



**Report on the
2025
Survey of Women's Health in the ACT**

women's
health
matters!

the voice for women's health
and wellbeing in the ACT



Publication/Copyright Information

ISBN: 978-0-6484409-9-4

© 2025 Women's Centre for Health Matters Inc.

Published by Women's Centre for Health Matters Inc.

This publication is protected by copyright. Apart from any use permitted under the *Copyright Act 1968*, no part may be reproduced without acknowledgement.

This publication was produced without the use of generative artificial intelligence (AI).

Acknowledgment of Country

Women's Health Matters recognises the Ngunnawal People as the traditional custodians of the land on which we live and work, and we pay our respects to their Elders, past and present. We recognise the strength of Aboriginal women and their continuing connection and contribution to this land, these waters, and our communities. May we walk gently and treat the earth and each other with care and respect.

About Women's Health Matters

Women's Health Matters is an independent, non-partisan think tank that works to improve health and wellbeing for all women (including cis and trans women) and, in partnership with other organisations, for gender diverse people in the ACT and surrounding region. We seek to improve access to health information and enhance knowledge and understanding about the causes 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. Women's Health Matters is funded by ACT Health. The findings and discussion presented in this report are those of Women's Health Matters, and not necessarily those of the ACT Health Directorate.

Contents

Executive Summary	1
About the survey	1
Demographic profile: Who did the survey?.....	1
Findings.....	2
Health and healthcare	2
Mental health	3
Sexual and reproductive health.....	4
Attitudes and beliefs about abortion.....	5
Pregnancy and birth	6
Discrimination, safety & violence	6
Acknowledgements	9
Introduction.....	11
Background and purpose.....	11
Impact of the 2023 Survey	11
Survey design.....	13
Consultation and testing.....	13
Gender scope of the survey.....	14
Survey distribution and recruitment	15
Data processing and analysis	16
Statistical notation and methods used	16
Limitations of the study	16
The survey sample	16
Analysis in this report	17
Comparing 2025 results with 2023 results	17
Findings 1: Demographics.....	19
Key demographic features of the sample.....	19
Aboriginal and Torres Strait Islander people	20
Gender and sexuality	20
Gender	21
Sexuality.....	21
Sex assigned at birth.....	21
Intersex (variation of sex characteristics)	22
Age	22
Country of birth, language and migration background	24

Country and region of birth	24
Length of stay in Australia	26
Main language spoken at home	26
Preferred language	26
Visa status and residency	27
Migrant background	28
Neurodivergence	28
Chronic health conditions.....	29
Disability	29
Labour, income and education	30
Being a carer	30
Highest level of education or qualification attained.....	31
Household income.....	31
Government pensions or allowances	32
Unpaid work within family	33
Paid work	33
Wanting to work more hours for pay	34
Hours studying in usual week.....	35
Financial stress.....	36
Housing and location	38
Living arrangement.....	38
Housing tenure	38
Region of ACT	39
Incarceration.....	39
Findings 2: Health & healthcare	40
Medicare.....	40
ACT Services Access Card.....	40
Private health insurance (people without Medicare).....	40
Self-rated health	42
Consulted GP last 12 months.....	45
Rating access to GP.....	45
Why difficult to access GP	48
Different aspects of access to GP	48
Rating GP consultations.....	50
Whether GP asked about mental health – last visit	54
Why did not consult GP	54

Used bulk-billing	54
Tried to use bulk-billing	55
Why not tried to use bulk-billing GP	55
Why not been able to access bulk-billing GP	56
Rate availability of bulk-billing GPs	56
Types of services used (other than GPs) – last 12 months	57
Access to different kinds of health care	58
Trust in doctors, whether taken seriously and willingness to seek healthcare	62
Findings 3: Mental health	66
Psychological distress (K6)	67
Ever diagnosed or treated for mental health conditions.....	68
Diagnosed with or treated for mental health conditions in last two years	71
Perinatal mental health conditions	73
Findings 4: Sexual and reproductive health.....	74
Contraception	74
Whether used contraception.....	74
Reasons for not using contraception	75
Reasons for using contraception	75
Form(s) of contraception used	77
Satisfaction with contraception.....	78
What form of contraception would be preferred.....	78
What preventing change of contraceptive method(s)	79
Endometriosis and adenomyosis.....	80
Polycystic ovary syndrome (PCOS).....	81
Persistent pelvic pain (PPP)	83
Common reproductive surgeries	88
Menopause.....	88
Abortion.....	91
Attitudes and beliefs about abortion.....	92
Findings 5: Pregnancy & birth.....	94
Currently pregnant	94
Ever pregnant	95
Pregnant last two years (not currently pregnant)	95
Currently pregnant – Experiences of pregnancy	96
Used maternity services	96
Satisfaction with maternity services.....	96

Conditions in current pregnancy	96
Perinatal loss.....	97
Using abortion services	98
Giving birth to living babies	98
Pregnancy and birth experiences in the ACT in the last 2 years.....	99
Type of maternity care – births to living babies last 2 yrs ACT	99
Satisfaction with maternity care – gave birth ACT last two years	100
Conditions in pregnancy/birth – gave birth ACT last two years	100
Caesarean section – births to living babies ACT last 2 years	100
Birth trauma	101
Findings 6: Discrimination, safety & violence.....	104
Discrimination in healthcare.....	104
Safety in public places	107
Using public transport alone after dark.....	107
Walking alone in local area after dark	108
Reproductive coercion.....	110
Sexual violence	111
Workplace sexual harassment	112
Family violence	114
Violence from someone you live with or rely on.....	116
Domestic violence	117
Institutional violence	119
Experienced any of the listed forms of violence	120
References	121

Executive Summary

About the survey

This is the second time Women's Health Matters has run the Survey of Women's Health in the ACT. This repeated survey aims to investigate the state of women's health and wellbeing in the ACT. The findings of the repeated survey are being used to make the state of women's health and wellbeing in the ACT visible through high quality data, enabling Women's Health Matters and our community partners to advocate for gender responsive health and wellbeing services for all ACT women.

For this iteration of the survey, Women's Health Matters opened the survey for responses between December 2024 and March 2025. The survey was promoted through our email newsletter, Facebook, Instagram, radio, print media, and the social media accounts and networks of our government and community sector partners. Participants self-selected to be part of the survey, which was hosted on the *Qualtrics* platform. As an incentive, participants received a chance to win one of three \$100 gift vouchers.

In total, 1319 valid responses were collected, on topics including:

- health and health services
- mental health
- sexual and reproductive health
- pregnancy and birth
- violence and safety

This report presents a summary description of the results across the whole survey.

Women's Health Matters gratefully acknowledges the people and organisations who contributed to the survey project.

Demographic profile: Who did the survey?

Our target population comprised women, femme-identifying people, and people who align themselves with this group who were aged 18+ years and living in the ACT or region.

The survey sample was more representative in 2025 than the previous survey in 2023, better reflecting the diversity of women living in the ACT:

- **1.9%** of the survey respondents were Aboriginal and/or Torres Strait Islander people (similar to the ABS 2021 Census figures for ACT women aged 18 and over)
- People **25-34 years old** were the largest group by age (23%), and the overall sample was similar in age profile to the Census figures for ACT women aged 18 and over
- **25%** identified as having or living with a disability (similar to the ACT population of women)
- **71%** were born in Australia (closer to the 64% in the Census than our 2023 survey, in which **83%** were Australian-born)
- **28%** identified as being from a migrant background, up from 14% in our 2023 survey
- **9%** were temporary visa holders, compared to 2% in our 2023 survey
- **87%** spoke English as their main language at home (closer to the 70% reported by the Census than our 2023 survey, in which 96% spoke English as their main language at home)
- **18%** were neurodivergent
- **21%** were unpaid carers
- **70%** identified as heterosexual

- **70%** were employed (similar to the ABS census)
- **42%** reported at least one indicator of financial stress

Findings

Health and healthcare

Self-rated health

Participants were asked to rate their health over the past four weeks. More respondents rated their health as 'Fair' or 'Poor' (36%) than rated their health as 'Very good' or 'Excellent' (29%). These results are similar to the results of our earlier (2023) survey: 'Fair' or 'Poor' (40%) compared with 'Very good' or 'Excellent' (28%).

Medicare

In a new question we asked whether respondents had Medicare, finding that 6% (or 76 people) did not. Among those who did not have Medicare, 22% (or 17 people) also told us they did not have private health insurance.

Whether used GP in last year

We asked respondents whether they had consulted a GP in the last 12 months. Only 10% had not. In a new question we asked those who had not consulted a GP why they had not done so, and the most common responses were "Have not needed a GP" (54%), followed by "Too expensive" (31%) and "I do not have enough time" (21%).

Bulk-billing

For those who consulted a GP in the ACT in the last 12 months, 27% reported that they had used bulk-billing. Among those who had not used bulk-billing, the availability of bulk-billing GPs and appointments was identified as the key barrier. Even people who had managed to access bulk-billing services rated the availability of bulk-billing poorly, with 60% of these people saying availability was only 'Fair' (20%) or 'Poor' (40%). Comparisons with 2023 about bulk-billing

are not available because of differences between the surveys.

General access to GP

We asked all respondents who had consulted a GP in the ACT in the last 12 months to rate their overall access to GP consultations, finding that 47% rated their access as 'Excellent' or 'Very good', compared with 20% who rated their access as 'Fair' or 'Poor'. This is a slight improvement on results from 2023, when over a quarter (26%) of respondents rated their access as 'Fair' or 'Poor'.

The top two factors most commonly reported as making it hard to access a GP were the same in 2025 as they were in 2023. In 2025, 86% of people who rated their access to a GP as 'Fair' or 'Poor' selected the option indicating difficulty getting an appointment as a key factor, while 66% selected the option for consultations being too expensive.

Rating different aspects of access to GP

For all respondents, we asked them to rate different aspects of access to a GP (access to a female GP if wanted, access to preferred GP each time, access to a gender affirming or LGBTIQ+ inclusive GP, and access to a GP with a suitable language or background). As in our previous survey, a significant portion of people said their access to their preferred GP each time was only 'Fair' or 'Poor'. By contrast, nearly half of all those who answered about access to female GPs said their access was 'Excellent' or 'Very good.'

Most respondents answered 'Not applicable/don't know' to the question on gender affirming/LGBTIQ+ inclusive GPs, but of the 280 people who did choose to rate their access to these GPs, 40% said it was 'Excellent' or 'Very good', compared with 30% who answered 'Fair' or 'Poor'. Of the 646

who chose to rate their access to a GP with suitable language or background, a clear majority (63%) answered ‘Excellent’ or ‘Very good’.

Rating aspects of GP consultations

We asked further questions about how well respondents rated several aspects of their experience with their most recent consultation with a GP. As in 2023, time spent waiting for an appointment and time spent waiting in the waiting room were rated poorly, whereas GPs were rated highly for the quality of their skills, their explanations, how well the doctor listened and their respect for patients’ dignity and different backgrounds, and the accessibility of facilities.

Access to different kinds of care

Respondents were asked to rate their access to different kinds of medical care. Similar to our 2023 results, the kinds of care rated most poorly for access were mental health services, medical care after hours, medical care at short notice, and specialists. However, there was a small but notable improvement across most types of care, particularly emergency care (from 37% rating ‘Excellent/Very good’ in 2023 to 48% rating the same in 2025). Other kinds of care rated were family planning and sexual health, telehealth, and (new in 2025) care in preferred language.

Health services used

We asked about the types of services/professionals used in the last 12 months (other than GPs). Apart from GPs, the results show that the most commonly consulted type of service/professional was pharmacists and dentists (both 60%), specialists (55%), health information on the internet (50%) and allied health professionals (36% - down from 60% in 2023).

Experiences of seeking and receiving healthcare

We asked a series of questions about people’s experiences of receiving care and their inclination to seek help from a doctor. As in 2023, the results show overall positive assessments of the care received from doctors, with over three quarters agreeing or strongly agreeing that the care they received in the last few years had been good. However, there continue to be concerning findings about people’s inclinations to seek health care, with over a third (39% - similar to the 35% in 2023) agreeing or strongly agreeing that they only go to the doctor if there is no other option, and almost a third (32% - slightly up from 26.8% in 2023) agreeing or strongly agreeing that they avoid seeing a doctor wherever possible. In response to a new question, 37% agreed or strongly agreed that they worry about judgement or discrimination from doctors.

Separately, we asked to what extent respondents felt they had been taken seriously by doctors when explaining symptoms or health concerns over the last few years. It is concerning that 45% of respondents (up from 35% in 2023) felt that doctors were taking them only somewhat seriously or not at all seriously.

Mental health

Psychological distress

The Kessler Psychological Distress scale (K6) is a measure of psychological distress developed by Kessler et al (2002). The K6 is delivered as set of six questions asking how often in the past 4 weeks respondents felt: nervous; hopeless; restless or fidgety; that everything was an effort; that nothing could cheer them up; or that they were worthless. The results are used to indicate whether the person is likely to have a serious mental illness.

Our 2025 survey found that around 20% of respondents had a K6 score indicating probable serious mental illness, similar to the 19% reported in our 2023 survey. Once again, this result is higher than that found by the ACT General Health Survey.

Mental health conditions

We asked respondents whether they had ever been diagnosed or treated for a range of mental health conditions, and whether they had been diagnosed with or treated for mental health conditions in the last two years. Similar to the 2023 results, only a third of respondents in 2025 reported never having been diagnosed or treated for a mental illness. Around 45% of all respondents had been diagnosed with or treated for a mental health condition in the last two years (the same proportion as in 2023). Anxiety, depression, and Post Traumatic Stress Disorder (PTSD) were once again the most common conditions reported.

Perinatal mental health conditions

We found that 140 people (11% of the full sample of 1319 people) reported they had ever been treated for or diagnosed with perinatal depression and/or anxiety.

Of the 61 people who had given birth to a living baby in the last two years in the ACT, we can see that 31% (or 19 people) had been treated for or diagnosed with perinatal depression or anxiety during that same period, although the small numbers mean these statistics should be used with caution.

Sexual and reproductive health

Contraception

Using a different survey format compared with 2023, we found that around 38% of respondents had used contraception in the last six months. While 42% used contraception only to prevent pregnancy, 23% used it to both prevent pregnancy and

manage health conditions, and 24% used it only to manage health conditions.

Condoms continued to be the most widely-used form of contraception, but in 2025 a higher proportion of respondents reported using the combined pill (29%) compared with 2023 (19%). This could be in part because we had more young people in our sample in 2025. Progestogen IUDs continued to be widely used (27% compared with 25% in 2023).

In results very similar to 2023, most people (58%) were either extremely satisfied or very satisfied with their current form of contraception, while 12% (60 people) were either dissatisfied or very dissatisfied.

We asked people who were dissatisfied or very dissatisfied with their contraceptive method what form of contraception they would prefer. While nearly a quarter said they did not know, the most widely reported forms of preferred contraception were surgical options (tubal ligation/vasectomy for the respondent or their partner), with 12-13 people selecting these options when asked to select up to three.

In 2023, many people gave open-ended responses expressing concerns about side effects, pain, and discomfort. In 2025 we quantified those concerns with a question asking people who were dissatisfied or very dissatisfied to select all applicable options to explain what was preventing them from changing their form of contraception. The most widely-reported barriers were: concern about pain, advice from a doctor, and concern about medical risks (each response selected by 32-33% of those answering).

Endometriosis and adenomyosis

We asked people if they had ever been diagnosed with or treated for endometriosis or adenomyosis. Overall, 246 people (or 19% of the full sample) said they had. There were

overall low levels of satisfaction with endometriosis healthcare, 50% of people who had endometriosis/adenomyosis saying they were dissatisfied or very dissatisfied with their healthcare for the condition. These results are very similar to 2023 (noting the addition of adenomyosis to the question, following feedback within the 2023 survey).

Polycystic ovary syndrome (PCOS)

Around 14% (or 181 of the full survey sample) had been diagnosed with or treated for polycystic ovary syndrome (PCOS). As with endometriosis/adenomyosis, there were overall low levels of satisfaction with PCOS healthcare, with around 49% of people who had PCOS saying they were 'Dissatisfied' or 'Very dissatisfied' with their healthcare for the condition (again similar to 2023 results).

Persistent Pelvic Pain (PPP)

Using an updated definition of persistent pelvic pain (PPP) compared with 2023, we asked respondents whether, in the last two years, they had experienced pain below their belly button and above their legs that lasted for six months or more, allowing that the pain might change over time. Of the full sample of 1319 respondents, 17% (or 227) had experienced PPP. Of these 227, 77% (or 174) had sought treatment from a healthcare professional for this pain. Satisfaction with treatment for PPP was again low, with 55% of the respondents who had sought treatment reporting they were either 'Dissatisfied' or 'Very dissatisfied.'

Of those who had experienced PPP in the last two years (n=227), around 63% (or 144) had missed work/study as a result in the last 12 months. These are similar proportions to the results of our earlier survey in 2023. In 2025, this represents 11% of the full 1319-responder sample, indicating the significant impact of PPP.

Common reproductive surgeries

In a new question we asked about common surgeries, finding that 13% of the sample reported having one or more of these common reproductive surgeries:

- Removal of the uterus (8%)
- Removal of one or both ovaries (6%)
- Removal of fallopian tubes (6%)

Menopause

A quarter of all respondents (330 people) indicated that they had gone through menopause, while a further 12% reported being in perimenopause and another 12% were unsure. This represents a higher proportion than in our 2023 survey, most likely because we had a larger proportion of respondents aged over 55 years in our 2025 survey than in our 2023 survey.

We asked people who had sought support, information or healthcare in relation to menopause or perimenopause in the last 2 years whether they got what they needed. While 38% got all or most of the support, information or healthcare they needed, 25% reported that they got none or hardly any of what they needed.

Attitudes and beliefs about abortion

To gauge community attitudes in relation to abortion stigma, we asked three questions that have previously been validated as reliable measures, inquiring about how strongly each respondent agreed or disagreed with the following statements:

- "Most people in the ACT believe abortion should be legal and available"
- "Health professionals who provide abortions make a positive contribution to society"
- "I would expect health professionals who provide abortion services to be friendly and supportive"

Overall, respondents had positive expectations and beliefs about abortion as measured by these questions.

However, when asked how confident respondents would feel helping a friend or family find the right services when considering having an abortion, over a quarter (27%) said they would not feel confident.

Pregnancy and birth

In our 2023 survey we did not differentiate between pregnancies and births that had occurred recently, and those that had occurred longer ago. In order to generate data that is more useful for understanding current needs and priorities for service improvement, in our 2025 survey we focused particularly on recent pregnancies and births, while acknowledging the long term impacts of birth experiences.

Pregnancies, perinatal loss and abortion

While only a small minority of those surveyed (4% or 37 people) were currently pregnant, 55% (or 726 people) had been pregnant at some time in their lives. Among those who had ever been pregnant, 37% had experienced perinatal loss.

There were 111 respondents who indicated they had been pregnant in the ACT/region in the last two years, 18 of whom (16%) reported they had had an abortion in the Territory during that time.

Births of living babies

Looking at the numbers of people who had given birth to living babies, 482 people reported having given birth outside the ACT and/or longer than two years ago, while 61 people had given birth in the ACT in the last two years (a few of them more than once). Noting the relatively small numbers of those who had given birth to living babies in the ACT in the last two years, satisfaction with

their maternity care was mostly high, with 76% extremely or very satisfied and 22% dissatisfied or only somewhat satisfied.

Health conditions during perinatal period

For a large majority (66%) of the 67 births in the ACT in the last two years, people told us that they had not been treated or diagnosed for any of the listed conditions (Antenatal depression, Antenatal anxiety, Postnatal depression, Postnatal anxiety, Gestational diabetes, Hypertension, Pre-eclampsia). Around 37% of living babies born in the ACT in the last 2 years were reported to have been born by caesarean section.

Birth trauma

We asked the 543 respondents who had ever given birth to a living baby whether they had experienced any of the following forms of birth trauma:

- Caesarean section after labour started;
- Labour lasting longer than 36 hours;
- Emotional distress during labour; and/or
- Baby spending time in the Newborn Intensive Care Unit (NICU) after birth.

Results show 55% of respondents who had ever given birth to a living baby reported having at least one traumatic birth experience. Of the 61 people who had given birth in the ACT in the last two years, 48% had experienced at least one of the listed forms of birth trauma.

For both recent and less recent births, emotional distress during delivery and having a baby spend time in NICU were the most commonly reported experiences.

Discrimination, safety & violence

Discrimination in healthcare

In our 2023 survey 32% of people reported having experienced discrimination (in any setting) in the last 12 months, but open text

responses on the topic were focused on discrimination in healthcare settings. In 2025, therefore, we changed the question to explicitly ask about discrimination in healthcare.

We found that 16% (or 207 people) had experienced discrimination in healthcare. As in our 2023 survey, gender, age, weight, and disability were notably common factors reported in relation to this discrimination.

Although our survey in 2025 performed better with representation of people from migrant and refugee backgrounds and from language backgrounds other than English, these groups are still somewhat under-represented, so our findings might once again underestimate the prevalence of discrimination on the basis of cultural and language background.

Using public transport alone after dark

Just over a quarter (28% or 312 people) reported that they had used public transport alone after dark in the ACT in the last 12 months (of the 1106 who answered). This is lower than in 2023 (40%). Just under half (47% or 146) of those who had used public transport alone after dark reported that they did not feel safe *waiting* for public transport (down from 59% in 2023). A majority (60% or 186 people) reported that they felt safe while *using* public transport alone after dark (up from 54% in 2023). For those who answered that they did not use public transport alone after dark (n=794), we asked why not. In very similar findings to our 2023 survey, in 2025 nearly two thirds (64%) answered that they had no need to use public transport after dark, while nearly a quarter (24%) said it was because they did not feel safe.

Taken together, 342 people in our survey either do not use public transport alone after dark because they do not feel safe, or do use public transport alone after dark but feel

unsafe while waiting for or using it. This represents 31% of people in our survey (as a proportion of the 1106 who answered the questions) whose ability to participate in activities and public life at night is impacted by safety concerns relating to public transport. This is less than in 2023 when the corresponding figure was 40%.

Walking alone in local area after dark

Around 35% (386 of the 1106 people who answered questions on violence and safety) told us they had walked alone in their area after dark in the last year, down from just over 50% in our 2023 survey.

A small majority (228 people or 59% of the 386), reported that they did feel safe in that situation (similar to 57% in 2023). However, of those who answered that they had not walked alone in their area after dark in the last year (n=720), only 27% reported that the main reason for not walking alone in their area after dark was because they did not feel safe, compared with 56% in 2023. In 2025 the most common reason given was “no need” (68%) while in 2023 only 44% said “no need” in answer to the question of why they not walk alone after dark.

Reproductive coercion

In our survey we asked a set of questions about experiences that could indicate possible reproductive coercion (behaviour intended to limit another person’s ability to make reproductive choices and have autonomy over the reproductive functions of their body). Using a series of validated questions (updated from 2023), we found that 68 people, or around 9% of the 727 respondents who agreed to answer questions about reproductive coercion, reported experiencing one or more of the indicators at some point.

Sexual violence

Of the 1106 people who answered questions on violence and safety, 39% indicated that they had experienced some form of sexual violence at some point in their life. Of the 1412 respondents answering, around 2.3% had experienced sexual violence in the last year. These results are similar to our 2023 survey.

Workplace sexual harassment

Of the 1106 people who answered questions on violence and safety, 40% indicated that they had experienced workplace sexual harassment at some time in their lives (almost 4% in the last year and 13% in the last five years). These results are similar to our 2023 survey.

Family violence

Looking at family violence, 30% (of n=1106) indicated that they had experienced some form of violence from a family member other than a partner/spouse at some point in their lives. Of the 1106 who answered questions on violence and safety, 5% had experienced family violence in the last year. Again, these results are similar to our 2023 survey.

Violence from someone you live with or rely on

In a new question, we asked respondents whether they had experienced violence from someone they live with or rely on for basic needs (not a spouse or family member). We found that 12% of the 1106 who answered questions on violence and safety had experienced this form of violence at some point, 2% (or 21 people) in the last year. Consistent with other research, our survey suggests this form of violence is experienced more commonly by people with disabilities than by other people.

Domestic violence

Of those who answered questions on violence and safety (n=1106), 27% reported that they had experienced some form of

domestic violence in their lifetime. Around 4% of the 1106 respondents had experienced domestic violence in the last year. These results are similar to our 2023 survey.

Institutional violence

Institutional violence is a structural form of violence that occurs not only at an individual level but at the level of facilities and organisations, and involving the people who staff them. People who are subjected to multiple forms of marginalisation and discrimination are particularly likely to experience this form of violence. Of the 1106 people who answered questions on violence and safety, 8% (or 91 people) said they had experienced institutional violence at some point. Because of a change in the survey structure, this figure is not directly comparable with our 2023 survey.

Experienced any form of violence

Only 45% of the full sample of respondents (592 out of 1319) did not indicate they had experienced any of the forms of violence asked about in the survey. Among the 55% who did indicate they had experienced one or more of the forms of violence, 18% had experienced one form, while 37% had experienced more than one (between two and six) of the forms of violence asked about in the survey.

Acknowledgements

The survey project was led by Dr Merri Andrew, Research and Policy Manager at Women's Health Matters, and delivered with support from the whole Women's Health Matters team.

We wish to thank the following people and organisations for their contributions to the survey:

- The people who completed the survey
- The community members who tested the survey and gave feedback
- The Snow Foundation for providing funding for the survey project
- The ACT Health and Community Services Directorate for funding Women's Health Matters and promoting the survey through social media networks
- Dr Jill Sheppard for expert assistance with analysis
- Stakeholders who helped with the design of the survey, promoted it in their networks and/or provided other support to the project:
 - Rachel Stephen-Smith MLA, Minister for Health and Minister for Mental Health
 - Dr Marisa Paterson MLA, Minister for Women and Minister for the Prevention of Family and Domestic Violence
 - Laura Nuttall MLA
 - The Australian Longitudinal Study on Women's Health
 - Women With Disabilities ACT (WWDACT) and WWDACT's Policy Advisory Group
 - Staff in the ACT Health and Community Services Directorate, including the Epidemiology team, the Maternity in Focus team, and the Perinatal Mental Health Project team
 - ACT Office for Women
 - Maternity in Focus Advisory Group members
 - Meridian
 - Senator David Pocock
 - Nicole Lawder
 - Dr Kari Vallury
 - ACT Council of Social Service
 - Health Care Consumers Association
 - Canberra Multicultural Community Forum
 - Karinya House
 - Perinatal Wellbeing Centre
 - A Gender Agenda
 - Inherited Cancers Australia
 - Carers ACT
 - Sexual Health and Family Planning ACT
 - YWCA Canberra
 - Council on the Ageing (COTA) ACT
 - Mental Health Consumer Network
 - Multicultural Hub
 - Alo Women
 - The University of Canberra

- The many people who shared the survey with their friends and family, and who encouraged others to complete it (thank you).

Introduction

Background and purpose

There is growing interest in how women and femme-identifying people experience their health and health systems. Gender has long been recognised by the World Health Organisation as a determinant of health, and gender inequality and discrimination are understood to have a negative impact on health and wellbeing outcomes.¹ In Australia, researchers, policy-makers and advocates continue to draw attention to issues such as inequitable responses to patients' pain and health concerns, the need for more dedicated research and funding for health conditions experienced predominantly by women, and the inaccessibility of health services for women who face multiple barriers and forms of discrimination.²

At the same time, progress is being made in key areas such as access to no-cost abortion, provision of health information in community languages with dedicated outreach, and the increasing focus on supporting people with lived experience of violence, discrimination and health issues to help inform system improvements.

Women's Health Matters (WHM) developed the Survey of Women's Health in the ACT as a tool to investigate the state of women's health and wellbeing in the ACT, and create a local evidence-base to help inform change, addressing new and ongoing problems and supporting the progress that is already under way. A local evidence base is needed because most of the other datasets available for the ACT population lack a gender lens or have sample sizes too small to provide sufficient detail on key indicators of women's health and wellbeing, such as sexual and reproductive health.

This is the second time we have run the Survey of Women's Health in the ACT, following the first iteration in 2023.³ We will continue to use our survey findings to make the state of women's health and wellbeing in the ACT visible through high quality data, enabling Women's Health Matters and our community partners to advocate for gender responsive health and wellbeing services for all ACT women.

Impact of the 2023 Survey

The first iteration of the Survey of Women's Health in the ACT has generated a valuable community resource in the form of local evidence. The survey data is already being used extensively to help improve the health and wellbeing of women, femme-identifying people and gender diverse people in the ACT.

ACT Government Directorates have utilised the 2023 survey findings to inform policy development and new funding proposals (as part of their formal budget process) as well as the assessment of community budget submissions and business cases. This has included:

- Office for Women Women's Safety Grant Round
- The Third Women's Action Plan under the ACT Women's Plan

¹ World Health Organization (2021) Gender and health Q&A, <https://www.who.int/news-room/questions-and-answers/item/gender-and-health>

² The Age and The Sydney Morning Herald, *Medical Misogyny – an investigative series*, <https://www.theage.com.au/national/medical-misogyny-20241204-p5kvq7.html>

³ Women's Health Matters (2023) *Report on the Survey of Women's Health in the ACT*, <https://www.womenshealthmatters.org.au/>

- Identified priorities and outcome statements for the ACT Health Forum (Nov 2023 and May 2024)
- Office for Women period products activities
- Canberra Health Services review of the Women's Health Service

The survey findings have also been used by Ministers, MLAs and political parties to inform priorities and policy development, including:

- In media events related to free abortion services in the ACT
- While presenting at the National Women's Health Forum at Parliament House
- To inform election platforms (including in relation to bulk-billing GP clinics and funding for services relating to mental health and musculoskeletal issues)
- In iterations of the Period Products Bill as they passed through the legislative assembly (final stage in 2023) and
- In relation to a private member's motion on period and menopause leave for the ACT Public Service.

Capital Health Network (CHN), the ACT Primary Health Network, has utilised the survey findings to inform their population needs assessment update, which is provided to the Commonwealth Department of Health and utilised by CHN to inform and prioritise commissioning activities for the ACT. This resulted in a women's specific section of the needs assessment, which was the first time this has occurred.

Women's Health Matters has also:

- Used the survey findings to make recommendations about better support for menopause and perimenopause, and on mental health non-government organisation commissioning⁴
- Conducted further analysis of the survey data to establish the need for better specialist gender responsive health information and system navigation for women with lived experience of gender-based violence, leading to the funding of a project to develop the first stages of a navigation resource.

In relation to gender-based violence:

- The Office for Domestic Family and Sexual Violence have used the survey data for Ministerial briefings and in the development of new policy proposals.
- Capital Health Network utilised the survey findings and requested more detailed data around gender-based violence to include in their scoping and model development for a violence prevention program that is being piloted through general practice in the ACT.
- Services supporting women who are facing domestic and family violence have utilised the survey data for advocacy and planning activities.
- Women's Health Matters has used the survey findings in its social media campaigns for the 16 Days of Activism Against Gender-Based Violence.

