



POLICY BRIEF:

## Young women's mental health

The significance of  
gender-based violence  
as a key driver in young  
women's disproportionate  
experiences of mental  
ill-health



SEPTEMBER 2024

PREVENTION  
UNITED

Joining forces to prevent mental health conditions

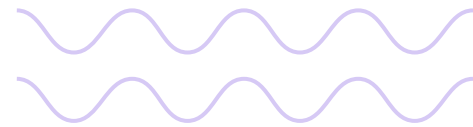
“

**Rosie Batty, National Recovery Alliance**

‘Recovery is Prevention’.

They looped the circle, where instead of putting prevention at the very beginning and recovery right at the end, they made a previously linear concept circular. There is no beginning and end to prevention – prevention work must be done across the life cycle – and recovery particularly feeds directly into prevention work.

”



**September 2024**

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### **Acknowledgements**

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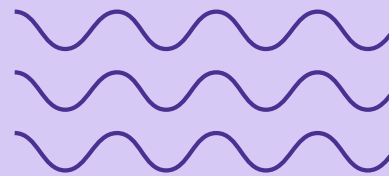


**The youth mental health crisis and the epidemic of violence affecting young women are currently both topics of widespread media attention. However, even though experiencing violence is a known risk factor for poor mental health, these issues are rarely spoken about together. This policy brief was developed in consultation with the Prevention United Youth Advisory Group (YAG) who believe that it is time to have an urgent conversation to highlight the effect(s) of gender-based violence on the mental health of young Australian women and to take steps to decrease the incidence of this salient risk factor.**

Globally, girls, adolescents and young women are significantly more likely to suffer from a mental health condition.<sup>1</sup> This inequality is particularly evident in early life, when the majority of mental health conditions first emerge.<sup>2,3</sup> Australian data indicates that young women have significantly poorer mental health than their male peers. This is reflected in recent statistics that show a significant worsening of widely reported gender inequalities in mental health (see Figure 1).<sup>4</sup>

There are a range of factors that influence the mental health of young women; however, this policy brief specifically focuses on gender-based violence (GBV) as a risk factor for poor mental health. Disproportionate exposure of girls to childhood maltreatment and other forms of GBV are identified as salient drivers of the gender disparity in mental ill-health. In the last year, Australian data has shown the widespread prevalence of childhood maltreatment (which disproportionately affects girls) and GBV and the severe impact that these experiences have on mental health.<sup>5,6</sup> Many mental health conditions can be prevented, and it is time for a national public health response that aims to eradicate one of the most potent risk factors known to be causally associated with mental ill-health in young women- gender-based violence.

Prevention initiatives tackle the underlying causes of mental ill-health by reducing the prevalence of risk factors within society, as well as by increasing people's access to protective factors that promote good mental health. For the purposes of this brief primary prevention is any measure, action or initiative that reduces the level of violence against women and children. Prevention initiatives can be universal (whole-of-population) and/or selective or targeted to those at increased risk. Statistics show that Australia is experiencing a youth mental health crisis, with young women being particularly affected (for review, see<sup>7</sup>), however to date there has been little targeted investment in initiatives that aim to decrease known risk factors unique to girls and young women and associated with poor mental health in this population.





## Specific groups of young people are at higher risk of GBV

### LGBTQIA+ young people's experience of GBV

This brief focuses on young women's experiences of GBV. However, most available data is categorised along binary gendered lines and does not adequately capture the experiences of young people whose gender identity does not fit within this binary. There is significant overlap in the drivers of GBV targeted at heterosexual cisgender women and those factors that drive violence targeted at LGBTQIA+ people.<sup>9</sup> However, there are also many characteristics of young LGBTQIA+ people's experiences of GBV that are distinct.<sup>9</sup>

LGBTQIA+ people experience GBV at significantly higher rates than the general population<sup>10,11</sup>, with a recent national survey reporting that 1 in 2 (49%) LGBTQIA+ Australians have experienced sexual assault, and 3 in 5 (61%) have experienced violence from an intimate partner.<sup>11</sup> Similarly, trans and gender diverse Australians report rates of sexual violence or coercion nearly four times higher than the general public.<sup>12</sup> ACMS data found that the experience of any type of child maltreatment (82%) was significantly higher in young gender diverse people (91%, 16 – 24 years) compared with older gender diverse people (82% for those aged 25-44 years and 70% for those aged 45 years or more).<sup>10</sup> LGBTQIA+ people may also experience certain kinds of violence that are not applicable to cisgender heterosexual women.<sup>9</sup>

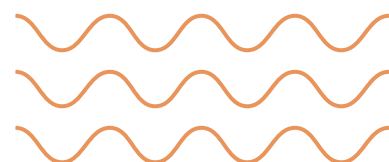
Examples include:

- Pressure to conform to gender norms or being stopped from accessing gender affirming care,
- Corrective rape (a hate crime in which the victim is raped because of their perceived sexual orientation),
- Threatening to 'out' the person's gender, sexuality, HIV status or intersex status,
- Exiling a person from family due to their sexuality or gender, and
- Being forced into conversion therapy.

LGBTQIA+ people also face significant barriers when reaching out for help such as fear of discrimination, lack of services and the use of cisgender/heteronormative frameworks.<sup>9</sup> Alongside higher rates of GBV, LGBTQIA+ people consistently report poorer mental health and wellbeing outcomes.<sup>13,14</sup> Poor mental health outcomes are the result of discrimination and social marginalisation, including homophobia, transphobia and cissexism. While it is outside the scope of this brief to explore the unique needs and experiences of LGBTQIA+ young people in depth, we recognise the need for further research and advocacy dedicated to the unique experiences of gender diverse young people, including the expansion of national mental health data collection beyond the male-female binary to include gender diverse identities.

