during and after disaster

As climate change drives more frequent and intense disaster events in Australia, it is more important than ever to centre community and care. Women's Health Goulburn North East (WHGNE) is partnering with Australia reMADE on [*Care through Disaster*](#) a new people-centred approach to working together to plan for and navigate disaster.

In recent decades, north-east Victoria and the Goulburn Valley have experienced floods, fire and a changing climate, alongside the global pandemic. Following the 2009 Black Saturday fires, WHGNE co-founded the Gender and Disaster Pod (now Gender and Disaster Australia), which pioneered Australian research into the intersections of gender and disaster, including the spike in violence against women in this context. Care through Disaster continues this work, exploring how valuing care and social connection can support communities through disaster.

The founding report [*Care through Disaster: a new lens to survive and thrive in tumultuous times \(2023\)*](#) combines research and lived experience to describe what it would take for people to be seen, safe and supported before, during and

after disaster. It captures the voices of more than 80 people from across the region – from those on the frontlines, local councils and other community support groups, to local clubs and societies and a broad range of interested community members.

[*Care through Disaster in Practice – a Toolkit for Leaders, from the Citizen to the State \(2024\)*](#) builds on these findings to provide a practical toolkit to equip citizens, community organisations and local, state and federal governments with the tools to prioritise care through disaster prevention, preparation, response and recovery. WHGNE is now supporting their partners to implement these recommendations, including via a Community of Practice and e-learning modules.

A simple but powerful example of the Care through Disaster approach can be seen in Indigo Shire in north-east Victoria. The Shire has implemented a local practitioner recovery network, enabling people working in recovery agencies to build relationships year-round rather than waiting until an emergency to get in touch and start conversations.



Supporting the safety and wellbeing of lived experience experts

It is well established that to be effective, primary prevention of gendered violence initiatives must centre the voices of people with lived experience. This core principle is reflected across all national and Victorian gendered violence prevention strategies and plans.

Promoting Respect and Equity Together is the regional prevention of gender-based violence strategy for the Southern Metropolitan Region. Coordinated by Women's Health in the South East (WHISE), it brings together more than 30 organisations. Over the past three years, the partnership has undertaken a range of capacity – building activities – including a conference, forum and think tank – culminating in the development of its [*Embedding Lived Experience in the Primary Prevention of Gender-Based Violence Framework*](#). The Framework was developed by an inter-sectoral working group including health, local government and family violence services, many of which were collaborating for the first time.

The Framework guides organisations and practitioners to safely and ethically embed lived experience across their work to strengthen primary prevention of gender-based violence practice. This means that work is not only responding to community needs but is also able to support healing, recovery and empowerment.

The Framework supports practitioners and organisations to assess and ensure that their values, policies and infrastructure will support the needs of people with lived experience of gender inequality and multiple intersecting forms of oppression, discrimination and/or marginalisation. This means that more organisations can engage the benefits of lived experience expertise in a way that prioritises the safety and wellbeing of lived experience experts. WHISE is now supporting partners to pilot the framework in their workplaces, starting with three local councils and a water corporation.



Improving rural sexual and reproductive health outcomes

Rural women experience poorer sexual and reproductive health (SRH) outcomes than women living in metropolitan areas (O'Reilly 2022). There are fewer local and affordable healthcare options, with high demand on existing services. Other barriers include cost, lack of culturally appropriate services, limited transport options, telecommunication blackspots and limited availability of service information, as well as stigma, social attitudes and privacy concerns.

Women's Health Goulburn North East and Women's Health Loddon Mallee are working together to increase access to safe and appropriate SRH services for women and gender diverse people in the Loddon Mallee and Goulburn North East regions.

[The Long Story Short project](#) builds on findings from the 2017–2018 Storylines project, capturing the experiences and perspectives of 80 women, gender diverse people and healthcare professionals from across the two regions. This experience is combined with local demographic information, SRH data and peer-reviewed literature to create a picture of the regions' current – and potential – SRH landscape. It centres the voices of local women and gender diverse people to develop a comprehensive understanding of access barriers and solutions.

Project findings explore four areas: stigma and societal attitudes; access and availability; quality of care; and education and awareness. Each area includes strength-based solutions that, if implemented, would increase community health literacy and make services safer, more accessible and easier to navigate. The project has produced a series of recommendations for policymakers and service providers to improve evidence, policy and service delivery.

‘People need to be empowered to be more proactive with their health. Communities need things explained to them using platforms that suit them, i.e. at their own events, in their own language or in comfortable surroundings.’

Project participant



4





Improving health and wellbeing outcomes for women and gender diverse people

‘Gender has implications for health across the course of every person’s life’
(WHO 2021).



