



Healthy Women, Healthy Gippsland

The State of Women's Health and Safety in Gippsland 2022 – 2023 Report Card





Acknowledgements

Gippsland Women's Health acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of country and pay our respects to elders past and present for they hold the stories, traditions and culture.

Gippsland Women's Health acknowledge that sovereignty has never been ceded and commit to respectful truth telling and working in partnership to improve the health and well-being and security and safety of all Aboriginal and Torres Strait Islander people.

Gippsland Women's Health acknowledge and pay respects to the women and children who have died as a result of gendered and family violence and those who continue to live with violence.

Gippsland Women's Health acknowledges the support of the Victorian Government.



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Executive Summary

Following extensive engagement and consultation in 2022 - 2023 with individual women, organisations and services, Gippsland Women's Health (GWH) are providing their first annual Report Card on the state of women's health and safety in Gippsland.

This report highlights:

- **the alarming and disproportionate rates of gendered and family violence**
- **the very concerning health status of women in Gippsland,**
- **the work of GWH over the past 12 months and our plans for 2023 - 2024.**

The qualitative and quantitative data is a combination of direct consultation with women in the region and the most recent statistics from a range of health and safety domains.

To mark the 30th anniversary of GWH in 2022 and given the diverse nature of Gippsland in relation to size, travel distance and population the **'Healthy Women, Healthy Gippsland' Regional Roadshow was developed.** Our aim was to reconnect with Gippsland communities, hear the stories of Gippsland women, understand their health and safety concerns, and showcase the need for change for women across the region.

Gippsland is a region that has been impacted over recent years by significant industry closures and transitions, bushfires, floods and the COVID-19 pandemic.

Gippsland communities continue to experience some of the worst rates of gendered and family violence in Victoria and there are significant disadvantages in access to timely and place based health services, particularly for women and gender diverse people.

The results from the 2022 - 2023 place-based consultation overwhelmingly, identified mental health, well-being and gendered violence as the most significant concerns, closely followed by a lack of access to health care services, General Practitioners (GPs), specialists and women's health experts.

Affordability (of services), travel time, a lack of transport and isolation all contributed to the challenges in accessing services.

Gippsland women consistently reported that they are faced with a health care system that overwhelmingly does not listen to, acknowledge or understand the complexities and demands of women's health and their lives.

Gippsland's transition – a gender lens

Gippsland is facing major change in the transition from coal fired power generation and the designation to a Renewable Energy Zone and the first declared Offshore Wind Zone in Australia. Coupled with the global emergency of climate change, this transition is driving transformation within our manufacturing, agricultural and forestry industries.

Gippsland has its own set of problems when it comes to gender inequity, socio-economic challenges and women's participation in community, workforce and personal life. These problems combined with industry transition will bring further challenges for women in the region.

Opportunities for women and girls must be addressed now more than ever and in doing so we must understand the challenges for women associated with the historically gendered nature of workforce in Gippsland. As Farhalla et al noted in 2019:

"An apparent gender neutrality in (Gippsland) planning documents in effect privileges masculinised elements of the economy. Current approaches to regional development, at best, reproduce the gendered status quo and, at worst, further re-entrench gender inequality in the region, with consequences for regional labour policy. We conclude that any regional policy that does not account for gendered realities and the lived experiences of women, ultimately fails the (Gippsland) region."

Farhalla, Tylera and Fairbrother **Labour and regional transition: sex-segregation, the absence of gender and the valorisation of masculinised employment in Gippsland, Australia** 2019

According to the World Economic Forum's 2021 Gender Gap Report, improved representation by women at National, State and community levels has been shown to drive better environmental outcomes and countries with higher percentages of women in parliament tend to adopt stricter climate change policies.

At a community level, women's leadership in managing natural resources and climate change programs has shown more equitable and inclusive governance of resources and better conservation outcomes.

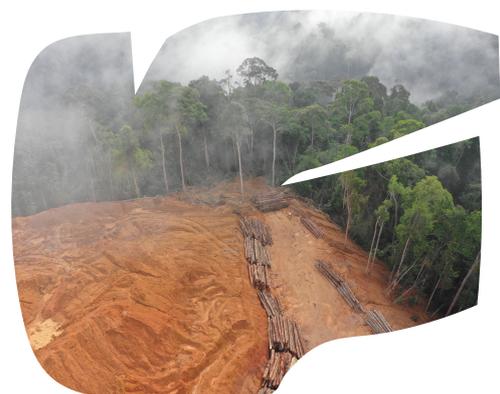
Importantly, evidence shows that women are more likely to consider their families and communities in decision-making processes - a vital component to inclusive solutions that recognise the whole of community in climate change and industry transition.

With a more equitable focus and innovative and authentic strategies to engage women, Gippsland's economy would benefit significantly.

Good outcomes for communities are dependent on the health and well-being of those that live and work in the region.

Women are an untapped resource across the region in regard to knowledge, education, training and workforce - consideration needs to be given to what investments need to be made to support women, including:

- **Ensuring First Nations women's voices are heard in our transition** - their unique knowledge and expertise of country and natural resources make their contribution undeniably important
- **Strategies for women to enter and/or re-enter the workforce** taking into account unpaid caring and domestic burdens and flexible work approaches
- **Innovative approaches as to how women can be re-trained and/or trained** to fill workforce gaps in our renewable energy space
- **Collective strategies and a community culture that encourages and supports men to share the load** of unpaid caring responsibilities including parental and carers leave
- **Partnerships that invest in care work and the care economy.** Investing in care work is not only an acknowledgment of its importance but is also a way to create jobs and foster economic growth. Care work is an inherently sustainable economic sector - rather than consuming resources, it helps to sustain and strengthen human abilities
- **Government and industry funds to increase women's economic participation** - invest in local women's organisations and businesses
- **Collaboration with industry to create and promote innovative approaches to reduce the burden of unpaid work on women and girls** including flexible work policies and access to paid carers leave, paid parental leave and superannuation paid on parental leave regardless of gender
- **Partnerships with industry and the private sector to expand efforts and drive policy initiatives** and commitment to promote and source from women-owned businesses locally
- **Gippsland-based technology training and support that is run by women for women** to assist them in entering or re-entering the workforce or education, particularly in the renewable energy space
- **Industry support for women to enter the renewable energy space** including contemporary policies and practices on recruitment, onboarding, flexible work practices etc.



The current state of women's health and safety in Gippsland

During 2022 - 2023 GWH undertook consultation across the region through individual surveys, group consultation and the 6 week Regional Roadshow encompassing all six local government areas of Gippsland.

Every town and community our staff visited on the regional roadshow had at least one disclosure of victim/survivor gendered violence lived experience.

Either the person was the victim/survivor or they knew someone who had lived with violence or was currently living with violence.

Every community visited and every individual response to the survey reported concerns regarding women's interaction with the health system and/or the barriers to accessing timely, placed based health services.

The following provides an overview of the **range of concerns and issues highlighted throughout our consultations:**

- **A profound lack of accurate, timely and reliable sexual and reproductive health (SRH) information and services, particularly:**
 1. Contraception and abortion services
 2. Menopause support and information
 3. Adolescent pregnancy
 4. Miscarriage support
 5. Pelvic pain information and support
 6. Health screenings and;
 7. Fertility support.