### Aboriginal and Torres Strait Islander young people's experience of GBV

We do not have any first nation's young women on our YAG (please reach out if you are a young First Nations woman who would like to join us or learn more about our work) so we cannot speak to their experiences. However, the data show that young first nations women are at high risk of GBV.<sup>15</sup> A recent review found that GBV experienced by Indigenous women is distinct and of urgent concern.<sup>16</sup> The prevention of violence against young first nations women must be understood within the broader context of colonial violence, structural inequities and the trauma experienced by young indigenous men.<sup>17</sup>





# The gender gap in mental health

**Evidence for worse mental health outcomes for young Australian women is well-established. The National Study of Mental Health and Wellbeing (NSMHW) is a representative study conducted by the Australian Bureau of Statistics, which utilises an internationally recognised mental health diagnostic interview method.**

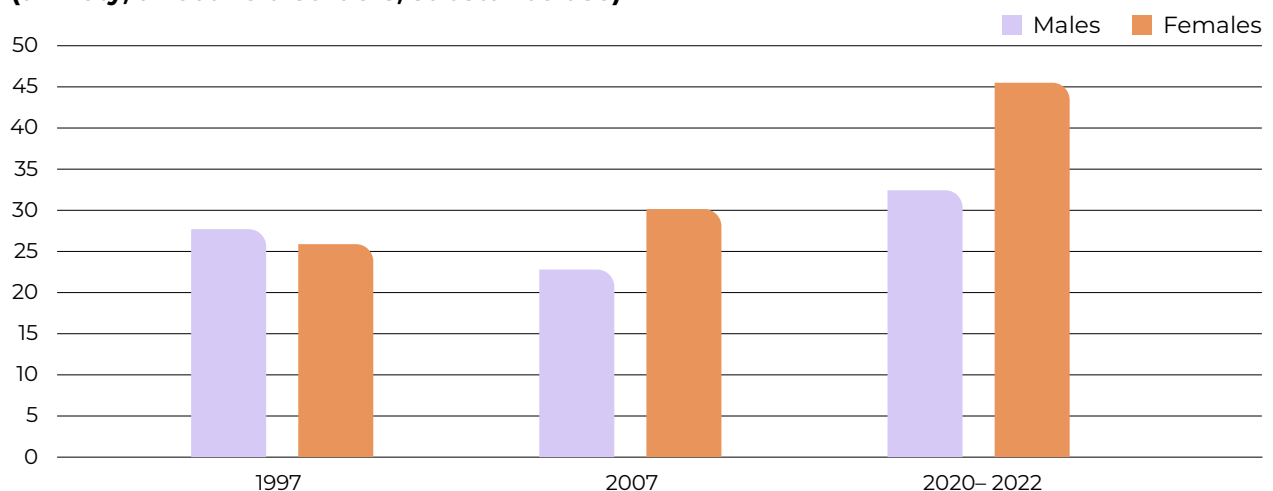
Data from 2020-2022 revealed that almost half of females (45.5%) aged 16–24 years had experienced a mental health condition during the past year, compared to just over a third of males (32.4%).<sup>18</sup> Moreover, data from previous waves of this study show that while mental health has deteriorated for both young men and women, that the overall prevalence of mental health conditions is significantly higher for young women (see Figure 1).

Mirroring these trends is a corresponding rise in the rate of self-harm and suicidal ideation.<sup>18</sup> While the rate of suicide is much higher among young men<sup>19</sup>, young women are around twice as likely to be experiencing suicidal ideation and committing serious acts of self-harm.<sup>20</sup>

The fact that women are more likely to seek professional mental health support<sup>21</sup>, may lead us to conclude that the data reflecting prevalence of mental health conditions is due to greater awareness or reporting, however, this does not explain the real increases observed in datasets which use validated diagnostic tools, or the rise in serious self-harm. Rather, the evidence shows a genuine increase in mental ill health among young women.

**Figure 1:** Data from the 1997, 2007, and 2020–2022 ABS national surveys of mental health and wellbeing showing the prevalence of depression, anxiety, and substance use conditions among males and females aged 16–24 years.

## Percentage of males and females aged 16–24 years with any mental health condition (anxiety, affective disorders, substance use)



# What is causing the gender disparity in mental health?



**The aetiology of mental health conditions is complex and includes a range of factors, including social determinants, i.e., social, cultural, and economic factors. Gendered factors that may be having a negative influence on young women's mental health include, body image pressures, biological factors, gendered patterns of social media use, menstrual and reproductive health factors, loneliness, and experiences of gender-based violence (GBV).<sup>22,23</sup>**

Despite the complexity and changing nature of our social world, the issue of violence against women is one that endures as a highly prevalent issue which is known to have a particularly detrimental impact on mental health.<sup>5</sup> Young women's experiences of childhood maltreatment and GBV stand out as especially salient and urgent problems that need to be understood and addressed if we are to see a decrease in the rates of mental ill-health in young women.<sup>24</sup> National research shows that young men's attitudes towards violence against women and gender equality issues have changed very little over time, and a significant number of young men continue to hold attitudes that reinforce gender stereotypes, condone violence against women, and adhere to dominant forms of masculinity.<sup>25,26</sup>



The Young Women's Alliance has recently published the results of a two-year research project that included a National Listening Tour, which featured online and in-person events and was attended by 12,000 young people (followed by event surveys), a National Gender Survey (3,000 responses), and a literature review of 812 academic publications between 2000 and 2024. The data highlighted significant disparities between young women and men and found that 90% of women interviewed see sexual violence and/or assault as inevitable in their lifetime (if it had not already occurred). Women in remote areas (59.9%) faced more severe issues compared to women in major cities (52.3%).<sup>27</sup>

Online spaces may be exacerbating certain trends and providing young men with opportunities to engage with and perpetuate sexist and misogynistic content – including through social media and the growing proliferation of violent pornography.<sup>28,29</sup> While there is increasing knowledge of issues of gendered violence within the general community, there is also significant resistance to progressive cultural change, including among young people<sup>25</sup> and experts are raising new concerns about the development of a culture of anti-feminist 'backlash' emerging among some groups of young men.<sup>30</sup>



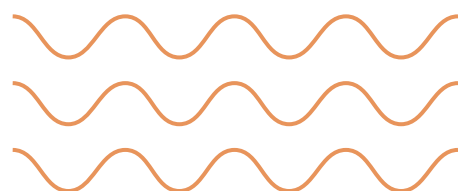


## Types of gender-based violence



**GBV is a term that refers to harmful acts directed towards a person because of their gender. This includes any acts of violence that cause or could cause physical, sexual, or psychological harm (including threats or coercion), in public and/or private life.<sup>31</sup> GBV is almost always enacted by men and boys and predominantly perpetrated against women, with younger women and girls being particularly affected.<sup>32</sup>**

GBV is a manifestation of gender inequality, which is both underpinned by and reinforces structures of discrimination and oppression against women and people with other marginalised genders.<sup>32</sup> Childhood maltreatment is known to disproportionately affect girls<sup>5</sup> and for this brief we have included childhood maltreatment as a form of GBV. Highly prevalent forms of GBV are defined in Table 1.