The issue




There are gendered differences in the health and wellbeing needs and outcomes of all Victorians. For instance, the Victorian Women's Health Atlas reports (WHV 2025a):

-  Cancer deaths comprise over one quarter of all female causes of death and over one third of female years of life lost in Australia.
-  Women have a higher prevalence of chronic disease and live more years of life with a disability from chronic disease than men.
-  Australian women are nearly twice as likely as men to suffer from mental illness.
-  Barriers and service gaps remain in meeting the changing sexual and reproductive health needs of girls, women and some trans men and gender diverse people across their life course.

Discrimination, stigma and uneven access to high-quality, affordable health services prevent women and gender diverse Victorians from accessing the healthcare and information they need.

Our work

Our goal is that all women and gender diverse people in Victoria can access the health information, supports and services they need, whenever and wherever they need them.

-  We provide tailored, accessible and reliable information and training to support women and gender diverse people to make positive, informed choices about their health across their life course.
-  We improve health service provision, reach and accessibility so that women and gender diverse people are better able to access high-quality, affordable testing, treatment and care when and where they need it.
-  We deliver initiatives that address the gendered social determinants of health, and support women and gender diverse people to maintain good physical and mental health, such as safety, social connectivity, civil society participation and economic equality.

A gender lens across Victorian health planning

We support a more equitable health system by helping embed a gendered lens across Victorian health planning. Gender analysis supports health planning to be responsive to the needs of people of all genders. It also identifies any potential negative impacts on women, gender diverse people or men that may arise from health policy, programs or projects.

Women's health services support local government, local public health units and community health in every region to undertake gender analyses in their planning towards municipal health and wellbeing plans, population health catchment plans and other health planning.

Examples of gendered data snapshots and planning resources include [Women's Health Goulburn North East](#), [Women's Health Loddon Mallee](#) and [Women's Health Grampians](#).

This work is underpinned by the [Victorian Women's Health Atlas](#), produced by Women's

Health Victoria, which provides up-to-date health and social wellbeing indicators by sex for every LGA in Victoria. This allows health planners to understand health trends and priorities by LGA, region and state, making health planning more effective.

We provide this support in every region through activities such as:

- developing tailored gendered data snapshots and health planning tools for LGAs
 - delivering gender analysis and health planning workforce training
 - providing expert input and review during planning periods.
-



More effective health communication

Sexual and reproductive health issues can be surrounded by stigma, shame and misinformation. Deeply rooted values significantly influence the perceptions held by individuals and communities and, in turn, their actions. Health communication is less likely to succeed if it fails to engage with the values that influence sexual and reproductive health behaviours.

In 2024, the women's health sector engaged Common Cause Australia to develop an evidence-based messaging guide on how to use effective communications to promote sexual and reproductive health. [*The Framing Sexual and Reproductive Health*](#) message guide was developed following extensive nationwide research, including an analysis of public discourse, online message testing and focus groups. The guide assists health promotion practitioners and communications professionals to develop effective, persuasive messaging that can dismantle stigma and shame, promote help-seeking behaviour and contribute to better health outcomes. This includes the importance of positive framing and strengths-based messaging. It also includes messaging dos and don'ts, framing tips and real-world examples to support sector-wide consistency and impact.

‘Very practical guide that will help me to tailor my advice when talking with S&RH service seekers. Often these service seekers have already experienced shame and stigma before we even talk with them, so the message guide will enable me to better meet their needs with the sensitivity required.’

Evaluation feedback

‘Really well presented information that was easy to understand which meant I could think about how it might apply to my work. Having a focus on the persuadables rather than the “loud minority” of the opposition makes so much sense as a better use of time/energy.’

Evaluation feedback

Challenging labia stigma and anxiety

Women's Health Victoria's (WHV) [Labia Library website](#) is an award-winning health literacy resource about labia diversity that promotes positive body image and shows that when it comes to labia, there is no one version of 'normal'. First launched a decade ago, the site was recently refreshed to include up-to-date and inclusive health information and an expanded gallery of over 100 unedited and non-sexualised photographs of labia across a wide range of ages, genders, skin tones and experiences, to show just how different they can be. The site now also includes information relevant to trans and gender diverse people with labia and tailored resources for health practitioners, educators and parents and carers.

Since launching in June 2024, the updated site has received more than 899,000 new visitors from almost every country around the world. In the first nine months since the re-launch, 333 people completed online feedback, with 90% of those who felt anxious about their labia when visiting the site reporting that it improved how they feel about their labia.

In 2024, WHV also launched the report [Real Bodies: Understanding and Celebrating Labia Diversity](#). Based on a survey with a nationally representative sample of over 1,000 individuals, the report reveals that almost one-quarter of young Australian women feel anxious or unhappy about their labia, driven by a range of influences, including porn and online media. This anxiety can lead to people putting off visits to their GP for sexual and reproductive health issues or cervical screening tests and has led to an increase in female genital cosmetic surgery – one of the fastest growing cosmetic procedures amongst young people in Australia and worldwide.