⁴ Women's Health Matters (2024), Submission to the Senate inquiry into issues related to menopause and perimenopause, <https://www.womenshealthmatters.org.au/wp-content/uploads/2024/04/Womens-Health-Matters-submission-to-Inquiry-into-Menopause-March-2024.pdf>; Women's Health Matters (2025), Submission on Mental Health Non-Government Organisation (NGO) Commissioning, <https://www.womenshealthmatters.org.au/wp-content/uploads/2025/06/WHM-Mental-Health-NGO-Commissioning-20-June-2025-.pdf>

- We have analysed victims/survivors' open-text responses to the survey, in order to inform our development of a dedicated consultation mechanism for people with lived experience of domestic, family and sexual violence.

Survey design

When we first developed the survey instrument for our 2023 survey, we considered the range of topics that are important in women's health, as indicated by previous studies and policy development,⁵ our own organisation's scanning of issues in the ACT,⁶ and the history of advocacy by women's health organisations and researchers over the previous several decades.⁷

We also considered the other surveys that are conducted in relation to women's health in the ACT, including the Australian Longitudinal Study of Women's Health (ALSWH), the ACT General Health Survey, data collected for the ACT Wellbeing Framework, the Jean Hailes Women's Health Survey, the YWCA Canberra 'Our Lives' surveys, the Personal Safety Survey, and other Australian Bureau of Statistics (ABS) data collections.

Where possible we have aimed to complement rather than replicate existing data; however, our aim was to provide a larger sample of ACT women than other studies, so in some cases we chose to replicate or adapt questions from other surveys.⁸ As demonstrated in our first survey report (2023), this has enabled comparisons with previous findings, as well as the opportunity to begin to explore differences between groups of ACT women and relationships between variables.

Consultation and testing

The 2023 and 2025 survey instruments were developed in consultation with stakeholder organisations (listed in Acknowledgements above) and tested by community members to ensure that the online survey worked correctly and that the questions made sense.

For our 2025 survey we also made changes based on feedback received by people who had done the 2023 survey, as well as drawing on a workshop with WWDACT's Policy Advisory Group. WWDACT's Policy Advisory Group comprises women and non-binary people with disabilities from across the ACT.

As a result of the feedback and guidance received through these channels we made changes to the structure of the survey, the wording of some questions, and the way additional information was displayed. To make the survey easier to navigate, we made use of pop-up text to give more information about the meanings of terms and about instructions for completing questions, without cluttering the page. The questions in the survey were once again mainly closed (checkbox/multiple choice) questions, as well as some options for open-ended responses.

⁵ Australian Institute of Health and Welfare (2023) *The health of Australia's females* (web report), <https://www.aihw.gov.au/getmedia/0260a910-fe72-4d6b-8c7d-519557d465c8/The-health-of-Australia-s-females.pdf>; Australian Government Department of Health (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.pdf>

⁶ See Women's Health Matters reports, <https://www.womenshealthmatters.org.au/resources/reports/>

⁷ For example, the work of the Australian Women's Health Alliance (<https://australianwomenshealth.org/>)

⁸ See survey instrument reproduced as Appendix 1, available at <https://www.womenshealthmatters.org.au/resources/reports/>, which includes the sources for adapted questions.

The changes made between the 2023 and 2025 surveys are detailed in the relevant sections of this report. Readers may also consult the survey instruments for 2023 and 2025, which are available online.⁹

The project was conducted in line with Women's Health Matters' *Research Guidelines* and consideration was given throughout to the potential impacts on people completing the survey. Measures to minimise potential negative impacts included the clear information provided to prospective respondents about the survey,¹⁰ including about the sensitive topics covered, the extensive opportunities for respondents to opt out of sensitive or inapplicable questions, and information about support options provided at multiple points through the survey.¹¹

Feedback received in an open text option at the end of the 2025 survey was mostly positive, with many respondents noting that the survey was comprehensive, well-designed and easy to complete (although long).

Gender scope of the survey

As in 2023, the survey was aimed at **women, femme-identifying people and people who align themselves with this group** (who were 18 years or over and living in the ACT or surrounding region). This includes trans women who were assigned male at birth and people with any physical sex characteristics who align themselves with women and femme-identifying people for whatever reason. This scope was designed so that the gender focus of the survey is clear but so that people encountering the survey could decide for themselves whether they were part of the target group.

When we first designed the survey in 2023, we took into account various implications of the decision about who would be eligible to complete the survey. These considerations remain pertinent in 2025.

One key principle is that health services generally considered as “women’s health services” (such as services assisting with uterine or ovarian health) need to be made inclusive of all people who need them, including trans men and some non-binary people. We remain conscious that there are few avenues for trans men and non-binary people to give feedback on their experiences of accessing or not accessing such services.

Women's Health Matters understands that where we are researching services of this kind, we need to encompass the experiences of trans and non-binary people, beyond the category “women”. In our work on Assisted Reproductive Technology and abortion care, for example, we defined the scope in relation to the service itself, to include people of all genders who might need or use those services. When conducting research of this kind, we also draw extensively on the work of community partners with expertise in the health needs of LGBTIQ+ people.

Our repeated Surveys of Women's Health are intended to report on women's health needs, experiences and determinants of health and wellbeing in a broad sense. They are not primarily designed to evaluate how well sex-based services are meeting the needs of the full range of people

⁹ 2023 Appendix 1 and 2025 Appendix 1, Survey instrument, available at <https://www.womenshealthmatters.org.au/resources/reports/>

¹⁰ Women's Health Matters (2024) FAQ: Survey of Women's Health in the ACT, <https://www.womenshealthmatters.org.au/faq-survey-of-womens-health-in-the-act/>

¹¹ Women's Health Matters (2024) Support Options: Survey of Women's Health in the ACT, <https://www.womenshealthmatters.org.au/support-options-survey-of-womens-health-in-the-act/>

who might use them. While the Surveys' findings may have implications for some sex-based services, they are primarily focused on how women and femme-identifying people experience their own health and their access to healthcare in general.

We did consider extending the scope of the survey to include people assigned female at birth who are not women or femme-identifying, to reflect the fact that they may need to use "women's health services". However, we ultimately decided against this approach, because we lack expertise on the full range of needs and experiences of trans nonbinary people and men, while there are other organisations that are better-placed and have a stronger claim to be able to represent their views. We were also mindful to avoid defining the scope through sex as assigned at birth, since doing so in a survey focusing on "women's health" could inadvertently define people's gender according to their physical sex characteristics.

Survey distribution and recruitment

Between December 2024 and March 2025, Women's Health Matters opened the survey for responses. The survey was promoted through our email newsletter, Facebook, Instagram, radio, print media, and the social media accounts and networks of our government and community sector partners. In new approaches tried in 2025 we also used fliers distributed to letterboxes in selected suburbs (chosen to target demographics not well-represented in the early stages of recruitment), and posters pasted up at town centres and suburban shopping centres. These tactics will be evaluated over the coming months, to inform methods to be used in any future survey. Data from a new question asked in the 2025 survey about where the respondent found out about the survey showed that online networks, including social media, continue to be the predominant method of recruitment with over 33% of respondents, followed by word of mouth (17%).

Participants self-selected to be part of the survey, which was hosted on the *Qualtrics* platform. As an incentive, participants received a chance to win one of three \$100 gift vouchers. Respondents were not required to give their name or identifying details, although if they wished to enter the prize draw, they were required to provide their email address so that we could contact the winners. Email addresses were separated from the survey responses once the survey closed, and deleted after the prizes were awarded. IP addresses were collected in order to prevent people from completing the survey more than once from the same device but were deleted after the survey closed.

Survey participation was supported by a Frequently Asked Questions (FAQ) page,¹² an online copy of the survey instrument in Word and RTF formats¹³ (for accessibility and so that people could view the survey in advance if they preferred), and a webpage with support options and services (such as telephone helplines and online chat services), to assist people who might find themselves distressed as a result of doing the survey (which included sensitive topics such as violence and pregnancy loss).¹⁴

¹² Women's Health Matters (2024) FAQ: Survey of Women's Health in the ACT, <https://www.womenshealthmatters.org.au/faq-survey-of-womens-health-in-the-act/>

¹³ Available at <https://www.womenshealthmatters.org.au/faq-survey-of-womens-health-in-the-act/>

¹⁴ Women's Health Matters (2024) Support Options: Survey of Women's Health in the ACT, <https://www.womenshealthmatters.org.au/support-options-survey-of-womens-health-in-the-act/>

Data processing and analysis

After the survey closed, the data was downloaded from Qualtrics and deleted from that platform. Data was cleaned to remove incomplete and invalid responses. Following this data cleaning, a set of 1319 complete responses remained, and these responses constitute the dataset used in this report.

The Stata statistical package (versions 18 and 19) was used to process and analyse the dataset.

Statistical notation and methods used

This report is mainly descriptive in nature, although some limited suggestions are made about possible relationships between indicators.

Most of the results are presented as proportions, showing the percentage of the responses (or a subset of responses) that gave a particular answer to a given question. In general, to prevent respondents from being identified and to avoid misinterpretation of results, answers fewer than 10 responses are not shown, or are shown as aggregated with others where possible.

When reading the data tables, the following notes may be useful:

n= This notation shows the set of responses within which proportions are being compared (i.e. the denominator in the fraction or percentage showing such a proportion). For most tables, n=1319 (i.e. the full survey sample), but for some, it will represent a subset of responses. For example, only the 379 people who answered that they were born in another country, were asked how long they had lived in Australia. So, n=379 for the set of responses about how long people had lived in Australia.

Freq. (Frequency)

Frequency refers to the number of people who gave a particular response to the question.

Limitations of the study

As with all research, our surveys have limitations. These mainly result from our methods of recruiting participants and the composition of our survey sample. These limitations do not diminish the value of our survey research, but should be kept in mind when interpreting the findings.

The survey sample

As discussed in the Demographics section below, we did not use a random sampling method to conduct our survey. Instead, respondents were recruited through “convenience sampling” (methods described above) and self-selected to complete the online survey. As a result, while our survey sample is relatively large and broadly representative of the ACT population of women, it does not perfectly match the demographic features of the population.

In 2023, the most notable gaps in our survey were the underrepresentation of younger (under 25 years old) and older (over 55 years old) women, and women from migrant and refugee backgrounds. We took steps to redress these gaps in our 2025 survey, including working with Bilingual Health Educators in our Health in My Language team to engage more migrant and refugee women, making the survey text simpler and easier to navigate, targeting community events such as university orientation days where we could approach young women to complete the survey, and seeking support with survey promotion from organisations focused on supporting older people (such as Council on the Ageing ACT).

As detailed below in the Demographics section, we were able to improve the representativeness of our sample, increasing the proportion of younger (under 25 years old) and older (over 55 years old) women, and of women from migrant and refugee backgrounds.

In terms of interpreting the results of the survey, it is important to note that Women's Health Matters is embedded in the ACT community in a way that emphasises our advocacy on issues of health equity and our role in helping to make marginalised experiences visible. Our networks and public profile are linked with this role, so it is possible that we tended to recruit people for the survey whose experiences were more likely than average to be marginalised or who were negatively impacted by health inequity.

People responding anonymously through our online survey may also be more likely to give frank comments about negative or sensitive experiences compared to phone surveys or in-person surveys, particularly where the latter are conducted by government or more 'official' agencies compared with our organisation.

Nevertheless, the large sample size of our survey, together with the generally wide representation across different dimensions including disability, location, educational attainment, sexuality, and carer status, means we can be confident that the issues raised by the findings are significant in the ACT community.

Analysis in this report

This report is broadly descriptive in nature and does not explore in depth relationships that might exist between different indicators, e.g. the differences across demographic characteristics, or possible associations between different variables (such as experiences of violence and measures of mental health).

While extensive qualitative information (open-ended responses) was provided by respondents, this report does not include systematic qualitative analysis of these answers. Illustrative quotes are provided throughout the report where these are relevant to flesh out the quantitative findings.

Women's Health Matters has begun developing collaborations with community and academic partners to develop more in-depth analysis of relationships between variables, and to interpret, contextualise and ultimately apply these findings.

Comparing 2025 results with 2023 results

This is periodic cross-sectional survey, with a different sample taken each time, not a longitudinal study (which would come back to the same people each time to compare changes in individual experiences over time).¹⁵ This snapshot method means that comparisons between the survey findings in 2025 and 2023 need to be considered in the context of these different samples. For example, our surveys show a substantial increase between 2023 and 2025 in the proportion of people who felt that they were taken not at all seriously or only somewhat seriously by doctors (35% in 2023 and 45% in 2025).

We might consider whether these statistics mean that experiences with doctors taking patients seriously have worsened over the intervening period. However, we also need to consider relevant differences in the sample. For example, if people who are younger are more likely to report not being

¹⁵ In 2025 we asked respondents whether they had completed the survey previously. Over 70% said they had not; 9% said they had, and 21% said they did not know.

taken seriously by doctors, and noting that the sample in 2025 includes a larger proportion of young people, this could provide an alternative explanation for the different findings.

In this report, differences between 2023 and 2025 findings are discussed only briefly and in the context of possible explanations, with the caveat that for the most part we have not yet performed the kind of analyses that could quantify these more complex effects within our datasets.

Depending on the question, small differences of only a few percentage points are often not large enough to be interpreted as significant, while larger differences (e.g. ten or more percentage points) are highlighted as being of possible significance, while noting potential explanations arising, for example, from known differences in the sample between 2023 and 2025.

Findings 1: Demographics

We collected information about key characteristics of the people who responded to the survey, so that we can establish how representative the sample is, and so that we can explore patterns in health experiences and health needs across these characteristics. Our demographic questions included questions about gender, sexuality, Aboriginal and Torres Strait Islander status, cultural, language and migration background, socioeconomic and educational background and housing and location. Data collected about these characteristics are presented in the following sections.

The survey design did not use a random sampling method. Instead, respondents were recruited through traditional media, social media, email flyers, posters and in-person approaches. Respondents self-selected to complete the online survey. As a result, while our survey sample was relatively large and broadly representative of the ACT population of women, there are some areas in which the sample differs from the population as measured by other studies such as the Census. However, our 2025 survey is much more representative in key areas that were under-represented in 2023: young women, older women, and women from multicultural backgrounds.

Key demographic features of the sample

1319 eligible people completed the survey (women, femme-identifying people and people who align themselves with this group, who were aged 18+ years and living in the ACT or region).

1.9% of the survey responses were from Aboriginal and/or Torres Strait Islander people (similar to the ABS 2021 Census figures for ACT women aged 18 and over).

23% were aged 25-34 (the largest group), while the sample as a whole had a spread of ages similar to the ABS 2021 figures for ACT women aged 18 and over.

25% had a disability (similar to the ACT population of women).¹⁶

71% were born in Australia (closer to the 64% in the ABS Census than our 2022-23 survey, in which 83% were Australian-born).

28% identified as being from a migrant background (double the proportion in our 2022-23 survey).

9% were temporary visa holders (up from 2% in 2022-23).

87% spoke English as their main language at home (closer to the 70% reported by the ABS census than our 2023 survey, in which 96% spoke English as their main language at home).

¹⁶ ACT Health (2022) *2022 ACT General Health Survey Statistical Report*, <https://www.act.gov.au/open/epidemiology-publications/2022-act-general-health-survey-statistical-report#MHaW>

18% were neurodivergent.

1% were non-binary, trans, agender and/or genderqueer.

About 70% identified as heterosexual.

70% were employed (similar to the ABS census).

42% reported at least one indicator of financial stress.

Aboriginal and Torres Strait Islander people

Around 1.9% (25) of the survey respondents were Aboriginal and/or Torres Strait Islander people. This is similar to the ABS 2021 Census figures for ACT women aged 18 and over.¹⁷

Respondents were asked to select from 'Aboriginal', 'Torres Strait Islander', 'Aboriginal and Torres Strait Islander', 'Neither', or 'Prefer not to answer'. Because of low numbers, the results for 'Aboriginal', 'Torres Strait Islander', 'Aboriginal and Torres Strait Islander' are reported together, as the single category 'Aboriginal and/or Torres Strait Islander'.

Gender and sexuality

Sound data collection on gender, sexuality and sex assigned at birth has been lacking in Australia, as elsewhere, but data is now being improved through agreed standards and increased work by the Australian Bureau of Statistics to generate population estimates.¹⁸

In our survey we use an approach that is consistent with the Australian Bureau of Statistics *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables* and the ACON *Recommended Community Indicators for Research*. These guidelines recommend using a 'two-step method' to derive cis and trans population counts. In this method, respondents are asked to select an option for their gender identity, and separately asked to select an option for their sex assigned at birth. If the gender identity and sex assigned at birth are aligned, the person is considered to be cis. If the gender identity is different from the sex assigned at birth, or if the person elects to provide a different term for their gender identity other than woman/female/man/male, then the person is considered to be trans (including if they select 'non-binary').

¹⁷ Australian Bureau of Statistics (2022) 2021 Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians – ACT (data collated using TableBuilder), <https://tablebuilder.abs.gov.au/>

¹⁸ Australian Bureau of Statistics (2021) *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables*, <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>; ACON (2023) *Recommended Community Indicators for Research*, <https://www.acon.org.au/what-we-are-here-for/policy-research/#recommended-sexuality-and-gender-indicators>; Australian Bureau of Statistics (2024) *Estimates and characteristics of LGBTI+ populations in Australia*, <https://www.abs.gov.au/statistics/people/people-and-communities/estimates-and-characteristics-lgbti-populations-australia/latest-release>

Gender

Almost all respondents in our survey identified themselves as women or female. Just over 1% (15) identified their gender in a free-text response as non-binary, trans, agender and/or genderqueer, while 2.3% respondents selected 'Prefer not to answer'. These results are broadly consistent with the ABS's finding that around 0.9% of people in Australia who are aged 16 years and over are trans and gender diverse.¹⁹

Sexuality

A total of 291 people, or 22% of the sample of 1318 people, reported they were bisexual, gay, or lesbian, pansexual, queer or another term (described in open-ended responses). This is a slightly higher proportion than reported in our 2023 survey, when 18% of respondents told us they were bisexual, gay, or lesbian, pansexual, queer or another term. Both our 2023 and 2025 results show a significantly larger proportion than the ABS's estimate that around 3.6% of the Australian population aged 16 years and over (including 3.7% of cis women) are gay, lesbian, bisexual or a different term such as asexual, pansexual or queer.²⁰

Although we are not able to determine the reason for the difference between our survey results and the ABS results, it is likely that they arise in part from differences in survey recruitment and data collection methodologies, and potentially reflect differences between the ACT and the Australia-wide population.

Table 1: Sexuality

Sexuality	Freq.	Percent
Straight(heterosexual)	921	69.88
Bisexual	159	12.06
Gay or lesbian	48	3.64
Queer	37	2.81
Pansexual	33	2.5
Prefer not to answer	63	4.78
Don't know	43	3.26
I use a different term - write in	14	1.06
Total	1318	100

Sex assigned at birth

Sex assigned at birth differs from gender because it reflects assessments made by medical staff, parents and others about the biological sex of a newborn, based on visible physical characteristics (presence of a vulva or penis). Typically, these categorisations are binary in nature, resulting in labels of 'Female' and 'Male'. Gender, by contrast, refers to a person's experience and sense of themselves,

¹⁹ ABS (2024) *Estimates and characteristics of LGBTI+ populations*

²⁰ ABS (2024) *Estimates and characteristics of LGBTI+ populations*

with a broader range of possibilities as indicated in the table above, not necessarily reflecting sex assigned at birth.

In our survey, 98% (1292 respondents) said that they were assigned female at birth, while fewer than 1% said they were assigned male and around 1.5% preferred not to answer. Again, these results are broadly consistent with the ABS's finding that around 0.9% of people in Australia who are aged 16 years and over are trans and gender diverse.²¹

Intersex (variation of sex characteristics)

“Intersex” refers to a variation of sex characteristics, such that a person has sex characteristics that do not fit medical and social norms for female or male bodies.²² As Intersex Human Rights Australia explains, people with these characteristics experience stigma, discrimination and harm as a result, or are at risk of these experiences.

Sex characteristics are physical features relating to sex, including chromosomes, genitals, gonads (ovaries or testicles), hormones, and other reproductive anatomy. Secondary sex characteristics are features that emerge from puberty (such as breasts, facial and body hair, and higher or lower vocal pitch).

We asked survey respondents “Were you born with a variation of sex characteristics (sometimes called 'intersex')?” Around 2% (25 people) reported that they were intersex, while 28 preferred not to answer. Noting the small numbers involved, it is difficult to compare this result with the ABS's estimate that 0.3% of people in Australia aged 16 years and over report they know they were born with variations of sex characteristics.

Age

Our sample in this 2025 survey was similar in age to the population of women in the ACT as a whole, as measured by the 2021 ABS census. This represents an improvement on our 2023 sample, which over-represented the middle age groups (25-34, 35-44, and 45-54 years), while under-representing people under 25 and those over 65 years.

As the following chart shows, the age distribution of our sample is now closer to that of the population of women in the ACT.

²¹ ABS (2024) *Estimates and characteristics of LGBTI+ populations*

²² Intersex Human Rights Australia (2021) What is intersex? <https://ihra.org.au/18106/what-is-intersex/>

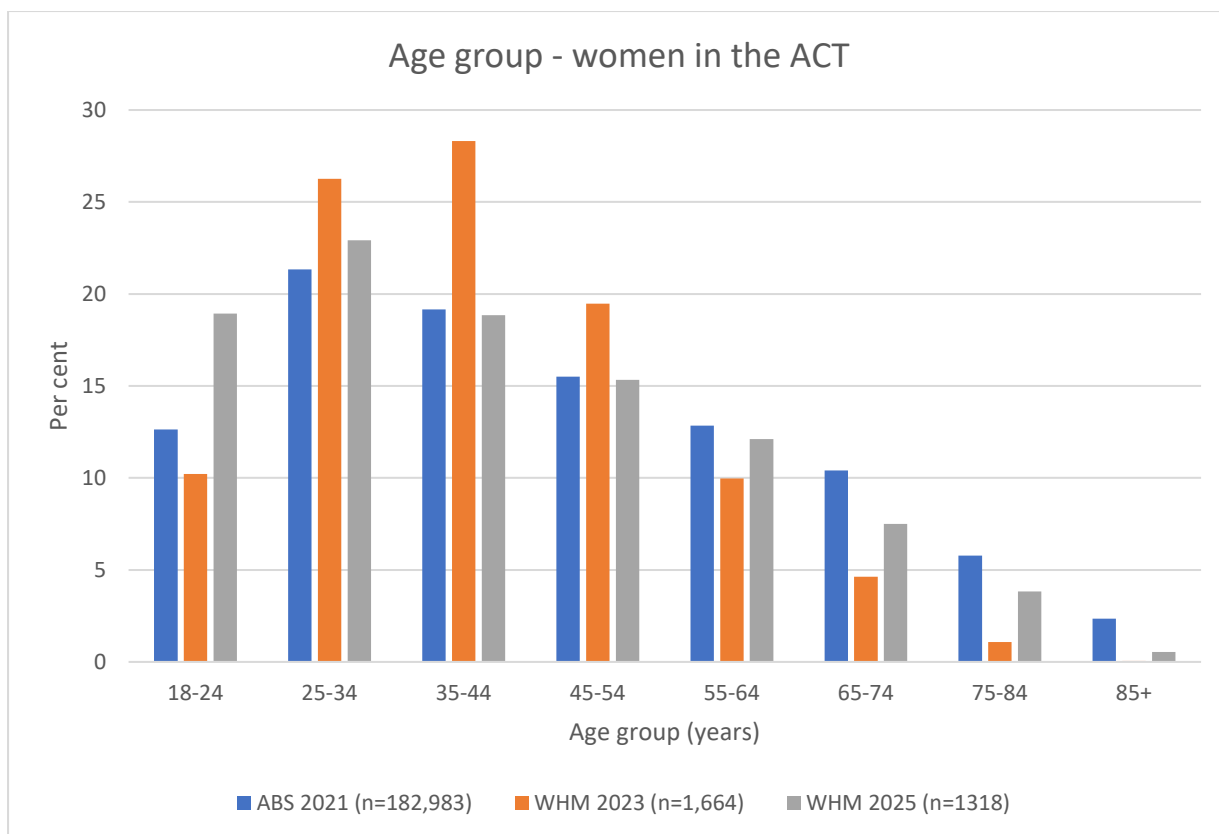


Figure 1: Age Group

Note: In this chart both WHM 2023 and WHM 2025 data excludes responses from people who selected 'Prefer not to answer'.

Country of birth, language and migration background

Country and region of birth

Around 29% of respondents to our 2025 survey were born outside of Australia, up from 17% in our 2023 survey. This is closer to the composition of the ACT population of women, as measured by the ABS Census 2021, which found 36% were born overseas.

In our 2025 survey, of those born outside Australia, the most commonly-reported countries of birth were China (7.4%), the United Kingdom (4.5%), India (1.5%), New Zealand (1.4%), USA (1.4%), Indonesia (1.1%), Malaysia (0.8%) and Sri Lanka (0.8%).

Country of birth

Country	Freq.	%
Australia	939	71.24
China	97	7.36
United Kingdom	60	4.55
India	20	1.52
New Zealand	19	1.44
United States of America	19	1.44
Indonesia	14	1.06
Malaysia	10	0.76
Sri Lanka	10	0.76
Other countries (<10 responses per country)	117	0.09
Another country not listed	<10	--
Prefer not to answer	<10	--
Total	1319	100

When looking at these results in regional terms, the data show that the majority of respondents were born in Oceania (73%, comprising 71% Australia and 2% other countries in Oceania), with significant proportions born in North East Asia (8%), North-Western Europe (6.7%), South East Asia (3.3%) and South and Central Asia (3%).²³

²³ Note on source – ABS classification of countries

Region of birth

Region	Freq.	%
Oceania (Aus only)	939	71.2
Oceania (excl. Aus)	23	1.7
North East Asia	106	8.0
North West Europe	88	6.7
South East Asia	44	3.3
South and Central Asia	39	3.0
Americas	34	2.6
Sub-Saharan Africa	16	1.2
South and Eastern Europe	10	0.8
Other (fewer than 10 respondents per region)	<10	--
Another country not listed	<10	--
Prefer not to answer	<10	--
Total	1319	100

Referring to the ACT population of women (as measured by the ABS Census 2021), our 2025 survey brings us closer to being representative in terms of region of birth, compared with our 2023 survey:

	ABS 2021 % N=182,988	WHM 2023 % n=1668	WHM 2025 % N=1319
Oceania (Aus only)	61.8	83.6	71.2
Oceania (excl. Aus)	1.9	2.1	1.7
Southern and Central Asia	8.0	2.3	3.0
North-West Europe	5.8	5.7	6.7
South-East Asia	5.4	2.2	3.3
North-East Asia	5.4	1.3	8.0
Southern and Eastern Europe	2.9	0.6	0.8
Americas	2.2	1.0	2.6
Sub-Saharan Africa	1.5	0.8	1.2

Length of stay in Australia

For those who answered that they were born in another country (n=379), we asked how long they had lived in Australia. The largest group was those who had lived in Australia for less than five years, while the median length of stay in Australia was between 5 and 10 years.

These results differ from our 2023 survey, in which respondents who had lived in Australia for more than 20 years made up the largest proportion of overseas-born people.

Table 2: How long lived in Australia

How long living in Australia	Freq.	Percent
Less than 5 years	162	42.74
Between 5 and 10 years	32	8.44
Between 10 and 20 years	54	14.25
More than 20 years	131	34.56
Total	379	100.00

Main language spoken at home

For all respondents, we asked about the main language they spoke at home. We offered several pre-set options as well as an option to answer 'Other' and specify through an open-ended text response.

The majority of respondents (87%) reported that they spoke English as their main language at home (down from 96% in our 2023 survey). The most common other languages spoken at home were Mandarin (4%) and other Chinese languages (3%), and Indonesian (1%). In addition, over 5% of respondents told us they spoke another language (other than English) as their main language at home.

Table 3: Main Language Spoken at Home

Main language spoken at home	Freq.	Percent
English	1145	86.9
Mandarin	48	3.6
Chinese, other	45	3.4
Indonesian	11	0.8
Other (<10 responses per language)	69	5.2
Total	1318	100

* comprising Cantonese and Chinese, not further defined

Preferred language

For all respondents, we asked about their preferred language. We offered several pre-set options as well as an option to answer 'Other' and specify through free text.

Again, English was reported as the preferred language by the majority of respondents (91%, down from the 2023 result of 97.6%). Mandarin (3%) and other Chinese languages (2%) were the next most

commonly-reported as preferred languages, with 4% of people telling us they preferred to speak a different language.

Table 4: Preferred Language

Preferred language	Freq.	Per cent
English	1195	90.7
Mandarin	43	3.3
Chinese, other*	31	2.4
Other (<10 responses per language)	49	3.7
Total	1318	100.0

* comprising Cantonese and Chinese, not further defined

Visa status and residency

We asked all respondents to indicate their visa or residency status, offering six options from which they were required to choose one ('Prefer not to answer' was allowed as an option).

This question was asked in a different format from our 2023 survey, making comparisons difficult. In 2023 we combined the concepts of residency/visa status with concepts about migrant background, offering respondents the chance to select more than one option in response. In the 2025 survey, these concepts were separated, with migrant background asked about in a dedicated question, and with a single choice required.

Despite the limitations with different question structures, one comparison seems notable: in 2025 a higher proportion of respondents 9.2% answered that they were temporary visa holders, compared with only 2% in 2023.

Table 5: Visa Status and Residency

	Freq.	Per cent
Australian citizen	1118	84.8
Permanent resident	36	2.7
Temporary visa holder	125	9.2
Protection visa holder or applicant - asylum seeker or refugee	<10	-
Prefer not to answer	36	2.7
Other - write in	<10	-
Total	1319	

Migrant background

We asked all respondents whether they identify as being from a migrant background. This question is designed to allow people who were born in Australia and whose family background involves migration to indicate this background, together with those who migrated themselves.

Although the questions were asked in a different format, it is clear that a much larger proportion of respondents in the 2025 survey (28%) identified as being from a migrant background, compared with respondents in our 2023 survey (14%).

Identify from migrant background	Freq.	Percent
No	873	66.2
Yes	369	28.0
Prefer not to answer	51	3.9
Unsure	26	2.0
Total	1319	100

Of the 369 people who identified as being from a migrant background, 198 (or 54%) indicated in a separate question that they were born in Australia.

Conversely, 148 respondents told us that they were born outside of Australia but did not identify as being from a migrant background. As in our 2023 survey, the largest groups among these were people born in the United Kingdom (n=26) and New Zealand (n=10).