**Table 1:** Definitions of types of gender-based violence experienced by young women.

Type	Definition
<b>Childhood maltreatment</b>	The term child maltreatment covers physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic/family violence that occurs prior to the age of 18.
<b>Peer-on-peer adolescent sexual abuse</b>	Peer-on-peer adolescent sexual abuse refers to sexual abuse experienced as teenager, which was perpetrated by a peer. Most commonly this abuse is perpetrated by a male peer known to the victim, either whom they were not romantically involved with, or by a current or former romantic partner.
<b>Sexual violence and harassment</b>	A range of behaviours, including any sexual acts occurring where a person did not consent, withdrew consent, or was unable to consent due to age or other factors. SV occurs whenever a person is forced, coerced, or manipulated into any sexual activity.
<b>Intimate partner violence (IPV)</b>	IPV includes physical, sexual, emotional, or financial violence or abuse by a current or former romantic partner.
<b>Technology facilitated abuse (TFA) and online harassment</b>	TFA refers to the use of technology to perpetrate interpersonal harms, including online harassment, monitoring behaviours, sexual and image-based abuse, making threats or emotional abuse.

In 2023, data from the Australian Childhood Maltreatment Study (ACMS) provided the first national prevalence estimates of five types of child maltreatment in Australia. Data were collected from 8,500 randomly selected Australians aged 16-65+ years and included an oversample of young people aged 16-24 years. Aggregate data from the adult population (aged 16-65+ years) found that – 32% of participants had experienced physical abuse, 28.5% sexual abuse, 30.9% emotional abuse, 8.9% neglect, and 39.6% exposure to domestic violence, before the age of 18. Girls and young women were significantly more likely to experience childhood maltreatment, in particular sexual abuse, emotional abuse, and multi-type maltreatment.<sup>5</sup>

Similarly, sexual violence is a highly gendered issue, and primarily perpetrated by men against women, with many instances of sexual violence being perpetrated by someone known to the victim, most commonly an intimate partner or acquaintance.<sup>33</sup>

Newer forms of abuse such as technology-facilitated violence (TFA) follow similar patterns to other forms of gender-based violence. For example, young women are more likely to experience TFA from an intimate partner or former partner. They are also more likely to experience TFA in the context of other co-occurring forms of abuse from the same perpetrator.<sup>34</sup>

These experiences tend to intersect with other forms of social discrimination and disadvantage. Young women experiencing social marginalisation based on inequalities relating to gender as well as race, class, sexuality, cultural background, disability, geographic location may face even higher risk of victimisation and additional barriers to seeking help.<sup>35-37</sup>



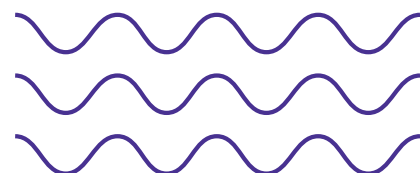
# Prevalence of different types of gender-based violence



**Statistics are unlikely to reflect true prevalence rates of violence perpetrated against girls and young women. Many girls and young women do not report their experiences. This is due to a range of factors.**

For example, a girl or young woman may not realise their experience constitutes abuse. They may feel they will not be believed and may have had negative experiences of the justice system and interactions with police, and/or may not wish to describe and relive the trauma they have experienced.

Certain demographics are likely to be underrepresented in national datasets. For example, the prevalence of IPV among adolescent and young adult women is unknown, as national datasets classify an intimate partner as someone you have currently or previously lived with. This excludes instances of IPV that occur in younger women who are less likely to live with an intimate partner.<sup>38</sup> There has also been insufficient attention paid to peer-on-peer (also known as child-on-child) sexual abuse and it is difficult to determine the number of young women who have been affected.<sup>39</sup>





## Girls and young women face unique challenges

When a girl or young woman experiences GBV, it is likely that the perpetrator of the violence is known to them, either as a peer, family member, family friend or associate. Girls and young women cannot remove themselves from risky and dangerous situations without significant consequences to their wellbeing at a critical developmental age. For example, changing schools may mean that they lose their entire peer group. Given the ubiquitous use of technology, girls and young women may continue to be exposed to abuse even if they move to a new location. Young women attending university may also find it difficult to change classes or courses due to bureaucracy.

If girls and young women reach out for help, services may be inadequate in meeting their needs. For example, services may not be age-appropriate or accessible. Additionally, certain settings such as schools and sporting clubs (as examples) may fail to take reasonable action to protect a young person, even in the presence of robust child safety obligations. In the absence of a conviction and in the face of denial by the alleged perpetrator, systems fail girls and young women in steps they may take to keep themselves safe and regain their power in a relationship with a perpetrator that may be ongoing (e.g., a peer at school).



**“Now women almost expect to be harassed.”**  
Prevention United YAG member

**“When I experienced sexual harassment at work, I faced heavy criticism and barriers to reporting it.”**  
Prevention United YAG member

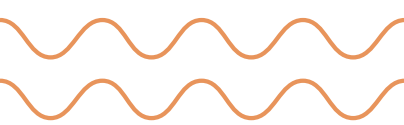




Table 2 shows select statistics that outline the concerning high prevalence of different types of GBV experienced by young Australian girls and women. Reflections from Prevention United's Youth Advisory Group (YAG) echo just how ubiquitous these experiences are for young women, as well as the challenges and lack of support they face when disclosing their experiences:

**Table 2: Rates of different types of GBV occurring in Australia**

Type	Australian statistics
<b>Childhood maltreatment</b>	<ul style="list-style-type: none"> <li>35% of young women aged 16-24 years report experiencing childhood sexual abuse, and 41% childhood emotional abuse (the rates were 15% and 27% respectively for young men).<sup>5</sup></li> </ul>
<b>Peer-on-peer adolescent sexual abuse</b>	<ul style="list-style-type: none"> <li>25% of young women aged 16-24 years experienced sexual abuse as a teenager, which was perpetrated by a peer.<sup>39</sup></li> <li>Young men aged 15-19 years have the highest offending rates of sexual assault, correspondingly young women aged 15-19 have the highest rates of reported sexual assault victimisation.<sup>26</sup></li> </ul>
<b>Sexual violence and harassment</b>	<ul style="list-style-type: none"> <li>Recent data find a lifetime prevalence of sexual violence of 51% for young women in their twenties.<sup>40</sup></li> <li>In 2022, over half of all female victims of sexual assaults were girls under 18, and the majority were women under 34 years.<sup>33</sup></li> <li>56% of young women (aged 18-34 years) have experienced workplace sexual harassment within the past 5 years.<sup>41</sup></li> </ul>
<b>Intimate partner violence (IPV)</b>	<ul style="list-style-type: none"> <li>Over 1 in 4 women has experienced physical or sexual violence by an intimate partner since the age of 15.<sup>42</sup></li> <li>Women aged 18-34 years are 2.7 times more likely to experience IPV than older women.<sup>37</sup></li> <li>Approximately 3 in 10 adolescents aged 18-19 years reported at least one experience of IPV in the previous year.<sup>43</sup></li> </ul>
<b>Technology facilitated abuse and online harassment</b>	<ul style="list-style-type: none"> <li>Younger women are more likely to report experiencing TFA victimisation with 74% of those aged 18-24 years having experienced TFA in their lifetime. This proportion decreased with age.<sup>44</sup></li> </ul>

The ACMS data found that while child sexual abuse by an adult had declined over previous decades, there has been an increase in the rates of certain types of gendered violence being experienced by young women, including peer-on-peer sexual assault, IPV, emotional abuse, some types of childhood maltreatment, and new types of technology-facilitated sexual abuse.<sup>5,28,45</sup> Child sexual abuse by known adolescents in non-romantic relationships was found to be the single most common category of offending, being reported by 17.6% of young women aged 16-24 years. The data showed a significant increase in sexual offences against girls by other adolescents (nearly all of whom were males) over a generation (from 4.3% in those aged 25-44 years to 9.0% of those aged 16-24 years).<sup>39</sup>

The authors acknowledge that young women today are likely to have greater understanding of sexual coercion and the need for affirmative consent, but emphasise that their research methods were designed to take this into account, and that their findings reflect a real increase in offending rates.<sup>39</sup> ACMS data found that rates of sexual harassment during childhood disproportionately affected gender diverse individuals (24%) and women (15.3%) in comparison to men (5%).<sup>46</sup> In seeking to understand what might be influencing the rise in peer sexual assault, experts are pointing to the increasing consumption of violent pornography among young men and boys, alongside the increasing sexualisation of adolescence in wider popular media.<sup>39,47-50</sup>

## The influence of the ‘manosphere’

Addressing GBV means confronting issues that contribute to these problems, including attitudes that normalise and tolerate peer sexual harassment by accepting that “boys will be boys”.<sup>51</sup> Many have pointed to the negative influence of the ‘manosphere’ (a network of online male communities that promote sexist and anti-feminist beliefs), with related concerns including sexist WhatsApp group messages “ranking” girls and the circulation of fake pornographic images. Recent research from Monash University finds that Australian teachers are experiencing sexism in schools, in part due to boys and young men’s exposure to misogynist content.<sup>29</sup>

A 2024 survey of 506 Australian female high-school students (ages 14 to 18 years) found that the “manosphere” is having a pervasive and damaging impact on young women – 42% said that their male peers are influenced by the “manosphere” and influencers such as Andrew Tate. The data showed that almost a quarter (24%) feel unsafe at school (10% admitted that they carry weapons for protection),

and the majority (82%) believe that schools should provide more support and resources to combat sexist attitudes and misogynistic behaviours.<sup>52</sup>

A 2022 study that set up ten experimental YouTube accounts found that Australian boys and young men were lured to the ‘manosphere’ via “recommended videos” that pop up on the platform. This occurred more on YouTube shorts which were found to more aggressively promote more extreme ‘manosphere’ and ‘incel’ content within short periods of time.<sup>53</sup> The new National Government [Respect campaign](#) – aims to tackle the negative influence of the “manosphere” which feeds young men anti-female views.

[Respect Victoria](#) has recently released a detailed report, [Willing, Capable and Confident](#) that looks at how men can question and disconnect from harmful ideas of masculinity and decrease violence against women.

**Reflections from the Prevention United YAG illuminated how issues of consent, coercion and manipulation, and stigma around seeking support, exist in relation to abuse perpetrated online:**

“From the age of 12 I had nudes sent to me without my consent.”

Prevention United YAG member

“It’s common for guys to say, ‘I’ll kill myself if you don’t send nudes.’”

Prevention United YAG member

“Because it doesn’t happen in front of people, it’s hard to bring up.”

Prevention United YAG member

## GBV and mental health outcomes



**Child abuse and maltreatment, IPV and exposure to domestic violence are well established in the literature as causes of poor mental health.<sup>5,6,54</sup> There is also a wealth of Australian data that provide clear evidence that girls and young women who experience abuse, maltreatment and GBV are at increased risk of developing a mental health condition(s). These data are outlined below.**

The Australian Longitudinal Study on Women's Health (ALSWH) has been collecting data on sexual violence since 1996 (n=57,000 women across four age cohorts). Recent findings show that young women experience sexual violence at higher rates than reported in national data sets and that the effects are strongly linked to poor mental health. Young women who had experienced sexual violence were between 39-62% more likely to have been recently diagnosed or treated for depression, and around 50% more likely to have recently been diagnosed or treated for anxiety, compared to women with no experience of sexual violence.<sup>40</sup>



Data from the ACMS (total sample) found that 48% of those who had experienced childhood maltreatment met criteria for one of four mental health conditions (major depressive disorder, post-traumatic disorder (PTSD), generalised anxiety disorder, alcohol use disorder), compared to 21.6% of those who did not experience maltreatment.<sup>5</sup> Compared with those with no maltreatment, the odds of having a mental health conditions were higher for women than men among those who experienced maltreatment.<sup>55</sup>

The younger sample (aged 16-24 years) reported higher rates of emotional abuse and exposure to domestic violence than the full sample and over 40% reported experiencing more than one type of maltreatment.