Engagement with the Labia Library demonstrates the ongoing demand for accessible and reliable health literacy and positive body image resources for women and girls (cis and trans) and gender diverse people, and the life-changing impact these resources can have.

‘Thank you for such an informative site. This will be so helpful for my daughters as well as myself to know that there is such a range of “normal”.’

User feedback

‘I am 18 years old and have been worrying about my vulva for years. I felt great relief after seeing your labia library. Now I feel much more confident about myself.’

User feedback

5

Improving access and outcomes for women and gender diverse people from rural communities

‘Rural people are disproportionately affected by poorer social determinants of health and this influences their health outcomes’ (NRHA 2024).






The issue

When compared with people living in metropolitan areas, ‘on average, Australians living in rural and remote areas have shorter lives, higher levels of disease and injury and poorer access to and use of health services’ (AIHW 2024b).

The health of rural communities is influenced by fewer local education and employment options, lower incomes, less access to safe and affordable housing and transportation, higher rates of gendered violence, food insecurity and the impacts of climate change and disaster (NRHA 2024). There are fewer local health services, particularly when it comes to sexual and reproductive health, mental health and gendered violence supports.

Our work

Our five rural women’s health services have longstanding relationships with communities, services and councils across their regions, working together to reduce the health disparities experienced by rural communities. We elevate the voices, experiences and unique strengths of rural communities to identify tailored local solutions to increase health equity.

-  We undertake research, evidence building and analysis to understand the current and emerging gendered health needs, barriers and solutions for rural communities across the state.
 -  We provide tailored place-based health promotion activities to rural communities and workforces, including information, training and organisational development.
 -  We support increased health service availability and accessibility so that more rural women and gender diverse people can access support close to home.
-

Increasing sport participation in the Grampians region

Physical activity is a well-known protective factor for preventing and managing chronic disease. However, women, girls and gender diverse people experience barriers to physical activity such as organised sport, where they are under-represented as participants, coaches, officials, administrators and board members (Australian Government, 2022).

In the Grampians region, rates of physical inactivity for women are higher than the state average. Since 2023, Women's Health Grampians (WHG) has been leading [a whole-of-sport](#) approach to remove the barriers to women, girls and gender diverse people's participation in sports. This means working with Regional Sports Assemblies, Associations, Leagues and community grassroots clubs to make organisations safe, respectful and inclusive for people of all genders.

Initiatives include:

- working with 26 local sporting organisations through the region's Communities of Respect and Equality (CoRE) Alliance to become more welcoming and inclusive for women, girls and gender diverse people
- partnering with two local councils to introduce actions into their Municipal health and wellbeing plans to support local clubs to participate in WHG's six-month cultural change program, Act@Play, a sport-specific program designed to challenge sexism, discrimination and violence against women
- partnering with Melbourne Storm to deliver innovative movement-based active bystander training, led by former elite rugby league players, to boys and men within Ballarat schools and sporting clubs.

With momentum and interest growing, opportunities are increasing for women, girls and gender diverse people located in the Grampians to join – and stay – in sporting clubs.

‘We have been a CoRE member since 2018, working with WHG to further make our club safe, respectful and inclusive. This is a priority for everyone at the club – from the board to the coaches and players. We know the statistics around violence against women, and we are trying to play our part to reduce those statistics. Through WHG, we have previously delivered bystander training to coaches, and [movement-based bystander training] further scales up our work and helps carry the message on to players in an engaging and effective way.’

CEO, Basketball Ballarat

Better sexual and reproductive health outcomes in Gippsland

There are many barriers to achieving optimal sexual and reproductive health (SRH) in Gippsland. There are limited options for local, timely and appropriate services, alongside unmet health literacy needs and prevailing misinformation and stigma (GWH 2023).

Gippsland Women's Health (GWH) is leading a range of coordinated initiatives to improve the region's SRH outcomes. A regional SRH Governance Group and Community of Practice support delivery of the region's SRH action plan, including joint advocacy, data sharing and collaborative action.

An example of collaboration is the Gippsland Abortion Care Cascade, a partnership between GWH and the Latrobe Community Health Service SRH Health Hub. It aims to ensure that anyone seeking an abortion in Gippsland has access to local care of their preferred choice. The framework ensures streamlined, timely and appropriate care for individuals while also identifying existing gaps in the continuum of care and potential solutions.

GWH has collaborated with BreastScreen Victoria in establishing the rural mobile women's health clinic. This includes providing demographic information and staff onboarding to prepare for delivery and collaborating on four months of pop-up health literacy workshops alongside the Gippsland bus route.