Neurodivergence

We asked respondents whether they are neurodivergent, i.e. whether they have, for example, Attention Deficit/Hyperactivity Disorder, dyslexia, dyspraxia or similar. This was a new question, not asked in the 2023 survey.

Just over 18% reported that they are neurodivergent.

Neurodivergent	Freq.	Percent
No	891	67.6
Yes	241	18.3
Prefer not to answer	45	3.4
Unsure	142	10.8
Total	1319	100

Chronic health conditions

We asked respondents whether they had a chronic health condition, defined as a chronic or long-term health condition that requires the person to adjust to the demands of the illness and the therapy used to treat the condition. Examples given were: heart disease, stroke, lung cancer, colorectal cancer, depression, type 2 diabetes, arthritis, osteoporosis, and asthma, among others. This was a new question, not asked in the 2023 survey.

Over 45% of respondents indicated that they had a chronic health condition. For context, the AIHW has found that approximately 61% of people of all ages were living with at least one long-term health condition in 2022.²⁴

Chronic health condition	Freq.	Percent
No	635	48.1
Yes	599	45.4
Unsure	42	3.2
Prefer not to answer	41	3.1
Missing	2	0.2
Total	1319	100

Disability

We asked all respondents whether they identified as a person with disability and/or lived with disability. Further information was given alongside the question to specify that, for this question, disability means any impairment or limitation on your activities which, in interaction with barriers in the world around you, prevents your full and equal participation in society. This could include:

- Physical disability
- Mental illness or psychosocial disability
- Neurodivergence
- Invisible disability
- Deaf/deaf/ Hard of Hearing
- Blind/Vision Impaired
- Deafblind
- Chronic health condition
- Intellectual disability
- Cognitive disability
- Learning disability

Respondents were able to select 'Yes', 'No', or 'Unsure'. There were 46 answers of 'Unsure', for which respondents were asked to describe, using a free text answer. Following analysis of the open-ended

²⁴ <https://www.aihw.gov.au/reports/australias-health/chronic-conditions>

responses against the definition in the question, all but 4 of these responses were recoded to reflect a 'Yes' answer.

In total, 331 people (25% of respondents) indicated that they identified as a person with disability and/or lived with disability.

The proportion of people with disability in our 2025 survey was similar to the proportion in our 2023 survey (23%), and once again similar to the proportion of women with disability recorded in the ACT General Health Survey (23.1%).²⁵

Disability	Freq.	Percent
No	961	72.9
Yes	331	25.1
Unsure - write in	<10	--
Prefer not to answer	23	1.7
Total	1319	100

Labour, income and education

Being a carer

Providing care is critical for human survival and flourishing. Unfortunately, economic and social structures undervalue caring labour (along with the lives of those who need care). This undervaluing can result in marginalisation and disadvantage for the people who give care as well as the people who receive it (acknowledging that these categories overlap). Caring labour is gendered, with women more likely to spend substantial amounts of time providing unpaid care.²⁶

We asked all respondents whether they were a carer.

We defined a carer (consistent with the ACT *Carers Recognition Act 2021*) as someone who provides unpaid assistance with the tasks of daily living to another person who has a disability, has a mental disorder or mental illness, has an ongoing medical condition (terminal or chronic illness), is aged and frail, and/or is a child or young person for whom the carer is a kinship carer or a foster carer, and not including being a parent except where a person's child has one of the other conditions or disabilities listed above.

Just over one-fifth of the survey respondents (21% or n=272) reported that they were carers. This represents a small increase from our 2023 survey, when 18% of respondents told us they were carers.

²⁵ ACT Health (2022) *ACT General Health Survey 2020 Statistical Report*, ACT Government, Canberra ACT, <https://health.act.gov.au/sites/default/files/2022-11/2020%20General%20Health%20Survey%20Statistical%20Report%20FINAL%20updated%2020221110.pdf>, p. 12

²⁶ Australian Bureau of Statistics (2019) *Disability, Ageing and Carers, Australia: Summary of Findings*, 2018, <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#carers>

Carer	Freq.	Percent
No	1044	79.2
Yes	272	20.6
Missing	3	0.2
Total	1319	100

As in our 2023 survey, in 2025 proportionally more people who reported being carers also reported having a disability compared with people who are not carers. A total of 34.6% of people who reported being carers also reported having a disability, compared with 22.7% of people who were not carers reporting having a disability. Conversely, proportionally more people who reported having a disability also reported being a carer, compared with people who do not have a disability. A total of 28.4% of people with a disability also reported being carers, compared with the 18% of people who do not have a disability reporting being carers. Similar patterns were observed in our 2023 survey.

Highest level of education or qualification attained

The majority of respondents (69%) had some form of degree qualification. The largest groups overall were those with a postgraduate qualification (40%), followed by those with a bachelor degree (30%). The median qualification reported was Bachelors Degree. These results are similar to our earlier survey in 2022-23.

Table 6: Highest Level of Schooling or Qualification

Highest level of education	Freq.	Percent
Postgraduate qualifications	524	39.7
Bachelors degree incl. with honours	395	29.9
Certificate qualification	184	13.9
Year 12 or equivalent	156	11.8
Year 10 or equivalent	22	1.7
Year 8 or below	<10	--
Prefer not to answer	35	2.7
Total	1319	100

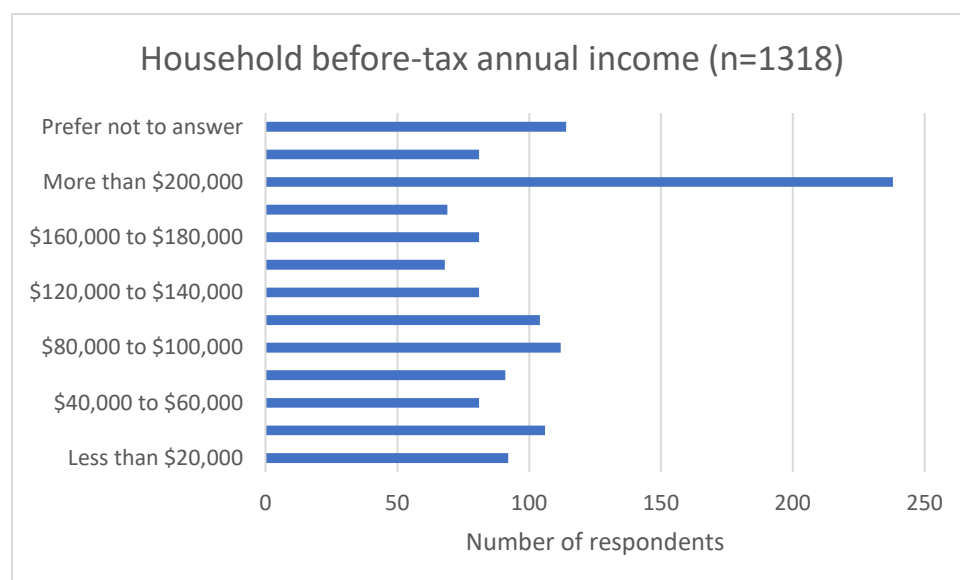
Household income

In 2023 we did not ask about people's income, but in our 2025 survey we asked people to tell us their annual pre-tax household income. It is important to note that income is not necessarily distributed equally within households, and that financial power is influenced by patterns of inequality together with, in some situations, financial abuse. These dynamics mean that sometimes women lack financial autonomy and individual financial security even where there is relatively high household income.

The household income range reported by the largest proportion of respondents in our survey was "More than \$200,000", with 18% of respondents reporting this household income. However, by grouping the lowest three ranges together, we can see that a larger proportion of respondents than that (21%) reported household income below \$60,000. Overall, just over half of all respondents reported household incomes below \$140,000.

Overall, our findings are consistent with the ABS figures which show that in 2021, the median household income in the ACT was \$123,396.

Pre-tax annual household income	Freq.	Percent
Less than \$20,000	92	7.0
\$20,000 to \$40,000	106	8.0
\$40,000 to \$60,000	81	6.2
\$60,000 to \$80,000	91	6.9
\$80,000 to \$100,000	112	8.5
\$100,000 to \$120,000	104	7.9
\$120,000 to \$140,000	81	6.2
\$140,000 to \$160,000	68	5.2
\$160,000 to \$180,000	81	6.2
\$180,000 to \$200,000	69	5.2
More than \$200,000	238	18.1
Don't know	81	6.2
Prefer not to answer	115	8.7
Total	1319	100



Government pensions or allowances

We asked respondents whether they were receiving any kind of government pension or allowance, such as Jobseeker, Carers Allowance, Disability Support Pension, study allowances for students,

other pensions and allowances received by people who are aged, disabled, unemployed or sick, carers, families and children, veterans or their families.

Of the 1318 respondents, 15% told us that they received such a pension or allowance (similar to our 2023 survey, when 13% reported receiving a payment).

Receive government payment or allowance	Freq.	Percent
No	1076	81.64
Yes	202	15.33
Unsure	40	3.03
Total	1318	100

Unpaid work within family

In a new question for the 2024-25 survey, we asked respondents to estimate how many hours per day they spend on unpaid work within their family, defined as work involved with parenting or caring for other people in the respondent's family, or people with whom they have a family-like relationship, but not including other volunteer work in the community.

The results show that a large majority (77%) of respondents do some unpaid work within their family, with 42% doing more than 2.5 hours per day (or at least 17.5 hours per week). Over 10% were doing more than 6.5 hours per day, or 45.5 hours per week (more than a full time paid job).

Estimate hours per day unpaid work within family	Freq.	Percent
0 hours	309	23.48
A few minutes to 2.5 hours	453	34.42
2.5 to 5 hours	321	24.39
5 to 6.5 hours	86	6.53
6.5 to 8.5 hours	66	5.02
More than 8.5 hours	81	6.16
Total	1316	100

Paid work

Over 70% of respondents in 2024-25 did some paid work in a usual week, with the largest proportion (33%) doing full-time hours (35-44 hours per week).²⁷

²⁷ In 2022-23 we also asked separately about whether people were employed. In that survey, just over 80% told us they were employed.

Hours paid work in usual week - in ranges	Freq. 2024-25	Percent 2024-25	Freq. 2022-23	Percent 2022-23
0 hours	392	29.79	286	17.2
1-19 hours	197	14.97	178	10.7
20-34 hours	223	16.95	358	21.5
35-44 hours	435	33.05	686	41.1
45-59 hours	58	4.41	141	8.5
60+ hours	11	0.84	19	1.1
Total	1,316	100	1,668	100

Our most recent results represent a shift from our 2022-23 survey, in which a larger proportion (almost 83%) did some work, and 41% were working full-time hours. This might partly be a result of our 2024-25 study surveying proportionately fewer people in the 25-34, 35-44 and 45-54 age groups. Analysis of our data shows that these are the age groups in which larger-than-average proportions of people are employed in paid work and employed full-time, while the converse is true for young people 18-14 years old and people aged over 55 years.

Wanting to work more hours for pay

Women's underemployment is an established feature of the Australian labour market and contributes to gender inequality in employment and income.²⁸

Our survey shows a significant proportion (over a quarter, or 26%) of people wanting to work more hours for pay than they currently do. This is an increase on our last survey in 2022-23, when 20% of respondents reported wanting to work more hours for pay.

Want to work more hours	Freq.	Percent
No	976	74.11
Yes - write in	341	25.89
Total	1317	100

One reason for this difference between our first and last surveys may be the larger proportion of young women represented in our 2025 survey. Analysis of our data shows that a higher proportion of women aged 18-24 wanted to work more paid hours (36%), compared with any other age group. Of the 341 people who said they wanted to work more paid hours, the largest proportion (90 people, or 26%) were aged 18-24, despite the fact that only 19%, or 247 people across the whole sample, were in this age group.

As would be expected, many (35%) of those who want to work more hours for pay are those who are not employed. However, most (65%) of those who want to work more hours for pay are already

²⁸ Ticha, V. (2021) 'Women, underemployment and gender inequality in the labour force', UNSW Newsroom, <https://newsroom.unsw.edu.au/news/business-law/women-underemployment-and-gender-inequality-labour-force>

employed. These figures are similar to our 2023 results and indicate widespread underemployment among our sample.

Compared with our earlier survey, in 2025 a higher proportion of those who were employed (24% compared with 17% last time) told us they wanted to work more hours for pay.

For comparison, the ABS found that of the 14.5 million people employed Australia-wide in May 2024 (the most recent data), 1.7 million (or 11.6%) were underemployed.²⁹ The reasons for the difference in our surveys have yet to be determined, but again could be that 18-24 year olds (who are represented at a rate above the population level in our survey) are also more likely to be under-employed, as shown by the ABS data.³⁰

Among people who want to work more hours for pay, people who have a disability are represented at more than twice the rate (making up 42% of people who want to work more for pay) compared with people without a disability (who are 21% of people who want to work more for pay). This pattern is similar to the findings of our 2022-23 survey.

This is consistent with analysis of answers to the earlier question about government payments, which showed that proportionally more people with disability were relying on government payments or allowances than respondents as a whole, with nearly a third (32%) of people with disability in this situation, compared with 15% of the sample overall. The proportion of people with a disability receiving government payments increased between the two surveys, up from 25% in 2022-23. Our other research³¹ also confirms that women with disability face significant barriers in employment and are often prevented from working to their desired level by inaccessible work systems and settings.

Hours studying in usual week

In 2024-25, 41% of respondents reported studying some amount in a usual week. This was a higher proportion than in our 2022-23 survey, when only 30% told us that they spent some time studying. This shift might be associated with the most recent survey having larger proportions of young people 18-24 and 25-34 than the earlier study.

In both waves of the survey, comparatively few people reported studying the equivalent of full-time hours.

²⁹ <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/underemployed-workers/latest-release>

³⁰ Ibid.

³¹ Women's Health Matters (2022) *"I have to ask to be included..." The views of ACT women with disabilities about their health and health needs, access to services, supports and information, and barriers to maintaining health*, <https://www.womenshealthmatters.org.au/wp-content/uploads/2022/02/Womens-Health-Matters-Women-with-disability-health-and-wellbeing-report-February-2022.pdf>

Table 7: Hours spent studying in usual week (ranges)

Hours spent studying in usual week	Freq. 2025	Percent 2025	Freq. 2023	Percent 2025
0 hours	773	58.74	1,163	69.7
1-19 hours	383	29.1	391	23.4
20-34 hours	91	6.91	76	4.6
35-44 hours	50	3.8	27	1.6
45-59 hours	9	0.68	9	0.5
60+ hours	10	0.76	2	0.1
Total	1316	100	1,668	100

Financial stress

In 2023 we asked respondents whether over the last 12 months any of a series of 10 scenarios had happened to them because they were short of money. In 2025 we asked about the same scenarios and added an eleventh: whether they had gone without medical care or medication as a result of not having enough money.

Consistent with other surveys such as the ACT General Health Survey³², as well as our own 2023 survey, the indicator of financial stress reported most commonly was “Delayed or cancelled non-essential purchases”.

In 2023, the results from our survey for most of the financial stress indicators were higher than the corresponding results from the 2021 ACT General Health Survey (which in 2023 was the most recent iteration of the 2021 ACT GHS). In 2025, the results from our survey are only slightly higher for most indicators compared with the ACT General Health Survey results (referring to the most recent published report of the ACT GHS: from 2022). The one exception is the large proportion of people saying that they had to cancel or delay non-essential purchases (34% in our 2025 survey, compared with 23% in the 2022 ACT GHS)

For each indicator, the proportion of the sample answering ‘yes’ was smaller in our 2024-25 survey than in our 2022-23 survey, despite concerns about cost of living being more prominent in the later period than in the earlier one. These differences probably result from our sampling strategy (as discussed above). By contrast, the results for financial stress in the most recent ACT GHS (2022) are mostly higher than in the previous ACT GHS (2021).

Over 18% of respondents indicated in 2024-25 that they went without medical care or medication as a result of not having enough money. This is a larger proportion than for any other indicator of financial stress apart from delaying non-essential purchases.

³² ACT Government (2022) 2022 ACT General Health Survey Statistical Report, <https://www.act.gov.au/open/epidemiology-publications/2022-act-general-health-survey-statistical-report#Dscrm>

Table 12: Indicators of financial stress

	ACT General Health Survey 2021 (18+, all genders)	Per cent (%) WHM 2023	ACT General Health Survey 2022 (18+, all genders)	ACT General Health Survey 2022 (18+, women)	Percent (%) WHM 2025
Delay non-essentials	14.2%	47.1%	22%	23.1%	34.2%
Could not pay utilities	5.6%	15.7%	8.1%	8.2%	8.1%
Could not pay housing costs	1.9%	7.6%	4.3%	3.8%	4.8%
Went without medical care/medicine	Not asked	Not asked in 2022-23	Not asked	Not asked	18.3%
Could not pay car expenses	2.9%	11.9%	6.2%	7.0%	7.4%
Could not make credit card payments	3.6%	8.1%	4.5%	5.3%	3.6%
Sold items	4.8%	13.6%	6.8%	6.0%	6.1%
Went without meals	2.2%	11.0%	4.3%	4.4%	7.5%
Unable to heat or cool home	1.8%	8.6%	3.1%	3.2%	4.9%
Sought assistance from family	7.9%	24.6%	11.2%	11.8%	12.2%
Sought assistance from community org	5.8%	6.8%	4.1%	3.6%	4.9%

* In the 2022-23 survey, some of the full sample of people (n=1668) did not answer. Percentages in this table for 2022-23 data are calculated as a proportion of those who answered each question, excluding those who selected "Don't know" or "Prefer not to answer". For full details, see the 2023 survey report Table 12. In 2024-25, people did not have the option to select "prefer not to answer" so the percentages represent a proportion of the full sample of 1318 people. The 2021 General Health Survey results were not disaggregated by gender, whereas the 2022 results were.

Housing and location

In our 2022-23 survey we asked a question addressing several aspects at once, including the question of who respondents lived with and the question of their housing tenure. To improve clarity, in the 2024-25 survey we separated these concepts into two questions: one on living arrangement and one on housing tenure.

Living arrangement

All respondents were asked about their living arrangement and were directed to select one of six pre-set options (as listed in table).

Most respondents told us they were living with family members, including spouses/partners and/or family members, but a fifth were living alone.

Living arrangement	Freq.	Percent
Living alone	271	20.5
Living with a spouse or partner	503	38.1
Living with family members incl. adult children	356	27
Sharing accommodation- other than family	92	7
College residential or similar	61	4.6
Other	36	2.7
Total	1319	100

Housing tenure

All respondents were asked about their housing tenure and were directed to select one of eight pre-set options (as listed in table).

The largest proportion of respondents told us they owned a dwelling with a mortgage (38%), while substantial proportions owned their home outright (20%) or rented from a rental agent (15%).

Housing tenure	Freq.	Percent
Own outright-no mortgage	258	19.6
Own with mortgage	504	38.2
Live in an ACT Housing property	58	4.4
Rent community housing provider	24	1.8
Rent from rental agent	200	15.2
Rent privately	138	10.5
Other including Homeless (<10)	137	10.4
Total	1319	100

Region of ACT

Respondents were asked which area of the ACT and region they resided in. The largest proportion (25%) reported living in Belconnen.

Table 9: Region of ACT

Region you live in	Freq.	Percent
Belconnen	329	25.0
North Canberra	256	19.4
Tuggeranong	155	11.8
Gungahlin	150	11.4
South Canberra	116	8.8
Woden Valley	106	8.0
Rural or regional area outside the above	88	6.7
Weston Creek	84	6.4
Molonglo Valley	34	2.6
Total	1318	100

Incarceration

Respondents were asked about experiences of incarceration: “Have you ever spent time in a jail, prison, juvenile detention centre, or other correctional facility?” Twenty-six people (or 2%) reported ever having been incarcerated, representing an increase from results of our 2022-23 survey, when 11 people, or just under 1% of respondents, answered “yes” to this question.

Ever incarcerated	Freq.	Percent
No	1255	95.22
Yes	26	1.97
Prefer not to answer	30	2.28
Unsure	7	0.53
Total	1318	100

Findings 2: Health & healthcare

Medicare

For the first time, we asked respondents to tell us whether they had Medicare. This is important because a huge range of medical treatments, emergency care, medications and other therapies are provided on the assumption that patients have Medicare, while a large number of temporary visa holders (such as many people on partner visas, students and people seeking asylum) are not covered by Medicare.

We found that almost 6% (n=76) of respondents did not have Medicare.

Has Medicare	Freq.	Percent
Yes	1222	92.65
No	76	5.76
Don't know	21	1.59
Total	1319	100

The majority of respondents without Medicare (59%, n=45) were people on a temporary visa who were also studying.

ACT Services Access Card

An ACT Services Access Card allows people who do not have Medicare because they are still seeking asylum (who are awaiting a protection visa) to get free or cheaper ACT Government services. We asked all people who told us they did not have Medicare whether they had an ACT Services Access Card. Fewer than 10 respondents told us that they had an ACT Services Access Card (as expected, since fewer than 10 respondents told us they were asylum seekers/protection visa applicants).

Private health insurance (people without Medicare)

We asked all people who told us they did not have Medicare whether they had private health insurance. A large majority (70%) told us they did have private health insurance. This is not surprising, since holding private health insurance is a condition of some key visa types, including student visas. While noting the small sub-sample, it is concerning that a substantial proportion of those without Medicare (22% or 17 people) also did not have private health insurance, meaning they did not have any health insurance.

Has private health insurance	Freq.	Percent
No	17	22.37
Yes	54	71.05
Don't know	<10	--
Total	76	100

“Sometimes it is confusing to find information and understand where to go first.”

“Not very comfortable when everything is priced at the ER, felt very uncomfortable and left without treatment.”

“I will come to ANU Health care for medication if necessary.”

“Being in Australia without permanent residency or citizenship has been quite challenging for me. In the past, I experienced severe feminine-related discomfort but struggled to access medical care due to the high costs and my lack of Medicare coverage. As a result, I had to fly back to my home country for treatment.”

“There is a huge lack of information on accessing healthcare as a non-Australian and the rules surrounding each visa/country of origin. From my experience, hospital workers are not at all aware of rules surrounding Reciprocal Healthcare Agreements. For me, this resulted in being given incorrect information regarding financing emergency care, available surgery options, and access to my own healthcare documents. While accessing emergency services was easy and medical personnel were all amazing, I felt like no one knew what to do administratively since I didn't have a Medicare card the misinformation that I received impeded my access to follow-up services.”

Self-rated health

Self-rated health is a standard measure of health used in many surveys including the ACT General Health Survey, the Australian Longitudinal Study of Women's Health and the ABS's National Health Survey. It is administered as a single question about how respondents rated their overall health, using a five-point scale ('Excellent', 'Very good', 'Good', 'Fair' or 'Poor').

Self-rated health is considered a good indication of a person's health at the population level³³, has been shown to have predictive power in relation to mortality, and has the benefit of incorporating social and mental health aspects of health, rather than considering health only as the absence of disease.³⁴

Results of self-rated health surveys are typically presented by comparing two categories: 'Excellent' and 'Very good' (taken together) and 'Fair' and 'Poor' (together), as well as how results are spread across all five of the categories.

Results of our 2025 survey show that more respondents rated their health as 'Fair' or 'Poor' (36%) than rated their health as 'Very good' or 'Excellent' (29%). These results are similar to the results of our earlier (2023) survey: 'Fair' or 'Poor' (39.7%) compared with 'Very good' or 'Excellent' (27.6%).

	2025		2023	
Self rated health	Freq.	Percent	Freq.	Percent
Excellent	92	7.0	93	5.6
Very good	293	22.2	366	22
Good	453	34.4	542	32.6
Fair	306	23.2	436	26.2
Poor	174	13.2	225	13.5
Total	1318	100	1,662*	100

* Excluding 6 responses of 'Don't know' or 'Prefer not to answer'

³³ Australian Bureau of Statistics (2019) '4363.0 - National Health Survey: Users' Guide, 2017-18', <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0Main+Features12017-18?OpenDocument>

³⁴ Lorem, G., Cook, S., Leon, D.A., Emaus, N., Schirmer, H. (2020) 'Self-reported health as a predictor of mortality: A cohort study of its relation to other health measurements and observation time' *Scientific Reports* (nature.com), 10, 4886 (2020), <https://www.nature.com/articles/s41598-020-61603-0>



Figure 2: Self-rated health

Comparing our findings with other datasets, we can see that people in our survey overall rated their health more poorly than women over 18 in other surveys conducted previously. The ALSWH, for example, collects data from several cohorts of women across Australia, including assessments of self-rated health.

The most recent ALSWH surveys of relevant cohorts show higher self-rated health overall, compared with our 2025 survey, as illustrated in the following chart. This comparison is similar to our 2023 survey.

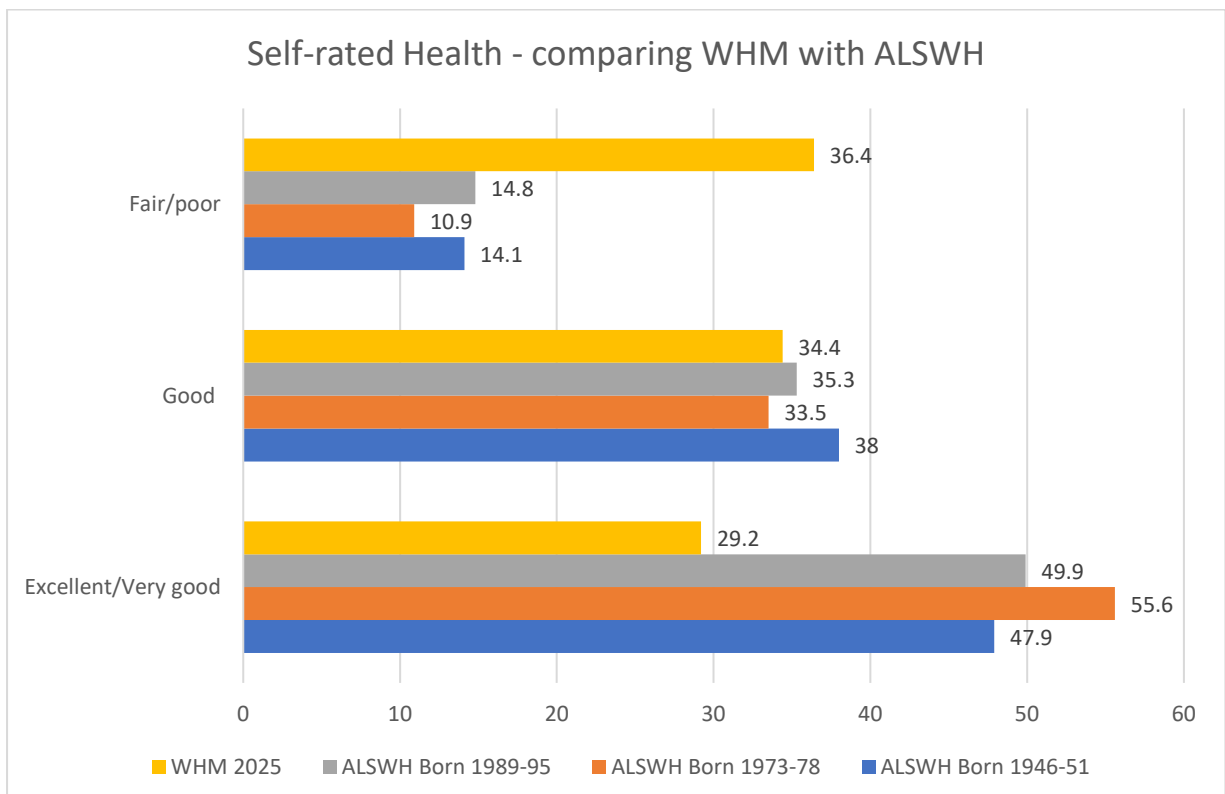


Figure 3: Self-rated health: Comparing WHM survey with ALSWH

Looking at the most recent results from the ACT General Health Survey (2022), we can see that self-rated health among our respondents is lower overall than results for male and for female people in the ACT population of adults as a whole (as measured by the ACT General Health Survey).³⁵ This finding is similar to the comparison with our 2023 survey.

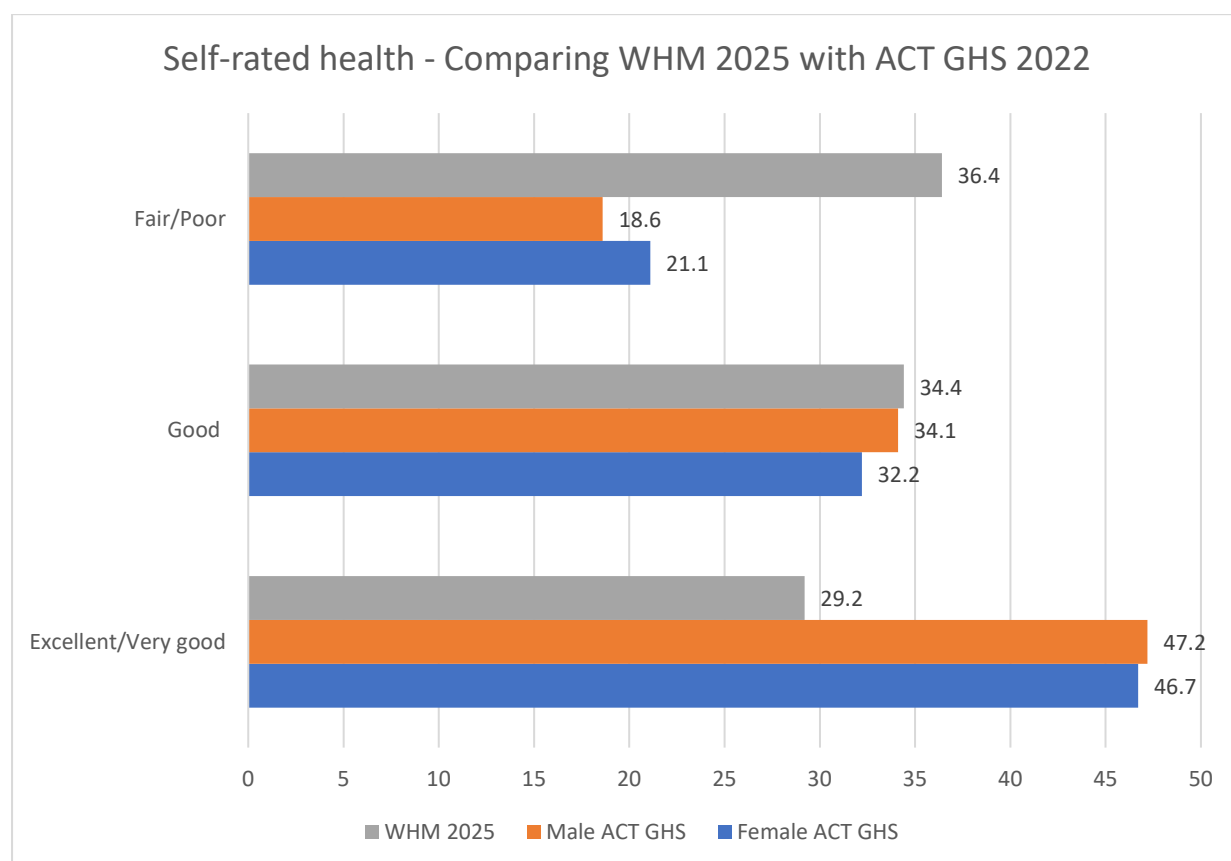


Figure 4: Self-rated health: Comparing WHM with ACT General Health Survey

Further analysis can explore the reasons for and implications of this difference in results, but it seems likely that self-rated health appears poorer in our survey because of differences in sampling strategy (as discussed above), including potentially higher representation of groups more likely to experience poor health. It is also possible that the impact of the COVID-19 pandemic and economic factors over recent years have influenced results in our survey, compared with surveys conducted several years ago.