- **Significant concerns with reports of misdiagnosis**, late diagnosis and a lack of post-diagnosis follow up across a range of health and medical concerns
- **Frequent reports of a tendency to minimise or dismiss women's health concerns**; this mirrors national figures where more than one in three women say they have had health concerns dismissed by a GP (Australia Talks National Survey 2021)
- **A lack of care and support relating to birthing trauma** and miscarriage with disturbing and devastating stories recounted across the region
- **Little to no support and access to mental health and well-being services** and counselling and psychology providers. This was significantly magnified in rural and remote areas where the need was often greater as a result of climate change disasters, isolation and a lack of public transport.

- **Extremely limited access to health practitioners such as GPs and specialists that are well-versed or experienced in women's health and based in Gippsland.** It is evident that very few women in Gippsland are able to travel and/or afford health care in metropolitan areas where it is widely believed by women that access to services is significantly better than in Gippsland
- **A critical shortage of affordable and safe housing for women and their children,** particularly those escaping violence
- **An inability to access local, place-based support services** that are able to respond to and address men's violence against women
- **Access to timely and appropriate health services was significantly magnified for First Nations women and women from migrant and refugee communities** particularly for those without permanent visa status
- **Women's perception of their safety varied from town to town,** but on average across Gippsland only **46%** of **women** felt safe walking alone at night compared to **74%** of **men**
- **Sexual harassment in the workplace was highlighted as a significant issue,** with women cited as not reporting incidences due to not wanting to lose their job and/or not being taken seriously.

Current statistics and qualitative reporting by women continue to **highlight significant concerns regarding morbidity and mortality related to physical fitness and lifestyle issues** clearly leading to our disproportionate rates of obesity and pre-obesity. The higher rates **of alcohol and substance misuse, diabetes and heart disease for women are all above State average** significantly contributing to poorer health outcomes.

54%

of women felt unsafe walking alone at night.



- **A lack of understanding and support in many workplaces for women's health issues** such as endometriosis, polycystic ovarian syndrome, period pain and miscarriage
- **Long wait times** for general practitioners (GPs) or specialists
- **Previous poor experience of healthcare or support deterring women** from seeking further treatment
- **Low health literacy rates among migrant women working as seasonal workers** that is impacting their sexual and reproductive health rights and their safety in terms of gendered violence.

Responses highlighted the top six (6) health services listed as most commonly used or sought after by women in Gippsland included:

- General Practitioners
- Ultrasound/Imaging
- Screening - breast, cervical, sexually transmitted infections (STIs)
- Psychologists and Counsellors
- Hospitals for birth and miscarriage support
- Gynaecologists for pregnancy and fertility support

Additionally, women have raised concerns regarding quality aged care in the region and support for healthy ageing; contemporary and appropriate support for migrant and refugee women, women with a disability, the LGBTIQ+ community and concerns regarding access to child-care and support for youth and young people.

"Economically, **Gippsland needs to find ways to attract and retain quality health workers.** We need to get better at opening the dialogue about women's health, including mental health and family violence, to help women identify potential issues and reach out for assistance."

79%

of women reported that they travelled outside of the region to access health care services in the past 12 months.

7% always travel outside of Gippsland
30% frequently
42% sometimes
21% never



Women's participation in the paid workforce remains stubbornly challenging with just over a third of women in Gippsland in full-time employment and continued pay inequity for women.

The overall lack of equity and the disproportionately low rates of women in leadership including Local Government Councillor roles in Gippsland remain significant and continue to be barriers to achieving gender equality.

Overwhelmingly, women reported that they needed:

- Improved access to health education resources
- Improved information for health and cancer screening services
- Prevention and awareness information
- Support to navigate the system, including health literacy skills
- Improved access to flexible workforce opportunities and education and;
- Safer communities where women, girls, and gender-diverse people can live free from violence in their homes, their communities and their workplaces.

These responses clearly affirm the need for a continued focus on contemporary health promotion and gendered violence prevention programs for women and gender diverse people throughout Gippsland.

"I wish there was more wrap around health care for women in Gippsland. **It feels like everything is separated and women have to take their experiences and problems to lots of services repeating their story.** I can't see my experiences reflected in services."



New Government Initiatives

Although the feedback from women and gender-diverse people remains deeply concerning across all corners of Gippsland, we also acknowledge the recent initiatives from the Victorian Government in the 2023 budget with a range of service improvements, including investment in:

- **Women's health clinics, research into women's pain management** and, scholarships to increase women's participation in the health workforce
- **Women's health and well-being** and menopause support programs
- **Clinical services for women in sexual and reproductive health**, (SRH) hubs and to extend and expand public fertility health services
- **A pilot project to reissue contraceptive prescriptions** and treat straightforward urinary tract infections
- **Funding to improve access and ease period poverty** with supply of dispensers with free pads and tampons
- **Funding to continue Mental Health and Wellbeing Hubs**, Partners in Well-being programs, and Mental Health and Well-being Locals
- **Crisis support for women, especially Eating Disorders Victoria and Perinatal Anxiety and Depression Australia (PANDA)** and suicide prevention for LGBTQIA+, First Nations People, and Youth in rural and regional Victoria.

We welcome the recognition by the Victorian Government of the value in timely and contemporaneous data, evidence and reporting on interventions and impacts and the lived experience of individuals and communities that will enable us to continue to develop services and understand the impact of our investment.

We look forward to working with Gippsland women, the State Government and other important stakeholders in the region, including the Gippsland Region Public Health Unit, Local Government and our health service providers to co-design, deliver and evaluate initiatives that improve the health and safety of women and lead to better life-time outcomes.



Gendered and Family Violence

Gippsland has a history which has been built around a highly gendered workforce, including agriculture, fisheries, power stations, paper mills and forestry.

This has created an environment where gender inequality has been perpetuated and normalised, resulting in some of the highest rates of family violence and gendered violence in the state.

“Research has found that factors associated with gender inequality are the most consistent predictors of violence against women and explains its gendered patterns. These are termed the gendered drivers of violence against women and include:

- *Condoning violence against women*
- *Men’s control of decision making and limits to women’s decision-making and independence in public and private life*
- *Rigid gender roles and stereotyped constructions of masculinity and femininity*
- *Male peer relations that emphasise aggression and disrespect towards women.”*

***Our Watch Putting the Prevention of Violence against women into practice – How to change the Story**



Evidence and statistics clearly show us that **First Nations women are 33 times more likely to experience violence and women with a disability are 40% more likely to experience violence** – unacceptable and reprehensible statistics that must be addressed.

Gendered violence is not only costing individual women, their children and families their lives, their health and safety and their psychological well-being, it is costing the community of Gippsland in excess of \$300 million per year (2021) in family violence response.

- Gendered violence is the **leading contributor to death, disability and illness for women aged 15 - 44**
- On average 10 women per day are hospitalised for assault injuries related to family violence and 31% of assault hospitalisations were a result of family violence
- 40% of family violence survivor/victims attending a Victorian hospital over a 10 year period sustained a brain injury
- Latrobe Valley ranks number 1 in Victoria for Ambulance call outs related to family violence.