GWH also collaborated on Cancer Council Victoria's 2025 cervical screening campaign to increase uptake in the region.

Since 2022, GWH has produced a quarterly magazine [Are You Covered?](#) to improve local SRH literacy through articles on health topics, access, services and experiences. They also lead an annual SRH Forum to foster regional workforce capacity-building and networking, currently in its 15th year. By working with community, the health workforce and services, and government, GWH is supporting more people in Gippsland to access the SRH services they need, when and where they need them.

‘The articles and information in these magazines are very informative and relate to women and girls of all ages. I have not seen a publication with so much relevant information in the one place. It is wonderful that the articles included are not only clinical information but are shared experiences of real women across Gippsland. Once I started reading, I could not put it down.’

Are You Covered? reader feedback

Improving mental health and wellbeing in the Loddon Mallee region

Australian women living in regional and rural settings experience disproportionately high levels of mental health distress, particularly those from marginalised communities (WMHA 2021). In the Loddon Mallee region, when compared with men, women are 1.5 times more likely to have ever been diagnosed with a mental health condition (WHV 2025b) and 2.2 times more likely to self-harm (WHV 2025c).

Women's Health Loddon Mallee (WHLM) delivers a range of initiatives to [improve mental health and wellbeing outcomes for women and gender diverse people](#), including mental health education sessions, project advisory support and information sharing alongside community development projects. A comprehensive three-year [Mental Health and Wellbeing Strategy](#) is being finalised, with a focus on rural women and gender diverse people.

Grounded in a social determinants of health approach, the strategy will prioritise prevention, mental health and wellbeing promotion, partnerships and collaboration. It will also consider biological factors relevant to women's mental health. It focuses on creating conditions that support people to achieve their optimal mental health and wellbeing, as well as building community health literacy around effective and early help-seeking.

The strategy is informed by a public participation approach, engaging diverse stakeholder perspectives, including community members, health planners, service providers and community organisations. Engagement focused on exploring women's, girls' and gender diverse people's challenges and needs, existing community strengths and ideas for improving and protecting their mental health and wellbeing.

The strategy serves as both an organisational guide for WHLM and a regional resource to advance mental health equity by addressing individual, interpersonal, community and structural factors. WHLM's strong, established regional partnerships will help amplify the reach and impact of the strategy. This work complements and intersects with other strategic documents including WHLM's recently developed Theory of Change [Weathering the Change: Climate Change, Emergencies and Disasters, and Gendered Health Equity in the Loddon Mallee](#).

‘Stigma and discrimination still play a large role in not just mental health but many other issues. I think it’s important to work with others to target this, as it can impact on our mental wellbeing. Even if we have lots of resources and services, if we ultimately do not feel safe in the community, we’re not going to – or are less likely to – access them.’

Stakeholder

6

Improving access and outcomes for women and gender diverse people from migrant and refugee communities

‘Women and girls, and gender diverse people, from migrant and refugee communities make a robust contribution to Victoria’s economic, social and civic life. However, substantial areas of inequality, both in and outside of the health system, prevent them from achieving optimum health and wellbeing, as well as safety and equity in the community and the workplace’ (MCWH 2024).






The issue

Australia is one of the most culturally and linguistically diverse countries in the world. More than a quarter of the female population was born overseas, and almost half the female population has an overseas-born parent (DPMC 2023). Yet migrant and refugee women, girls and gender diverse people experience inequity at every level of the health system. For instance, lack of access to affordable, in-language and culturally appropriate health information and care results in health disparities such as poorer maternal and child health outcomes, lower rates of breast screening and greater risk of contracting a sexually transmitted infection such as HIV or hepatitis (MCWH 2022).

Our work

Multicultural Centre for Women's Health delivers statewide multilingual health education and advocacy to increase health and wellbeing opportunities for migrant and refugee women and gender diverse people. Our place-based organisations partner with local migrant and refugee communities and services to reduce systemic barriers to good health and wellbeing.

-  We undertake research, evidence building and analysis to understand the current and emerging health needs, barriers and solutions to improve the health of women and gender diverse people from migrant and refugee communities.
 -  We coordinate in-language health information, health education and leadership programs for migrant and refugee women and gender diverse people across Victoria, such as multilingual health education and the Family and Reproductive Rights Education Program (FARREP).
 -  We build health system capacity to deliver inclusive and intersectional services and programs so that more Victorians have access to safe, respectful services.
-

Building a more equitable health system

Effective health promotion practice must be inclusive and intersectional. This means understanding how overlapping social and institutional forces impact the lives, health and decisions of women and gender diverse people – and what systems changes are needed to build a better health system.