³⁵ ACT Government (2022) 2022 ACT General Health Survey Statistical Report, <https://www.act.gov.au/open/epidemiology-publications/2022-act-general-health-survey-statistical-report#overall-health>

Consulted GP last 12 months

We asked all respondents to tell us whether they had consulted a GP in the last 12 months, giving them the option to select “Yes- in the ACT”, “Yes – outside the ACT” or “No”.

All but a minority (10%) had consulted a GP in the last 12 months, with over three-quarters (79%) indicating they had seen a GP in the ACT and only 11% outside the ACT.

Consulted GP 12mths in or out ACT	Freq.	Percent
No	136	10.31
Yes in the ACT	1040	78.85
Yes outside the ACT	143	10.84
Total	1319	100

Rating access to GP

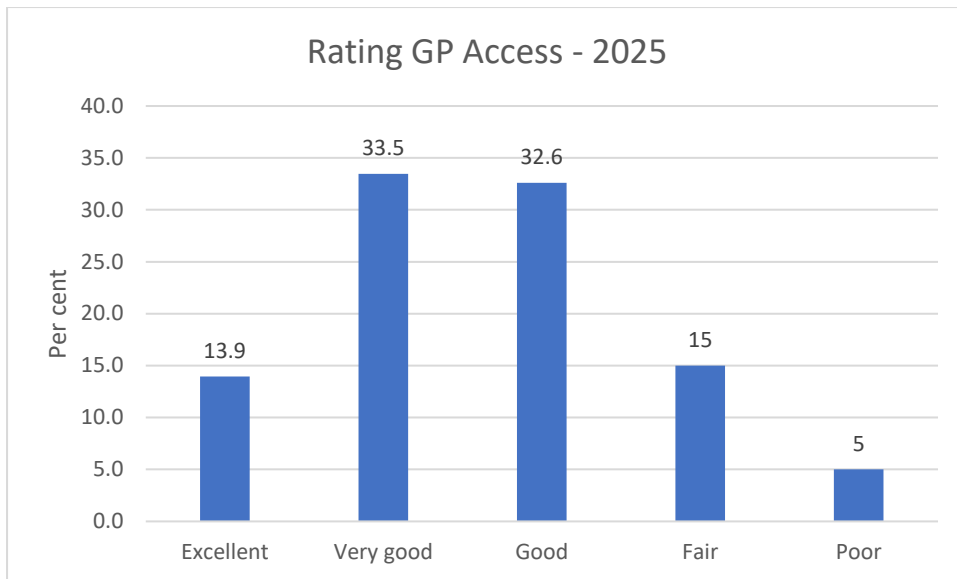
We asked all respondents who said they had seen a GP in the ACT to rate their access to a GP, with specific features of access (such as cost, physical accessibility etc) to be explored in separate questions.

Significantly more people rated their access as ‘Excellent’ or ‘Very good’ than rated their access as ‘Fair’ or ‘Poor’. This suggests that a large proportion of people experience good access to a GP. However, considering the crucial role played by GPs in people’s healthcare (including healthcare coordination and referrals), it is concerning fact that a fifth of respondents report only ‘Fair’ or ‘Poor’ access (the bottom two points of the five-point scale).

Results were somewhat more favourable than in 2023, noting the question was asked only to a subset of respondents in 2025 (those who had seen a GP in the ACT). In the 2023 survey we did not differentiate between seeing a GP in the ACT or elsewhere.

	2025		2023	
Rate access to GP*	Freq.	Percent	Freq.	Percent
Excellent	145	13.94	260	15.59
Very good	348	33.46	486	29.14
Good	339	32.6	482	28.9
Fair	156	15	306	18.35
Poor	52	5	134	8.03
Total	1040	100	1668	100

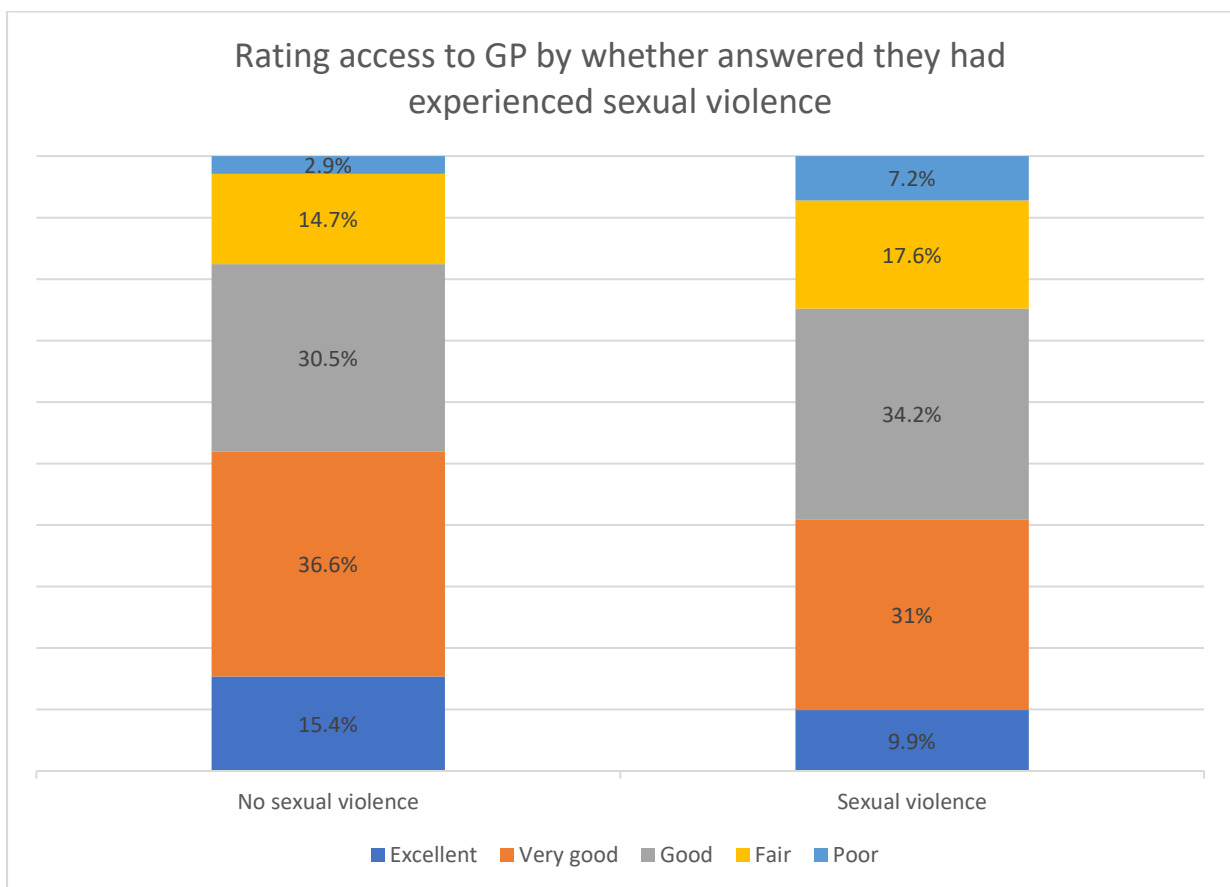
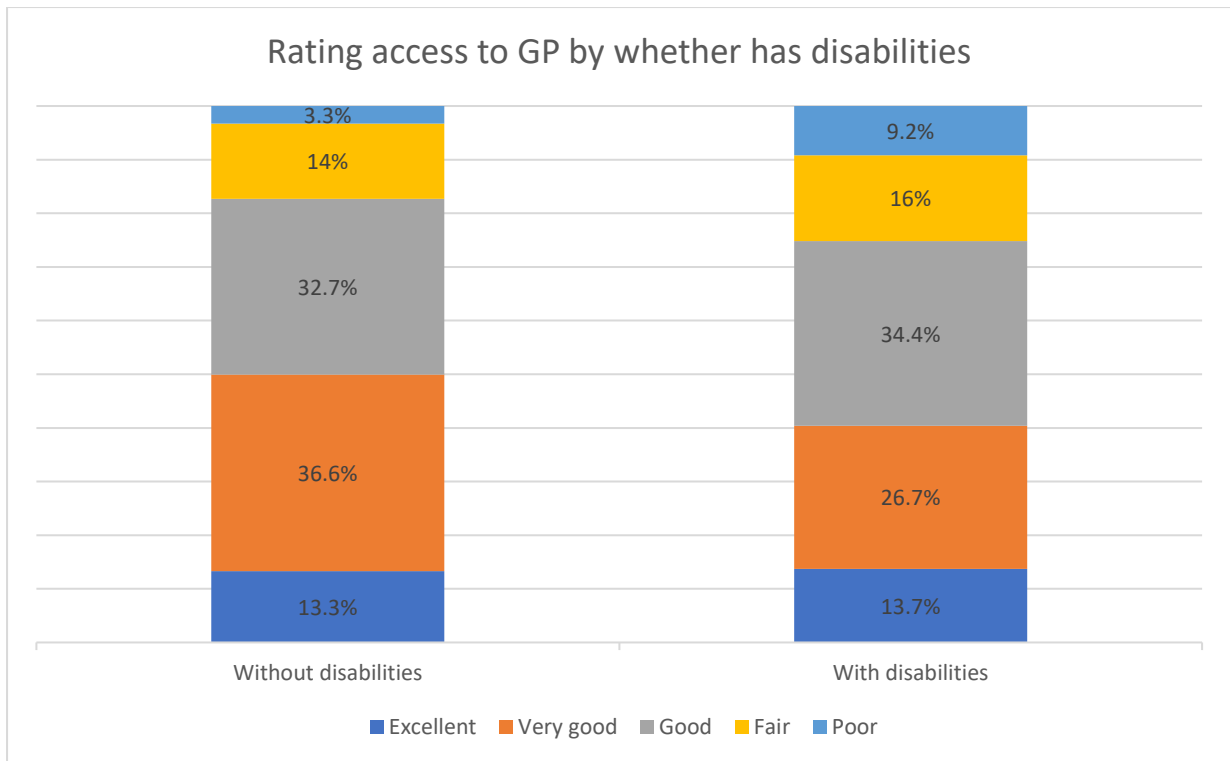
* Note: In 2023 we asked all respondents to rate their access to a GP. In 2025, this question was asked only to those who had accessed a GP in the ACT.



It is possible to analyse how ratings of access to a GP differs across many different segments of our survey sample. For example, in our previous survey report we found that there was little significant difference in ratings of access to a GP depending on where the respondent lived (with the possible exception of North Canberra, where access appeared to be slightly poorer). It was concluded that in Canberra, access to a GP is likely to be more strongly related to factors such as cost and availability, rather than area of residence.

There are also potential differences in access to a GP associated with on characteristics such as disability and experiences of violence. While more work is required to detail the causal mechanisms behind these relationships, our dataset provides local evidence supporting national research findings that these characteristics are associated with poorer access to basic medical care.³⁶ The following diagrams illustrate these differences at the ACT level:

³⁶ ANROWS ALSWH SV report; ref for disability access to care



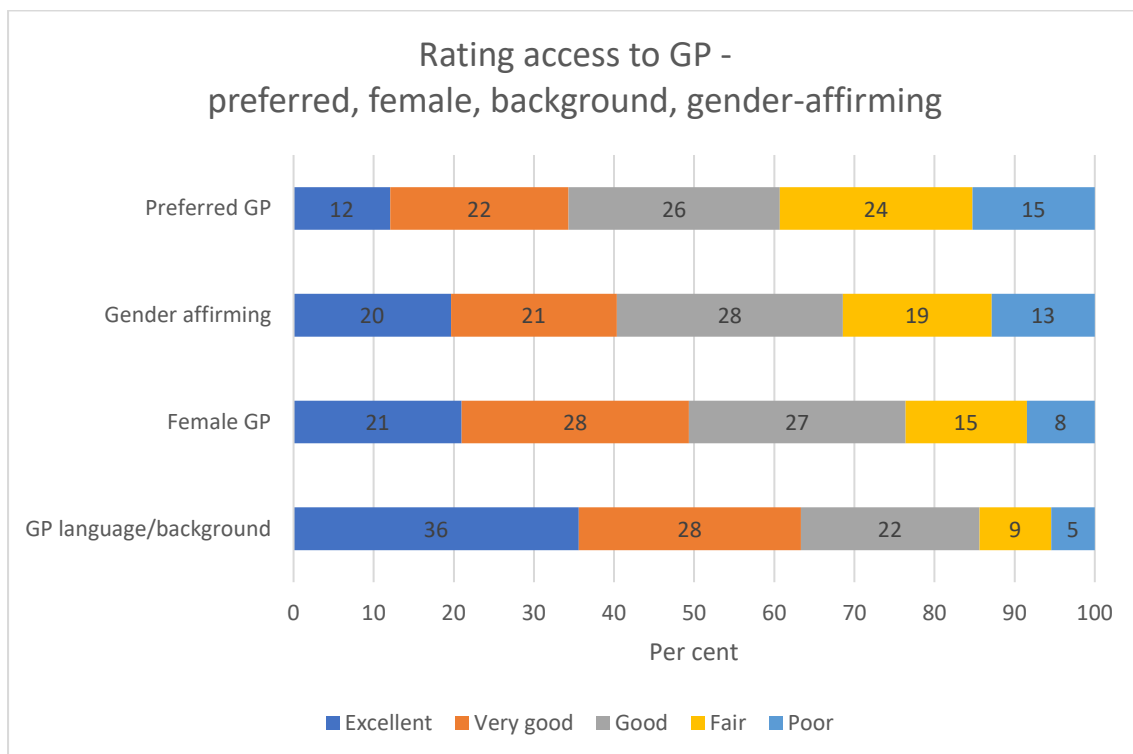
Why difficult to access GP

For the 208 respondents who rated their access to a GP as “fair” or “poor”, we asked them to nominate up to three reasons why it was difficult for them to access a GP. The reason most commonly cited was difficulty getting an appointment, with over 86% of respondents selecting this option, followed by expense (66%).

Reason	Freq.	Per cent
Difficulty getting appt	179	86.1
Expensive	138	66.4
I do not have enough time	42	20.2
Difficulty with transport	6	2.9
Language difficulties	2	1.0
Other - write in	33	15.9

Different aspects of access to GP

We asked all respondents who consulted a GP in the ACT: “Thinking about consulting a GP for your own health care, how would you rate the following now: Access to a female GP (if preferred); Access to my preferred GP every time; Access to a GP with a suitable language or background; Access to a gender affirming and/or LGBTQIA+ inclusive GP.” These responses are presented together below.



As in our previous survey, a significant portion of people answered that their access to their preferred GP each time was only “fair” or “poor”. This is notable as it provides further evidence of the need to consider carefully how incentives and access to telehealth are linked to access to a regular or preferred GP, suggesting that it is not patient choice that is a determining factor in a regular relationship with a GP.³⁷

By contrast, comparatively few people who rated their access to a GP with a suitable background or language said that this access was “fair” or “poor”.

It is notable that for some of these questions, significant numbers of people answered “Not applicable/don’t know”. For example, only 280 people rated their access to a gender-affirming GP and/or LGBTQIA+ inclusive GP, while the remainder answered “Not applicable/don’t know”. Similarly, only 646 people rated their access to a GP with a suitable language or background.

	Rate access to female GP		Rate access to my preferred GP every time		Rate access to GP with suitable language or background		Rate access gender affirming/LGBTQIA+ inclusive GP	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Excellent	208	21.0	124	12.06	230	35.6	55	19.6
Very good	281	28.4	229	22.28	179	27.7	58	20.7
Good	268	27.0	271	26.36	144	22.3	79	28.2
Fair	150	15.1	247	24.03	58	9.0	52	18.6
Poor	84	8.5	157	15.27	35	5.4	36	12.9
Number answered*	991		1028		646		280	

* Excluding answers of “Not applicable/don’t know”

In 2023 we asked the same question about access to a female GP and access to preferred GP to all respondents (not differentiating between whether a person had seen a GP or not, or where they had seen one). Results were similar to the 2025 proportions.

I have a really wonderful GP[...] but I find it very hard to access her now [...] as a disabled person who can only work limited hours and uses my entire pay to barely cover the bills I can rarely get in to see her[...] In the last two years I have found it increasingly difficult to investigate problematic symptoms related to my conditions which are affecting my everyday life, including my ability to work which makes it all the more difficult to afford

³⁷ See recent efforts to address these issues: Commonwealth of Australia (2023), Budget 2023-24 Budget Measures, Budget Paper No. 2, https://budget.gov.au/content/bp2/download/bp2_2023-24.pdf, p.149

not only medical care but also my household bills, because I haven't been able to properly liaise with my regular [GP]

Rating GP consultations

Acknowledging the key role of GPs, we asked further questions about how well respondents who saw a GP in the ACT rated several aspects of their experience (“These questions are about your most recent consultation with a GP. In terms of satisfaction, how would you rate the following? Thinking about consulting a GP for your own health care, how would you rate the following now”).

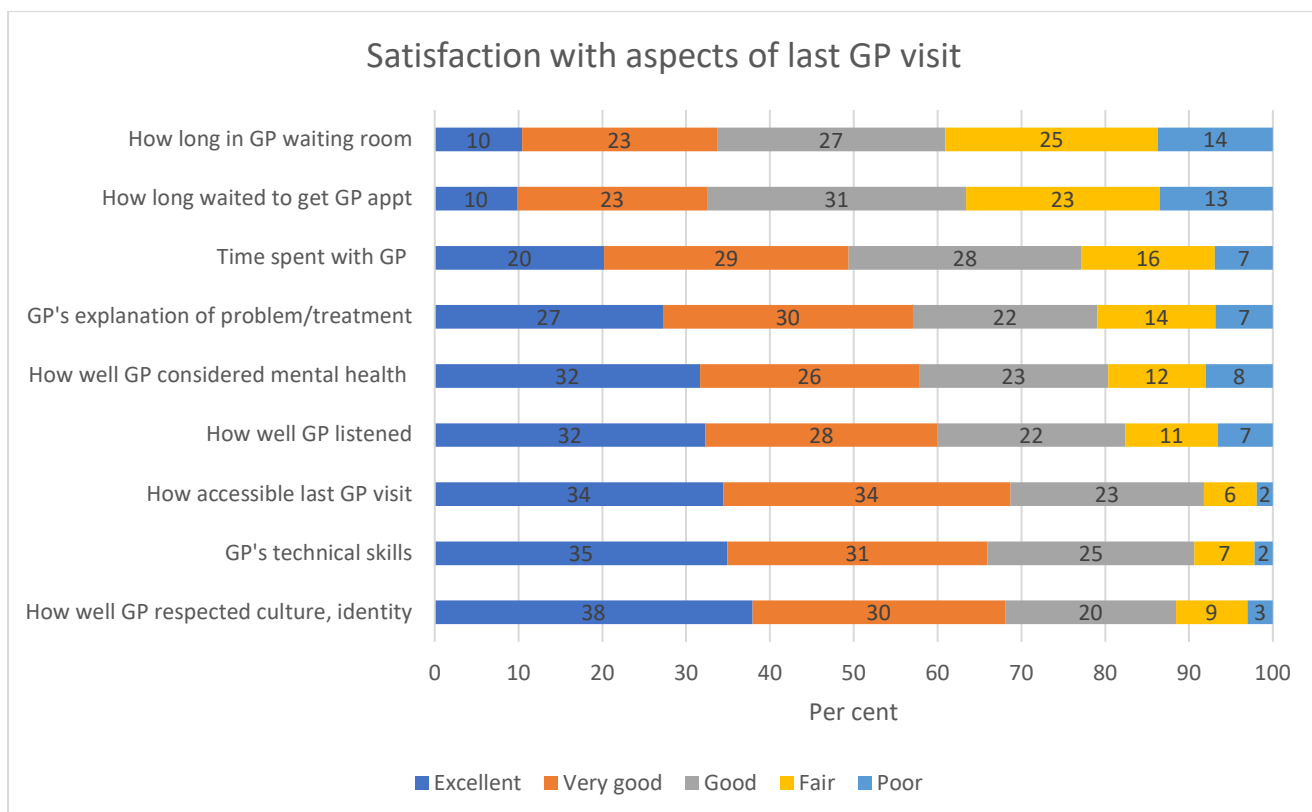
Respondents were asked to answer this question for each of the following:

- How accessible the facilities were for you
- How long you waited to get an appointment
- The length of time you waited in the waiting room
- The amount of time you spent with the GP
- The GP's explanation of your problem and treatment
- How well the GP listened to you explain your problem or concerns
- How well the GP respected your culture, identity, beliefs and choices
- The technical skills of the GP
- How well the GP considered your overall mental health and wellbeing

The results show that time spent waiting in the waiting room and time spent waiting for an appointment were rated fairly poorly, with 39% and 35% of respondents rating this aspect as only ‘Fair’ or ‘Poor’ (respectively).

Respondents rated the quality of doctors’ skills, their explanations, opportunities to ask questions, how well the doctor listened and their respect for patients’ dignity and different backgrounds, and the accessibility of facilities fairly well overall.

The findings from this set of questions suggests that, in relation to GPs at least, problems with availability and timeliness may have been more significant for our survey respondents than issues with the quality or appropriateness of care. These results are similar to our 2023 findings, which similarly identified resource constraints (e.g. wait times, costs) as more problematic than the quality of GPs’ medical care.



It can take some times to book appointment and meet GP promptly as I want. By the time I wait, my symptom has been better. Also, I am not sure if they can provide the mental health discussion.

My experience with accessing a GP has been good because I found a GP I trust. However, my private insurance only covers part of the costs. This is why I only visit the GP when I am seriously unwell.

My GP is excellent - but on average it takes 19 days to get an appointment to see her. Lots of health issues warrant assistance quickly and so this is hard to juggle - I have gone to the walk in clinic twice as this is quicker. My GP is very expensive and I am reluctant to see her too often as she charges so much.

My preferred GP is booked out a week in advance but I'm happy to see any Dr in the same clinic if necessary due to them being able to see my record

[It] took a couple years to find one that would take me seriously, but once I did they were really great

	How well GP respected culture, identity		GP's technical skills		How accessible last GP visit		How well GP listened		How well GP considered mental health & wellbeing		GP's explanation of problem and treatment		Time spent with GP		How long waited to get GP appt		How long in GP waiting room	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Excellent	355	34.4	102	9.8	108	10.4	210	20.2	282	27.2	335	32.3	312	37.9	351	34.9	313	31.7
Very good	354	34.3	236	22.7	241	23.3	303	29.2	309	29.8	288	27.7	248	30.1	312	31.0	258	26.1
Good	238	23.1	320	30.8	282	27.2	289	27.8	228	22.0	232	22.4	168	20.4	248	24.7	223	22.6
Fair	65	6.3	240	23.1	263	25.4	165	15.9	146	14.1	115	11.1	70	8.5	72	7.2	115	11.6
Poor	20	1.9	140	13.5	142	13.7	72	6.9	71	6.9	68	6.6	25	3.0	22	2.2	79	8.0
Total excl. NA/don't know	1032		1038	100	1036	100	1039	100	1036	100	1038	100	823	100	1005	100	988	100
NA/don't know	8		2		4		1		4		2		217		35		52	
Total	1040	100	1040	100	1040	100	1040	100	1040	100	1040	100	1040	100	1040	100	1040	100

Whether GP asked about mental health – last visit

In a new question, we asked respondents whether in their last visit, the GP asked about their mental health and well-being.

Around half of respondents answered that the GP did not ask about their mental health, while just under that proportion answered that the GP did ask.

GP asked about mental health - last visit	Freq.	Percent
No	531	51.1
Yes	471	45.2
Unsure	38	3.7
Total	1040	100

Why did not consult GP

For those 136 people who indicated that they did not consult a GP in the last 12 months, we asked them to select up to 3 reasons why they had not seen a GP, choosing from a list of pre-set options (or write in an ‘other’ answer).

The most commonly-given reasons were “Have not needed a GP” (54%), followed by “Too expensive” (31%) and “I do not have enough time” (21%).

Why not consulted GP – select up to 3 (n=136 respondents)	Freq.	Percent
Not needed	73	53.7
Too expensive	42	30.9
I do not have enough time	29	21.3
Don't like visiting doctor	25	18.4
Difficult to get appointment	23	16.9
Language difficulties	11	8.1
Difficulty with transport	6	4.4
Other (write in)	15	11

Used bulk-billing

While in 2023 we asked all respondents to rate their access to bulk-billing GPs, we did not ask whether people had actually used bulk-billing, or even tried to use bulk-billing. In our 2025 survey we tried to be more specific about the extent to which people used (and tried to use) bulk-billing GP services, by asking, initially, whether they had used bulk-billing to see a GP.

We explained this question in the following terms: “Bulk billing means you don't have to pay for your medical service. The person providing the medical service sends the bill to the Australian Government instead. This question is about GP consultations where you did not have to pay for the consultation at all.” The question was asked only to people who indicated that they had consulted a GP in the ACT in the last 12 months.

Used bulk billing GP - Last 12 months (ACT)	Freq.	Percent
No	732	70.4
Yes	277	26.6
Don't know	31	3.0
Total	1040	100

Tried to use bulk-billing

Of those 732 who told us they had not used GP bulk-billing, we were interested to know whether they had tried and not been able to, or alternatively had not tried to find bulk-billing GP services.

While many answered that they had not tried, a significant number (n=222 people) said they had tried but not been able to use a bulk-billing GP. This represents 30% of the 732 people who had used a GP in the ACT in the last year but had not used bulk-billing, or one fifth (21%) of the larger group of 1040 people who used GP services in the ACT.

Tried to use bulk billing GP but not been able to - last 12 months	Freq.	Percent
No - have not tried	510	69.7
Yes - tried but not been able to	222	30.3
Total	732	100

Why not tried to use bulk-billing GP

For those who consulted a GP in the last year in the ACT but did not try to use a bulk-billing GP, we asked them to select from a list all the reasons that apply to explain why they did not try to access bulk-billing GP services.

Over half of those asked said they were happy enough with their non-bulk-billing GP (54%) and the same proportion gave the reason that there were not many bulk-billing GPs (54%). Nearly a third (31%) reported that it would be inconvenient or time-consuming to find a bulk-billing GP.

	Freq.	Percent
Happy enough with other GP	275	53.9
Not many bulk-billing GPs	274	53.7
Inconvenient / time-consuming	158	31.0
Do not need	99	19.4
Other - write in	76	14.9
Didn't know option	52	10.2
No Medicare /don't know (<10 each)	14	2.8

[I] want to use my regular GP more than I want to find a bulk bill practice, even though [I am in] very poor financial circumstances

Why not been able to access bulk-billing GP

For those who consulted a GP in the last year in the ACT and tried but were unable to access a bulk-billing GP, we asked them to select as many options as they wanted from a list of reasons to explain why they were not able to access bulk-billing GP services.

The most commonly selected reasons were that bulk-billing GPs were not taking new patients (55%) and that there were not enough appointments (49%).

	Freq.	Percent
Not taking new patients	122	55.0
Not enough appointments	109	49.1
Too far	39	17.6
Don't know	8	3.6
No Medicare	3	1.4
Other - write in	80	36.0

Rate availability of bulk-billing GPs

We asked the 277 people who had used bulk-billing GP services to rate the availability of those services. We found that even among those who had been able to access bulk-billed GP services, they rated the availability of those services poorly. Overall, 60% of people in this group rated the availability of bulk-billing GPs as only fair (20%) or poor (40%).

Rate availability of bulk billing GPs	Freq.	Percent
Excellent	33	11.9
Very good	25	9.0
Good	53	19.1
Fair	55	19.9
Poor	111	40.1
Total	277	100

I put off going to the Dr because I can't afford it. I probably only go once a year even though there's many things I'd like more support on from a Dr including mental health, weight loss support, fertility treatments and help with my arthritis issues.

My GP is extremely expensive so I pay \$100+ out of pocket. However, she is a good GP and I don't like chopping and changing.

Types of services used (other than GPs) – last 12 months

As in 2023, we asked all respondents to tell us whether they had used different types of healthcare services in the last year.

Noting the finding above that 90% of respondents had consulted a GP in the last 12 months, the next most widely-consulted types of healthcare service were pharmacist services and dentist services, which around 60% of respondents reported having used in the last year. Almost a third of respondents reported using telehealth at least once in the previous 12 months.

Considering the high proportion of respondents who reported mental health conditions and/or high levels of psychological distress (discussed below), it is significant that only just over a quarter of the whole sample (27%) had consulted a mental health worker of any kind (psychologist, psychiatrist or counsellor). This was a lower proportion than reported consulting a mental health worker in 2023 (34%).