Over 9,100 Victorian women (and their children) a year are becoming homeless after leaving their homes due to family violence. These statistics are clearly evident in Gippsland with disproportionate rates of homelessness among women in several sub-regions.

First Nations women in Gippsland experience disproportionately higher rates of gendered violence. It is critical to note here, that gendered and family violence perpetrated against First Nations women can be perpetrated by anyone inside or outside of community.

For example, in East Gippsland the First Nations population represents 3.5% of the total population, but of all **family violence incidents attended by Victoria Police, 23.2%** were for First Nations residents.

In Wellington, the First Nations population represents only 2% of the population, but Victoria Police call outs for Family Violence for First Nations residents **represented almost 12% of all call outs.**



The Family Violence rates (per 10,000) in 2022 provide further evidence that **Gippsland has far higher rates than what is indicated by the crime reporting statistics.** This data is representative of the number of people who sought assistance directly through a family violence service, hospitals, GP Clinics or through other referral pathways, such as schools and Child Protection.

“You learn to know when to shut up – if you haven't had any experience with family violence you don't always appreciate what a dangerous situation it is and can be.”



Gippsland continues to have the unenviable reputation of some of the highest rates of family violence crime reporting in Victoria.



The data above represents the VicPol crime reporting rates for 1 Jan 2022 – 30 Dec 2022. (Rates per 100,000 across 79 Victorian LGA's)

In Gippsland, the family violence rates are a staggering 184 women per 10,000 of population compared to State average of 114 women per 10,000 of population.

In real terms, that equates to **an average** of:

- **Almost 400 women in Warragul** and 1200 across Baw Baw Shire
- **500 women in Traralgon** and 1500 across Latrobe Valley
- **300 women in Sale** and 900 across Wellington Shire
- **300 in Bairnsdale** and almost **1000** in **East Gippsland Shire**
- **100 women in Wonthaggi**, over **200** women on **Phillip Island** and **800** across **Bass Coast** and;
- **600** women across **South Gippsland**.

GWH remain extremely concerned with the number of children present during a family violence incident. Again, Gippsland has disproportionately higher rates compared to Victoria State-wide.

The State average for a child present during a Family Violence incident per 10,000 in 2022 was 43. **In Gippsland this is almost double at 75 with a child present.**

Longitudinal evidence has shown us that 77.2% of children who witnessed a police reported family violence incident had a future interaction with the justice system within five years of witnessing an incident

Gippsland not only has excessively high rates of family violence but also has extremely alarming rates of sexual offences including rape and indecent assault.

The 2022 data indicates that in four sub-regions in Gippsland, the **rape and indecent assault rates are double Victorian State average, and in some cases higher.**

Gippsland average (female) = 25.6/10,000 compared to State average of 13.6

Local Government Area	Rate/10,000
Latrobe Valley	33
Wellington	26
Bass Coast	26
East Gippsland	25
South Gippsland	22
Baw Baw	19

"I was **sexually assaulted** at a local bar. When I told the bouncer, he said "it's **part of the culture here**".

Women in Gippsland also experience double the State average of stalking, harassment and threatening behaviours at **14/10,000 for Gippsland, versus 7/10,000 State average**. Sexual harassment in the workplace was reported by many women across the region, however reporting rates were very low as women were either afraid to report and/or didn't believe that reporting would be taken seriously by their employer.

This pervasive and unsafe culture was recently highlighted (April 2023) in qualitative reporting from an Active Bystander training session conducted by GWH (including Local Government representatives) that noted **75% of the group were unsure as to whether they would address sexual harassment in the workplace due to power dynamics, fear of losing their job, exclusion from other staff** and highlighting that previous efforts having caused backlash and fear of calling out community behaviors' as a Council employee.

"I just **desperately need help**. I have a daughter who is currently living with a violent partner and is struggling to leave him. **We don't know how to get her out**. We don't know what else to do."

75%

of women were unsure as to whether they would **address sexual harassment in the workplace due to power dynamics, fear of losing their job, exclusion from other staff**.

"I've been on the receiving end – **you don't know what to do, who to talk to, where to go for help**. Back then, I wouldn't have spoken out, I wouldn't have had an opinion."



Sexual and Reproductive Health (SRH)

Women's access to contemporary, timely and place based sexual and reproductive health services continues to be extremely challenging.

The roll-out of two SRH hubs (East Gippsland and Latrobe) have provided some additional access to women and girls. We welcome the Victorian Governments commitment to increasing SRH hubs across the region, the women's health clinics and the mobile rural and remote clinics – but there is still much to do.

GWH consultation during 2022-2023 highlighted:

- **The continued low rates** across Gippsland for access to medical and surgical termination of pregnancy for women
- **Rates of contraceptive implant** – long acting reversible contraceptive (LARC) and IUD, by patient location and provider, highlight a much lower rate than State average
- **On average only 44% of GP's surveyed provided medical termination options** with the majority of GP clinics indicating they referred to Melbourne for surgical termination services
- **Major issues regarding public image and conscientious objection from health care and pharmacy providers** around contraception and termination services which in turn has major implications for women seeking access and choice
- **Women experienced persistent pelvic pain** (at least 15% of women) which was the most common cause of school and work absenteeism
- Menopause costs women more than **\$17 million in lost earnings and superannuation**
- Birth rates in Gippsland are below State average except in **Baw Baw and Latrobe Valley which are both above State average**
- The lack of access to timely and appropriate support for miscarriage, pregnancy trauma and post-birth complications remains profoundly significant for Gippsland women.

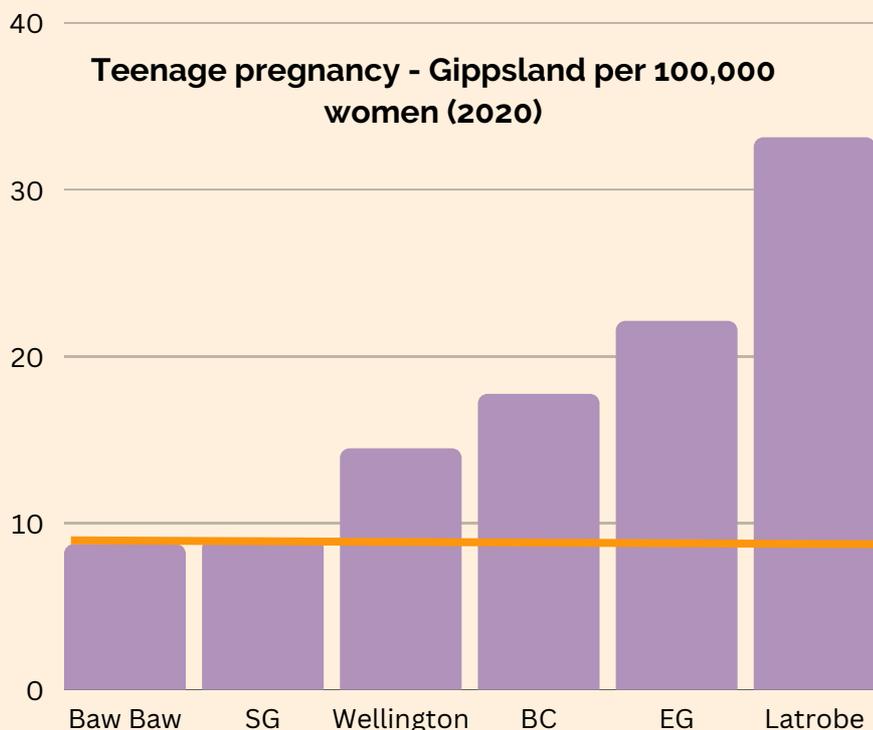
"I wouldn't go to any of the GP's here. The male doctor is completely incompetent and I can't talk to him about women's health issues at all - **he won't physically examine me and doesn't listen to me at all.**"