The data found that young people who had experienced any form of maltreatment were:

**5.8 x**

more likely to  
have current

**PTSD**

**3.3 x**

more likely to  
have generalised

**anxiety**

**2.7 x**

more likely to  
have major  
**depressive  
disorder**

**4.6 x**

more likely to  
have attempted  
**suicide**  
in the past year<sup>5</sup>

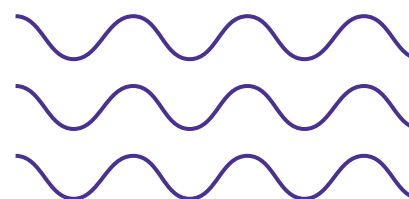
The data found that girls experience particularly high rates of sexual abuse and emotional abuse and that the types of abuse which are disproportionately perpetrated against girls (i.e., sexual, emotional, and multi-type abuses) were found to have the strongest influence on adverse mental health outcomes.<sup>5</sup>



A further study used epidemiological data from the ACMS (and two other national surveys) to provide an estimate of the proportion of mental health conditions and burden causally attributable to childhood maltreatment in Australia. Causal estimates were derived from epidemiological data and a meta-analysis of quasi-experimental studies (n=34 studies, total n=54,646 participants) to calculate a population attributable fraction (PAF), which was used to generate the number and associated burden of mental health conditions attributable to child maltreatment.

The data showed that maltreatment during childhood accounted for 21% of reported conditions of depression, 32% of drug use disorders and 41% of suicide attempts (meta-analytic estimates did not differ by sex).

The authors calculated that over 1.8 million cases of depressive, anxiety and substance use disorders could be prevented if maltreatment was eradicated.<sup>6</sup>



## Discussion



**As a nation Australia has been successful in decreasing the prevalence rates of a range of major public health issues including lung cancer, skin cancer, spina bifida and HIV. Violence is a preventable cause of poor mental health. To address the decline in the mental health and wellbeing of girls and young women, Australia must consider GBV as a public health crisis and take urgent steps to reduce its incidence and develop systems of care which recognise the unique needs of young people.**

### **This means having a national conversation**

Young women are experiencing a disproportionate burden of mental ill-health, a part of which is driven by their experiences of GBV (including childhood maltreatment). Australia has failed to protect women and children against violence. After a decade, the previous *National Plan to Reduce Violence against Women and their Children 2010-2022* was found to have had no real impact on reducing violence against women.<sup>56</sup> At the National level, preventing violence against (adult) women has been in the remit of Our Watch (National Foundation to Prevent Violence Against Women) and the Department of Social Services (DSS).



Without a specific focus on the needs of young women and girls, the national plan reduces the experiences of girls and young women to those experienced within the family, specifically family violence. The data indicates that the experience of GBV by girls and young women, is broader than family violence and requires a specific targeted approach.

The DSS “Stop it at the Start” national social marketing campaign received \$115 million in funding and had a strong emphasis on gender inequality as a driver of violence against women. The campaign encouraged conversations around gender equality and respectful relationships in young people, however its success was unclear and violence against women remains a “national emergency”.<sup>57</sup> Despite decreases in some forms of physical violence (against older women), the incidence of peer-on-peer violence experienced by young women has increased and harmful sexual behaviour against minors is more common than in previous generations.<sup>39</sup>

Preventing GBV will take more than addressing attitudes and gender equality. Like mental health conditions, violent behaviour is influenced by a range of social and commercial determinants. Examples of social determinants include disadvantage, discrimination, and experiences of trauma, abuse and neglect. Commercial determinants include gambling and alcohol.<sup>58</sup> The relationship between these determinants is intersectional and complex. For example, poverty is considered a risk factor for poor mental health<sup>59</sup>, while leaving a violent relationship with children may lead to a woman and her children living in poverty.<sup>60</sup>

Australia has been a global leader in gendered violence prevention research and policy development.<sup>26</sup> However, despite the current Federal Government’s own commitment to ‘end violence against women and children in one generation’, violence prevention agencies and frontline workers are pointing out that they are yet to see the necessary funding to make this happen. Funding however, is only part of the solution.





## We must promote gender equitable attitudes

Strategies for promoting gender equitable attitudes and behaviours among young people must involve young people, be relevant and tailored to their needs. The Australian Government's 2021 'milkshake consent' campaign is a clear example of a GBV prevention strategy aimed at young people that was out of touch with young people's needs and concerns. This campaign demonstrated that failure to critically engage with issues of gender in violence prevention work will not only result in ineffective outcomes, but can also risk reinforcing the very harmful narratives it seeks to challenge.<sup>61,62</sup>

Young people may be engaging with many information sources that promote gender inequality, for example, violent pornography, misogynistic content on social media, and sexism in sources of mainstream media and advertising.<sup>29,49</sup> Seeking to reduce the impact of these sources may be achieved either by regulating the source of the content (such as in mainstream advertising), restricting young people's exposure (for example, to violent pornography), or engaging with young people in dialogues that change the way they consume and interact with misogynistic and sexist content.



There is a role for digital platform owners, to ensure that algorithms work to reduce exposure to content that creates risk factors for mental health and wellbeing as well as promoting material that facilitates good mental health.

Prevention United's YAG members raised the role of online spaces in perpetuating harmful attitudes that underpin and condone male violence against women:

**“Young men can also consume podcasts that are very problematic in discussions of women.”**

Prevention United YAG member

**“I think the social media algorithms cause ‘anti-women’ beliefs to be repeatedly shown to the same people causing a one-dimensional understanding.”**

Prevention United YAG member

## However, changing attitudes alone is not enough

GBV and mental health conditions do not have a single cause, and both are impacted by a range of social and commercial determinants. While addressing gender equality and changing sexist or misogynistic attitudes is important, on its own this will not be enough.<sup>58,63</sup> We must protect girls and young women against violence directed at them (or witnessing violence against their mother/carer or others).