Although it is difficult to interpret differences over time in these results, it is notable that there was such a large difference between our surveys in the proportion of people who had consulted these types of services:

- allied health professionals (36% in 2025 compared with 60% in 2023)
- health apps (22% in 2025 compared with 37% in 2023)
- specialists (55% in 2025 compared with 45% in 2023)

	2024		2023	
	Freq.	Percent	Freq.	Percent
Consulted a pharmacist	794	60.2	<i>Not asked in 2023</i>	
Consulted a dentist	785	59.5	868	52.0
Consulted with a specialist	721	54.7	745	44.7
Used health info on internet	653	49.5	964	57.8
Consulted an allied health professional	475	36.0	1007	60.4
Used telehealth	412	31.2	587	35.2
Consulted mental health worker	352	26.7	569	34.1
Used health apps	293	22.2	608	36.5
Used emergency department	286	21.7	302	18.1
Consulted a nurse	237	18.0	331	19.8
Consulted an alternative health practitioner	131	9.9	153	9.2
Used Healthdirect	111	8.4	189	11.3
Consulted a midwife	70	5.3	130	7.8
None of the above	68	5.2	44	2.6

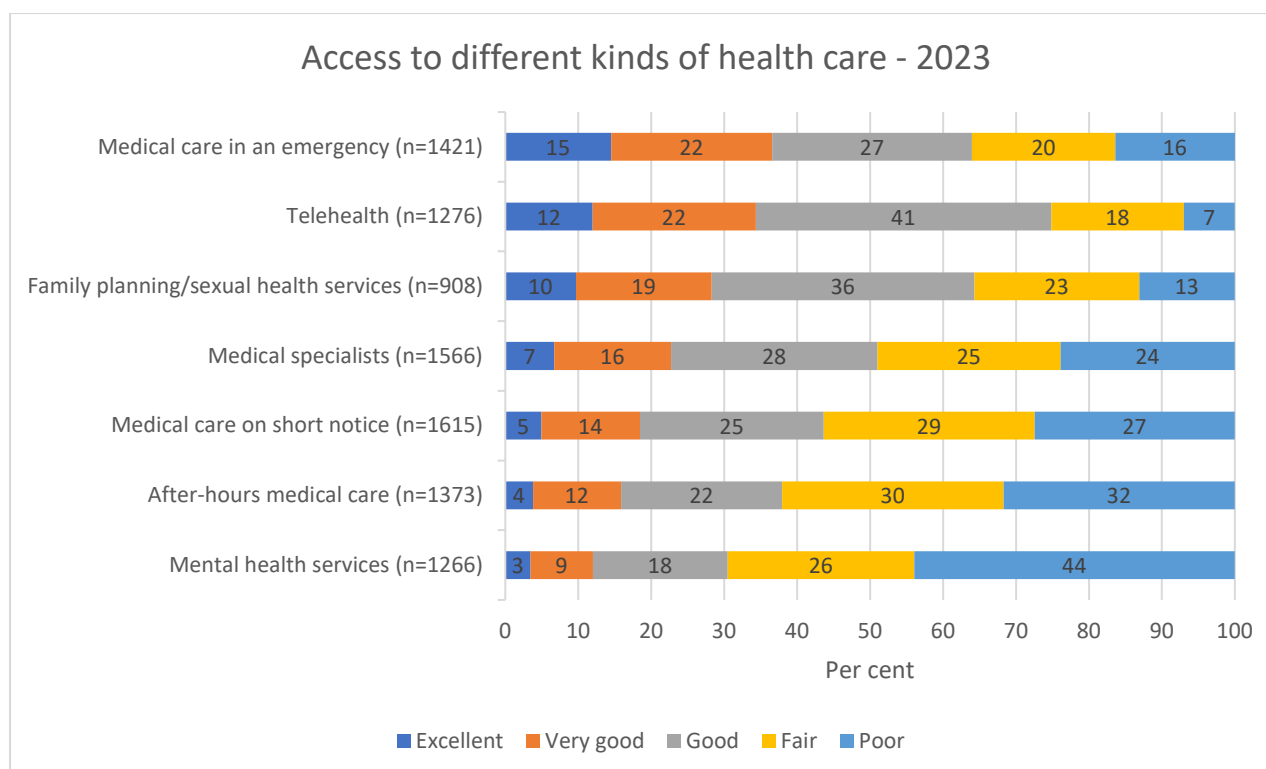
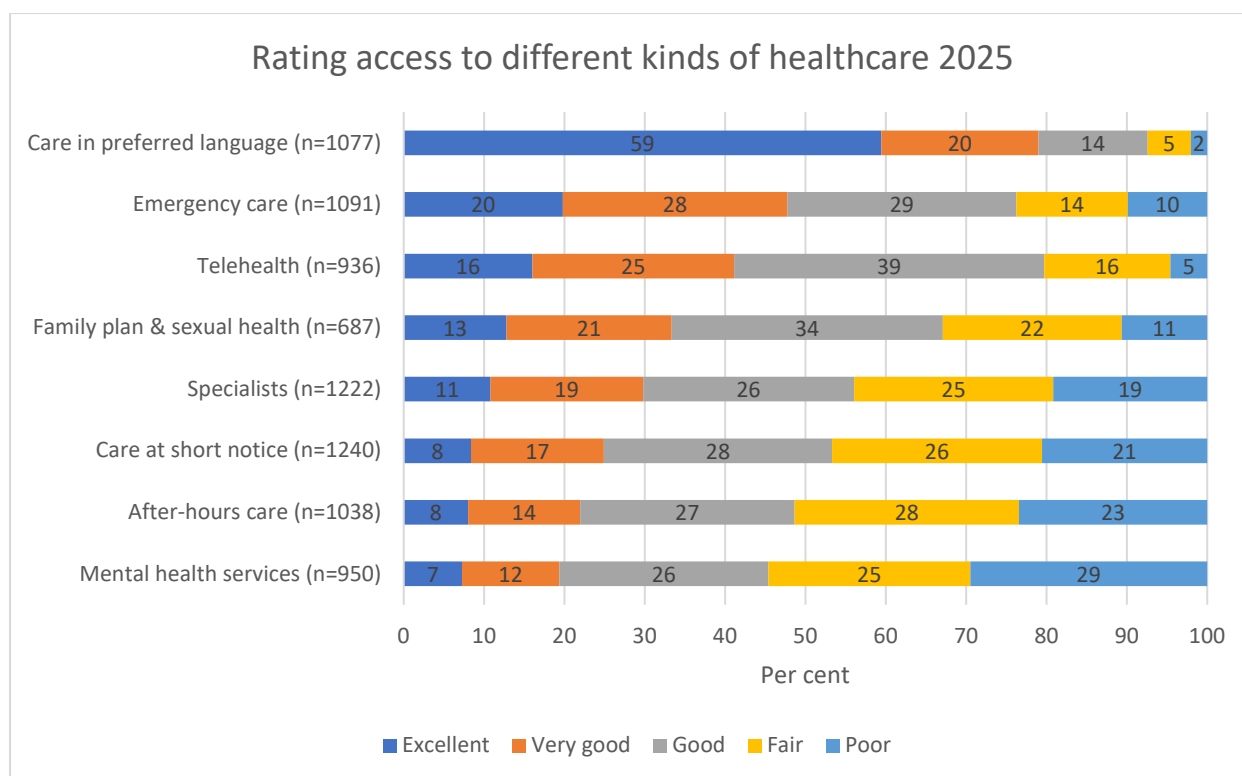
Access to different kinds of health care

We asked respondents to rate their access to different kinds of medical care as ‘Excellent’, ‘Very good’, ‘Good’, ‘Fair’ or ‘Poor’. The kinds of care we asked about were:

- Telehealth
- Family planning or sexual health services
- Medical care in an emergency
- Medical specialists if you need them
- Medical care on short notice
- After-hours medical care
- Mental health services (counselling, psychology) if you need it
- Access to care in preferred language (a new question in 2025, not asked in 2023)

As in our 2023 survey, the kinds of care rated most poorly for access were mental health services, medical care after hours, medical care at short notice, and specialists.

However, overall there was a positive shift in the proportion of people rating their access as excellent/very good, compared with the proportion rating their access as fair/poor. In 2023, for every type of care (except Telehealth) a larger proportion of people rated their access as fair or poor than rated it as excellent/very good. In 2025, this was true only for those four types of care listed above (mental health services, medical care after hours, medical care at short notice, and specialists). For the other types of care (family planning & sexual health, telehealth, emergency care and care in preferred language) the proportion of people in 2025 rating their access as excellent/very good was larger than the proportion rating their access as fair/poor.



It should be noted that some of the kinds of care listed had significant numbers of people answering 'Don't know' or 'Not applicable'. For example, 383 people answered 'Don't know' or 'Not applicable' in relation to access to telehealth, while 632 answered 'Don't know' or 'Not applicable' in relation to sexual health and family planning services.

Sometimes a doctor is not a good fit, but changing to a new specialist restarts the wait list clock. It's a lose-lose situation. I have been advised to go to Sydney for several different types of specialists because access in Canberra is so poor.

Rating	Access to care in preferred language		Access to specialists		Access to emergency care		Access to care at short notice		Access to after-hours care		Access to mental health services		Access to family planning and sexual health services		Access to telehealth	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Excellent	640	59.4	132	10.8	216	19.8	104	8.4	83	8.0	69	7.3	88	12.8	150	16.0
Very good	211	19.6	232	19.0	305	28.0	205	16.5	145	14.0	115	12.1	141	20.5	235	25.1
Good	146	13.6	321	26.3	311	28.5	352	28.4	277	26.7	247	26.0	232	33.8	361	38.6
Fair	58	5.4	303	24.8	151	13.8	324	26.1	290	27.9	239	25.2	153	22.3	147	15.7
Poor	22	2.0	234	19.1	108	9.9	255	20.6	243	23.4	280	29.5	73	10.6	43	4.6
Total excl. "NA/don't know"	1077	100	1222	100	1091	100	1240	100	1038	100	950	100	687	100	936	100
NA/don't know	242		97		228		79		281		369		632		383	

Trust in doctors, whether taken seriously and willingness to seek healthcare

People's willingness to seek help for health issues, their experiences of being taken seriously and their trust in health professionals are all key factors in the ability of the health care system to meet the needs of the population. Continued evidence of the systemic discrimination against and dismissal of women and girls by the health care system has led the Australian National Women's Health Advisory Council to be tasked with addressing "medical misogyny."³⁸ Recent research commissioned in by the Advisory Council has found that a majority of clinical guidelines surveyed did not include consideration of gender in clinical practice³⁹, consistent with the Council's #EndGenderBias survey results documenting extensive barriers and bias faced by women, girls and people assigned female at birth when trying to seek support for their health.⁴⁰

To help explore these issues in the ACT, we asked a series of questions about people's experiences of receiving care and their inclination to seek help from a doctor. We asked all respondents to indicate the extent to which they agreed with four statements:

- The care I have received from doctors in the last few years has been good
- If you wait long enough, you can get over almost any disease without seeing a doctor
- I avoid seeing a doctor whenever possible
- I only go to a doctor if there is no other option
- I worry about judgement or discrimination from doctors (a new question in 2025)
- I delay getting healthcare for myself because of caring or family responsibilities (a new question in 2025)

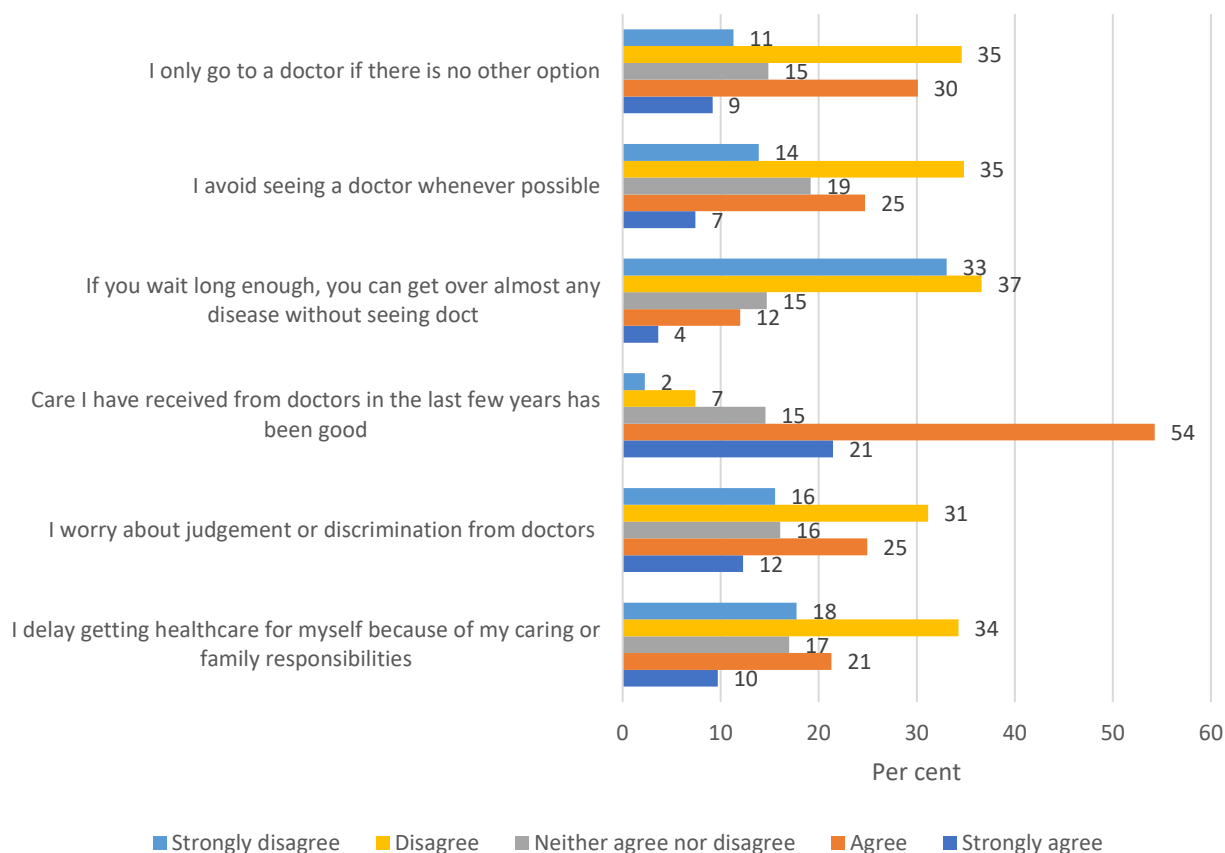
The results show overall positive assessment of the care received from doctors, with over three quarters agreeing or strongly agreeing that the care they had received in the last few years had been good. However, there were some concerning findings about people's inclinations to seek health care, with over a third (39% - similar to the 35% in 2023) agreeing or strongly agreeing that they only go to the doctor if there is no other option, and almost a third (32% - slightly up from 26.8% in 2023) agreeing or strongly agreeing that they avoid seeing a doctor wherever possible.

³⁸ Kearney, G., MP, Assistant Minister for Health and Aged Care (2023) Women's health experts appointed to tackle 'medical misogyny' (media release), <https://www.health.gov.au/ministers/the-hon-ged-kearney-mp/media/womens-health-experts-appointed-to-tackle-medical-misogyny>

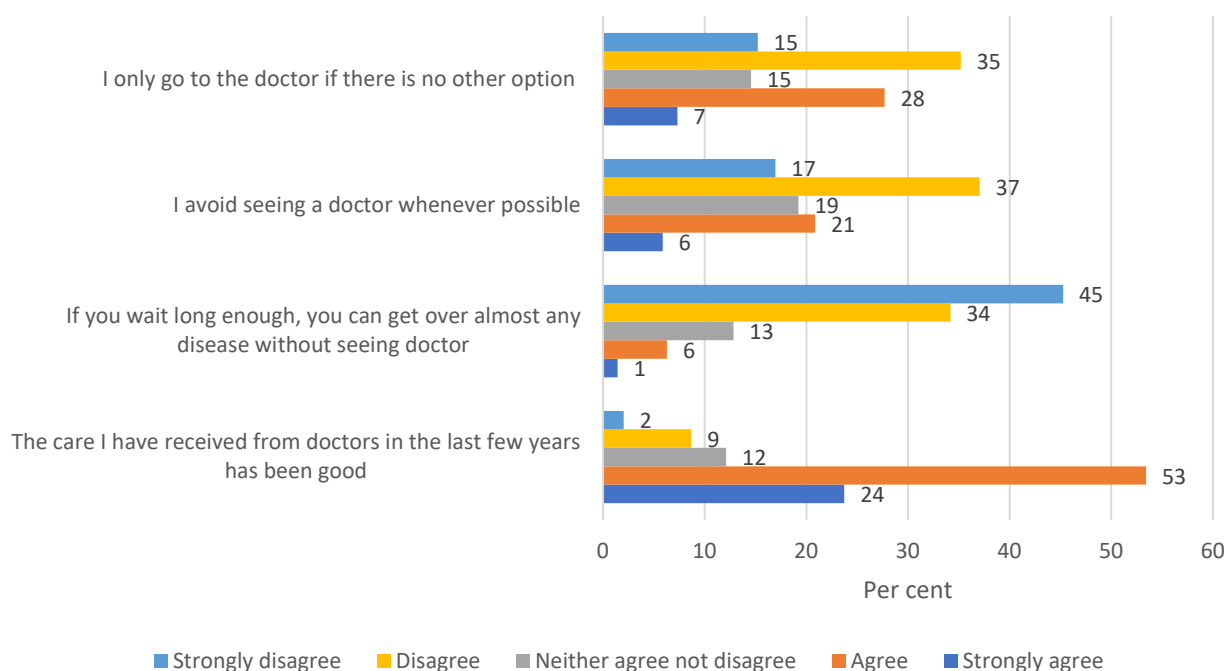
³⁹ <https://onlinelibrary.wiley.com/doi/10.5694/mja2.52602>

⁴⁰ https://www.health.gov.au/sites/default/files/2024-03/endgenderbias-survey-results-summary-report_0.pdf

Orientation towards seeking care - 2025



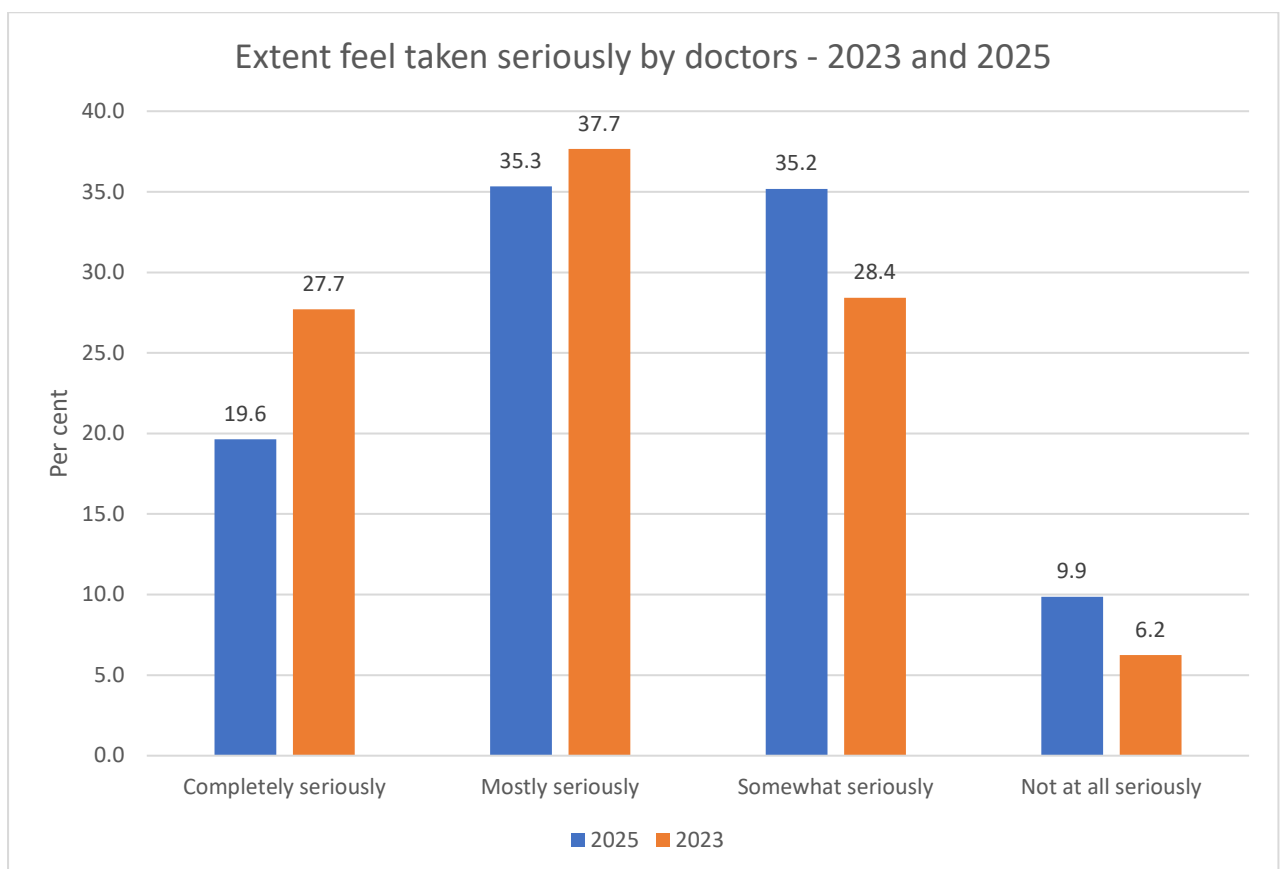
Orientation towards seeking care - 2023



In a separate question, we asked, “Thinking about the last few years, please rate the extent to which you feel you have been taken seriously by doctors when explaining symptoms or health concerns?”

It is concerning that 45% of respondents (up from 35% in 2023) felt that doctors were taking them only somewhat seriously or not at all seriously.

Extent taken seriously by doctors - 2025	Freq.	Percent
Completely seriously	259	19.6
Mostly seriously	466	35.3
Somewhat seriously	464	35.2
Not at all seriously	130	9.9
Total	1319	100



Once you can access a doctor they have usually been very professional and responsive

I have had very traumatic experiences with male doctors dismissing my debilitating health conditions as “mental health issues”

When you have overlapping health conditions they tend not to want to know / only will deal with their little area of expertise and not consider anything outside of that. It is frustrating when you constantly get pushed between specialists saying opposing things, also when they can't find a solution they then tell you it is stress or not to be so sensitive. That is very annoying

[Health professionals] are predominantly supportive, but always rushed

When I had an experience where I wasn't being listened to, I was able to and did switch GPs.

They make me feel unheard because I'm young

They don't see past my weight issues. The GP is better but hospital staff and specialists are disgustingly rude and judge me.

No one asks about your sexuality before giving heteronormative advice about contraception etc.

It took me years to find a doctor who paid attention to me. Most medical professionals talk over me and don't listen.

Findings 3: Mental health

Research has established that experiences of health are gendered at the population level. Nation-wide, women are more likely to self-report their health as fair or poor than men, more likely to have a chronic condition, and more likely to have more chronic conditions.⁴¹

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.⁴² Women are less likely to find it easy to access health services, including GP services, specialist services and mental health services.⁴³

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

- In 2021, the proportion of women aged 20–29 that reported being told by a doctor or nurse that they have a mental illness (16%) was double that of men in the same age group (8%).⁴⁴
- 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.⁴⁵
- Women are twice as likely to experience depression compared with men.⁴⁶
- Women also experience post-traumatic stress disorder (PTSD) and eating disorders at higher rates than men.⁴⁷

Importantly, mental health concerns for women and girls extend across the lifespan, reaching beyond experiences of pregnancy and birth.⁴⁸ These experiences include:

- 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

⁴¹ 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>

⁴² 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>

⁴³ ACT Government (2023). *Wellbeing Data Dashboard: Access to Health Services*. <https://www.act.gov.au/wellbeing/explore-overall-wellbeing/health/access-to-health-services>

⁴⁴ 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>

⁴⁵ *National Women's Health Strategy 2020-2030*, p. 35.

⁴⁶ 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>

⁴⁷ *National Women's Health Strategy 2020-2030*, p. 35.

⁴⁸ 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/>

- 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

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.⁴⁹

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

- In our most recent survey (2025), 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.
- 20% reported levels of psychological distress indicating a likely serious mental health condition
- Consistent with other national and local survey, depression and anxiety are the most widely reported mental health conditions in our survey.

Further details of the findings are presented below.

Psychological distress (K6)

The Kessler Psychological Distress scale (K6) is a measure of psychological distress developed by Kessler et al (2002).⁵⁰ The K6 is delivered as set of six questions asking how often in the past 4 weeks respondents:

- felt nervous
- felt hopeless
- felt restless or fidgety
- felt that everything was an effort
- felt that nothing could cheer them up
- felt that they were worthless.

We scored 'none of the time' as 1, 'a little of the time' = 2, 'some of the time' = 3, 'most of the time' = 4, and 'all the time' = 5. People with total scores equalling 6-18 are considered unlikely to have a serious mental illness. Scores of 19-30 indicate probable serious mental illness.

⁴⁹ Townsend et al (2022) *A life course approach to determining the prevalence and impact of sexual violence in Australia* <https://alswh.org.au/wp-content/uploads/2022/09/ANROWS-Report-Life-course-approach-to-sexual-violence-prevalence-and-impact.pdf>

⁵⁰ Kessler R.C., Andrews G., Colpe L.J., Hiripi E., Mroczek D.K., Normand S.L., Walters E.E., Zaslavsky A.M. (2002) 'Short screening scales to monitor population prevalences and trends in non-specific psychological distress' *Psychological Medicine*, 32, 959–976, <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=2d15ecd85e49592797084a960d6b7e003ca5bd85>

For the purposes of scoring, if a respondent did not answer one of the six questions, the value was supplied by the mean of the five scores of the questions they did answer. Responses missing more than one answer were excluded.⁵¹

Our 2025 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.⁵²

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, finding that 19% of respondents had a score indicating likely serious mental illness (as measured by the K6).⁵³

As in 2023, the median score was between 7 and 13, with nearly half of all respondents having scores falling within that range.

Table 10: Psychological distress (K6) rating frequencies

K6 score	2023		2025	
	Freq.	Per cent (%)	Freq.	Per cent (%)
6	54	3.3	62	4.7
7-13	823	49.9	633	48.4
14-18	452	27.4	353	27.0
19-24	256	15.5	197	15.1
25-30	64	3.9	64	4.9
Total*	1649	100	1309	100

Note: Totals exclude the people who answered "Prefer not to answer" or "Don't know" to more than one of the 6 questions. Ranges are defined according to the strata developed by Kessler et al 2010 and documented by the ABS.⁵⁴

Ever diagnosed or treated for mental health conditions

We asked respondents whether they had ever been diagnosed or treated for a range of mental illnesses, using a list of pre-defined options together with the option to specify an 'Other' condition

⁵¹ Follows the same procedure as the ACT General Health Survey. See ACT Health (2021) *2019 ACT General Health Survey Summary of Results* (Health Series Report No. 67),

<https://www.health.act.gov.au/sites/default/files/2021-12/2019%20General%20Health%20Survey%20Summary%20of%20Results%20FINAL%20version.pdf>

⁵² <https://www.act.gov.au/open/epidemiology-publications/2022-act-general-health-survey-statistical-report#MHaW>

⁵³ 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.

⁵⁴ Australian Bureau of Statistics (2012) '4817.0.55.001 - Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, 2007-08',

<https://www.abs.gov.au/ausstats/abs@.nsf/lookup/4817.0.55.001chapter92007-08>

using an open-ended response. This is similar to the ACT General Health Survey question about whether respondents had been diagnosed with mental health conditions.

In 2025, only a third of respondents reported never having been diagnosed or treated for a mental illness. Around 46% of respondents reported having been diagnosed or treated for anxiety, and 42% reported having been diagnosed or treated for depression. Anxiety and depression were the most commonly reported mental illnesses. These results are broadly similar to the results of our 2023 survey (noting some differences in the questions asked).

Both our 2023 and 2025 surveys appear to record a higher prevalence of mental health conditions than the most recent ACT General Health Survey data. In 2022 the ACT GHS found 35% of female respondents reported having been diagnosed for any mental health condition.⁵⁵

⁵⁵ ACT Health (2022) <https://www.act.gov.au/open/epidemiology-publications/2022-act-general-health-survey-statistical-report#MHaW>

Table 11: Ever diagnosed or treated for mental health conditions

2025			2023 ⁵⁶		
	Freq.	Per cent %		Freq.	Per cent (%)
Perinatal depression	104	7.9	<i>Postnatal depression [recoded]</i>	15	0.9
Perinatal anxiety	86	6.5	<i>[not asked separately in 2023]</i>		
Anxiety (non-perinatal)	604	45.8	Anxiety	774	46.4
Depression (non-perinatal)	549	41.6	Depression	768	46.0
PTSD	156	11.8	Post traumatic stress disorder (PTSD)	220	13.2
C-PTSD	126	9.6	Complex post traumatic stress disorder (C-PTSD)	103	6.2
Anorexia	29	2.2	Anorexia	52	3.1
Bulimia	29	2.2	Bulimia	46	2.8
Other eating disorder	75	5.7	Other eating disorder	75	4.5
Bipolar	47	3.6	Bipolar	31	1.9
BPD	29	2.2	Borderline personality disorder (BPD)	30	1.8
OCD	47	3.6	Obsessive compulsive disorder (OCD)	16	1.0
<i>[autism not asked or recoded from 'other']</i>			<i>Autism spectrum disorder (ASD) [recoded]</i>	13	0.8
Other mental health condition	89	6.8	Other (<10 reported for each)	66	4.0
Prefer not to answer	37	2.8	Prefer not to answer	30	1.8
Never diagnosed or treated	444	33.7	Never diagnosed or treated	575	34.5
	N=1319			N=1668	

⁵⁶ In 2023, after analysis of the open-ended responses, several answers were recoded into the pre-defined categories. Three new categories were added (obsessive compulsive disorder, postnatal depression and autism spectrum), representing conditions that appeared multiple (10+) times in the open-ended responses.

Diagnosed with or treated for mental health conditions in last two years

We asked respondents whether they had been diagnosed or treated for a range of mental illnesses in the last two years, using the same list of pre-defined options as in the previous question, together with the option to specify an 'Other' condition using an open-ended response.

As with the previous question, anxiety and depression were the two most commonly reported conditions. As in 2023, around 45% of all respondents indicated they had been diagnosed with or treated for a mental health condition in the last two years.

Table 12: Diagnosed with or treated for mental health conditions in last two years

2025 (n=1319)			2023 (n=1668)		
	Freq.	Per cent		Freq.	Per cent (%)
Never diagnosed or treated	444	33.7	Never diagnosed or treated	575	34.5
Ever diagnosed or treated but not last 2 years	219	16.6	Ever diagnosed or treated but not last 2 years	299	17.9
Total answered not diagnosed or treated last 2 years	663	50.3	Total answered not diagnosed or treated last 2 years	874	52.4
Perinatal depression	35	2.7	<i>Not asked separately in 2023</i>	--	--
Perinatal anxiety	41	3.1	<i>Not asked separately in 2023</i>	--	--
Depression (not perinatal)	359	27.2	Depression	495	29.7
Anxiety (not perinatal)	451	34.2	Anxiety	562	33.7
Post traumatic stress disorder (PTSD)	95	7.2	Post traumatic stress disorder (PTSD)	118	7.1
Complex post traumatic stress disorder (C-PTSD)	101	7.7	Complex post traumatic stress disorder (C-PTSD)	79	4.7
Anorexia	12	0.9	Anorexia	13	0.8
Other eating disorder (incl. bulimia)	29	2.2	Other eating disorder	26	1.6
Bipolar	34	2.6	Bipolar	19	1.1
Borderline personality disorder (BPD)	19	1.4	Borderline personality disorder (BPD)	20	1.2
Obsessive Compulsive Disorder (OCD)	28	2.1	<i>OCD in free-text answers <10</i>	--	--
Prefer not to answer	30	2.3	Prefer not to answer	30	1.8
Other mental health condition	61	4.6	Other – free-text (<10 reported)	72	4.3
<i>In 2025 ADHD was included in a separate question on neurodiversity</i>	--	--	Attention deficit hyperactivity disorder (ADHD) – reported in free-text ‘Other’ responses	42	2.5

Perinatal mental health conditions

Looking more closely at perinatal depression and perinatal anxiety, we found that 140 people (11% of the full sample of 1319 people) reported they had ever been treated for or diagnosed with one or both of these conditions, and 19 (1%) in the last two years.