"**When I had my miscarriage in 2020 there was no option for a female treating doctor in emergency. I had a male nurse and male doctor attempt to remove my baby without pain relief or discussing other options because they didn't believe my bleeding was that bad.** I know it was an emergency situation but to be given options or the choice to have a female perform this procedure would have been more comfortable. I felt at the time **I wasn't given the opportunity to provide informed consent or talk with my partner about my options.**"

"I ended up needing emergency surgery and was extremely lucky to have an all-female surgical team. **There was no miscarriage aftercare or support, no referrals for mental health support. Just up and out of hospital.** Having a follow up with women's health supports would have altered my recovery and mental health."

"After a long medical journey and multiple investigations, I was finally **diagnosed with PCOS.** My GP told me that I'd have to find out information for myself as he didn't know anything about it. When I asked, he also couldn't give me answers on where I could go for support or information."

Adolescent pregnancy remains a significant issue for Gippsland with three of our sub-regions having double and in one case four times the rate of adolescent pregnancy compared to Victorian averages.



State average
9.5

Sexually transmitted infections (STI's) are on the rise across Victoria, and Gippsland is no different.

Disturbingly, the most recent data indicates that on average, **Gippsland women experience higher rates for Chlamydia and Gonorrhoea** than State average.

- **Baw Baw has double the rate of Chlamydia** than State average and significantly higher rates of Gonorrhoea
- **South Gippsland has above State average** rates for Syphilis for women
- **Latrobe and Wellington have higher than State average** rates for Chlamydia
- **East Gippsland is above State average** for Chlamydia and double the State average for Gonorrhoea.

"The problem in Gippsland is that there is a **lack of service providers for women's health** - gynaecologists, doctors who understand, **not enough support for women going through menopause**, not enough advertising on what is offered for women in the area, if any. **We have to travel long distances to get specialised services.**"



Mortality, chronic disease and lifestyle

The rates of chronic disease for women and the associated burden for individuals and the health system continue to rise and this is also evident in Gippsland. Research and evidence show us that women have a higher morbidity (disease) rate than men, leading to a greater burden of disease for women.

- **87% of women aged 65 and over** have a chronic disease
- **Women experience 450 - 500 periods over a lifetime** resulting in significant cost to women's physical and psychological health, as well as their economic status, employment and education
- **Rates of heart disease are 1.5 times higher for women in rural and remote areas** and less likely to be recognised and treated
- In Gippsland in **2021, the rates of heart disease and arthritis for women far exceeded State average**
- Breast cancer, gynaecological cancers, bowel and lung cancers are all consistently above State average for Gippsland women
- **61% of people living with dementia are women**
- Alcohol-related harm for Gippsland women is well above State average and in some regions almost double State average
- High levels of obesity and inactivity for Victorian women are leading to cardiovascular disease as the leading cause of death. The rates of pre-obese or obesity for Gippsland women are almost **5% higher than State average, with some regions more than 10% higher**. Despite the growing ill-health of women, there are no regional or state-wide, gender-based, women-led obesity prevention initiatives in Victoria
- Gender inequities in the investment in women's sport and recreation, at both community and elite levels, means funding to men's recreational activity far eclipses women and further contributes to chronic disease and poor health outcomes.

87%

of women aged 65 and over have a chronic disease

"She was experiencing **severe headaches** and had fainted at work. The doctors at the time put it down to **hormones** and sent us home, not listening to us. **We had to fight to be heard**, and it turned out to be a **brain tumour** and a major operation was needed."

Mental health and well-being

The psychological, mental health and well-being status of Gippsland women remains in crisis. Gender inequity, gendered violence, bushfires, floods and industry downturn, along with a critical shortage of services and support, have all contributed to the continuing challenges for Gippsland women's psychological well-being.

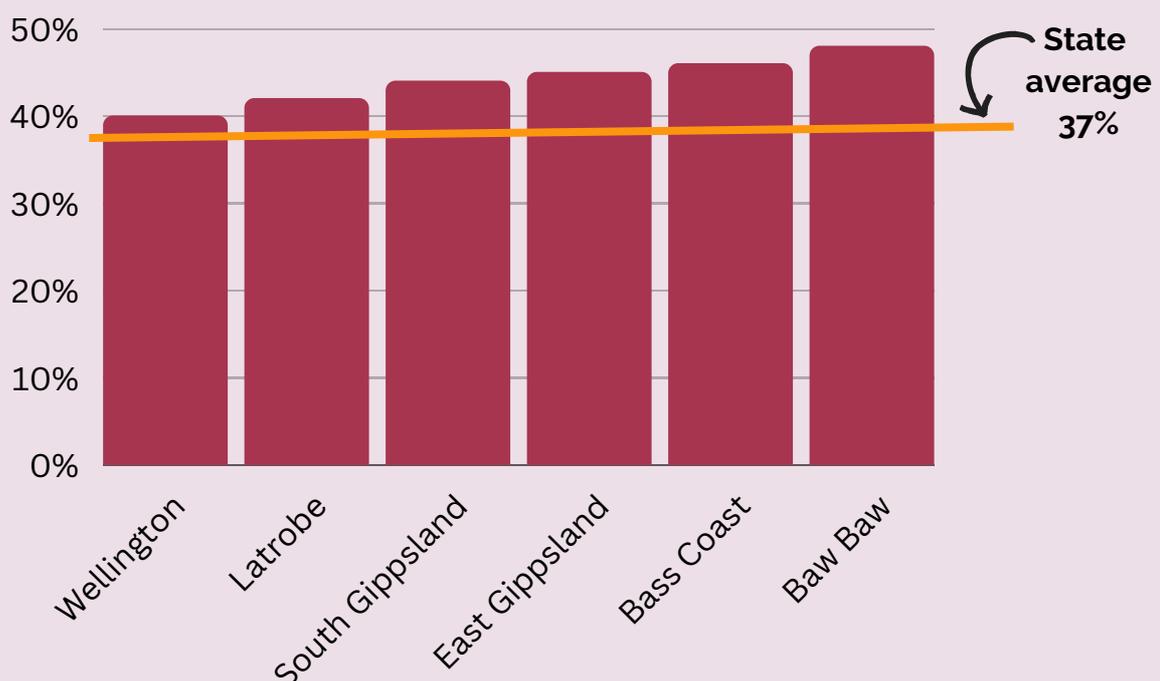
As Professor Jayashri Kulkarni AM, Director of HER Centre Australia and Head of Psychiatry at Monash University says, **'Current treatment options for women living with mental illness and mental ill health are not good enough. Too many times women receive the wrong diagnosis or the wrong treatment, or there just isn't a good enough treatment option available yet.'**

All six (6) local government areas in Gippsland rate significantly above state average for women diagnosed with mental health conditions (per 10,000 people), with higher rates for women compared to men in each area.