Multicultural Centre for Women's Health (MCWH) provides statewide leadership and expertise in intersectional feminist practice and approaches. MCWH centres and amplifies the voices of those who have been made marginal by systems and structures, identifying key solutions and recommendations that will reduce health inequities. This includes ongoing research partnerships in areas such as sexual and reproductive health, preventing violence against women and gender equality. Key research insights inform advocacy to policymakers, government and other key stakeholders on the systems transformation needed to improve health and wellbeing outcomes for migrant and refugee women and gender diverse people.

For example, MCWH contributed [a submission to the Victorian Inquiry into Women's Pain](#), which drew on their research, data from their statewide bilingual health education sessions and qualitative surveys and in-depth interviews with migrant women. This was essential in understanding the issues from an intersectional and gendered perspective and identifying opportunities for the systems changes that will increase health equity. MCWH also helps facilitate necessary and complex conversations about what intersectional primary prevention work might – and should – look like. This includes Communities of Practice, advisory groups, consultations, public forums and project implementation. MCWH partners with and supports other women's health services to advance intersectional health promotion practice with stakeholders across each region.

MCWH's [ongoing advocacy](#) elevating migrant women's voices and experiences – 'bringing the margins to the centre' – strengthens women's health organisations' capacity to embed and undertake inclusive and intersectional practice.



Helping more community leaders prevent family violence

Despite the prevalence of family violence across all Australian communities, multicultural communities often face unique barriers in accessing support. Many victim-survivors seek support from informal networks, but community leaders often lack the knowledge to provide effective assistance.

[Project Sitara](#) is a community-based project designed by GenWest's Multilingual Health Education Team in Melbourne's western metropolitan region. Meaning 'star' in Hindi, Project Sitara serves as a guiding light for women who may not know where to turn when facing family violence. The project was co-designed with a pilot group of elder Indian women, recognising their profound influence as cultural custodians and their unique role in passing on the values of sharing and interdependence with younger generations.

Through seven Hindi-language sessions, participants receive culturally sensitive training and resources, empowering them to identify, prevent and respond to family violence. A key component of this training is its deep cultural understanding, which equips leaders with the ability to challenge harmful gender norms, understand the root causes of violence and connect people to appropriate services. As of May 2025, 20 community leaders have completed training.

GenWest is expanding Project Sitara by partnering with Ballarat Regional Multicultural Council. GenWest aims to develop the training package in multiple languages and to forge partnerships with organisations in the family violence sector to create more community champions who can help those in need of support.

‘We will apply the learnings from this project in our communities by educating our families and the men at our home, talk to other ladies in our social circle and educate them.’

Participant

‘If we see someone in trouble, we will help them, educate them by differentiating between right and wrong and informing them about the services that can support them in their tough times.’

Participant

Helping women navigate Australian financial systems

Access to economic resources improves health and wellbeing for women and gender diverse people. It enables better access to healthcare, housing, education and food security, supports good mental health and can provide increased ability to escape family violence. Newly arrived migrant and refugee women face many barriers to navigating Australian financial systems, which can have long-term impacts on their health and wellbeing and their settlement (WHIN 2023).

[Let's Talk Money](#) is an award-winning financial literacy program delivered by Women's Health In the North (WHIN), supporting the economic empowerment of women and gender diverse people. The program provides practical and tailored financial literacy workshops to newly arrived migrant and refugee women in the northern metropolitan region. Topics include budgeting and saving, banking, credit cards and loans, debt management, tenancy rights and responsibilities, Centrelink, and tax and superannuation.

The program uses a peer education model to deliver culturally and linguistically appropriate financial literacy.

The regional model was adapted from a statewide health education model developed by Multicultural Centre for Women's Health. Peer educators are women with lived experience of the settlement process, who understand the best way to tailor these workshops with their communities. For many peer educators, this is their first job in Australia and has created pathways into further employment.

Since 2017, the program has trained more than 38 peer educators and delivered 2000+ workshops in 12 languages. Program evaluation shows a high level of success in increasing participants' understanding, confidence and ability to manage their finances, with a majority adjusting their finance habits as a result of the program and improving support-seeking behaviour in financial hardship situations (WHIN 2022).

WHIN has recently added a train-the-trainer program for workplaces wanting to include financial literacy as part of their training offerings for the communities they work with. Ten workers from four organisations have so far completed the program.

'Learning about financial rights and responsibilities opened my eyes. I'm more aware of how to deal with issues like tenancy and rental providers' disputes. The program empowered me to advocate for my rights.'

Program participant

'Empowering women through financial literacy is fulfilling. I've seen participants gain the confidence to navigate banking, understand superannuation and make informed decisions.'