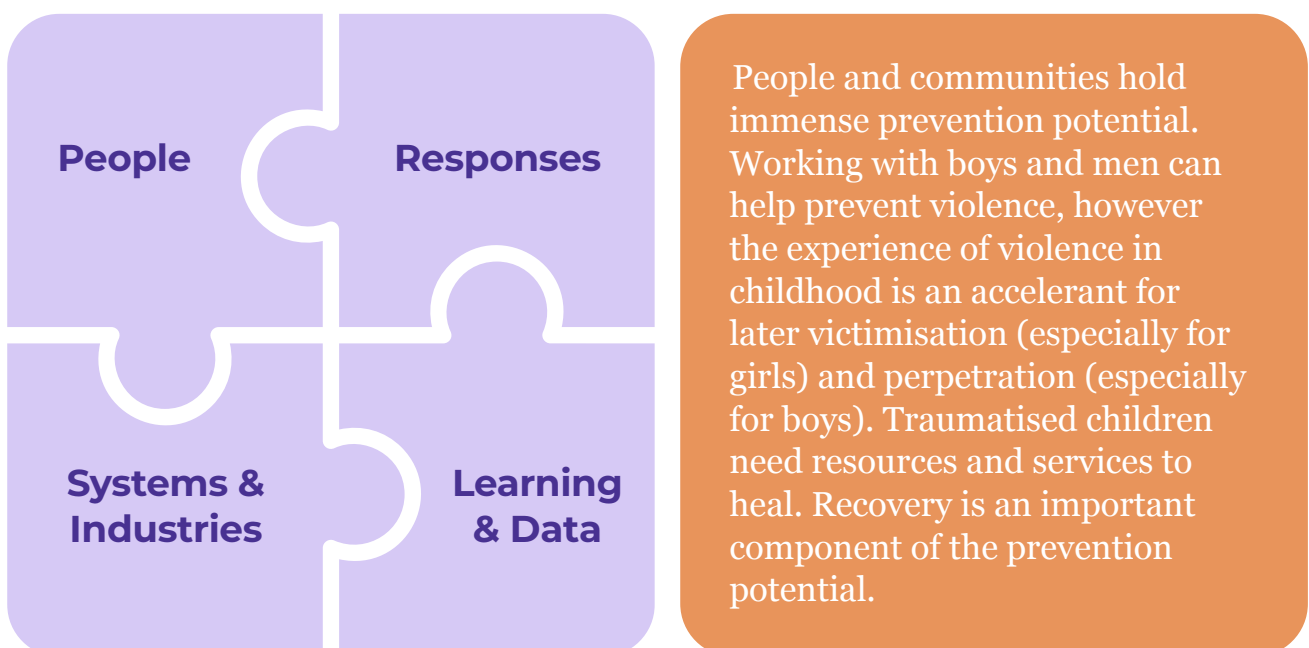
In early 2024, the Prime Minister announced the Commonwealth would undertake an expert led rapid review of best practice, evidence-based approaches to prevent gender-based violence. The Rapid Review of Prevention Approaches (the Review) was published recently and emphasises the importance of **“identifying every opportunity to unlock the ‘prevention potential’”** and taking an intersectional approach that understands violence as being a symptom of broad societal issues that intersect with race, class, disability, and sexuality.<sup>64</sup> The Review emphasises that prevention initiatives be informed by accurate and up-to-date data. The dangers that girls and young women face from GBV occur in multiple different environments and data are required to determine the need for services and initiatives in specific communities, e.g., rural/remote, Aboriginal and Torres Strait Islander, LGBTQIA+, and culturally and linguistically diverse communities.<sup>64</sup>

The Review recommends establishing a five-year Prevention Innovation Fund and leveraging four key prevention strategies that exist at multiple levels (i.e., individual, community, systems and industries) (see Figure 2).

Professionals working with young people must be trained to identify violence and intervene appropriately. Crises response should not only rely on policing, but also legal assistance, crisis-accommodation and access to high quality men’s behaviour change programs. Women must have the resources to leave violent relationships, and the Review recommends an immediate audit of the weaponisation of government systems by perpetrators (e.g., child support, taxation and family law). Certain industries such as media and technology, alcohol and gambling must also play a role in violence prevention.<sup>64</sup>

The Young Women’s Alliance also recommends targeting multiple prevention and intervention points, such as improved content education, coordinated research agendas, trauma-informed services for young people, and targeted social media campaigns that address misconceptions around gender equality and mitigations for gender backlash.<sup>27</sup>

**Figure 2:** Four key prevention strategies



## Young women need tailored mental health strategies

Mental health promotion initiatives rarely have a gendered focus that is tailored to girls and young women, their needs, and the gendered risk factors they face.<sup>65</sup> Mental health promotion strategies that are specifically tailored to young women can help address the negative impact that experiences of gender inequality and GBV have on their mental health, while empowering them to access support and increase the protective factors in their lives.<sup>65</sup> Programs and resources should be designed to engage critically with the way that lived experiences of gender and other intersections of identity shape mental health experiences. A good example of these types of programs are those that have been developed for LGBTQI+ youth, e.g., Mind Australia's *Rainbow Recovery* mental health and wellbeing courses and programs, which are co-designed and peer-led.<sup>66</sup> While a range of mental health promotion initiatives exist for young people, there are limited programs and resources that have been specifically designed for young women.

Female members of Prevention United's YAG expressed their desire for mental health knowledge and support that is relevant to their lived experiences:

**“I would love to know more about the protective factors ... to help women to reduce the negative exposure or negative effects in real life.”**

**Prevention United YAG member**

The role of gendered violence in young women's mental health struggles is often overlooked or dismissed when they seek help or advice in healthcare settings.<sup>67</sup> Providing young women with more resources, services, and sources of evidence-based information can improve their mental health literacy and help them to recognise early symptoms of distress or mental-ill health and break down barriers to seeking support. The needs of girls and young women must be viewed as unique and separate from those of their families and carers. While there are likely areas of commonality, there are also areas of divergence. For example, in TFA, caregivers may have limited understanding of social media and seek to remove technology or blame the young person, which reduces the likelihood that a young victim will report abuse.

When asked where they would turn to for help, members of Prevention United's YAG said that they were unsure. Some said they thought the police might be the first place they would contact. Others suggested “google”, a school counsellor or the HR Department in a workplace setting. There was more clarity around reaching out for help and support within a university setting, for example [Respect at Monash | Preventing sexual harm and gender-based violence](#). Lack of clarity and being unsure of where to go is reflective of a bigger issue that deserves further research and attention.

Gender transformative approaches are those which acknowledge, examine, and seek to transform structures, norms and behaviours that reinforce gender inequality and promote those that increase equality.<sup>68</sup> While increasingly central to violence prevention strategies, gender transformative approaches have rarely been adopted in mental health promotion and prevention work. This is despite clear evidence of the need for gendered approaches in order to address mental health inequalities.<sup>65</sup>





## Girls and young women experience specific types of violence that must be addressed

Strategies that address violence against women and children, have failed to specifically target the types of gendered violence typically experienced by girls and young women. For example, mainstream domestic and family violence (DFV) policy frameworks tend to obscure younger women's experiences of gender-based violence and do not effectively differentiate young women's experience of GBV from those of older women (or de-gendered framings of child abuse).<sup>24,69</sup> Young women's experiences of sexual violence, particularly within adolescent relationships and dating contexts – are inadequately conceptualised, despite being some of the most prevalent and harmful experiences of GBV.<sup>28,69,70</sup> Further research, consultation and specific prevention initiatives are needed in this area.