The rates of women in Gippsland diagnosed with anxiety or depression pre-COVID are considerably above State average as demonstrated in the graph below. It is anticipated these statistics have increased significantly given the burden women experienced during and post the COVID pandemic.



Anxiety or Depression (ever diagnosed) Pre-covid statistics

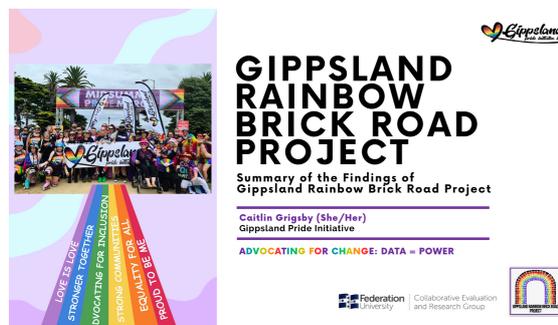


- Statistically, women experience twice as much depression and four times as much anxiety as men
- Suicide is the leading cause of maternal death during pregnancy
- Female admissions comprise two thirds of Victorian hospital admissions for intentional self-harm related injury.
- Latrobe Valley currently has the highest rates of self-harm related injury in Gippsland, far exceeding state average and;
- In a 2022 survey conducted by Gippsland Women's Health, respondents **rated mental health as the most important women's health issue requiring urgent support**, education, awareness and access to mental health practitioners/specialists (i.e. psychologists, counsellors).

“There is **little to no support and access to mental health and well-being services**, counselling and psychology providers across the region”

“...most mainstream services **don't have the knowledge or understanding**, which only **increases the vulnerability and inequity of our community**”

- The very concerning mental health and well-being statistics for the Gippsland LGBTQI+ community are also highlighted in the Gippsland Pride Initiative Rainbow Brick Road report (2023) where an **alarming 67%** of respondents reported concerns or serious concerns for their mental health
- 45% of participants were not able to access mental health support in their immediate location and;
- Very distressingly, over 70% of respondents reported that they had considered self-harm or suicide in their lifetime
- Almost 30% of respondents reported they had experienced harassment in the workplace and almost 50% had heard negative or offensive statements in the workplace.



“I have experienced **homophobic behaviours from individuals at my workplace**. Management are supportive overall, but ignorance exists.”

Economic, Workforce and Education

A combination of higher levels of part-time work, employment in lower-paid industries, lower hourly rates of pay for women compared to men and less time in the paid workforce during their working years results in marked gender pay, income and superannuation gaps for women – this is no different in Gippsland.

In 2022 the gender pay gap in Australia was 13.3% - that means on average, **women earn \$253.50 per week less than men** – women have to work an additional 56 days per year to earn the same as men.

If women's workforce participation matched men's, the national GDP would increase by 8.7 % or \$353 billion by 2050 - an economic imperative that should not be ignored.

On average women have **30% less superannuation than men at retirement** - there are a range of reasons that contribute to unequal superannuation between men and women, however the leading factor is time out of the workforce to be the primary carer of young children. This major disparity in retirement also contributes to the high rates of homelessness for older women, increased safety risks and poorer health outcomes.

Gippsland women are significantly less likely to achieve Year 12 or equivalent and in 2021 were 8% less likely than the State average for women to achieve Year 12.

Only 35% of women were in full time employment in Gippsland in 2021 compared to 65% of men and women represented 51% of the part-time workforce compared to only 22% of men.

- **Only 25% of women in Gippsland earn above the minimum wage**, compared to the higher rate of 37% for men and significantly lower than State average for women at 31%
- Over the past few years, the largest increase in the workforce are women aged 60 years or older
- **94% of primary parental leave (paid or unpaid) is taken by women**
- **Double the number of women (than men) provide primary care** to a person with a disability or aged family member
- Women still continue to carry the burden of unpaid domestic work with **30% of women in Gippsland undertaking 15 or more hours per week, compared to only 13% of men.**

The lower rates of women in leadership contribute to the ongoing and significant inequity for women in Gippsland with:

- **Only 29% of women holding CEO, General Manager** or Legislator roles in Gippsland compared to 71% of men (2021)
- **On average only 38% of Local Councillor positions are held by women**, with some LGA lower than that with only 1/3 women

Homelessness

As is the case across the country, homelessness has become one of the most significant challenges women face, particularly later in life.

Older women – those aged 55 and over are the fastest growing cohort of homeless Australians – growing by 31% between 2011 and 2016 (ABS) and without meaningful intervention is expected to more than double by 2031 to over 15,000.

A crisis we should have seen coming – gendered violence, low superannuation, lower paid and insecure employment, caring responsibilities and the COVID pandemic, all contribute to economic insecurity that drives homelessness for women.

The statistics for Gippsland in 2022 show the rate per 10,000 of population for women is a staggering 130, compared to the State average of 92.

Latrobe Valley has a homelessness rate for women of 207 per 10,000, East Gippsland 158 and with Wellington at 141 these are disproportionately higher statistics than State average.

These stark statistics mean that in the Latrobe Valley there are 1602 homeless women compared to 673 women per average Victorian LGA and 771 individual women in East Gippsland.

The five most common reasons that people were seeking homelessness assistance in Gippsland as identified by the Gippsland Homelessness Network were:

- 27% Housing crisis
- 23% Family violence
- 13% Financial difficulties
- 10% Inadequate/inappropriate dwelling
- 8% Transition from custody

Gippsland continues to have a **lack of supply of affordable, accessible housing** for people on low incomes and public, social and community housing availability is limited.

Gippsland continues to see an ageing population which contributes to the challenges with homelessness. **From 2011 to 2021 there was an average 6% increase in women over the age of 65 in Gippsland, with some sub-regions up to 7% (East and South Gippsland and Wellington).**

We welcome the Victorian Government's \$1 billion Regional Housing Fund commitment announced in the wake of the Commonwealth Games cancellation and would seek to ensure a gender lens across this initiative.