Peer educator






7

Improving access and outcomes for women and gender diverse people with disabilities

‘A significant proportion of the differences in health outcomes between persons with and without disabilities are associated with unjust or unfair factors that are avoidable and cannot be explained by the underlying health condition or impairment’ (WHO 2022b).

The issue





Nearly one in every five Victorian women and girls has a disability (ABS 2011). Yet women, girls and gender diverse people face a health system that is often dismissive, discriminatory and inaccessible. Women and gender diverse people with disabilities (WDV 2019; Our Watch and WDV 2022):

-  experience disadvantage across all areas of their lives, including social exclusion, economic insecurity and discrimination
-  have reduced access to health information, screening, prevention and care
-  are often sidelined from decisions about their health and care, or have their health concerns minimised or ignored
-  are left out of health promotion and education programs such as sexual and reproductive health, and antenatal and postnatal care
-  experience gendered violence that is more frequent, occurs over a longer period of time, across a wider range of settings and perpetrated by a greater range of people than women and girls without disabilities.

Our work

Women and gender diverse people with disabilities hold valuable expertise when it comes to health, justice and economic barriers. Our sector works to elevate the voices and follow the lead of women and gender diverse people with disabilities in addressing the systemic barriers they face in achieving optimal health and wellbeing.

Women with Disabilities Victoria is led by – and for – women and gender diverse people with disabilities, with three decades' experience amplifying lived experience and expertise to create a fairer system. They provide evidence, resources and support so that our other services can deliver disability-inclusive women's health and wellbeing initiatives across the state.

-  We undertake research, evidence building and analysis to understand the current and emerging health needs, barriers and solutions to improve the health of women, girls and gender diverse people with disabilities.
-  We deliver all-ability access to health information, education and programs to women, girls and gender diverse people with disabilities across the state.
-  We develop health system capacity to deliver inclusive and intersectional services and programs so that more Victorians have access to safe, respectful services.
-  We build health system capacity to deliver gender and disability inclusive services and programs so that more Victorians have access to safe, respectful services.

The case studies in this section utilise either people-first (people with disabilities) or identity-first language (Disabled people), depending on the language used by the project in focus.

Increasing gender and disability inclusive practice

The Women's Health Services Capacity-Building Project is a partnership between Women with Disabilities Victoria (WDV) and the other eleven sister organisations of the Women's Health Services Network. The project builds women's health sector capacity in gender and disability inclusive practice in their gendered violence prevention work.

Commencing in July 2019, the project has piloted [a workplace gender and disability auditing toolkit](#), co-designed in partnership with the women's health services. The toolkit supports workplaces to assess and reflect on their capacity for preventing gender and disability-based violence and promoting better health outcomes for women and gender diverse people with disabilities. WDV provides sustained, tailored support for each organisation as it undertakes the audit, reflects on findings and identifies strategies to develop its gender and disability inclusive practice. These close partnerships have helped organisations navigate challenging discussions about the ableist and gender-based systems gaps limiting their organisations and identify opportunities for improvement.

Undertaking this partnership, women's health services address organisational barriers and open up the workforce to more women with disabilities. This means more local gender and disability expertise in more health organisations across Victoria. Women's health services have since built better partnerships with local Disabled People Organisations and people with disabilities in their local communities and strengthened relationships with WDV for future collaborations. In return, this means that health promotion practice is more inclusive, contributing to better health outcomes for women, girls and gender diverse people with disabilities. WDV is currently testing an update of the toolkit with other community health and health services, helping to build a better, more inclusive healthcare system and support the uptake of intersectional practice. WDV also develops resources to support more inclusive gendered health promotion, such as the [Pleasure and Consent project](#).



Co-designing accessible information about consent, sex and relationships for Disabled young people

Disabled young people face higher rates of gendered and sexual violence than their non-disabled peers yet are often excluded from mainstream health education and supports. Get the Go-Ahead is an affirmative consent project for Disabled young people delivered by Women's Health East (WHE) in partnership with Youth Disability Advocacy Service (YDAS) and supported by the Victorian Government. The project aims to increase access to affirmative consent information, supporting Disabled young people to make informed choices about their lives and bodies and reducing the drivers of gendered and sexual violence.



The project was co-designed with a Young Experts Group comprising 10 Disabled young people connected to Melbourne's east. WHE ran a series of capacity-building workshops to upskill members in primary prevention frameworks and other relevant topics. Drawing on the group's understanding of the issues impacting their communities and their knowledge of how to effectively reach Disabled young people, WHE worked with the group to design a [set of resources about affirmative consent, sex and relationships](#). This includes resources for Disabled young people and for people who support them. The resources address the questions that matter most to Disabled young people in an accessible and engaging way.

