



## **Submission: Women Speak Tasmania (WST) Input to the Tasmanian Mental Health Strategy – *Rethink and Beyond* (2026–2031)**

Women Speak Tasmania (WST) is Tasmania’s independent sex-based women’s advocacy group, aligned with the Affiliation of Australian Women’s Action Alliances (AAWAA) and Women’s Action Alliance Tasmania (WAAT). This submission is made out of concern for the mental health outcomes of women and girls and draws on both Tasmania-specific statistics and AAWAA’s submission to the UN OHCHR on mental health and human rights (October 2024).

### **1. Introduction and Support for the Strategy’s Vision**

WST strongly supports the Tasmanian Mental Health Strategy’s vision of a person-centred, trauma-informed, integrated, safe, and accessible mental health system that prioritises prevention, responsiveness, and equity.

However, WST believes these goals can only be fully realised for women and girls if biological sex remains a protected and recognised characteristic in Tasmanian law, policy, data collection, and service delivery. This position is consistent with AAWAA’s UN OHCHR submission, which emphasises the importance of sex-disaggregated data, recognition of male violence as a major driver of women’s mental ill-health, and the need for appropriate single-sex safeguards in trauma-informed settings.

WST therefore submits that biological sex should remain central to the Strategy’s approach to women’s mental health. Without clear recognition of sex-based needs, there is a risk that services may fail to adequately address the distinct experiences and vulnerabilities of women and girls.

Male violence and abuse remain major upstream contributors to female mental ill-health in Tasmania and nationally. WST is concerned that policies which reduce access to single-sex services or replace sex-based approaches with gender-neutral models may unintentionally undermine safety, privacy, dignity, and trauma-informed care for some women.

### **2. Evidence: Male Violence and Abuse as a Major Driver of Women’s and Girls’ Mental Ill-Health**

Tasmania Police data have consistently shown that the majority of family violence offenders are male and the majority of victims are female.<sup>1</sup> Nationally, male violence



remains a major contributor to women's mental health burden, including anxiety, depression, PTSD, suicidality, and substance misuse.<sup>2</sup>

These impacts are reflected across youth, perinatal, crisis, and inpatient mental health services. WST therefore submits that the Strategy's focus on social determinants should explicitly recognise male violence against women as a major upstream driver of female mental ill-health and prioritise prevention alongside crisis response.

### **3. Recommendation 1: Maintain Access to Single-Sex Trauma-Informed Services**

Trauma-informed care for women who have experienced male violence may require access to female-only environments in some contexts. Research indicates that safety, privacy, and predictability are important components of trauma recovery.<sup>3</sup>

WST has heard concerns from women and frontline workers that some services have shifted toward gender-neutral models in ways that may reduce clarity around sex-based boundaries and accommodations. Similar concerns have been raised in prisons, crisis accommodation, and inpatient settings by women with histories of male violence and trauma.

The Strategy should therefore support the continued availability of single-sex trauma-informed services where clinically appropriate, including consideration of female-only wards, crisis accommodation, bathrooms, bedrooms, and therapeutic groups. WST also recommends staff training that includes sex-based risk assessment and trauma-informed practice, alongside clear policy guidance to ensure services can balance inclusion, privacy, dignity, and safety.

### **4. Recommendation 2: Improve Sex-Disaggregated Data Collection**

WST submits that accurate sex-disaggregated data is essential for understanding patterns of mental illness, service access, offending, victimisation, and outcomes for women and girls.

Where data collection relies primarily on self-identified gender without recording biological sex, important sex-based patterns may become more difficult to identify and monitor. This has implications for policy development, service planning, violence prevention, and evaluation.

The Strategy should therefore support the collection and reporting of biological sex data, while also allowing recording of gender identity where relevant. Sex-disaggregated reporting should be incorporated into strategy monitoring, research, public reporting, and violence-prevention data systems.

### **5. Recommendation 3: Responding to Youth Gender Distress**

WST notes the significant increase in presentations of gender distress among adolescent girls and young women, many of whom present with co-occurring mental health conditions, autism spectrum disorder, trauma histories, or same-sex attraction.

There is ongoing international debate regarding best-practice approaches for young people experiencing gender dysphoria. Recent reviews and studies, including the Cass Review in the UK and a Finnish nationwide register study by Ruuska et al. (*Acta Paediatrica*, 2026), have highlighted the complexity of these presentations and the need for careful psychological assessment and long-term evidence regarding treatment outcomes.

The Finnish study examined 2,083 individuals under age 23 who attended specialised gender identity services between 1996 and 2019, compared with matched controls. The authors reported high levels of psychiatric morbidity both before and after referral and concluded that psychiatric needs often persisted following medical interventions initiated during developmental years.

In light of this evolving evidence base, WST recommends that the Strategy prioritise comprehensive psychological assessment, exploratory therapy, and holistic mental health support for young people experiencing gender distress, while recognising the need for ongoing research and evidence review.

The Strategy should also consider the role of online environments and social influences in adolescent mental health and support evidence-based measures aimed at reducing harm to minors.

### **6. Recommendation 4: Supporting Resilience and Addressing Underlying Drivers of Distress**

Community feedback suggests many young women are experiencing distress linked to body image pressures, online environments, social media use, interpersonal violence, and broader social expectations.

WST is concerned about the impact of highly sexualised online content, including pornography, on girls' mental health, body image, self-esteem, relationships, and emotional wellbeing. Emerging research suggests these influences may contribute to anxiety, eating disorders, distress, and harmful stereotypes regarding women and girls.



Mental health strategies should therefore prioritise resilience-building, healthy development, critical media literacy, and early intervention approaches that address these broader social determinants of distress.

This may include evidence-based measures aimed at reducing minors' exposure to harmful online content and supporting approaches that promote healthy identity development and realistic understandings of biological sex and human relationships.

## 7. Conclusion and Call to Action

WST submits that recognising biological sex within mental health policy strengthens — rather than weakens — the Strategy's ability to respond effectively to the needs of women and girls.

We request meaningful and ongoing consultation with independent women's advocacy organisations, including Women Speak Tasmania, and welcome opportunities to participate in further discussion, roundtables, or consultation processes.

WST remains committed to evidence-based collaboration that supports safer, more effective, and trauma-informed mental health outcomes for women and girls across Tasmania.

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## Endnotes

<sup>1</sup> Tasmania Police historical figures (2005–2015 data): approximately 82.2% of family violence offenders were male.

<sup>2</sup> AAWAA submission to the UN OHCHR on mental health and human rights (October 2024), citing Counting Dead Women Australia and Australia's Disability Strategy.

<sup>3</sup> Karen Ingala Smith, "Trauma-Informed Services for Women Subjected to Men's Violence Must Be Single-Sex Services" (2020); V. C. Liu et al., "Experiences of Women Receiving Trauma-Informed Care: A Qualitative Systematic Review", *Trauma, Violence & Abuse* (2024).