## Traumatised children and young women must be supported as a matter of urgency

The high prevalence GBV and its detrimental impact on mental health deserves specific attention. There is a critical need for greater investment in response and recovery strategies to support young women who are victim survivors. Services and initiatives must be informed by the lived experience of girls and young women and adapted to their unique needs. This is a critical step in preventing more severe adverse mental health and wellbeing impacts from emerging after experiences of violence.<sup>26</sup> The experience of trauma, child abuse and neglect may lead to an increase in adult victimisation and perpetration and may have intergenerational effects. Young girls who are abused are likely to experience more than one form of abuse and maltreatment and continue to experience various forms of abuse in adult life.<sup>5</sup> Failure to address the needs of girls and young women who have been abused and experienced trauma creates a range of disadvantages that continue to occur over the lifetime. These issues affect not only the individual, but their families, future generations, engagement in community and the work force.



# Recommendations



**There is an overwhelming wealth of data showing that GBV is contributing to the poor mental health of young Australian women. Gender-based violence and youth mental health are both public health issues that are at crisis point. Both require a national, coordinated responses with a focus on both primary (universal population-based approaches) and secondary (targeted interventions to individuals at high risk) prevention – with an explicit focus on the unique experiences and needs of girls and young women. Given this, we recommend:**

- 1 The Australian Government appoint a Federal Minister for Children.** The Minister would be tasked with ensuring that children are safe and would advocate and work across all policy areas affecting children and their families, with a focus on advancing the overall health and wellbeing of Australian children (including mental health), with an explicit mandate to focus on the relationship between childhood maltreatment, GBV and the mental health and wellbeing of girls and young women.
- 2 That any conversation about the decline in the mental health of girls and young women over the last decade(s) acknowledges the impact of their exposure to maltreatment and other forms of GBV.**

**3 Further research and codesign with girls and young women.** Further research is needed to develop evidence-based tools and mental health promotion strategies that specifically address the specific risk factors being faced by young women and empower them to increase protective factors and seek help if they are at risk or have experienced abuse or violence, expanding on the existing and emerging evidence base. For example, data show that girls and young women are at risk of being assaulted by a known peer, who they may or may not be in an intimate relationship with.

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**4 State, Territory and Federal Governments urgently commission a range of “prevention initiatives”.** These initiatives should extend beyond isolated and ad hoc campaigns that focus on changing attitudes and norms, with robust reporting mechanisms including allocated resourcing and impact. A whole of Government approach is required to address the complex, multiple determinants of GBV. Collaboration is needed between different sectors (e.g., health, education and social services) and organisations to inform work led by government. Initiatives must be evidence-based and address the specific needs of girls and young women.

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**5 The influence of the online world and the proliferation of material that reinforces gender inequality and promotes misogyny requires urgent action.** This type of material is often promoted by algorithms, and we support the eSafety Commissioner in their work to keep young people safe online, and to educate parents in how best to support children and young people. Social media companies must work harder to actively prevent young people’s exposure to sexist and misogynist content, harassment, cyberbullying, sexual exploitation, and other serious risks while balancing the preferences of young people and the way in which the online world can increase protective factors (e.g., access to services, education and support). While the efforts of companies such as Meta provide some progress, the relative net worth of the company means that they could do more.

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**6 Education initiatives should occur across the lifespan.** While schools can play an important role it is important to note that multiple systems (e.g., families, communities, schools, health settings, workplaces and sporting clubs) can play a role in educating and keeping young people safe. Dedicated prevention efforts in schools should focus on emotional literacy, gender equality, sexual literacy, and education around respectful relationships and consent. This is particularly important to reduce the incidence of peer-to-peer sexual abuse. However, if the pervasive family, community or school culture is toxic these programs are unlikely to be effective. Further resources and appropriate training are required in cases where an incident has occurred within the school environment.

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**7 Initiatives should be co-designed with young people and informed by evidence.** Young people must be consulted to ensure that initiatives reach them and have a meaningful impact. Prevention initiatives should focus on challenging harmful attitudes and stereotypes and ensuring that young people know where to reach out for help. The information and world that young people are living in is constantly changing and evolving and programs and initiatives must be flexible enough to adapt according to needs. This is particularly important with education and awareness campaigns that are targeting young people. Further research should consider utilising peers given that the first person a young person is likely to turn to is a friend.<sup>71</sup>

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**8 Recovery is prevention.** Urgent investment is required to ensure that children, youth and families who are affected by abuse and violence can access specialised services. Children and young people who have been exposed to multi-incident and multi-type maltreatment need urgent access to services and support that are designed to meet their needs. For example, there are few dedicated youth services available for children who have been emotionally abused, or for teenage girls who have experienced GBV perpetrated by a peer, boyfriend or fellow school student.

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## Further resources

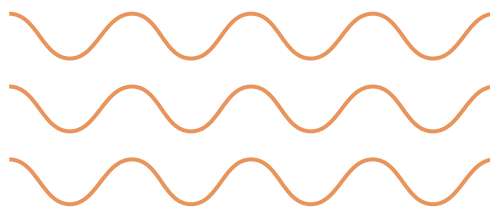
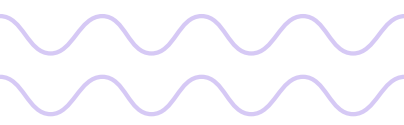
The authors of this brief are aware that they can only capture fragments of the experiences girls and young women are facing. There are certain groups of children and young people who are likely to be at increased risk (for example, young Aboriginal and Torres Strait Islander, LGBTQIA+, culturally and linguistically diverse and neurodivergent young people).