The resources have been well received, with all members of the Young Experts Group reporting that the resources reflected their voice and input. A series of focus groups with Disabled young people is underway. Insights from these focus groups will support the expansion of the resources to inform people working with Disabled young people how they can better support them.

‘Caring for Our Communities is an incredible resource. This will be very helpful to share with all young people, with disabilities and without. The breadth of these resources is very impressive.’

Practitioner working with Disabled young people

A more inclusive body image conversation

In recent years, body image has become an important part of the national health and wellbeing conversation. Body image ranks amongst the top three concerns for young people in Australia (Tiller et al 2020), with body dissatisfaction having devastating impacts on the health, social and economic lives of Australians. However, women and gender diverse people with disabilities have been left out of these conversations – which also means they continue to be left out of the solutions.

[My Body. My Voice](#) is led by Women's Health in the South East (WHISE) in partnership with Women with Disabilities Victoria and Butterfly Foundation. Co-designed with women with disabilities, the project explores how women with disabilities feel toward their bodies, why and how the health system can support better body image.

The project draws on community surveys and focus groups to better understand how women with disabilities experience and perceive body image. Findings reveal the compounded challenges they face – not only in navigating societal beauty standards, but also in contending with ableist attitudes and exclusion from mainstream body image movements. The research highlights the profound impact of social expectations, healthcare biases and lack of representation in shaping body dissatisfaction. By exposing these gaps, the project challenges the narrow scope of existing body image discourse and advocates for a more inclusive understanding that truly reflects diverse experiences of body image.

A series of recommendations will support improved research, more inclusive community initiatives and a stronger healthcare system and workforce, so that no one is left out of the body image conversation. Funding is being sought to develop a co-designed peer support program for women with disabilities. This program will support connection and engagement through shared activities, helping to reduce risk factors for body dissatisfaction.



Key terms



CHRONIC DISEASE PREVENTION

Chronic diseases are ‘long-lasting conditions with persistent effects’, which can impact on people’s quality of life through social and economic consequences in addition to health impacts (AIHW 2024). Examples include Alzheimer’s, arthritis, asthma, back problems, cancer, cystic fibrosis, diabetes, eating disorders, endometriosis, heart disease, mental health conditions and pelvic pain. While some chronic diseases are genetic, many can be prevented, or their impact reduced, by addressing the wider determinants of health.

GENDER EQUALITY IN HEALTH AND WELLBEING

Gender equality in health and wellbeing means that people of all genders have the information, services and supports they need to achieve and maintain optimal health and wellbeing. There has been a historic and ongoing lack of attention to – and investment in – the health and wellbeing needs and experiences of cisgender women and trans and gender diverse people. To achieve health equality, we need to identify and address gendered health biases and bridge the gap in health research, policy and services – the process of gender equity.

GENDERED SOCIAL DETERMINANTS OF HEALTH

Gender is a key social determinant of health, influencing how people of all genders experience all other social determinants of health, such as employment, housing, education and personal safety. This creates gendered differences in people’s health and wellbeing, and in their experiences and ability to access healthcare and services. Women’s health services are experts in identifying how the gendered social determinants impact the health and wellbeing of communities across Victoria and what actions are required to redress gendered health inequities.

GENDERED VIOLENCE PREVENTION

Gendered violence refers to all forms of violence directed at a person because of their gender, including family and domestic violence, sexual assault, sexual harassment, street harassment and online abuse. As women’s health services, our expertise is in the prevention of forms of gendered violence experienced by women and gender diverse people. This means understanding how the gendered drivers of violence play out across our communities, organisations and institutions and taking action to challenge and reduce these drivers so that violence is less likely to occur in the first place.

HEALTH PROMOTION

Health promotion is ‘the process of enabling people to increase control over, and to improve, their health’ (WHO 2025a). Health promotion seeks to prevent ill-health by supporting individuals and communities to maintain good health and by ensuring the best possible health system to meet the needs of all members of its society. Health promotion activities include individual and community health literacy and behaviour change; health and social legislation, policy and programming; and improving the environments where people live, work, learn or socialise.

MENTAL HEALTH AND WELLBEING

Mental health and wellbeing is about more than just the absence of mental illness; it is a ‘state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community’ (WHO 2022a). We work to improve the gender-responsive approach of the mental healthcare system while also advocating for a gender lens on mental health promotion. This means that more women, girls and gender diverse people maintain good mental health and wellbeing, and that the mental health system is better able to meet their needs if they do need to utilise it.

PRIMARY PREVENTION

Primary prevention seeks to prevent a societal problem from happening in the first place by addressing its underlying causes at a population level. It is part of a broader prevention approach that also includes secondary prevention – intervening early to address emerging issues and prevent escalation – and tertiary prevention, which focuses on a well-resourced and effective response system. Primary prevention and health promotion approaches complement one another by focusing on creating safe, equal and healthy societies for all people.