Considering the figure of 19 as a proportion of the 61 people who had given birth to a living baby in the last two years in the ACT, we can see that 31% had been treated for or diagnosed with perinatal depression or anxiety during that same period. Although these numbers are small and so should be interpreted with caution, they are broadly consistent with other research (although somewhat higher). For example, a 2019 review of available data by Perinatal Wellbeing Centre estimated that around 20% of people giving birth in Australia (and around 10% of partners to these people) experience perinatal depression and/or anxiety.⁵⁷

⁵⁷ <https://www.perinatalwellbeingcentre.org.au/Handlers/Download.ashx?IDMF=53aab8d3-c748-4818-abab-32a58d3c510f>

Findings 4: Sexual and reproductive health

Access to high-quality sexual and reproductive healthcare and information is important for wellbeing across the lifespan. This chapter examines people's experiences with several aspects of sexual and reproductive health, highlighting the need for continuing efforts to improve access, reduce stigma and support people to speak about and ask for help with their sexual and reproductive health.

Contraception

Noting the limitations of our survey structure in 2023, we restructured our questions about contraception for our 2025 survey. In 2023 we first asked whether people had engaged in sexual activity in the previous 6 months, and it was only to those who answered yes to that question that we asked the questions about contraception. However, it is important to take account of the fact that not all contraceptive use is for the purpose of preventing pregnancy and contraception may instead be used to treat other conditions (such as acne), manage aspects of sexual and reproductive health (such as heavy periods and cramps), or prevent Sexually Transmitted Infections (STIs). In 2025, we therefore structured the questions about contraception differently, to encompass all people who used contraceptives, while better documenting people's reasons for doing so.

Whether used contraception

We began by asking all respondents whether they had used contraception in the last 6 months. Around 38% told us they had.

Used contraception - last 6 months	Freq.	Percent
No	770	58.4
Yes	497	37.7
Prefer not to answer	52	3.9
Total	1319	100

Reasons for not using contraception

For those who answered that they had not used contraception in the last 6 months, we asked them to nominate the option that best applies, from a pre-set list. The most commonly reported reason was 'Age' (40%), followed by 'No penis-in-vagina sex last 6 months' (17%).

Why not used contraception	Freq.	Percent
Age	311	40.4
Queer/lesbian/gender diverse	45	5.8
No penis-in-vagina sex last 6 months	133	17.3
Pregnant or trying to get pregnant	66	8.6
Self or partner had ligation or vasectomy	68	8.8
Cannot get pregnant due to treatment/surgery	27	3.5
Other / don't know	120	15.6
Total	770	100

Reasons for using contraception

For those who told us that they had used some form of contraception in the last 6 months, we asked them to tell us what reasons they had for using contraception (selecting all options that applied).

Why used contraception (select all that apply)	Freq.	%
To prevent pregnancy	356	71.63
To manage health	245	49.3
To prevent STIs	43	8.65
Don't know / other	12	2.41

Looking more closely at the overlap of reasons (where a respondent selected more than one reason) we found that the largest proportion (42%) of people selected only 'To prevent pregnancy' as their reason for using contraception. Nearly a quarter (24%) selected 'To manage health' only, and no other reasons, while 23% selected both 'To prevent pregnancy' and 'To manage health'. Just over 5% selected 'To prevent STIs' as well as 'To prevent pregnancy.'

Cross-tabulation of reasons for using contraception

	Not to prevent STIs				To prevent STIs			
	Not to manage health		To manage health		Not to manage health		To manage health	
	Freq.	% (of 497)	Freq.	% (of 497)	Freq.	% (of 497)	Freq.	% (of 497)
Not to prevent pregnancy	12	2.4	121	24.3	<10	—	<10	—
To prevent pregnancy	209	42.1	112	22.5	26	5.2	<10	—

Form(s) of contraception used

For the 497 people who reported using some form(s) of contraception in the last 6 months, we asked them to indicate which form(s) they used.

As in our previous survey, condoms were the contraceptive method most widely reported (39%, the same proportion as in 2023), with the progestogen IUD also widely used (27% compared with 25% in 2023). However, a higher proportion of respondents reported using the combined pill (29% compared with 19% in 2023).

Form(s) of contraception used, last 6 months	Freq.	% of 497
Condoms	194	39.03
Combined pill	144	28.97
Progestogen IUD	132	26.56
Progestogen only pill	50	10.06
Implant	42	8.45
Withdrawal method	26	5.23
Emergency contraception	23	4.63
Pill type unknown	21	4.23
Fertility awareness	15	3.02
Copper IUD	12	2.41
Breastfeeding	<10	—
Injection	<10	—
Internal condoms	<10	—
Vaginal ring	<10	—
Other	21	4.23

As with our 2023 survey, our most recent survey reports again higher rates of LARC use in the ACT compared with the rest of Australia (defining LARCs to include IUDs, injections and implants). In 2025 we found:

- 9% of people aged 18-24 and
- 20% of people aged 25-44

used LARCs.

This compares with 7% and 11% respectively in the Jean Hailes national survey.⁵⁸ However, compared with our 2023 survey, our 2025 survey found that a comparatively smaller proportion of the survey sample as a whole used LARCs: 14% of respondents overall in 2025, compared with

⁵⁸Jean Hailes for Women's Health (2024), Findings from the 2024 National Women's Health Survey: Australian women's knowledge of intrauterine devices (IUDs) for contraception
https://www.jeanhailes.org.au/uploads/15_Research/nwhs24_report_IUDs.pdf

39% in our 2023 survey. It should be noted that due to differences in survey questions and survey logic, these figures are not directly comparable.

These findings could be related to the comparatively higher proportion of young people completing our survey in 2025, together with the fact that young people in our survey (and other surveys) report using Long Acting Reversible Contraception (e.g. IUDs) at a lower rate than older groups.

Satisfaction with contraception

For the 497 people who reported using some form of contraception in the last 6 months, we asked how satisfied they were with their form(s) of contraception.

The majority (58%) were extremely or very satisfied, but around 12% of respondents who used contraception said they were dissatisfied or very dissatisfied. This result is very similar to our 2023 survey (56% and 13% respectively).

Rate satisfaction with contraception	Freq.	Percent
Extremely satisfied	135	27.2
Very satisfied	152	30.6
Somewhat satisfied	150	30.2
Dissatisfied	41	8.3
Very dissatisfied	19	3.8
Total	497	100

What form of contraception would be preferred

For the 60 people who said they were dissatisfied or very dissatisfied with their current form of contraception, we asked what form of contraception they would prefer, allowing people to select up to three options from a list.

While nearly a quarter (23%) said they did not know, 22% said they would prefer tubal ligation/vasectomy for themselves, and 20% said they would prefer tubal ligation/vasectomy for their partner. It should be noted that the overall number of people surveyed in this question is quite small, so results should be interpreted with caution. However, it is significant that these two options were the most widely selected.

Preferred form of contraception (dissatisfied/very dissatisfied with current form(s))		
Tubal ligation or vasectomy for self	13	21.7
Tubal ligation or vasectomy for partner	12	20.0
Another form - not specified	11	18.3
Progestogen IUD	<10	—
Copper IUD	<10	—
Combined pill	<10	—
Condoms	<10	—
Injection	<10	—
Unknown type pill	<10	—
Fertility awareness	<10	—
Progestogen only pill	<10	—
Implant	<10	—
Internal condoms	<10	—
Emergency contraception	<10	—
Withdrawal method	<10	—
Vaginal ring	<10	—
Breastfeeding	<10	—
Don't know	14	23.3

What preventing change of contraceptive method(s)

We asked all respondents who were dissatisfied or very dissatisfied with their form of contraception (n=60) to tell us what are the main reasons preventing them from changing their form of contraception, allowing them to select all that applied from a list, as well as providing an option to write in 'other' responses.

Concern about pain was the most widely cited reason, with a third of all respondents selecting that option. Advice from doctors (32%) and medical risks (32%) were similarly common, while numerous (n=13) free text answers elaborated on issues with the medical system, including distrust of medical professionals, lack of options in the context of health conditions, and instances of being dismissed or undermined by health professionals.

What preventing change in contraception	Freq.	%
Concern about pain	20	33.3
Doctor has advised	19	31.7
Medical risks	19	31.7
Concern about cost	14	23.3
Effort or inconvenience	11	18.3
Concern about effectiveness	10	16.7
Issues or dynamics in relationship	<10	--
Do not have time	<10	--
Other reason - write in	25	41.7

The 'other' responses documented several combinations of issues including limitations of available health services, costs, attitudes of health professionals and the impact of existing health conditions.

Endometriosis and adenomyosis

Endometriosis is a condition that can cause severe pain in the pelvic area, as well as infertility. It involves tissue similar to the lining of the uterus growing outside the uterus. Adenomyosis is similar to endometriosis, but involves tissue growing in the layer of muscle in the wall of the uterus. In 2023 we asked only about endometriosis, but feedback provided through the free text answers in the survey alerted us to the need to include adenomyosis, so we asked about both in 2025.

The symptoms of endometriosis can be treated with medication or surgery, but it often takes a long time and a great deal of effort to get a diagnosis and/or treatment for endometriosis. Many people suffer pain and distress from the condition for years before obtaining relief (if at all).

We asked survey respondents whether they had every been diagnosed with or treated for endometriosis or adenomyosis (specifying that treatment can include simply taking medication). Of the full sample of survey respondents, 19% or 246 people answered that they had been diagnosed with or treated for endometriosis.

Endometriosis or adenomyosis - ever diagnosed or treated	Freq.	Percent
No	1030	78.1
Yes	246	18.7
Prefer not to answer / not applicable	43	3.3
Total	1319	100

For those who told us they had been diagnosed with or treated for endometriosis or adenomyosis (n=246), we asked whether their condition(s) had been diagnosed or treated in the last two years. Over two-thirds (n=167) said their endometriosis/adenomyosis had been diagnosed or treated in the last two years. This is equivalent to 13% of the full sample of respondents.

For those who had been diagnosed or treated in the last two years for endometriosis or adenomyosis, we asked about their satisfaction with the treatment they had received for the condition(s). Half of all those diagnosed or treated in the last two years said they were dissatisfied or very dissatisfied, compared with only 25% who were very satisfied or extremely satisfied (with “somewhat satisfied” as the midpoint with 26% of responses. This finding is almost identical to the findings of our 2023 survey (noting that in that earlier survey we did not differentiate between people who had been diagnosed recently for the purposes of the question on satisfaction).

Satisfaction with treatment for endometriosis or adenomyosis	Freq.	Percent
Extremely satisfied	16	9.6
Very satisfied	25	15.0
Somewhat satisfied	43	25.8
Dissatisfied	58	34.7
Very dissatisfied	25	15.0
Total	167	100

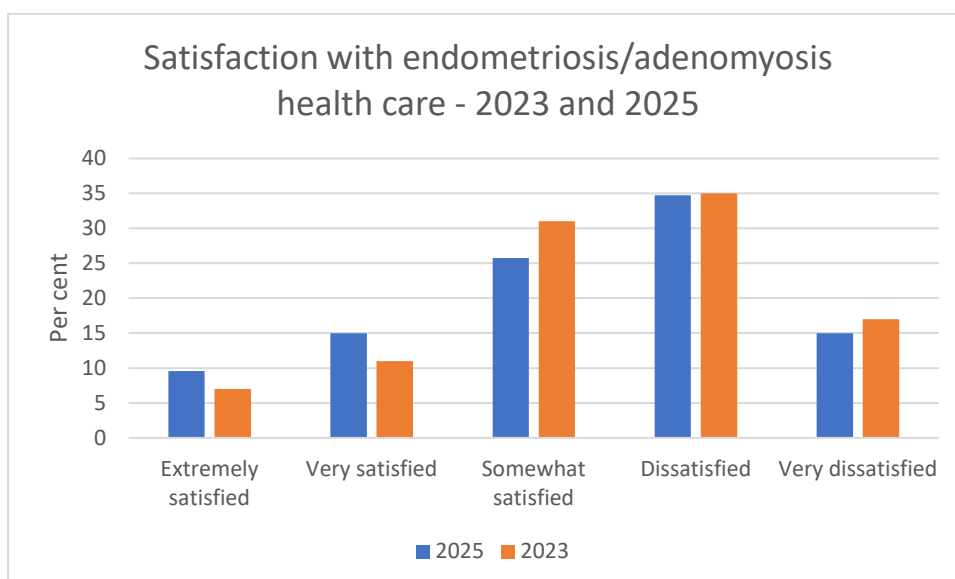


Figure 5: Satisfaction with endometriosis health care

Polycystic ovary syndrome (PCOS)

Polycystic ovary syndrome (PCOS) is a complex hormonal condition often involving irregular or absent periods, acne, excess facial or body hair growth, scalp hair loss or high levels of androgens

(testosterone and similar hormones) in the blood, and/or polycystic ovaries (many immature follicles on the ovaries) visible on an ultrasound.⁵⁹ People with PCOS also often have reduced fertility.

We asked all survey respondents (n=1319) whether they had every been diagnosed with or treated for PCOS.

Around 14% (or 181) of the respondents had been diagnosed with or treated for PCOS, an almost identical proportion as was reported in our 2023 survey.

Ever diagnosed or treated PCOS	Freq.	Percent
No	1098	83.2
Yes	181	13.7
Prefer not to answer / not applicable	40	3.0
Total	1319	100

For those who told us they had been diagnosed with or treated for PCOS (n=181), we asked whether their condition(s) had been diagnosed or treated in the last two years. Around 62% (n=112) said their PCOS had been diagnosed or treated in the last two years. This is equivalent to 8.5% of the full sample of respondents.

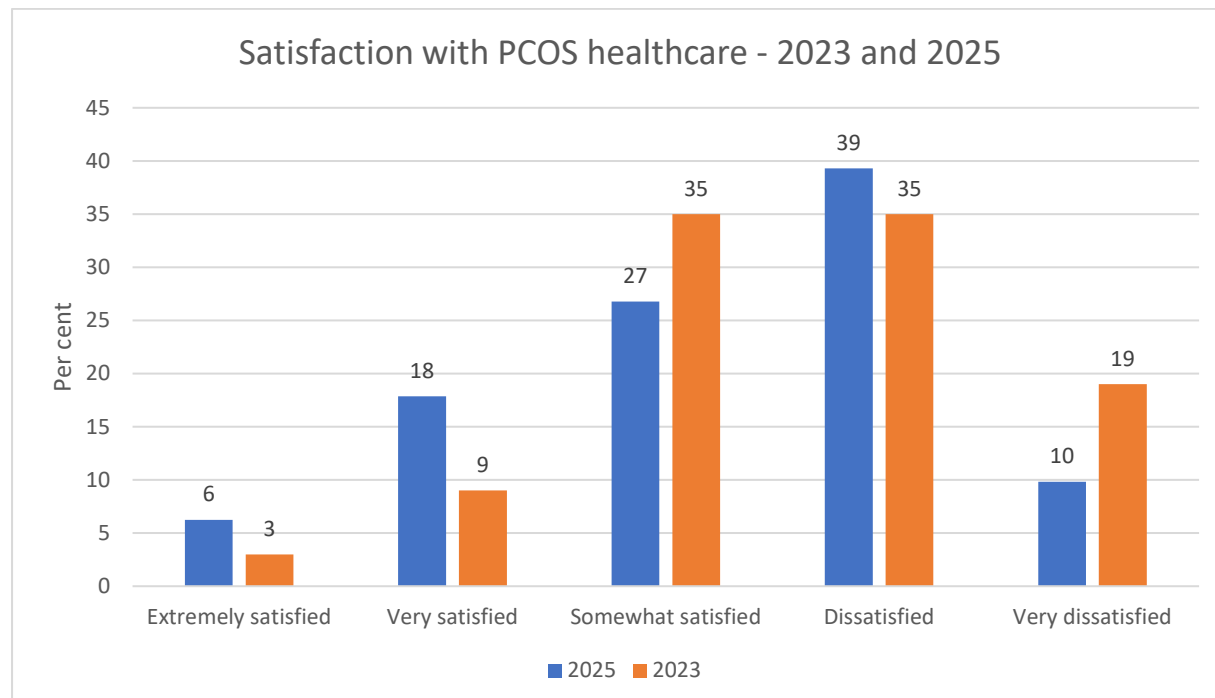
PCOS - Last 2 years	Freq.	Percent
No	69	38.1
Yes	112	61.9
Total	181	100

⁵⁹ Healthdirect (2023) Polycystic ovarian syndrome (PCOS), <https://www.healthdirect.gov.au/polycystic-ovarian-syndrome-pcos>

For those who had been diagnosed or treated in the last two years for PCOS, we asked about their satisfaction with the treatment they had received for the condition(s).

Satisfaction with PCOS care	Freq.	Percent
Extremely satisfied	7	6.3
Very satisfied	20	17.9
Somewhat satisfied	30	26.8
Dissatisfied	44	39.3
Very dissatisfied	11	9.8
Total	112	100

In 2025 there were overall low levels of satisfaction with PCOS healthcare, with around 50% of people who had PCOS saying they were dissatisfied or very dissatisfied with their healthcare for the condition. However, the results represent a slight improvement 2023, noting again that we asked the question to a different subset of respondents in the earlier survey, not distinguishing between those who had been recently treated/diagnosed with the condition and those whose treatment/diagnoses was earlier.



Persistent pelvic pain (PPP)

We asked respondents whether, in the two years, they had experienced persistent pelvic pain, defined as pain below your belly button and above your legs that lasts for six months or more,

allowing that the pain might change over time. People who experience persistent pelvic pain include those who have endometriosis.

The definition of PPP used in our 2025 survey was different from the one we used in 2023, which was more expansive. We altered the definition to align with the developing consensus about how the condition should be defined.⁶⁰ For this reason we do not present direct comparisons here of the rates of PPP in the two surveys.

Of the full sample of 1319 respondents, 17% (or 227) had experienced persistent pelvic pain (PPP).

Persistent Pelvic Pain - Last 2 years	Freq.	Percent
No	951	72.1
Yes	227	17.2
Unsure	120	9.1
Prefer not to answer	21	1.6
Total	1319	100

Of those who experienced PPP, 77% (or 174) had sought treatment for this pain in the last two years.

Sought treatment for PPP - Last 2 years	Freq.	Percent
No	53	23.4
Yes	174	76.7
Total	227	100

⁶⁰ Healthdirect (2025), Persistent Pelvic Pain, <https://www.healthdirect.gov.au/persistent-pelvic-pain>

We asked people who had sought treatment for their PPP how satisfied they were with their healthcare for this condition.

How satisfied with PPP care - Last 2 years	Freq.	Percent
Extremely satisfied	11	6.3
Very satisfied	26	14.9
Somewhat satisfied	41	23.6
Dissatisfied	62	35.6
Very dissatisfied	34	19.5
Total	174	100

Satisfaction with treatment for PPP was in general low, with 55% of the respondents who had sought treatment reporting they were either ‘Dissatisfied’ or ‘Very dissatisfied’, while only 21% were either ‘Extremely satisfied’ or ‘Very satisfied’. These results are similar to the satisfaction ratings for PPP treatment in our 2023 survey, noting the different definition used (see above).

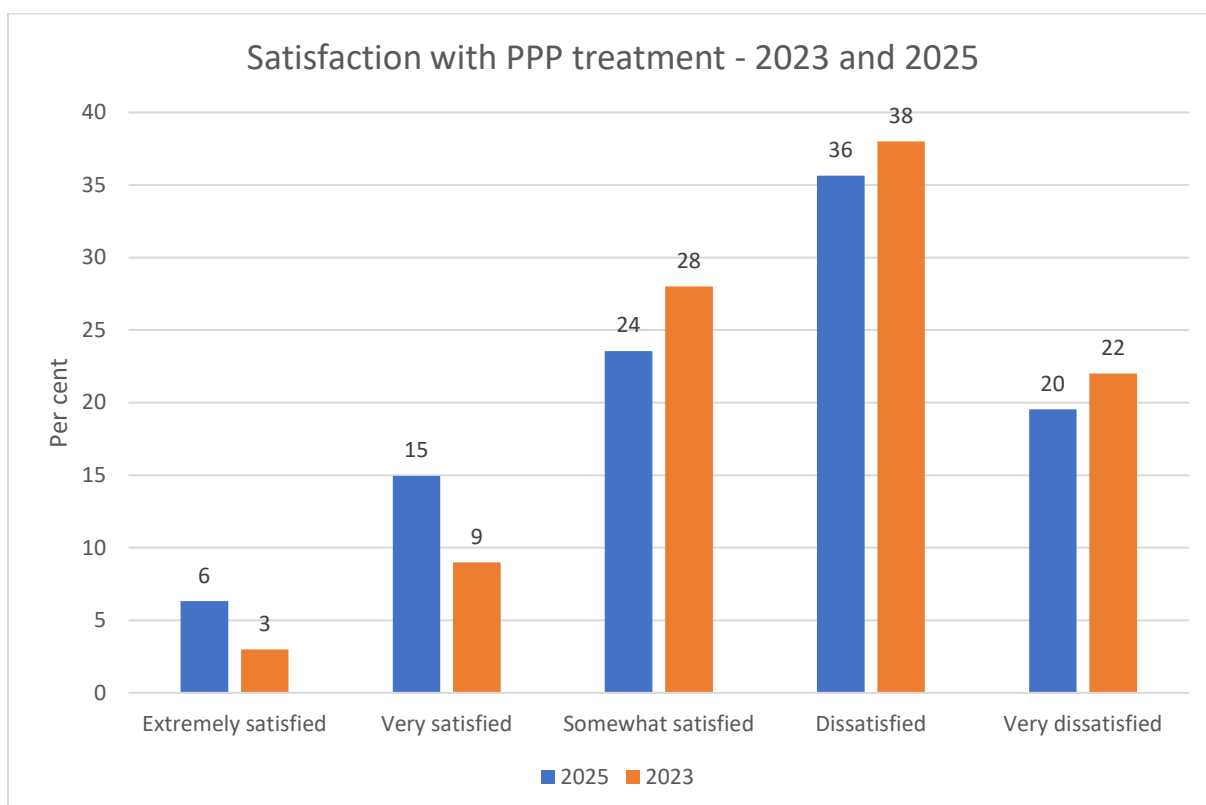


Table 13: Missed work or study due to PPP

	2025		2023	
Missed work or study due to PPP	Freq.	Per cent (%)	Freq.	Per cent (%)
No	74	32.6	137	32.0
Yes	144	63.4	280	65.4
Prefer not to answer	9	4.0	11	2.6
Total	227	100	428	100

Of those who had experienced PPP in the last two years (n=227), around 63% (or 144) had missed work/study as a result in the last 12 months. These are similar proportions to the results of our earlier survey in 2023. In 2025, this represents 11% of the survey sample as a whole (n=1319), indicating the significant impact of PPP, and the continued importance of measures such as reproductive health leave.

Respondents were given the option of providing free text answers about their experiences with endometriosis/adenomyosis, PCOS and/or PPP. The following answers illustrate a number of the issues and experiences:

Emergency rooms need to know about endo and help patients when they go there for pain relief. We just get laughed at and not taken seriously. In 10/10 pain not making this up.

The support has been best received from a multidisciplinary approach particularly from allied health

Unfortunately in ACT it seems you need to pay for the good specialists [...] or travel to Sydney to receive good care. While their care is great- it is costly, especially with frequent medical appointments & medications not on PBS

Once you get a diagnosis and have support from the right health care workers, all is good. It is the delay in getting a diagnosis [that] can be a problem.

The last year and a half I've had a great specialist but it took over 10 years to get a proper endo diagnosis and treatment that seems to be working.

We desperately need more treatment options for endometriosis. I'm 19 and essentially out of treatment options barring surgery (which I have been denied access to due to age). We also need better access to specialists, as it was extremely difficult to find one willing to see me, and I had to go private and pay out of pocket

Was told I couldn't have a hysterectomy because I was too young! I was 32

My endometriosis pain is managed fairly well at the moment for daily life and during my periods. I am embarrassed about pain during sex so I haven't sought advice for that yet.

Its too hard to get a diagnosis for endo or PCOS, I have been to 3 different GPs and none want to refer me to specialist. I have given up on a diagnosis and just get on with the pain because it is easier than having to explain to yet another GP (including female GP's) and spend money on consults and blood tests that get me no where.

Endometriosis surgery was very expensive, my healthcare and Medicare didn't cover the surgery. My private healthcare only covered the hospital stay.

As a nurse, I've had colleagues who've fainted with the appendicitis-like symptoms of Endo'. In my generation they had their pay docked and they were dissed as hysterical. I'm grateful that, finally, after 30 years of fighting, we've got a new, effective Endo' treatment added to the PBS...

Long before it was confirmed, anecdotally I was seeing men being given analgesia immediately in Emergency while girls weren't.

Common reproductive surgeries

Free text answers in our 2023 survey highlighted that reproductive surgeries such as removal of the uterus and/or ovaries and/or fallopian tubes were significant in people's experiences of their sexual and reproductive health. In response, we included a question about whether people had undergone any of these surgeries.

We found that 167 people, or 12.7% of the sample, reported having had at least one of these surgeries. The most widely reported surgery was removal of the uterus, with 8% of respondents reporting they had undergone that surgery.

Had one or more of these surgeries (select all that apply). N=1319	Freq.	Per cent
Had uterus removed	104	7.9
Had one or both ovaries removed (oophorectomy)	78	5.9
Had fallopian tubes removed (salpingectomy)	78	5.9
Had none of these surgeries	1117	84.7
Prefer not to answer or not applicable	35	2.7

Menopause

We refined our approach to menopause in the 2025 survey, in response to feedback received. We offered a more nuanced range of options for people to select, noting that for many people it is difficult to be sure about whether they are experiencing menopause or not.

A quarter of all respondents indicated that they had gone through menopause, while a further 12% reported being in perimenopause and another 12% were unsure. Allowing for the slightly different answer options, this represents a higher proportion than in our 2023 survey, when 22% answered that they had reached menopause and a further 6% were unsure. This difference may be attributed to the different age profile of our two samples, with a larger proportion of respondents being aged over 55 years in our 2025 survey than in our 2023 survey.

Reached menopause or perimenopause	Freq.	Percent
Have gone through menopause	330	25.0
Currently in perimenopause	158	12.0
Unsure, might be in perimenopause	155	11.8
No	650	49.3
Prefer not to answer/not applicable	26	2.0
Total	1319	100.0

For those who answered that they had gone through menopause, were currently in perimenopause or might be in perimenopause, we asked whether they had used or tried to find support, information or healthcare in relation to menopause or perimenopause in the last 2 years.

We found that just over half of those who answered reported that they had sought support, information or healthcare in relation to these experiences over the last two years.

Last 2 years - Sought information support for menopause	Freq.	Percent
No	305	47.4
Yes	327	50.9
Unsure	11	1.7
Total	643	100

For those 327 people who said they had sought support, information or healthcare in relation to perimenopause or menopause, we asked them to what extent they were able to find what they needed.

Results were mixed. While many (38%) reported that they got everything they needed or most of what they needed, a significant proportion reported only getting some of what they needed (36%) while 25% reported getting hardly any or none of what they needed in terms of support with perimenopause or menopause.

To what extent found what needed re menopause perimenopause	Freq.	Percent
Got everything needed	46	14.1
Got most of what needed	79	24.2
Got some of what needed	118	36.1
Got hardly any of what needed	54	16.5
Got none of what needed	28	8.6
Don't know/not applicable	2	0.6
Total	327	100

Following are quotes in response to an open-ended question about experiences with perimenopause and menopause:

There is so much information out there but not all of it is credible, very hard to sift through it all

I got all the information I needed from the most wonderful GP at Sexual Health and family planning ACT. She explained to me my options and the pros and cons of each and she wrote a flow chart on a piece of paper - it was amazing. Exactly what I was after. It was frustrating to have to pay for this service. AND to pay for the HRT that is right for me - as the other options that are listed on the PBS were not the best for me.

When it is combined with a complex mental illness and other chronic illnesses it is almost impossible to continue working. It was this additional symptom for me that has led to my unemployment status. I am still grieving the loss of my career that I worked so very hard to sustain. The reality is there is no support for me to return to the workplace.

It took three years of poor mental health to finally access mental health care that deals with menopause in an integrated way, and only in Victoria.

[Treatment is] expensive - both in terms of specialist and in terms of HRT. As a single mum, it was both an easy choice in terms of desperation to stay sane, and hard in terms of rejigging the budget to make it work.

My early menopause was medically induced after breast cancer. I have had symptoms for more than a decade (reduced now). It's been hard not to be able to use anything like HRT because my [breast cancer] was hormone receptive. I found little support or understanding, and few options for someone in my circumstances and have just had to 'tough it out'.

In the first experience I was disregarded - until I found a Doctor that understood - it took too long and nearly ended my career and relationship

I got lucky, my implanon came out and I just stopped. It was glorious! Been waiting 45 years for this one and it lived up to my wildest expectations.

Abortion

Recent research in the area of abortion access includes a survey in 2022 by Women's Health Matters with 102 responses from people who had accessed or tried to access an abortion in the ACT. The data report on this research⁶¹, and the submissions using the data⁶² contain in-depth analysis of access and barriers to abortion healthcare in the ACT.

Overall, our research found that people who had sought to access an abortion in the ACT faced significant challenges, even among those who were able to access an abortion and who were in general satisfied with their ability to do so. Most notably, 41% reported that 'Medication, tests, procedure and/or appointments were too expensive', while significant numbers had trouble finding appointments (18%), were worried about their privacy (17%), or had trouble taking time off work or study (14%).

When asked what would improve access to abortion in the ACT, the most commonly recommended measures were those to address the cost of abortion, followed by measures to improve information about options, community education and help with navigating services.

More recently, steps have recently been taken to improve access to abortion in the ACT with the establishment of a free access program to provide medication abortion and surgical abortion at no cost for women in the ACT.⁶³ As part of this program Women's Health Matters now administers the Reproductive Health Data Incentive Fund, which supports medical practitioners to provide no-cost medication abortion.⁶⁴

In the current survey we asked two sets of questions about abortion: the first was about community attitudes to abortion and perceptions of abortion stigma (asked for the first time in

⁶¹ Women's Health Matters (2022) *Data report – Survey on access to abortion in the ACT and surrounding regions*, <https://www.womenshealthmatters.org.au/wp-content/uploads/2023/01/WHM-Data-report-Survey-on-abortion-access-2022.pdf>

⁶² Women's Health Matters (2022) *Submission to the Inquiry into abortion and reproductive choice in the ACT*, <https://www.womenshealthmatters.org.au/wp-content/uploads/2022/10/WHM-Submission-Inquiry-into-abortion-and-reproductive-choice.pdf>

⁶³ Berry, Y., Deputy Chief Minister and Minister for Women, and Stephen-Smith, R., Minister for Health (2023) *No cost abortions now available in the ACT* (media release), https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/yvette-berry-mla-media-releases/2023/no-cost-abortion-now-available-in-the-act

⁶⁴ See <https://mypregnancyoptionsact.org.au/>

2025), while the second was about individual respondents' use of abortion services. The second set is reported in the section on pregnancy and birth below.