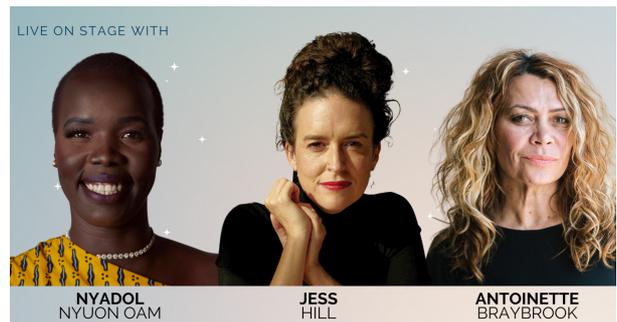
Our work 2022-2023

Over the past twelve months, GWH has significantly increased our leadership, community and organisational engagement across community and with our partners. This engagement has resulted in a range of leadership initiatives including:

- **GWH as the lead agency on a partnership with One Gippsland and Gippsland Centre against Sexual Assault** on a submission to Worksafe Victoria to reduce gendered violence and sexual harassment in Local Government across Gippsland
- **Commencement on a gendered violence prevention partnership** with AGL Energy in Latrobe Valley
- **Collaboration with Food & Fibre Gippsland, Men's Shed, Gippsland Youth Space and Rural Financial Service** to co-design and deliver on a drought preparation project with a focus on increasing community capacity to manage gendered violence during climate change events
- Following the major Regional Roadshow consultation in 2022 – 2023, GWH celebrated their 30 year anniversary with a major event with **Jess Hill, Nyadol Nyuon and Antoinette Braybrook** as guest speakers.

This event was an important opportunity for Gippsland people to hear from key figures leading change for gender equality, women's rights and gendered violence prevention in Australia.

We were privileged to have a Welcome to Country by Aunty Christine Johnson to open the event and supported by the Latrobe City Council Mayor, Kellie O'Callaghan. Attendees watched a preview of our upcoming documentary highlighting women's voices from the regional roadshow. The guest speakers were the highlight of the night - generous with their knowledge and ability to share their experiences, while paying respect to the realities faced by women in regional Gippsland.



148
people attended the GWH
30yr event.



- This year we welcomed **Prof. Michael Flood to Gippsland to create an opportunity for our community to hear from an international researcher and presenter on men, masculinities and the prevention of men's violence against women**

90

people attended the Prof. Michael Flood event representing **27 regional partner organisations**

"Men need to step up and own this work too"

- Re-launch of the Gippsland Free From Violence (GFFV) Partnership resulting in a significant increase in formal partners

"Leadership commitment is the linchpin in the fight against gender-based violence in Gippsland. **Leaders drive transformative change and foster a culture of empathy, respect, and equality within our community, workplaces and homes.** Their resolute actions not only provide an authorising environment for work, but more importantly inspire collective efforts, empowering survivors and engaging allies to create a world free from violence and discrimination."

- Our work with community and organisations over the past 12 months has included a range of consultation initiatives, education and training opportunities and major community campaigns
- A major place based consultation encompassing all six LGA's of Gippsland over a 6-week period – **the Healthy Women, Healthy Gippsland Regional Roadshow.** Over the 6 weeks, we visited **24 towns** between Omeo and Wonthaggi and held **15 workshops.**

93%

of women strongly agreed that the quality and access to women's health in Gippsland needs improvement



"It's hard to unlearn it all. I have advocated strongly in my new organisation for a real policy, not a tick the box campaign. It has been well received".

"After completing the Active Bystander training I have learnt to be more proactive and take charge"

- Support, resources and training provided to a range of organisations including **East Gippsland Shire Council, where their 400 strong staff were able to attend Active Bystander training**
- **Major 16 Days of Activism against gendered based violence campaign** including resourcing and support for sub-regional prevention of violence groups and the production of leadership videos
- **Let's Chat partners increased by 160% to 70 in 2022**, compared to 27 in 2021. The campaign saw significant increases in engagement from Local Councils, Libraries, Health Services, Secondary Schools and Cafes
- **Forty-three new organisations engaged in the campaign in 2022, including 35 non-PVAW network member organisations**

43

new organisations engaged in the Let's Chat Campaign in 2022.

- The re-launch of the Sexual and Reproductive Health partnership – Are You Covered – the Gippsland SRH Strategy



- **Collaboration with the Latrobe Valley Authority on the Gippsland and Latrobe Valley Transition Plan** and to provide a gender lens with the view to a region wide Gender Equality Action Plan
- **Collaboration with the One Gippsland Collective on their Strategic Health and Well-being priorities** to include gendered violence prevention and mental health and well-being
- **Collaboration with Federation University, Gippsland Campus** with the intent of providing a gender lens across their campus safety plan.



Our **12th annual SRH Forum** was well attended by 69 people across the health, social and education workforce to hear from guest speakers, including Vanessa Hamilton, Sexuality Educator, Founder Talking the Talk, Greg Gebhart, e-safety Commission and Catherine Bateman, Sexual Health Nurse Latrobe Community Health Service.

- **85%** of attendees either agreed or strongly agreed that the forum had increased their knowledge on the presented topics
- **85%** of attendees either agreed or strongly agreed that they would be able to apply what they learned into practice
- The forum has a **4.3 average out of 5 rating**.

Women's health literacy sessions across Gippsland **with over 300 women, girls and gender-diverse people engaged**.

Sessions included:

- **4 SRH literacy sessions as part of the Gippsland Regional Roadshow**, including expert speakers from Jean Hailes
- **2 SRH literacy sessions with migrant and refugee women** in partnership with 54 Reasons Safer Pathways Program
- **1 SRH literacy session for year 12 Students** in South Gippsland as part of the schools Health Promotion and Prevention Plan
- **1 SRH literacy session for 12–17-year-old youth** in partnership with GippSports Go Girl program

85%

of SRH Forum attendees either agreed or strongly agreed that the forum had increased their knowledge on the presented topics.



300

Women, girls and gender-diverse people engaged in women's health literacy sessions.

- **Active Bystander Facilitators trained across the region** to ensure sustainability of primary prevention and training efforts across organisations and community
- A collaborative Memorandum of Understanding with **Women with Disabilities Victoria** and **commencement of an intersectional audit to ensure the needs of women with a disability are considered in all of our work**
- Cultural Awareness training and commencement of a plan for the development of cultural resources
- Production of the **Are You Covered** magazine and associated resources. **500 printed copies were distributed and 335 digital downloads.**
- **Medical Termination of Pregnancy (MTP) professional development for General Practitioners:**
 1. **Webinar 1:** Introduction to early medical abortion service provision. **161 Registrations**
 2. **Webinar 2:** Case Studies and expert panel open discussion. **109 Registrations**
- GWH has a **social media following of 8,193** and **grew by 1,106 followers in the past year**

On average the GWH social media pages reaches

13,422

people per month

56

Active Bystander Facilitators trained in the region.



835

Copies of the Are You Covered Magazine were distributed both digitally and in hard copy



Click the image to read the AYC magazine.

- **Support and participation in the Gippsland Pride Initiative Rainbow Brick Road consultation** and report and representation on the Report launch at the Innovation Breakfast for IDAHOBIT Day
- Collaboration with the **Cancer Council Victoria screening project in East Gippsland** to raise awareness and knowledge of cervical and bowel cancer screening for women.

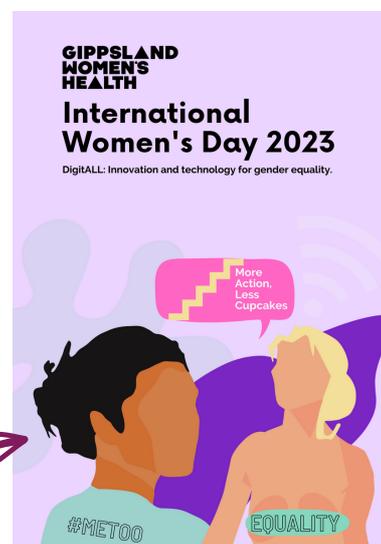
A total of **9 events** were held across East Gippsland reaching approximately **300 women**.