SEXUAL AND REPRODUCTIVE HEALTH

Sexual and reproductive health encompasses a range of services, including access to contraception, abortion, fertility and infertility care, maternal and perinatal health, prevention and treatment of sexually transmitted infections, menopause, menstruation, pelvic pain conditions and education on safe, pleasurable and healthy relationships and sexuality (WHO 2025). We work to reduce inequities in sexual and reproductive health, prevent chronic health conditions and increase community access to safe, high-quality and accessible healthcare.

SOCIAL MODEL OF HEALTH

A social model of health recognises the significant influence that social, environmental, political and economic factors have on our health, in addition to medical factors. Inequities in health outcomes across population groups are influenced by the social determinants of health – non-medical factors such as income, education, living and working conditions, food insecurity, and discrimination based on gender, sexuality, gender identity, race, disability or age (WHO 2025b).

SYSTEMIC BARRIERS

Systemic barriers refer to laws, institutions, policies, programs and attitudes that make it harder for individuals or population groups to access resources or opportunities, resulting in unequal health outcomes. Systemic barriers uphold and reinforce systems of discrimination and oppression, such as sexism, racism, ableism, ageism, hetero-normativity and cis-normativity.

WOMAN/WOMEN

Woman/women refers to anyone who is a woman, including cisgender and transgender women.

WOMEN'S HEALTH AND WELLBEING

All aspects of cisgender and transgender women and girls' health supporting the 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO 2025c). Our work covers a vast range of topics, needs and issues, also encompassing many of the health, safety and equity needs of some gender diverse people, intersex people and trans men.

WOMEN IN A CHANGING SOCIETY – CLIMATE CHANGE, EMERGENCY AND DISASTER SITUATIONS

'Women in a changing society' is one of our Victorian Department of Health funded priority areas, focusing on the gendered impacts of disaster, emergency and climate change. This recognises the profound and increasing negative impacts disaster, emergency and climate change have on health, safety and livelihoods. Our work not only increases understanding of how disaster, emergency and climate change exacerbate gendered health inequities, but also improves preparedness, response, recovery and adaptation by amplifying the voices, needs and experiences of women and gender diverse people.

A woman with dark hair and tattoos is floating on her back in dark, rippling water. She has her eyes closed and a serene expression. She is wearing a blue and white checkered bikini top. Her arms are extended outwards, and her legs are also extended. The water is dark, and there are some light reflections on the surface. The overall mood is peaceful and serene.

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Explanatory notes for reach data

Total funding: Total Victorian Government Victorian Women's Health Program and Women's Health Services Capacity Building Program funding received by the 12 women's health services from July 2022–June 2025.

Staff growth: Head count of total WHSN staff funded via the VWHP and WHSCBP funding streams in June 2022 and as of 31 May 2025. In July 2022, the WHSN received a significant two-year funding uplift, which was extended for 2024–2026 at a reduced amount. This resulted in an increase then reduction in staffing. As an indication of peak employment levels, during the 2022–2024 period the uplift enabled 93 new roles and the extension or expansion of 23 existing positions – some of which ended in July 2024 following the funding reduction.

Organisations worked with: Total number of organisations the 12 women's health services had an active working relationship with during the 1 July 2022–31 May 2025 period. This includes regional partnership members, research partnerships, collaborative projects and organisations that have engaged the women's health sector for capacity-building and support. This does not include collaborations between women's health services.

Social media campaigns: Total number of social media campaigns delivered by the 12 women's health services from 1 July 2022–31 May 2025, including joint WHSN campaigns. These are social media campaigns developed and led by women's health services as part of our health promotion work, including health literacy, health workforce capacity-building and health reform.

Resources launched: Total number of resources developed and made public by the 12 women's health services from 1 July 2022–31 May 2025. This includes research, reports, guides, toolkits and videos.

People attended WHSN training: Total number of people who attended capacity-building training delivered by the 12 women's health services from 1 July 2022–31 May 2025. This does not include e-learning modules.

People attended WHSN activities: Total number of people who attended activities delivered by the 12 women's health services from 1 July 2022–31 May 2025. This includes information sessions, community events, consultations, forums and publication launches.

WHSN e-learning modules successfully completed: Total number of e-learning modules that were started and completed during 1 July 2022–31 May 2025. During this period, two women's health services provided a total of 60 e-learning modules.

Networks, partnerships and communities of practice convened by WHS: Total number of networks, partnerships and communities of practice convened by the 12 women's health services from 1 July 2022–31 May 2025. These are ongoing formal mechanisms that create opportunities for stakeholder connection, collaboration and coordination, including Communities of Practice, regional partnerships and issues-based networks.

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