Attitudes and beliefs about abortion

Drawing on research by scholar Kari Vallury,⁶⁵ we asked three questions which have been previously validated as reliable measures of community attitudes in relation to abortion stigma:

- How strongly do you agree or disagree with this statement? "Most people in the ACT believe abortion should be legal and available"
- How strongly do you agree or disagree with this statement? "Health professionals who provide abortions make a positive contribution to society"
- How strongly do you agree or disagree with this statement? "I would expect health professionals who provide abortion services to be friendly and supportive"

We found that, overall, respondents had positive expectations and beliefs about abortion, indicating low levels of anticipated and perceived stigma.

How strongly agree with these statements:	<i>Most in ACT believe abortion should be legal & available</i>		<i>Abortion providers make positive contribution</i>		<i>Expect abortion providers to be friendly & supportive</i>	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Strongly agree	556	42.2	762	57.8	962	72.9
Agree	618	46.9	390	29.6	290	22.0
Disagree	67	5.1	47	3.6	17	1.3
Strongly disagree	16	1.2	22	1.7	5	0.4
Prefer not to answer	62	4.7	98	7.4	45	3.4
Total	1319	100	1319	100	1319	100

We also asked respondents if a friend or family member was considering having an abortion, how confident would they feel helping them find the right services, knowing where to go and how the services work.

We found mixed responses, with nearly 39% reporting they would feel very confident or confident, but over a quarter (27%) saying they would feel not very confident or not confident at all.

⁶⁵ Vallury, K. (2023), *Abortion stigma in a pro-choice world: A mixed methods study of abortion stigma in Australia*, PhD Thesis, Flinders University, https://flex.flinders.edu.au/file/d74b3dc1-73ef-4c42-86f8-7a64c88ae6f6/1/ValluryThesis2023_MasterCopy.pdf

How confident help find abortion services	Freq.	Percent
Very confident	205	15.5
Confident	306	23.2
Somewhat confident	380	28.8
Not very confident	240	18.2
Not confident at all	117	8.9
Don't know/not applicable	71	5.4
Total	1319	100

Findings 5: Pregnancy & birth

Whether a person ends up having children or not, issues of reproduction are important within human lives and communities, and these issues strongly impact experiences of health and wellbeing. Women are attributed with greater responsibility for reproduction, parenting and child-rearing, and face social pressure in relation to these roles. People of diverse genders and sexualities are often excluded or their desires and experiences about parenting disregarded because they do not fit expected models.

In this survey we used a different flow of questioning compared with our previous (2023) survey, which did not differentiate between recent pregnancies and those had occurred more recently. For more details, please see the survey instrument at Appendix 1.

Currently pregnant

We asked all 906 people who, through their previous answers, could be considered to be possibly pregnant⁶⁶ whether they were currently pregnant. We found that only a small minority (4% or 37 people) were currently pregnant at the time of completing the survey.

Currently pregnant	Freq.	Percent
No	832	91.83
Yes	37	4.08
Prefer not to answer	18	1.99
NA - pregnancy has never been possible for me	19	2.1
Total	906	100

We asked those who answered that they were currently pregnant whether they had had another pregnancy while in the ACT/region in the last 2 years. Only 13 answered that they had.

Had another pregnancy ACT last 2 years - current pregnancy	Freq.	Percent
No	23	62.16
Yes	13	35.14
Prefer not to answer	1	2.7
Total	37	100

⁶⁶ The 906 people considered to potentially be pregnant were those who 1. did not answer the question about why they had not used contraception by indicating they or their partner had tubal ligation/vasectomy, and 2. did not answer the question about why they had not used contraception by indicating they or their partner cannot get pregnant due to hysterectomy etc, 3. did not say they had not gone through menopause and 4. did not say they had a hysterectomy. The question about whether respondents were currently pregnant was not asked to the 413 people who answered yes to one or more of the above.

Ever pregnant

We asked the whole sample of respondents (excluding those who had answered that they were currently pregnant [37], “Prefer not to answer” [18], or “Not applicable” [19] to the question on current pregnancy) whether they had ever been pregnant.

The majority (55%) said that they had been pregnant.

Ever been pregnant	Freq.	Percent
No	544	43.69
Yes	689	55.34
Prefer not to answer	12	0.96
Total	1245	100

Pregnant last two years (not currently pregnant)

We asked those who said they had been pregnant at some point (but were not currently pregnant) whether they had been pregnant in the last 2 years in the ACT.

Fourteen percent (98 people) indicated they had been pregnant in the ACT in the last 2 years (but were not currently pregnant).

Pregnant in the last 2 years in ACT/region	Freq.	Percent
No	590	85.63
Yes	98	14.22
Prefer not to answer	1	0.15
Total	689	100

Together with the 13 respondents who were currently pregnant, and had also had a pregnancy in the ACT/region in the last 2 years, this means that **a total of 111 people or 8.4% (of the full survey sample of 1319 respondents) were identified as having had a pregnancy in the ACT/region in the last 2 years.**

Currently pregnant – Experiences of pregnancy

We asked people who were currently pregnant a series of questions about their pregnancy.

Used maternity services

The large majority (81%) of people who said they were currently pregnant told us they had used services in the ACT in relation to their pregnancy

Used services in the ACT in relation to current pregnancy	Freq.	Percent
No	<10	--
Yes	30	81
Don't know	<10	--
Total	37	100

Satisfaction with maternity services

We asked the 30 people who had used maternity services in relation to their current pregnancy how satisfied they were with those services.

Overall, satisfaction as reported in this survey was high (noting the small number). While the numbers are too small to report separately for each option, we can report that 50% of respondents reported that they were “extremely satisfied” or “very satisfied”, and that more reported being “quite satisfied” (the midpoint in the scale) than reported being “dissatisfied” or “very dissatisfied”.

Conditions in current pregnancy

We asked the 37 people who told us they were currently pregnant whether they had been diagnosed with or treated for a set of conditions (giving definitions for the last three of these as pop-up text in the online survey):

- Depression
- Anxiety
- Gestational diabetes
- Hypertension (high blood pressure) during pregnancy
- Pre-eclampsia

The majority (36 people, or 70%) told us they had not been diagnosed with or treated for any of these conditions in their current pregnancy.

Perinatal loss

We asked all 725 people who had indicated that they had ever been pregnant whether they had experienced perinatal loss, either inside the ACT in the last 2 years, or outside ACT/longer ago.

We found that over 37% of this sub-group of 725 respondents had experienced perinatal loss, with 6% having experienced perinatal loss in the ACT in the last 2 years. Looking at these numbers as a proportion of the survey sample as a whole (n=1319), these figures represent 17.5% of the whole sample having ever experienced perinatal loss, with 3.3% having experienced perinatal loss in the ACT in the last 2 years.

Perinatal loss (people who have ever been pregnant)	Freq.	Per cent
Perinatal loss in ACT last 2 years	43	5.9
Perinatal loss both in ACT last 2 yrs and outside/longer ago	<10	—
Perinatal loss outside ACT or more than 2 yrs ago	231	31.9
Never experienced perinatal loss (to best knowledge)	430	59.3
Prefer not to answer	<10	—
Unsure	<10	—
Total	725	100.0

My perinatal loss happened many years ago (22 and 14yrs ago) yet it is still so resonant and affecting. I will never forget it.

It shouldn't be assumed that because the person experiencing the loss has a partner, that they are supported at home. I had a partner at the time (the father) yet I felt like I went through it alone as I was experiencing DV.

It is a really healing thing that ACT have a "recognition of life" certificate that can be obtained for free from ACT government. I just really wish they had more support outside of hours.

I felt well supported during the process, but not as much afterwards.

[Hospital staff] not only badly managed it medically but were rude and unsympathetic. GP was better but seemed a bit out of depth.

Miscarriage is often dismissed. As it was my 5th pregnancy many people assumed I was happy to have lost that baby

Using abortion services

In our previous survey, we asked all respondents whether they had ever had an abortion, finding that lifetime rates of abortion were similar to those found by other research.

In this survey we focused more directly on experiences in the last two years, in line with an increased emphasis in this survey on inquiring about service experiences to inform policy and service development.

We asked the 111 people who had told us through other questions that they had been pregnant in the ACT/region in the last 2 years whether they had an abortion in the ACT in the last 2 years.⁶⁷ Just over 16% (or 18 people) answered yes to this question.

Had an abortion in the last 2 years in ACT (of n=111, who had been pregnant in ACT/region last 2 years)	Freq.	Percent
No	92	82.9
Yes	18	16.2
Prefer not to answer	1	0.9
Total	111	100

We asked the 92 people who answered that they had not had an abortion in the last 2 years in the ACT whether they had considered having an abortion but not gone on to have one. Only a very small number (<10) answered “yes” to that question.

Giving birth to living babies

We first asked people who had said they were currently or previous pregnant whether they would be willing to answer questions about giving birth to living babies.

⁶⁷ Note explaining focus on recent experiences rather than lifetime experiences.

We asked the 559 people who had told us that they were willing, we asked whether they had given birth to a living baby/babies and where relevant asked them to specify whether they had given birth in the last two years in the ACT/region, or elsewhere or earlier.⁶⁸

We found that a large proportion (86%) of people who had been pregnant had given birth outside the ACT and/or longer than 2 years ago, while only 11% had given birth in the ACT in the last 2 years.

Putting this in the context of the sample as a whole (1319 people), we can see that 543 people, or 41% of all respondents had given birth (noting that some people took the option not to answer questions building to this result).

Given birth to living baby/babies (n=559, had been pregnant and was willing to answer)	Freq.	%
gave birth outside ACT/longer than 2 years	482	86.2
gave birth in ACT last 2 years*	61	10.9
prefer not to answer	1	0.2
never given birth	15	2.7
total	559	100

* including <10 who also gave birth outside ACT/longer than 2 years ago

Pregnancy and birth experiences in the ACT in the last 2 years

The 61 people who answered that they had given birth to a living baby/babies in the ACT in the last 2 years were asked a series of questions about their maternity care and experiences in relation to their most recent birth, including birth trauma.

At the end of the series of questions about the most recent birth, they were asked whether they had any other birth to a living baby/babies in the ACT in the last 2 years, and if so, whether they would like to answer the same series of questions about maternity care and experiences in relation to the next most recent birth. This loop was repeated to allow for answers about up to 3 births in the last 2 years. Fewer than 10 people reported having had more than one birth to a living baby/babies in the last 2 years in the ACT. The answers given about other births in the ACT in the last 2 years are combined with results presented here.

Type of maternity care – births to living babies last 2 yrs ACT

We can see that continuity of midwifery care was the most widely used type of maternity care among those respondents who had given birth to a living baby or babies in the ACT in the last two years. However, it should be noted that these numbers are small, so conclusions cannot be drawn about rates of service use at the population level.

⁶⁸ This includes 83 people who were pregnant last 2 yrs in ACT, who were asked about both births last 2 yrs ACT & about births outside/earlier, and 476 people who were not pregnant last 2 yrs ACT, who were only asked about births outside/earlier.

Type of maternity care - all births of living babies in ACT last 2 years	All births	% of all births
Continuity of midwifery care	21	31.3
Maternity care team	17	25.4
GP shared care	13	19.4
Private obstetrician	10	14.9
Fetal Medicine Unit	<10	—
Home birth	<10	—
Total	67	100

Satisfaction with maternity care – gave birth ACT last two years

For all 67 births of a living baby or babies in the last two years, we asked respondents to tell us how satisfied they were with the maternity care they received.

Noting the small number of responses for this question, the results were positive, with 78% of respondents saying they were extremely satisfied or very satisfied with the care they received, and less than 10% saying they were dissatisfied or very dissatisfied with their maternity care.

Conditions in pregnancy/birth – gave birth ACT last two years

For all 67 births of a living baby or babies in the last two years, we asked respondents whether they had been treated or diagnosed for a range of conditions:

- Antenatal depression
- Antenatal anxiety
- Postnatal depression
- Postnatal anxiety
- Gestational diabetes
- Hypertension
- Pre-eclampsia

For a large majority of these births (66%), people told us that they had not been treated or diagnosed for any of the listed conditions. No more than 10 responses were received in any given category of condition.

Caesarean section – births to living babies ACT last 2 years

For all 67 births of a living baby or babies in the last two years, we asked respondents whether they had a caesarean birth.

We found that among our sample, around 37% of living babies born in the ACT in the last 2 years were reported to have been born by caesarean section. This is consistent with other studies of caesarean rates in Australia, such as the AIHW's National Core Maternity Indicators, which report a rate of 33.7 caesareans per 100 live births.⁶⁹ However, again we need to emphasise that these

⁶⁹ Australian Institute of Health and Welfare (2023) *National Core Maternity Indicators, Caesarean section* (web report), <https://www.aihw.gov.au/reports/mothers-babies/national-core-maternity-indicators-1/contents/labour-and-birth-indicators/caesarean-section>

numbers are quite small and we cannot draw strong conclusions about experiences across the population from these results.

Had caesarean - birth to living baby last 2 yrs ACT	Freq.	%
No	42	62.7
Yes	25	37.3
Total	67	100

Birth trauma

Following the approach taken by Australian Longitudinal Study on Women's Health, we again collected information on the prevalence of traumatic birth experiences, as risk factors for poor perinatal mental health and as significant negative healthcare experiences in themselves. As defined by ALSWH⁷⁰, we asked about:

- experiences of caesarean section after labour started
 - Note: for those who gave birth to a living baby in the last 2 yrs in the ACT, this question was asked only to those who told us in the previous question that they had a caesarean.
- labour lasting longer than 36 hours
- emotional distress during labour

In response to feedback after our last survey, in 2024-25 we added an additional variable:

- baby spent time in the Newborn Intensive Care Unit (NICU)

For people who had given birth to living baby/babies in the ACT in the last 2 years we asked about experiences of birth trauma (separately for each birth). We also asked people who had given birth to a living baby outside the ACT or longer than 2 years ago whether they had ever experienced these forms of birth trauma (on a lifetime basis, not per birth).

From these results we can see that experiences of birth trauma are widespread. Noting that the numbers of responses are small, we can nevertheless see that in our sample, only 58% of births to living babies in the ACT in the last two years were reported to be free of all of the listed forms of birth trauma. Looking more broadly at respondents who had given birth to a living baby or babies outside the ACT and/or longer ago than two years, only 44% of respondents reported not having any of these experiences.

Across both sets of results the two types of experiences most widely reported were emotional distress during delivery and having a baby spend time in NICU.

⁷⁰ Loxton D., et al (2021) *Reproductive health*, https://alswh.org.au/wp-content/uploads/2023/01/ALSWH_2021-Major-Report-Reproductive-health_Final_May-17.pdf

Experiences of birth trauma – births of living babies in last 2 years in ACT (n=67 births)	Freq.	%
caesarean after labour started	13	19.4
labour over 36 hours	<10	—
emotional distress during delivery	14	20.9
baby went to NICU	17	25.4
none of these experiences	39	58.2

Birth trauma - lifetime experience, gave birth to living baby longer than 2 yrs or outside ACT (n= 482 respondents)	Freq.	Percent
caesarean after labour started	101	21.0
labour over 36 hours	82	17.0
emotional distress during delivery	119	24.7
baby went to NICU	110	22.8
none of these experiences	214	44.4

These results were broadly similar to our 2023 results, which found that overall, 45% of people who had given birth to a living baby reported some form of traumatic birth. Although not directly comparable with the Australia-wide ALSHW data (which sought information about experiences with first births only), our results are broadly similar. ALSHW found that 45.6% of women born 1989-95 and 36.9% of women born 1973-78 had experienced a traumatic birth (as measured by the first three indicators listed above, plus incidence of stillbirth, which was addressed elsewhere in our survey). A 2024 survey by Birth Trauma Australia found that one in three birth parents experienced birth trauma, including physical conditions as well as psychological challenges.⁷¹

There was no name for birth trauma when I had first child but knowing it now, I understand I experienced birth trauma

My first child's birth was extremely traumatic and at the time I didn't feel like I was offered support through the hospital. Perinatal Wellbeing Centre were an amazing support once I linked in with them.

⁷¹ Birth Trauma Australia (2024) *Your Birth, Your Voice: Annual Survey 2024 – Summary Report*, <https://birthtrauma.org.au/wp-content/uploads/2025/08/Your-Birth-Your-Voice-Annual-Survey-2024.pdf>

I had emotional distress because it was my first child, and I was being forced to have him adopted.

I felt well supported and suffered no ill effects, psychological or physical.

I do not consider my emergency caesarean deliveries as birth trauma. They enabled my children to be born safely and well

Difficult experience not being able to stay with your child overnight during their NICU stay

Findings 6: Discrimination, safety & violence

Experiences of discrimination and violence are key contributors to ill health, through direct and indirect impacts.⁷² These include physical, emotional, social, economic and psychological effects.

Our survey gathered information about whether (and how recently) respondents had experienced different kinds of discrimination and violence, as well as how safe they felt in certain settings.

Please note that reading about experiences of violence and abuse can be distressing. The following sections contain information that readers may find difficult.

When administering the survey, we provided links in multiple places to a separate webpage with support options for respondents.⁷³ For the questions on safety and violence (excluding the questions on healthcare discrimination) we gave respondents the choice to opt out of the full set of questions.

Of the whole sample of 1319, there were 1106 people who chose to proceed with the questions on safety and violence. We cannot know people's reasons for choosing not to proceed with those questions, but it is likely that some did so because they had experienced violence or abuse and did not wish to answer questions about those experiences.

Discrimination in healthcare

In our 2023 survey we asked respondents about whether, in the last 12 months, they had been discriminated against or treated unfairly. Just under a third (32% or 528) reported that they had. However, from the open text responses we saw that many people wanted to talk about experiences of discrimination in healthcare settings. In our most recent 2025 survey, we therefore focused explicitly on this kind of discrimination.

We found that nearly 16% had experienced discrimination in healthcare, including situations where they were using or trying to get access to health care services or other services to support their health.

⁷² Townsend et al (2022) *A life course approach to determining the prevalence and impact of sexual violence in Australia* <https://alswh.org.au/wp-content/uploads/2022/09/ANROWS-Report-Life-course-approach-to-sexual-violence-prevalence-and-impact.pdf>; 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 Limited (ANROWS), https://anrowsdev.wpenginepowered.com/wp-content/uploads/2019/01/160324_1.7-Burden-of-Disease-FINAL_0.pdf; Davis, B.A. (2020) 'Discrimination: A Social Determinant Of Health Inequities' *Health Affairs Forefront*, 25 February, <https://www.healthaffairs.org/content/forefront/discrimination-social-determinant-health-inequities>

⁷³ The page with support options can be found here: <https://www.womenshealthmatters.org.au/support-options-survey-of-womens-health-in-the-act/>

Experienced healthcare discrimination last 12 months	Freq.	Percent
No	1015	77.0
Yes	207	15.7
Don't know	97	7.4
Total	1319	100

For those people who indicated they had experienced healthcare discrimination, we asked what they believed were the factors that the discrimination was related to (allowing them to select all the options that applied).

We found that as in our 2023 survey, gender, age, weight and disability were notably common factors reported by respondents.

Factor related to (n=207 respondents)	Freq.	%
Gender	118	57.0
Age	85	41.1
Weight	77	37.2
Disability	66	31.9
Appearance	32	15.5
Sexuality	21	10.1
Race	16	7.7
ATSI	<10	—
Language	<10	—
Religion	<10	—
Prefer not to answer/don't know	<10	—
Other	46	22.2

Although our 2025 survey did better than our 2023 survey in terms of the representation of people from migrant and refugee backgrounds and from language backgrounds other than English, these groups are still somewhat underrepresented in the sample. It is therefore likely that our overall findings in relation to discrimination also under-estimate the prevalence of discrimination on the basis of race, cultural and language background.

The 2022 ACT General Health Survey reported on the types of discrimination experienced by women over 18 years old who experienced discrimination in the last 12 months, finding that 33% of

this group experienced discrimination on the basis of race, 23.3% on the basis of skin colour and 19.3% on the basis of language.⁷⁴

Acknowledging the difference in the questions here (with the ACT GHS asking about discrimination in general and our own 2025 survey asking about discrimination in healthcare settings), it is still significant that the ACT GHS figures represent higher levels of racial discrimination than indicated in the results of our 2023 and 2025 surveys.

I was treated as non-compliant when I tried to advocate for accomodations for my disability.

[I was] told to lose weight and my health issues would go away. This was incorrect and I actually had something quite life threatening that was dismissed because of my weight

Being a young, Asian female, my chest pain was not taken seriously for years, by multiple doctors

Often I get told I am too young to have a condition - which I end up having, or that I present well, so can't be in that much pain or have poor mental health

My concerns about my physical and mental health due to being aged in 50s was ignored

I was anxious about a procedure with a female gyno who told me I was just being a drama queen

I now bring my husband to my appointments with male specialists, otherwise I am not taken seriously or treated respectfully

⁷⁴ 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>

Safety in public places

As in 2023, we asked respondents who agreed to answer questions about safety and violence (n=1106) two sets of questions about their feelings of safety in public places: one about using public transport alone after dark; and one about walking alone after dark in their area. For each of these scenarios, we explored how safe they felt and their main reason for not using these spaces or facilities (if they reported that they did not use them).

Using public transport alone after dark

Just over a quarter (28%) of respondents reported that they had used public transport alone after dark in the ACT in the last 12 months, a significantly smaller proportion than in our last survey (around 40%).

Last year used public transport after dark	Freq.	Percent
No	794	71.79
Yes	312	28.21
Total	1106	100

For those who answered that they had used public transport alone after dark in the last 12 months (n=565), we asked whether they felt safe *waiting for public transport* alone after dark, and whether they felt safe *using public transport* alone after dark.

Just under half (47% or 146) of those who had used public transport alone after dark reported that they did not feel safe waiting for public transport. This represents a shift from our last survey in which the majority (59% or 332) who used public transport alone after dark reported not feel safe waiting for public transport.

Feel safe waiting for public transport after dark	Freq.	Percent
No	146	46.79
Yes	163	52.24
Prefer not to answer	3	0.96
Total	312	100

As in our last survey, responses for using (as opposed to waiting for) public transport indicated higher levels of perceived safety, with a majority (60% or 186 people) reporting in 2025 that they felt

safe while using public transport alone after dark (compared with 54% in 2023). As noted in our last report, these findings again indicate the importance of frequent nighttime services for women's feelings of safety.

Feel safe using public transport after dark	Freq.	Percent
No	123	39.42
Yes	186	59.62
Prefer not to answer	3	0.96
Total	312	100

For those who answered that they did not use public transport alone after dark (n=794), we asked why not (asking respondents to select the reason that best applies). Nearly two thirds answered that they had no need to do so, while nearly a quarter said it was because they did not feel safe. These findings are very similar to our results in 2023.

Why not use public transport after dark	Freq.	Percent
No need	512	64.48
Did not feel safe	188	23.68
Not accessible	44	5.54
Prefer not to answer	5	0.63
Other-please write your answer	45	5.67
Total	794	100

Taken together, 342 people in our survey either do not use public transport alone after dark because they do not feel safe, or do use public transport alone after dark it but feel unsafe while waiting for or using it. This represents 31% of people in our survey (as a proportion of the 1106 who answered the questions) whose ability to participate in activities and public life at night is impacted by safety concerns relating to public transport. While we do not know why this figure might have changed between waves of the survey, in our 2023 survey the corresponding figure was higher at 40%.

Walking alone in local area after dark

We again asked about walking alone in one's area after dark. Around 35% (of the 1106 people who answered questions on violence and safety) told us they had walked alone in their area after dark in the last year, down from just over 50% in our 2023 survey.

Last year walked in local area after dark	Freq.	Percent
No	720	65.1
Yes	386	34.9
Total	1106	100

For those who answered that they had walked alone in their area after dark in the last 12 months (n=386), we asked whether they felt safe while doing so.

A majority (228 people or 59%), reported that they did feel safe in that situation. This is similar to 57% who answered in 2023 that they felt safe walking alone in their area after dark.

Feel safe walking alone in area after dark	Freq.	Percent
No	154	39.9
Yes	228	59.1
Prefer not to answer	4	1.0
Total	386	100

For those who answered that they had not walked alone in their area after dark in the last year (n=720), we asked why not (the reason that best applies).

Why not walk alone in area after dark	Freq.	Percent
No need	487	67.6
Did not feel safe	196	27.2
Not accessible	14	1.9
Prefer not to answer	8	1.1
Other-please write your answer	15	2.1
Total	720	100

The main reason given (by 68% of the 720 people who did not walk alone in their area after dark) was that they had no need to do so, while over a quarter said they did not feel safe. This result differs from our 2023 survey, in which 56% reported that their main reason for not walking alone in their area after dark was because they did not feel safe.

Reproductive coercion

Reproductive coercion is behaviour intended to limit another person's ability to make reproductive choices and have autonomy over the reproductive functions of their body. It is a type of gender-based violence that is often, but not always, perpetrated against women. Reproductive coercion intersects with other forms of violence and control, and is reinforced by settings in which laws, rules and social norms work to stigmatise and control sexuality and bodily autonomy of women and gender diverse people.

Research on reproductive coercion in Australia includes the major paper by MSI Australia, *Hidden Forces* (2020),⁷⁵ which sets out key definitions and recommendations, and builds on other research by Children by Choice (2018).⁷⁶ Datasets are developing within scholarship and sexual and reproductive health settings.⁷⁷

In our survey we asked a set of questions about experiences that could indicate possible reproductive coercion. These questions were based on a validated screening tool used by Children by Choice for practitioners screening for reproductive coercion (an updated tool different from the set of questions used in our 2023 survey):⁷⁸

- Over the last 12 months, have you usually had choice about if, when and how you have sex?
- At any time in the last 12 months, have you felt pressured, threatened, tricked or forced into getting pregnant?
- At any time in the last 12 months, have you felt pressured, threatened, tricked or forced NOT TO USE contraception?
- At any time in the last 12 months, have you felt pressured, threatened, tricked or forced TO USE contraception?
- At any time in the last 12 months, have you felt pressured, threatened, tricked or forced to STAY pregnant?
- At any time in the last 12 months have you felt pressured, threatened, tricked or forced to END a pregnancy (have an abortion)?

It is important to note that the data generated by these questions in an online survey format, without other exploration and contextualisation, is not capable of definitively establishing whether a respondent has or has not experienced reproductive coercion. At best, our survey can establish the presence or absence of experiences that *could* indicate *possible* reproductive coercion.

⁷⁵ Marie Stopes Australia (2020) *Hidden forces: A white paper on reproductive coercion in contexts of family and domestic violence* (Second edition), <https://www.msiaustralia.org.au/wp-content/uploads/Hidden-Forces-Second-Edition-.pdf>

⁷⁶ Children by Choice (2018) *Screening to Safety Project: Final project report*, https://www.childrenbychoice.org.au/wp-content/uploads/2022/01/screening_to_safety_project_final_report.pdf

⁷⁷ Sheeran, N., Vallury, K., Sharman, L.S., Corbin, B., Douglas, H., Bernardino, B., Hach, M., Coombe, L., Keramidopoulos, S., Torres-Quiazon, R., Tarzia, L. (2022) 'Reproductive coercion and abuse among pregnancy counselling clients in Australia: trends and directions' *Reproductive Health* 19, 170, <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-022-01479-7>

⁷⁸ Children By Choice (2025), Contraceptive Choices Quiz, <https://quiz.childrenbychoice.org.au/contraception-quiz/>; Children By Choice (2024), Reproductive Coercion and Abuse: Guide to detect the presence of RCA and how to communicate about it, <https://quiz.childrenbychoice.org.au/content/uploads/FOR-RCA-WEBSITE-CbyC-Warning-Flags-Indicating-Reproductive-Coercion-and-Abuse-1.pdf>

Because of the sensitivity of questions about reproductive coercion, we provided an additional opportunity for respondents to opt out of these questions. Following this opt-out/opt-in question, 727 respondents remained in the survey and answered questions about reproductive coercion. These respondents were still given options to select ‘Prefer not to answer’ for any of the individual questions in the set.

Altogether, we found that 68 people, or around 9% of the 727 respondents who agreed to answer questions about reproductive coercion, reported experiencing one or more of the indicators. Most of these (51 people) reported having experienced only one of the indicators, while 17 people reported experiencing more than one.

For the first four questions listed above (choice about sex, getting pregnant, using or not using contraception), between 1% and 5% of respondents (between 13 and 34 of people) answered in a way that indicated possible experiences of reproductive coercion. For the final two questions (about being coerced to stay pregnant or end a pregnancy), fewer than 10 people answered in a way that indicated possible experiences of reproductive coercion.

Sexual violence

In our 2025 survey we asked all people who had agreed to answer the questions about violence “Have you ever been subjected to sexual violence?”, defining sexual violence for respondents in the following terms: “Sexual violence is when someone forces, pressures or tricks another person into doing sexual things, or having sexual things done to them. Sexual violence can include sexual harassment, unwanted sexual touch, stalking, having images taken or distributed without consent, indecent assault and rape.”⁷⁹

Of the 1106 people who agreed to answer the set of questions about violence, 39% indicated that they had experienced some form of sexual violence (similar to the 44% who answered yes to the same question in 2023. This is higher than the prevalence estimated by the ABS’s Personal Safety Survey (2021), which found that 22% of women had experienced sexual violence since the age of 15.⁸⁰ This may be due to differences in the framing of the question (lifetime including vs excluding childhood), our sampling strategy and/or representativeness of the sample in relation to the population.

Ever experienced sexual violence	Freq.	Percent
No	646	58.4
Yes	432	39.1
Prefer not to answer	28	2.5
Total	1106	100

⁷⁹ In our 2023 survey we used the same definition, but posed the question as “Have you ever been forced to take part in unwanted sexual activity?” in order to make the question consistent with ALSWH indicators. In 2025 we decided to simply ask the question directly “Have you ever been subjected to sexual violence?” since it is consistent with the definition and consistent enough with the ALSWH question.

⁸⁰ Australian Bureau of Statistics (2023) Personal Safety, Australia, 2021-22, <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>

Recent research by ALSWH has found higher Australia-wide lifetime prevalence of sexual violence, in a range to which our results is closer: 51% of women in their twenties; 34% of women in their forties; and 26% of women aged 68 to 73.⁸¹ As the authors of that study note, “The differences in prevalence by age may reflect generational differences in understanding, personal feelings about disclosing sexual violence and the time since the violence occurred”.⁸²

For people who answered that they had experienced sexual violence (n=405), we asked whether they had experienced sexual violence in the last year, or if the sexual violence they had experienced was more than 12 months ago. As expected, the large majority of sexual violence experienced had occurred more than a year ago, with 25 people or 6% of those who had experienced this form of violence reporting it in the last year.