GWH facilitated a women's health event at Bemm River Community House in partnership with Gippsport and Bairnsdale Regional Health Service, which saw 7% of the population attend. This attendance level evidences the importance of place-based engagement in small and remote communities.

- Temporary (seasonal) workers project that aims to assist women and the agricultural industry in best practice support for women around gendered violence and gender equity considerations
- **Attended and provided guest speakers and resources for International Women's Day events across Gippsland, notably:** Federation University, Victorian Police (Baw Baw) and Women in Gippsland **"Count Yourself In" event attended by over 700 people. Our IWD toolkit had a total of 68 downloads**



300
women in East Gippsland were reached during the Cancer Council collaboration.



Click the image to read the IWD Toolkit.

- **Progressed discussions with First Nations women in East Gippsland** regarding co-designed projects and participated **alongside women at the Djirra Girls Day Out event**
- Prominent guest speakers at our Media Communities of Practice including **Mary Wooldridge**, CEO of the Workplace Gender Equality Agency (WGEA), and **Tarang Chawla**, Commissioner, Victorian Multicultural Commission, writer, lawyer and activist against men's violence
- Resourcing, support and attendance at **five Candlelight Vigils across Gippsland** commemorating the National Day of Remembrance of those who have died as a result of family violence
- **Collaboration and participation in a range of Orange Round events.** A partnership between **GWH, Gippsport and Gippsland Centre Against Sexual Assault of preventing violence through sport across Gippsland** utilising the established Orange Round Campaign
 - 18 community sporting clubs registered to participate in Winter Orange Round events across all 6 LGA's in Gippsland. 11 of these clubs will have Make the Link capacity-building education sessions delivered
 - 15 of these community sporting clubs are new to engaging with Orange Round to build their capacity around gendered violence prevention in their club.

15
new sporting clubs engaged for the first time in Orange Round. Focusing around gendered violence prevention.



Further work included:

- **A Sport Active Bystander module has been developed in partnership with Gippsport** with training sessions in July 2023 during the Winter Orange Round campaign.
- **GWH attended Preventing Violence Through Sport** - The Office for Women in Sport and Recreation Community of Practice 2022 - **7 sessions**
- GWH attended Preventing Violence Through Community Sport Community of Practice 2023
- **GWH attended Men as Allies events at Phillip Island and Latrobe**
- GWH attended the Fair Access Policy Roadshow – Warragul March 2023.

The development and introduction of an internal impact and outcomes measurement framework system and a SharePoint-based platform to collect and analyse data has also been introduced this year. This incredibly valuable platform will enable us to collect, understand and provide evidence of the impact of the work we undertake.

Early partner survey results have so far yielded encouraging results with partner organisations averaging a rating of **4.8 out of 5 for engagement and commitment to partnering with GWH on Gender Equality.**

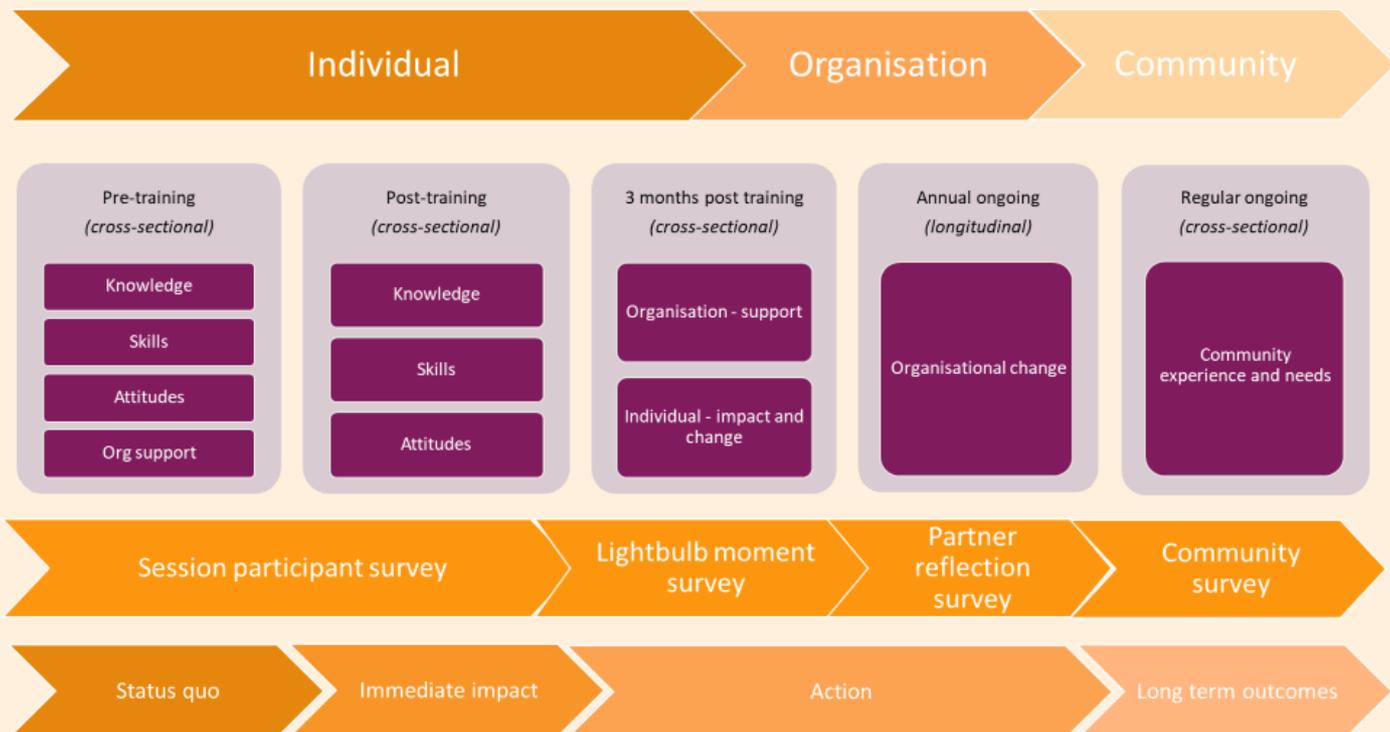
Of those partners which have implemented policies, protocols and initiatives that promote gender equality, reduce discrimination and ensure respectful relationships - **100% have reported a moderate to major change in their organisation.**

"We've developed and implemented a new parental leave policy which was a massive piece of work for us, a significant part of this was providing primary carers a retrospective superannuation contribution upon returning to work. As a small funded NFP this is a massive financial commitment for us, however one we're really pleased to be able to make. Along with this, our ongoing partnership with GWH to implement the Prevention of Violence through sport project across the region is awesome."

*Partner survey response

"The most significant change has essentially been a normalisation of the conversations around GE and violence prevention."

*Partner survey response



Our outcomes and evaluation framework

Our Priorities 2023 - 2024

The demand for better access to timely and contemporary health care services and improved safety for women in Gippsland is at an all-time high.

