

Budget proposal:

Specialist gender responsive health information and system navigation for women with lived experience of gender-based violence

Unmet need:

Women's experiences of gender-based violence, its impacts on physical and mental health, and relationship to help-seeking behaviours indicate a need for a health service system that is responsive to violence and other gendered experiences of trauma and distress, including birth trauma and gender discrimination in healthcare.

Taking a secondary prevention approach calls for women's specialist care with expertise in the health needs of women and trauma-informed care. A trauma-informed health system goes beyond the clinic or hospital to address other barriers to help-seeking through navigation, and by integrating social and healthcare.

At present, services providing care in this scope are fragmented and spread across public, private and community settings. Health information and navigation is further fragmented and often informal, or part of the role of an already strained clinical workforce. There is therefore a role for a navigation function, with specialist expertise in women's health and trauma-informed care to support women's access to healthcare.

Proposal

Development and scoping of a specialist gender responsive health information and system navigation function, with a focus on women who have experienced gender-based violence, including:

1. Development and maintenance of specialist health and service information.
2. Redesign and maintenance of Women's Health Matters website to provide navigation information.
3. Development and maintenance of an interactive service directory map.
4. Design and implementation of live time system navigation phonenumber (subject to future funding submissions).

Program aims:

1. To improve quality of healthcare in the ACT for women, including women with lived experience of gender-based violence, by:
 - a. improving access to health information and health service information
 - b. improving satisfaction with healthcare services
 - c. supporting trauma-informed care through improved choice and decision-making resources
2. Increased awareness of influences on health and wellbeing for women and girls
3. Collecting data for understanding of demand for service types
4. Contributing to gender equitable health outcomes

Funding requirement

Funding is required for the following activities:

- Redevelopment of Women’s Health Matters website to provide specialist health navigation information, including content development and web development.
- Development, implementation and maintenance of an interactive service delivery map
- Scoping of a live time system navigation phonenumber option, including models such as:
 - 1800 MyOptions
 - Partnership with Health Direct
 - Expanding an existing service such as the Women’s Health Service
- Maintenance and evaluation.

Proposed budget 2024-25 FY – 2025-26 FY:

Budget item	\$AUD ex GST
Consumer consultation	25,000
Translation	15,000
Web development – navigation website	10,000
Web development – interactive service directory map	25,000
Graphic design	10,000
1.0 FTE SCHADS L 6	241,467
Evaluation	12,750
Administration & Overheads	55,000
Total	417,217

Background:

The experience of ill health is gendered: nationally, women are more likely to self-report their health as fair or poor than men, and experience more of their total burden of disease from living with ill health. Women are more likely to have a chronic condition, and to have more chronic conditions.¹

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. Women are less likely to find it easy to access health services, including GP services, specialist services and mental health services.²

Like in other Australian jurisdictions, women in the ACT are impacted by the widespread prevalence of gender-based violence, which is associated with significant impacts on the health and wellbeing of women. Women and girls impacted by other structures of marginalization experience greater rates of violence and impacts. Aboriginal and/or Torres Strait Islander women are particularly exposed to high rates of violence.

Nationally, child abuse/neglect and intimate partner violence are the first and fourth leading risk factors contributing to total burden of disease in Australian women aged 18-44 respectively. Women

¹ <https://www.aihw.gov.au/reports/men-women/female-health/contents/how-does-the-health-of-females-and-males-compare>, accessed 30 November 2023

² <https://www.act.gov.au/wellbeing/explore-overall-wellbeing/health>, accessed 30 November 2023

who are exposed to gender-based violence are more likely to experience poorer physical and mental health over the life course.³

Research and data are helping us understand how exposure to gender-based violence links to poorer physical and mental health outcomes in complex ways. For example, recent local data from WHM's ACT Survey on Women's Health and Wellbeing⁴ found that women and femme-identifying people who were experiencing or had experienced domestic, family and sexual violence were less likely than those who had not experienced violence to agree that the care they have received from doctors in the last few years was good, less likely to feel their symptoms were taken 'completely seriously' by doctors and more likely to agree that they only go to a doctor if there is no other option.

Similarly, data from the Australian Longitudinal Study of Women's Health⁵ has indicated that women who have experienced sexual violence are more likely to have chronic conditions, mental illness and engage in adverse behaviours.

Yet despite having poorer physical and mental health, these women used health services and had similar costs for using health services to other women. This suggests that women who have experienced sexual violence may be less likely to access health services for their health needs, possibly due to experiences of healthcare that are not satisfactory or which are not meeting their needs.

Qualitative data from Women's Health Matters' 2022 Report on the ACT Survey of Women's Health indicates that there is a cohort of women who are currently struggling to access sexual and reproductive healthcare services for conditions such as endometriosis and polycystic ovarian syndrome, and whose experiences are being exacerbated by or are amplifying prior experiences of discrimination, violence and trauma.

Policy alignment

ACT Women's Third Action Plan

Action 1.1 Investigate options and coordinate development of a guide for women and girls in the ACT on health and wellbeing, informed by the Ministerial Advisory Council on Women and in collaboration with ACT Government directorates and non-government partners.

ACT Wellbeing Framework

Access to health services: Wellbeing Framework data indicates that women consistently find it less easy to access health services than men.

Healthy Canberra: ACT Preventive Health Action Plan

People living with domestic and family violence are a priority population.

³ <https://anrowsdev.wpenginepowered.com/wp-content/uploads/2019/01/28-10-16-BOD-Compass.pdf>, accessed 30 November 2023, see also <https://www.anrows.org.au/publication/a-life-course-approach-to-determining-the-prevalence-and-impact-of-sexual-violence-in-australia-findings-from-the-australian-longitudinal-study-on-womens-health/>, accessed 30 November 2023

⁴ See Appendix

⁵ <https://www.anrows.org.au/publication/a-life-course-approach-to-determining-the-prevalence-and-impact-of-sexual-violence-in-australia-findings-from-the-australian-longitudinal-study-on-womens-health/>, accessed 30 November 2023

Appendix

Data on help seeking behaviour from the Survey of ACT Women's Health and Wellbeing

Care I have received from doctors in the last few years has been good	DFSV Percent	No DFSV Percent	All Percent
Strongly agree	21.3	30.18	23.74
Agree	52.6	56.43	53.42
Neither agree not disagree	13.1	7.61	12.11
Disagree	10.9	4.99	8.69
Strongly disagree	2.1	0.79	2.04
Total	100	100	100

I avoid seeing a doctor whenever possible	DFSV Percent	No DFSV Percent	All Percent
Strongly agree	6.5	4.2	5.88
Agree	20.9	19.95	20.86
Neither agree not disagree	20	14.7	19.24
Disagree	37.8	39.37	37.05
Strongly disagree	14.8	21.78	16.97
Total	100	100	100

I only go to a doctor if there is no other option	DFSV Percent	No DFSV Percent	All Percent
Strongly agree	7.9	5.51	7.31
Agree	28.3	24.15	27.7
Neither agree not disagree	14.4	13.12	14.57
Disagree	34.8	38.58	35.19
Strongly disagree	14.6	18.64	15.23
Total	100	100	100

Extent taken seriously by doctors	DFSV Percent	No DFSV Percent	All Percent
Completely seriously	24	37.8	27.7
Mostly seriously	39.6	36.48	37.65
Somewhat seriously	29.8	22.57	28.42
Not at all seriously	6.6	3.15	6.24
Total	100	100	100