Taken as a proportion of all those who agreed to answer the set of questions about violence (n=1106), our survey found 2.3% of respondents had experienced sexual violence in the last year. This is similar to the 2021 Personal Safety Survey, which reported 1.9% of women had experienced sexual violence in the last year.

Table 14: Experiences of sexual violence - how long ago (people who indicated they had experienced sexual violence)

Last year experienced sexual violence	Freq.	Percent
No - more than 12 months	405	93.8
Yes – in last 12 months	25	5.8
Prefer not to answer	2	0.5
Total	432	100

Workplace sexual harassment

Workplace sexual harassment is a subset of sexual violence. We chose to ask about it specifically in our survey because data focused on sexual harassment in the workplace setting is less available than data about sexual harassment generally, and local, recent data would be useful to complement other studies such as the Australian Human Rights Commission’s (AHRC’s) national surveys, the last of which was in 2022.⁸³

As in 2023, in our survey we defined workplace sexual harassment for respondents in the following terms: “Sexual harassment is any unwelcome sexual behaviour that would reasonably be expected

⁸¹ Townsend et al (2022) *A life course approach to determining the prevalence and impact of sexual violence in Australia*

⁸² Townsend et al (2022) *A life course approach to determining the prevalence and impact of sexual violence in Australia*, p.8

⁸³ Australian Human Rights Commission (2022) Time for respect: Fifth national survey on sexual harassment in Australian workplaces, <https://humanrights.gov.au/time-for-respect-2022>

to cause the targeted person to be offended, humiliated or intimidated. Workplace sexual harassment is sexual harassment that occurs at work, at a work-related event or while looking for work, including any place where a worker goes, or is likely to be, while working, such as remote working at home or in online environments.”

Following the definition, we posed the question as “Have you ever experienced sexual harassment at work, at a work-related event or while looking for work?” (consistent with the AHRC survey).

Of the 1106 people who agreed to answer the set of questions about violence, 40% indicated that they had experienced workplace sexual harassment at some time in their lives, the same proportion as found in our 2023 survey. The AHRC did not collect information about lifetime workplace sexual harassment, but noted that 89% of women had experienced some form of sexual harassment in their lives since the age of 15 (including but not limited to workplace sexual harassment).

Table 15: Experiences of workplace sexual harassment

Ever experienced workplace sexual harassment	Freq.	Percent
No	639	57.8
Yes	446	40.3
Prefer not to answer	21	1.9
Total	1106	100

For people who answered that they had experienced workplace sexual harassment (n=446), we asked whether they had experienced workplace sexual harassment in the last year, or if the workplace sexual harassment they had experienced was more than 12 months ago. As expected, the majority of workplace sexual harassment had occurred more than a year ago, with 9% of those who had experienced this form of violence reporting it in the last year (similar to our 2023 survey).

Taken as a proportion of all those who agreed to answer the set of questions about violence (n=1106), our survey found 3.6% of respondents overall had experienced workplace sexual harassment in the last year. This appears to be a lower prevalence than Australia-wide data collected by the AHRC, which found 19% of people (all genders) had been sexually harassed at work in the previous 12 months.⁸⁴

⁸⁴ Australian Human Rights Commission (2022) Time for respect: Fifth national survey on sexual harassment in Australian workplaces, <https://humanrights.gov.au/time-for-respect-2022>

Table 16: Experiences of workplace sexual harassment - how long ago (people who had experienced workplace sexual harassment)

Experienced in the last 12 months, how long ago	Freq.	Percent
In the last 12 months	40	9.0
More than 12 months but less than 5 years ago	107	24.0
More than 5 years ago	297	66.6
Prefer not to answer	2	0.5
Total	446	100

To make our study comparable with the AHRC survey, we included an option for people to indicate that they had experienced workplace sexual harassment more than 12 months ago but within the last 5 years. Of the 1106 people who agreed to answer questions about violence, 147 or 13% said they had been sexually harassed at work in the last 5 years (comprising 40 in the last 12 months and 107 longer than 12 months but within last 5 years). This is lower than the rate reported by the AHRC survey (2022), which found 41% of women had been sexually harassed at work in the last 5 years⁸⁵, but similar to the 15% (of the 1412 respondents who agreed to answer questions about violence) in our last survey in 2023 who said they were sexually harassed at work on the last 5 years.

Family violence

In our survey we asked about family violence in the following terms: “Have you ever experienced family violence from a family member or someone who is like family to you (other than a partner or spouse)?”

Pop-up text explained further: “Family violence is when someone uses force or manipulation to maintain power and control over another person in their family (other than their partner or spouse). For this question, family violence includes people who are not relatives but who have family-like relationships. For example, some people with disability form family-like relationships with their carers. It can also include people who have other kinship bonds, or who live together for a long time. It can involve: controlling behaviour, physical violence sexual violence, stalking, using technology to control or threaten, using visa status to control or threaten deportation, controlling access to medication, technology or physical aids, controlling or withholding access to medical/healthcare appointments or services where there would be an opportunity to disclose violence, financial abuse and control (including NDIS planning), limiting ability to have a say in public life, intimidation, and emotional and verbal abuse such as insults.”⁸⁶

⁸⁵ Australian Human Rights Commission (2022) Time for respect: Fifth national survey on sexual harassment in Australian workplaces, <https://humanrights.gov.au/time-for-respect-2022>

⁸⁶ This definition was updated to be more inclusive of the kinds of violence that tend to be inflicted upon people with disability. For comparison, the 2023 survey wording was: “Family violence is when someone uses force or manipulation to maintain power and control over another person in their family (other than their partner or spouse). It can involve controlling behaviour, physical violence, sexual violence, stalking, using technology to control or threaten, financial abuse, intimidation, and emotional and verbal abuse such as

Of the 1106 people who agreed to answer the set of questions about violence, 30% indicated that they had experienced some form of family violence (similar to the corresponding figure of 31% in our 2023 survey). The ABS's Personal Safety Survey (2021) measures "violence by a family member since the age of 15", showing that 8.1% of women had experienced this.⁸⁷ However, these measures are not directly comparable since the ABS measure excludes violence by a family member experienced when younger than 15 years old, whereas our measure includes it.

Ever experienced family violence	Freq.	Percent
No	760	68.7
Yes	330	29.8
Prefer not to answer	16	1.5
Total	1106	100

For people who answered that they had experienced family violence (n=330), we asked whether they had experienced family violence in the last year, or if the family violence they had experienced was more than 12 months ago. As expected, the majority of family violence experienced had occurred more than a year ago, with 18% of those who had experienced this form of violence reporting it in the last year (similar to the 15% in our 2023 survey who had experienced family violence in the last year; n=1412).

Taken as a proportion of all those who agreed to answer the set of questions about violence (n=1106), our 2025 survey found that 5.2% of respondents overall had experienced family violence in the last year, similar to the 4.6% found in our 2023 survey.

Last year experienced family violence	Freq.	Percent
No	269	81.5
Yes	58	17.6
Prefer not to answer	3	0.9
Total	330	100

insults. Family violence includes violence by an adult against a child or young person, by a young person against an adult, and by one adult against another (for example, between in-laws). Have you ever experienced violence from another family member (not a partner or spouse)?"

⁸⁷ Noting that the definition differs somewhat in that the PSS specifies cohabitation whereas our question does not. Australian Bureau of Statistics (2023) Personal Safety, Australia, 2021-22, <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>

Violence from someone you live with or rely on

With assistance from Women With Disability ACT, we articulated an additional question about violence to be included in our 2025 survey, which is intended to better reflect the kinds of violence experienced by people with disability, and shift policy understandings of gender-based violence from focusing on forms of Intimate Partner Violence, domestic violence and sexual violence that might not represent the full range of violence experienced across different communities.

This question was posed as follows: “Have you ever experienced violence from someone you live with or rely on for basic needs (not a spouse or family member)?”

Pop-up text elaborated further: “This question is about experiencing violence where you live, or in your personal life, from a person who is not like a family member to you, but who is someone you rely on for basic needs, or who you need to live with. This could be a housemate or someone who lives in the same accommodation or residential college, or it could be someone who you rely on for basic needs, who might visit or work in the place where you live, such as a support worker. This violence could involve: controlling behaviour, physical violence sexual violence, stalking, using technology to control or threaten, using visa status to control or threaten deportation, controlling access to medication, technology or physical aids, controlling or withholding access to medical/healthcare appointments or services where there would be an opportunity to disclose violence, financial abuse and control (including NDIS planning), limiting ability to have a say in public life, intimidation, and emotional and verbal abuse such as insults.”

We found that 12% of those who agreed to answer questions about violence had experienced this form of violence at some point.

Ever experienced violence from someone you live with or rely	Freq.	Percent
No	961	86.9
Yes	127	11.5
Prefer not to answer	18	1.6
Total	1106	100

As with other forms of violence addressed in the survey, we asked the 127 people who said they had experienced this form of violence to tell us whether the violence happened in the last year, or longer ago. We found that 17% of respondents told us the violence from someone they lived with or relied on (other than a family member) had occurred in the last year.

Last year experienced violence from someone you live with or rely on	Freq.	Percent
No - more than 12 months	103	81.1
Yes	21	16.5
Prefer not to answer	3	2.4
Total	127	100

Further analysis of this data suggests that this form of violence is experienced more commonly by people with disability than by other people.

- Among people with disability, 21% said they had experienced violence from someone they lived with or relied on at some point in their lives. By comparison, only 8% of people without disability said they had experienced this form of violence at some point.
- Conversely, 77% of people with disability said they had never experienced violence from someone they lived with or relied on, whereas 91% of people without disability said they had never experienced this form of violence.

Domestic violence

In our 2025 survey we asked “Have you ever experienced domestic violence from a partner/spouse?”

Pop up text elaborated further: “This question is about domestic violence by a partner/spouse. Domestic violence is when someone uses force or manipulation to maintain power and control over their partner or spouse. It can involve: controlling behaviour, physical violence sexual violence, stalking, using technology to control or threaten, using visa status to control or threaten deportation, controlling access to medication, technology or physical aids, controlling or withholding access to medical/healthcare appointments or services where there would be an opportunity to disclose violence, financial abuse and control (including NDIS planning), limiting ability to have a say in public life, intimidation, and emotional and verbal abuse such as insults.”⁸⁸

Of the 1106 people who agreed to answer the set of questions about violence, 27% indicated that they had experienced some form of domestic violence. This is similar to the corresponding result from our 2023 survey (28%) and to the prevalence estimated by the ABS’s Personal Safety Survey

⁸⁸ This definition was updated in the 2025 survey to better reflect experiences of women on temporary visas and people with disability. For comparison, the wording in the 2023 survey was: “Domestic violence is when someone uses force or manipulation to maintain power and control over their partner or spouse. It can involve controlling behaviour, physical violence, sexual violence, stalking, using technology to control or threaten, financial abuse, intimidation, and emotional and verbal abuse such as insults. For the purposes of this question, we are talking about situations where you have been subjected to this kind of behaviour.” Following the definition, we posed the question as “Have you ever been in a violent relationship with a spouse/partner?” in order to make the question consistent with ALSWH indicators.

(2021), which found that 27% of women had experienced some form of violence or abuse by a cohabiting partner since the age of 15.⁸⁹

Ever experienced domestic violence	Freq.	Percent
No	795	71.9
Yes	297	26.9
Prefer not to answer	14	1.3
Total	1106	100

For people who answered that they had experienced domestic violence (n=297), we asked whether they had experienced domestic violence in the last year, or if the domestic violence they had experienced was more than 12 months ago. As expected, the majority of domestic violence experienced had occurred more than a year ago, with 15% of those who had experienced this form of violence reporting it in the last year (similar to the corresponding figure of 12% in our 2023 survey).

Last year experienced domestic violence	Freq.	Percent
No - more than 12 months	251	84.5
Yes	45	15.2
Prefer not to answer	1	0.3
Total	297	100

Taken as a proportion of all those who agreed to answer the set of questions about violence (n=1106), our survey found 4.1% of respondents overall had experienced domestic violence in the last year. In our 2023 survey the corresponding figure was 3.3%. For comparison, the 2021 Personal Safety Survey found that 0.9% of women had experienced physical or sexual violence from a cohabiting partner in the last year, while 3.9% had experienced cohabiting partner emotional abuse in the last year (these figures are not aggregated to a single measure of domestic violence in the PSS).⁹⁰

⁸⁹ Noting that the definition differs somewhat in that the PSS specifies cohabitation whereas our question does not. Australian Bureau of Statistics (2023) Personal Safety, Australia, 2021-22 financial year, <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>

⁹⁰ Australian Bureau of Statistics (2023) Personal Safety, Australia, 2021-22 financial year, <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>

Institutional violence

Institutional violence is a structural form of violence that occurs not only at an individual level but at the level of facilities and organisations, and involving the people who staff them. People who are subjected to multiple forms of marginalisation and discrimination are particularly likely to experience this form of violence. Institutional violence can be a form of gender-based violence, in which harm is perpetrated in ways intimately linked to a person's gender, often in addition to other aspects of a person's identity.

In our survey, we defined institutional violence in the following terms: "Institutional violence is when a facility or organisation inflicts harm on a person, or controls them in harmful ways. This can happen in different settings such as hospitals or clinics, prisons, schools, religious institutions, residential care, while in custody, group homes, or nursing homes. Examples include being forcibly restrained, forced to take medicine, or denied the ability to make your own choices. It can also include sexual violence, physical violence or emotional abuse by workers, or by others in those settings."⁹¹

Of the 1106 people who agreed to answer the questions about violence, 8% said they had experienced institutional violence at some point in their lives. Because of sensitivities about reporting this form of violence, we did not ask whether people had experienced it in the last 12 months.

Ever experienced institutional violence	Freq.	Percent
No	987	89.2
Yes	91	8.2
Prefer not to answer	28	2.5
Total	1106	100

We cannot make direct comparisons between the 2023 and 2025 data because in 2023 the corresponding question was "Optional", whereas in 2025 it was "Compulsory" – although it still included the option to answer with "Prefer not to answer." In 2023, only 426 out of a possible 1412 people chose to answer it, and of those 426, 16% said they had experienced institutional violence.

⁹¹ The question wording was updated from 2023, when it appeared as "Institutional violence is when a facility or organisation inflicts harm on a person, or controls them in harmful ways. This can happen in different settings such as hospitals, prisons, schools, group homes, or nursing homes. Examples include being forcibly restrained, forced to take medicine, or denied the ability to make your own choices. It can also include sexual violence, physical violence or emotional abuse by workers, or by others in those settings." In 2023 the question was tagged as "Optional", whereas in 2025 it was "Compulsory" – although it still included the option to answer "Prefer not to answer"

Experienced any of the listed forms of violence

Looking across the survey as a whole we can see that a minority of respondents (45%) did not report having experienced any of the listed forms of violence. Note that this figure of 45% includes people who did not answer the questions about violence, as well as those who answered “No” or “Prefer not to answer” for all of the questions. That is, it represents a count of the positive “Yes” answers only.

Number of forms of violence reported experienced	Freq.	Percent
0	592	44.9
1	233	17.7
2	211	16.0
3	140	10.6
4	82	6.2
5	46	3.5
6	15	1.1
Total	1319	100.0

Among the 55% who did indicate they had experienced one or more of the forms of violence, 18% had experienced one form, while 37% had experienced more than one (between 2 and 6) of the forms of violence included in the survey.

References

ACON (2023) *Recommended Community Indicators for Research*, <https://www.acon.org.au/what-we-are-here-for/policy-research/#recommended-sexuality-and-gender-indicators>

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

ACT Government (2022) *2022 ACT General Health Survey Statistical Report*,
<https://www.act.gov.au/open/epidemiology-publications/2022-act-general-health-survey-statistical-report>

ACT Government (2021) Open Data Portal dataACT - ACTGHS financial stress, adults, 2019-2021,
<https://www.data.act.gov.au/Health/ACTGHS-financial-stress-adults-2019-2021/yb9x-xaa5?referrer=embed>

ACT Government (2021) Open Data Portal dataACT - ACTGHS reason for discrimination, adults, 2019, <https://www.data.act.gov.au/Health/ACT-GHS-reason-for-discrimination-adults-2019/2fqs-bbez?referrer=embed>

ACT Health (2022) *ACT General Health Survey 2020 Statistical Report*, ACT Government, Canberra ACT, <https://health.act.gov.au/sites/default/files/2022-11/2020%20General%20Health%20Survey%20Statistical%20Report%20FINAL%20updated%20221110.pdf>

ACT Health (2021) Any mental health condition, adults (ACT General Health Survey, 2011 – 2021), <https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/statistics-and-indicators/any-mental-2>

ACT Health (2021) Disability, adults (ACT General Health Survey, 2019 – 2021), <https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/statistics-and-indicators/disability-2>

ACT Health (2021) *2019 ACT General Health Survey Summary of Results* (Health Series Report No. 67), <https://www.health.act.gov.au/sites/default/files/2021-12/2019%20General%20Health%20Survey%20Summary%20of%20Results%20FINAL%20version.pdf>

ACT Health (2021) Psychological distress, adults (ACT General Health Survey, 2011 – 2021), <https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/statistics-and-indicators/psychological-0>

Australian Bureau of Statistics (2024) *Estimates and characteristics of LGBTI+ populations in Australia*, <https://www.abs.gov.au/statistics/people/people-and-communities/estimates-and-characteristics-lgbti-populations-australia/latest-release>

Australian Bureau of Statistics (2022) *2021 Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians – ACT* (data collated using TableBuilder) <https://tablebuilder.abs.gov.au/webapi/jsf/login.xhtml>

Australian Bureau of Statistics (2021) *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables*, <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>

Australian Bureau of Statistics (2019) *Disability, Ageing and Carers, Australia: Summary of Findings*, 2018, <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#carers>

Australian Bureau of Statistics (2019) '4363.0 - National Health Survey: Users' Guide, 2017-18', <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0Main+Features12017-18?OpenDocument>

Australian Bureau of Statistics (2012) '4817.0.55.001 - Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, 2007-08', <https://www.abs.gov.au/ausstats/abs@.nsf/lookup/4817.0.55.001chapter92007-08>

Australian Bureau of Statistics (2023) *Personal Safety, Australia, 2021-22 financial year*, <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>

Australian Government Department of Health and Aged Care (2024) *#EndGenderBias Survey Summary Report*, https://www.health.gov.au/sites/default/files/2024-03/endgenderbias-survey-results-summary-report_0.pdf

Australian Government Department of Health (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.pdf>

Australian Human Rights Commission (2022) *Time for respect: Fifth national survey on sexual harassment in Australian workplaces*, <https://humanrights.gov.au/time-for-respect-2022>

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>

Australian Institute of Health and Welfare (2024) 'Chronic Conditions', <https://www.aihw.gov.au/reports/australias-health/chronic-conditions>

Australian Institute of Health and Welfare (2023) 'Suicide and self-harm monitoring: Social and economic factors and deaths by suicide', <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/behaviours-risk-factors/social-factors-suicide>

Australian Institute of Health and Welfare (2023) *National Core Maternity Indicators, Caesarean section* (web report), <https://www.aihw.gov.au/reports/mothers-babies/national-core-maternity-indicators-1/contents/labour-and-birth-indicators/caesarean-section>

Australian Institute of Health and Welfare (2023) *The health of Australia's females* (web report), <https://www.aihw.gov.au/getmedia/0260a910-fe72-4d6b-8c7d-519557d465c8/The-health-of-Australia-s-females.pdf>

Australian Institute of Health and Welfare (2022) 'Health across socioeconomic groups' AIHW Web Article, <https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups>

Australian Longitudinal Study on Women's Health (2021) *Contraception, Conception, and Change of Life: Highlights from the ALSWH Reproductive Health Report*,
<https://alswh.org.au/shorthand/reproductive-health-report/#group-section-LARC-ahQKRN3dZW>

Berry, Y., Deputy Chief Minister and Minister for Women, and Stephen-Smith, R., Minister for Health (2023) No cost abortions now available in the ACT (media release),
https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/yvette-berry-mla-media-releases/2023/no-cost-abortion-now-available-in-the-act

Birth Trauma Australia (2024) *Your Birth, Your Voice: Annual Survey 2024 – Summary Report*,
<https://birthtrauma.org.au/wp-content/uploads/2025/08/Your-Birth-Your-Voice-Annual-Survey-2024.pdf>

Botha F., Butterworth P., Wilkins R. (2022) 'Evaluating How Mental Health Changed in Australia through the COVID-19 Pandemic: Findings from the 'Taking the Pulse of the Nation' (TPPN) Survey' *International Journal of Environmental Research and Public Health*, 4, 19(1): 558,
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8744652/>

Children By Choice (2025), Contraceptive Choices Quiz,
<https://quiz.childrenbychoice.org.au/contraception-quiz/>

Children By Choice (2024), Reproductive Coercion and Abuse: Guide to detect the presence of RCA and how to communicate about it, <https://quiz.childrenbychoice.org.au/content/uploads/FOR-RCA-WEBSITE-CbyC-Warning-Flags-Indicating-Reproductive-Coercion-and-Abuse-1.pdf>

Children by Choice (2018) *Screening to Safety Project: Final project report*,
https://www.childrenbychoice.org.au/wp-content/uploads/2022/01/screening_to_safety_project_final_report.pdf

Children by Choice (no date) Abortion Rates in Australia,
<https://www.childrenbychoice.org.au/organisational-information/papers-reports/abortion-rates-in-australia/>

Commonwealth of Australia (2023), Budget 2023-24 Budget Measures, Budget Paper No. 2,
https://budget.gov.au/content/bp2/download/bp2_2023-24.pdf

Davis, B.A. (2020) 'Discrimination: A Social Determinant Of Health Inequities' *Health Affairs Forefront*, 25 February, <https://www.healthaffairs.org/content/forefront/discrimination-social-determinant-health-inequities>

Family Planning NSW (2020) Contraceptive use in Australia: LARCs slowly on the rise (media release), <https://www.fpnsw.org.au/media-news/media-releases/contraceptive-use-australia-larcs-slowly-rise>

Family Planning NSW (2020) *Contraception in Australia 2005-2018* Ashfield, Sydney,
https://www.fpnsw.org.au/sites/default/files/assets/Contraception-in-Australia_2005-2018_v20200716.pdf

Grzeskowiak, L.E., Calabretto, H., Amos, N., Mazza, D., Ilomaki, J. (2021) 'Changes in use of hormonal long-acting reversible contraceptive methods in Australia between 2006 and 2018: A

population-based study' *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 61: 128-134, <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/ajo.13257>

Healthdirect (2025), Persistent Pelvic Pain, <https://www.healthdirect.gov.au/persistent-pelvic-pain>

Healthdirect (2023) Polycystic ovarian syndrome (PCOS), <https://www.healthdirect.gov.au/polycystic-ovarian-syndrome-pcos>

Intersex Human Rights Australia (2021) What is intersex? <https://ihra.org.au/18106/what-is-intersex/>

Kearney, G., MP, Assistant Minister for Health and Aged Care (2023) Women's health experts appointed to tackle 'medical misogyny' (media release), <https://www.health.gov.au/ministers/the-hon-ged-kearney-mp/media/womens-health-experts-appointed-to-tackle-medical-misogyny>

Kessler R.C., Andrews G., Colpe L.J., Hiripi E., Mroczek D.K., Normand S.L., Walters E.E., Zaslavsky A.M. (2002) 'Short screening scales to monitor population prevalences and trends in non-specific psychological distress' *Psychological Medicine*, 32, 959–976, <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=2d15ecd85e49592797084a960d6b7e003ca5bd85>

Kirkman, M., Honda, T., McDonald, S.J., Green, S., Walker-Bone, K., Winship, I. and Fisher, J.R.W. (2025), Consideration of sex and gender: an analysis of Australian clinical guidelines. *Medical Journal of Australia*, 222: 205-209. <https://doi.org/10.5694/mja2.52602>

Legislative Assembly for the ACT, Standing Committee on Health and Community Wellbeing (2023) *Inquiry into Abortion and Reproductive Choice in the ACT* (report), https://www.parliament.act.gov.au/_data/assets/pdf_file/0008/2208554/Report-10-Inquiry-into-abortion-and-reproductive-choice-in-the-ACT.pdf

Lorem, G., Cook, S., Leon, D.A., Emaus, N., Schirmer, H. (2020) 'Self-reported health as a predictor of mortality: A cohort study of its relation to other health measurements and observation time' *Scientific Reports (nature.com)*, 10, 4886 (2020), <https://www.nature.com/articles/s41598-020-61603-0>

Loxton D., Byles J., Tooth L., Barnes I., Byrnes E., Cavenagh D., Chung H.F., Egan N., Forder P., Harris M., Hockey R., Moss K., Townsend N., Mishra G.D (2021) *Reproductive health: Contraception, conception, and change of life – Findings from the Australian Longitudinal Study on Women's Health*, Report prepared for the Australian Government Department of Health, https://alswh.org.au/wp-content/uploads/2023/01/ALSWH_2021-Major-Report-Reproductive-health_Final_May-17.pdf

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 Limited (ANROWS), https://anrowsdev.wpenginepowered.com/wp-content/uploads/2019/01/160324_1.7-Burden-of-Disease-FINAL_0.pdf

Marie Stopes Australia (2020) *Hidden forces: A white paper on reproductive coercion in contexts of family and domestic violence* (Second edition), <https://www.msiaustralia.org.au/wp-content/uploads/Hidden-Forces-Second-Edition-.pdf>

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/>

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>

Perinatal Wellbeing Centre (2019) *The cost of perinatal depression and anxiety in Australia* <https://www.perinatalwellbeingcentre.org.au/Handlers/Download.ashx?IDMF=53aab8d3-c748-4818-abab-32a58d3c510f>

Parliament of Australia, Senate Standing Committee on Community Affairs (2023) *Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia* (report of the Inquiry into the universal access to reproductive healthcare), https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ReproductiveHealthcare/Report

Sheeran, N., Vallury, K., Sharman, L.S., Corbin, B., Douglas, H., Bernardino, B., Hach, M., Coombe, L., Keramidopoulos, S., Torres-Quiazon, R., Tarzia, L. (2022) 'Reproductive coercion and abuse among pregnancy counselling clients in Australia: trends and directions' *Reproductive Health* 19, 170, <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-022-01479-7>

Sex and Gender Sensitive Research Call to Action Group (2020) 'Sex and gender in health research: updating policy to reflect evidence' *Medical Journal of Australia*, 212 (2): 57-62.e1, <https://www.mja.com.au/journal/2020/212/2/sex-and-gender-health-research-updating-policy-reflect-evidence>

The Age and The Sydney Morning Herald, *Medical Misogyny – an investigative series*, <https://www.theage.com.au/national/medical-misogyny-20241204-p5kvq7.html>

Ticha, V. (2021) 'Women, underemployment and gender inequality in the labour force', UNSW Newsroom, <https://newsroom.unsw.edu.au/news/business-law/women-underemployment-and-gender-inequality-labour-force>

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), Australia's National Research Organisation for Women's Safety, <https://anrowsdev.wpenginepowered.com/wp-content/uploads/2022/08/4AP.4-Loxton-Longitudinal-Womens-Health-Report.pdf>

Vallury, K. (2023), *Abortion stigma in a pro-choice world: A mixed methods study of abortion stigma in Australia*, PhD Thesis, Flinders University, https://flex.flinders.edu.au/file/d74b3dc1-73ef-4c42-86f8-7a64c88ae6f6/1/ValluryThesis2023_MasterCopy.pdf

Women's Health Matters (2025), Submission on Mental Health Non-Government Organisation (NGO) Commissioning, <https://www.womenshealthmatters.org.au/wp-content/uploads/2025/06/WHM-Mental-Health-NGO-Commissioning-20-June-2025-.pdf>

Women's Health Matters (2024), Submission to the Senate inquiry into issues related to menopause and perimenopause, <https://www.womenshealthmatters.org.au/wp->

[content/uploads/2024/04/Womens-Health-Matters-submission-to-Inquiry-into-Menopause-March-2024.pdf](#)

Women's Health Matters (2024) FAQ: Survey of Women's Health in the ACT, <https://www.womenshealthmatters.org.au/faq-survey-of-womens-health-in-the-act/>

Women's Health Matters (2024) Support Options: Survey of Women's Health in the ACT, <https://www.womenshealthmatters.org.au/support-options-survey-of-womens-health-in-the-act/>

Women's Health Matters (2023) *Report on the Survey of Women's Health in the ACT*, <https://www.womenshealthmatters.org.au/>

Women's Health Matters (2022) Submission to the Senate inquiry into universal access to reproductive healthcare, <https://www.womenshealthmatters.org.au/wp-content/uploads/2023/05/FINAL-WHM-Submission-to-Senate-inquiry-into-universal-access-to-reproductive-healthcare-1.pdf>

Women's Health Matters (2022) *Data report – Survey on access to abortion in the ACT and surrounding regions*, <https://www.womenshealthmatters.org.au/wp-content/uploads/2023/01/WHM-Data-report-Survey-on-abortion-access-2022.pdf>

Women's Health Matters (2022) Submission to the Inquiry into abortion and reproductive choice in the ACT, <https://www.womenshealthmatters.org.au/wp-content/uploads/2022/10/WHM-Submission-Inquiry-into-abortion-and-reproductive-choice.pdf>

Women's Health Matters (2022) *"I have to ask to be included..." The views of ACT women with disabilities about their health and health needs, access to services, supports and information, and barriers to maintaining health*, <https://www.womenshealthmatters.org.au/wp-content/uploads/2022/02/Womens-Health-Matters-Women-with-disability-health-and-wellbeing-report-February-2022.pdf>

Women's Health Matters (2022) *Assisted Reproductive Technology in the ACT: Experiences of trying to get pregnant or become a parent*, <https://www.womenshealthmatters.org.au/wp-content/uploads/2022/06/Womens-Health-Matters-ART-report-FINAL.pdf>

Women's Health Matters (2022) FAQ: Survey of Women's Health in the ACT, <https://www.womenshealthmatters.org.au/faq-survey-of-womens-health-in-the-act/>

Women's Health Matters (2022) Support Options: Survey of Women's Health in the ACT, <https://www.womenshealthmatters.org.au/support-options-survey-of-womens-health-in-the-act/>

World Health Organization (2021) Gender and health Q&A, <https://www.who.int/news-room/questions-and-answers/item/gender-and-health>

Wright, S. M., Bateson, D., McGeechan, K. (2021) *Induced abortion in Australia: 2000-2020*, Family Planning NSW: Ashfield, Australia, https://www.fpnsw.org.au/sites/default/files/assets/Induced-Abortion-in-Australia_2000-2020.pdf