GWH continue to seek genuine support from the leaders of government at all levels and key organisations to **address men's violence against women in Gippsland and to be part of the shift that is desperately needed in our community** – a commitment to primary prevention is the only way that women, girls and gender diverse people in Gippsland will be safe.

We applaud the efforts made regionally by local government and our key stakeholders in their collective attempts to eliminate gendered violence and their commitment to achieving gender equality in their networks, communities and places of work.

A clear and ongoing strategy to develop allyship with men and boys and for them to be part of the conversation in eliminating and preventing gendered violence is a priority for GWH going forward.

GWH seek to **ensure adequate funding and resources are available to continue our efforts in primary prevention, community campaigns and training to organisations, stakeholders and communities** to understand the drivers of gendered violence and develop the skills to collaborate on eliminating violence.

Access to appropriate and timely health services and **continued support for contemporary health promotion and prevention activities** are paramount for women in Gippsland.

Our strategic priorities in line with Government priorities for Women's Health Services and our planned activities for 2023 - 2024 are:

Gendered Violence Prevention

- Let's Chat 16 Days of Activism campaign
- Orange Round campaign
- Active Bystander Facilitators
- Active Bystander training
- Make the Link (gendered violence prevention) resources
- Development of new Active Bystander training for youth and licensed liquor venues (Bar Stander)

Gender Equality

- EngageMENT project
- Media Community of Practice

Sexual and Reproductive Health

- SRH Partnership
- SRH Forum
- Community awareness, resources and education
- Are You Covered campaign
- GP professional development

Women in a Changing Society

- Gender, gendered violence and drought preparedness project
- Not just the Farmer's Wife project

Mental Health and well-being

- Health literacy resources
- Menopause support groups and resources
- Community consultation project - women's voices (Hear Me Now)
- General Practice - Practice Managers

We'll do this by:

- **Ensuring an equitable seat at the table with Government and health service providers** in Gippsland to advocate for women's health specialists to be based in Gippsland permanently/long-term and are accessible and appropriate for all women
- **Continuing to improve access to health education, awareness and health literacy** - including information to screening and preventative services. Women's responses have confirmed a strong need to focus on health prevention and promotion throughout Gippsland – women want the information and resources available to them so they can take control of their health
- **Advocating for improved women's health awareness campaigns,** women-led support groups, female GPs and GP's who bulk bill
- **Collaborating to identify opportunities to improve access to women's health nurses in regional and remote areas** and work with health service providers to increase access to remote/mobile health services ensuring they are reaching more remote communities
- **Co-designing and developing specific place-based projects and partnerships** with local health service providers and local government that ensure improved access to services and enable women to re-enter the workforce
- **Continuing our collaboration with the Gippsland Region Public Health Unit** to ensure health promotion and prevention initiatives have a gender lens across the region
- **Assisting with co-design projects with First Nations women, women with a disability, culturally and linguistically diverse women,** and for those who identify as LGBTQI+
- **Delivering projects with a focus on specific sexual and reproductive health information** to women including accessible, affordable and easy-to-understand sexual health resources
- **Continuing collaboration with the Gippsland Primary Health Network** to support initiatives that target education and professional development for General Practitioners in regard to sexual and reproductive health, health literacy and women's well-being
- **Ensuring a greater collaboration to improve and support primary and secondary school education** providers to deliver sexual and reproductive health workshops and information sessions with workshops delivered specifically for students, teachers/staff and parents
- **Continuing to provide community-level events and training sessions** throughout the region along with workforce Communities of Practice with subject matter experts in their field as guest speakers.



Conclusion

As a community **we must work together to address the disproportionate and unacceptable rates** of gendered violence, sexual harassment, chronic disease, psychological ill health and cancer that Gippsland women experience.

We must **find solutions** for the alarming numbers of women who are homeless and those that are facing impending homelessness.

We must **tackle the barriers** associated with the tyranny of distance and isolation, a lack of access to specialist women's health services and long wait times for medical appointments or psychological support.

Medical misogyny and conscientious objection devastate women's lives. The lack of response and contemporary management of pelvic pain, menstruation and menopause, birth trauma and miscarriage and a lack of access to basic choices such as contraception and abortion is untenable and intolerable.

Women's disproportionate rates of obesity and inactivity can be directly associated with **gender inequities** at home, at work and as a result of a lack of investment in women's health, sports and well-being.

We can no longer accept that women **earn less** than men, **have less** superannuation at retirement and continue to hold much greater responsibility for caring for children and others.

And if you are a woman with a disability or a First Nations woman, a migrant or refugee woman or identify with the LGBTIQ+ community, then your health and safety outcomes and the barriers associated with access are **magnified significantly**.

We must actively build community structures that support and **ensure the safety of women leaders** in our communities, so we can work collaboratively to identify and co-design place based solutions that meet the needs of everyone in our community.

Women and girls experience inequities and violence based on their gender from the moment they are born - in their education, their work, their social lives and tragically in their own homes - **if we cannot accept that then we continue to be part of the problem.**

Gippsland women are the backbone of our health, education, childcare and aged care systems. With no payment and often no recognition - women also support first responders during disasters, they volunteer at the footy, they raise our children, and they look after our disabled and elderly. Women are key to prospering communities and for this they have the right to so much more.

The solution can be found by Gippsland leaders, industries and communities having the **courage**, the **respect** and the **humility** to acknowledge and facilitate **equal treatment, access, opportunity and distribution of resources** for women and girls - it is after all a **fundamental human right**.

References and Sources

- [Women's Health Victoria - Women's Health Atlas](#)
- Placed-based community consultation and surveys with women and organisations through our Regional Roadshow consultation
- [ABS data](#)
- [Vic Public Health and well-being outcomes dashboard](#)
- [National Community Attitudes Survey](#)
- [Vic Population Health Survey](#)
- [Vic Crime Statistics Agency](#)
- Gippsland Region Public Health Unit (GRPHU) draft Catchment plan
- [Gippsland Primary Health Network \(GPHN\) Priority Issues Papers](#)
- [Gippsland Rainbow Brick Road Report 2023](#)
- [Gippsland Homelessness Network Victorian Parliamentary Inquiry into Homelessness 2020](#)
- [Latrobe Valley and Gippsland Transition Plan 2035, Our Region, Our Future](#)
- LGA Municipal Health and Well-being plans
- [Latrobe Valley Authority - Gippsland's Future Health and Community Services workforce](#)
- [Our Watch](#)
- [Labour and regional transition: sex-segregation, the absence of gender and the valorisation of masculinised employment in Gippsland, Australia 2019, Farhalla, Tylera and Fairbrother.](#)



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Follow us on social media
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BECOME A MEMBER

Anyone who is eligible to become a member of Gippsland Women's Health is encouraged to sign up.



SCAN THE QR CODE
OR [CLICK HERE TO](#)
SIGN UP NOW

ANY FEEDBACK?

We want to hear from you!

admin@gwhealth.asn.au

**GIPPSLAND
WOMEN'S
HEALTH**



Gippsland Women's Health recognises the contributions of the State Government.