If you need support, go to:

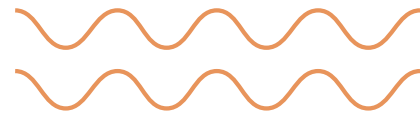
- [1800RESPECT](#)
- [Kids Helpline](#)
- [Lifeline Australia – 13 11 14 – Crisis Support](#)
- [13YARN – Crisis support for Aboriginal and Torres Strait Islanders](#)

For more information we encourage you to visit:

- [Our Watch](#) (general facts and information)
- [Djirra Help & support](#) (Aboriginal support and information)
- [Say It Out Loud](#) (relationship support for LGBTQ+ communities)
- [Rainbow Health Australia](#) (support for LGBTQ+ health and wellbeing)
- [Young Women’s Alliance](#) (advocacy and support for young women)
- [Working for Women – Gender Equality](#) (Government priority areas)



# References



1. Campbell, O.L. et al. (2021). The gender gap in adolescent mental health: A cross-national investigation of 566,829 adolescents across 73 countries. *SSM Population Health*, 13: p. 100742.
2. Lesesne, C. A., & Kennedy, C. (2005). Starting early: Promoting the mental health of women and girls throughout the life span. *Journal of Women's Health*, 14(9), 754-763.
3. Solmi, M., et al. (2022). Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Molecular Psychiatry*, 27(1): 281-295.
4. Australian Bureau of Statistics, 2022. National Study of Mental Health and Wellbeing (2020-2022). ABS. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>. 2022.
5. Haslam, D. et al. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: University of Technology, Queensland.
6. Grummitt, L., et al. (2024). Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment. *JAMA Psychiatry* (in press).
7. Maidment, K. & Carbone, S. (2023). Reimagining youth mental health: A discussion paper about how to tackle the youth mental health crisis. Prevention United, Melbourne, Australia.
8. Department of Social Services (DSS). (2022). National Plan to End Violence against Women and Children 2022-2032. Australian Government, DSS.
9. Australian Institute of Health and Welfare (AIHW) (2024). Family, domestic and sexual violence; LGBTQIA+ People, AIHW.
10. Higgins, D.J., et al. (2024). Prevalence of diverse genders and sexualities in Australia and associations with five forms of child maltreatment and multi-type maltreatment. *Child Maltreatment*, p. 10775595231226331.
11. Hill, A., et al. (2020). Private Lives 3: Health and wellbeing of LGBTIQ people in Australia.
12. Callander, D., et al. (2019). The 2018 Australian trans and gender diverse sexual health survey: Report of findings. Sydney NSW Kirby Institute UNSW Sydney, 16.
13. Australian Bureau of Statistics, (2024). Mental health findings for LGBTQ+ Australians- Selected indicators of the mental health and wellbeing of LGBTQ+ Australians, 2020-2022.
14. Smith, E., et al. (2014). From blues to rainbows: The mental health and well-being of gender diverse and transgender young people in Australia.
15. Australian Institute of Health and Welfare (AIHW) (2018). Family, domestic and sexual violence in Australia.
16. Hegarty, K.L. (2022). Transforming health settings to address gender-based violence in Australia. *Medical Journal of Australia*, 217(3): p. 159-166.
17. Keddie, A., et al. (2023). Understanding and addressing gender-based violence: an Australian Indigenous approach. *Journal of Gender Studies*, 32(4): p. 370-381.
18. Australian Institute of Health and Welfare (AIHW) (2023). Suicide & self-harm monitoring: Intentional self-harm hospitalisations among young people. <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/intentional-self-harm-hospitalisations-among-young>.
19. Hill, N.T., et al. (2021). Suicide by young Australians, 2006–2015: a cross-sectional analysis of national coronial data. *Medical journal of Australia*, 214(3): p. 133-139.
20. Lawrence, D. et al. (2015). The Mental Health of Children and Adolescents. Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing, Department of Health, Canberra.
21. Parslow, R.A. & Jorm, A.F. (2000). Who uses mental health services in Australia? An analysis of data from the National Survey of Mental Health and Wellbeing. *Australian & New Zealand Journal of Psychiatry*, 34(6): p. 997-1008.
22. Barr, M. et al. (2022). Towards a gendered understanding of women's experiences of mental health and the mental health system. (Women's Health Issues Paper 17). Women's Health Victoria.
23. Hall, S. et al. (2019). Gender gaps: Findings from the youth survey 2018. Mission Australia.
24. Department of Social Services, National Plan to End Violence against Women and Children 2022-2032. Australian Government, <https://www.dss.gov.au/the-national-plan-to-end-violence-against-women-and-children/the-national-plan-to-end-violence-against-women-and-children-2022-2032>.
25. Coumarelos, C., et al. (2023). Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Findings for young Australians: ANROWS.
26. Our Watch (2021). Change the story: A shared framework for the primary prevention of violence against women in Australia (2nd ed.).
27. Young Women's Alliance (2024). Young Minds Old Biases, The gender based violence crisis.
28. Thomas, H. et al. (2023). Preventing child maltreatment: everyone's responsibility. *Medical Journal of Australia* 11 April 2023; Available from: <https://insightplus.mja.com.au/2023/12/preventing-child-maltreatment-everyones-responsibility/>.
29. Wescott, S. et al. (2024). The problem of anti-feminist 'manfluencer' Andrew Tate in Australian schools: women teachers' experiences of resurgent male supremacy. *Gender and Education*, 36(2): p. 167-182.
30. Flood, M. et al. (2018). Resistance and backlash to gender equality: An evidence review.
31. Our Watch (2024). Quick facts. Our Watch. <https://www.ourwatch.org.au/quick-facts/>.
32. UN Women Australia (2020). Types of violence against women and girls. UN Women Australia. <https://unwomen.org.au/types-of-violence-against-women-and-girls/>.
33. Australian Institute of Health and Welfare (AIHW) (2024). Family, domestic and sexual violence: Young Women. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/young-women>.
34. Powell, A. et al. (2022). Technology-facilitated abuse: National survey of Australian adults' experiences (Research Report 12/2022). Australia's National Research Organisation for Women's Safety (ANROWS).
35. Centre of Research Excellence in Disability and Health (CRE-DH) (2021). Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia.
36. Braybrook, A. (2015). Family violence in Aboriginal communities. *DVRCV Advocate*, 2, 18–21.

37. Australian Institute of Health and Welfare (AIHW) (2019). Family, domestic and sexual violence in Australia: Continuing the national story 2019.
38. Australian Bureau of Statistics (2022). Personal Safety, Australia (2021-22). ABS. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>.
39. Mathews, B., et al. (2024). Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey. *Child Abuse & Neglect*, 147: p. 106562.
40. Townsend, N., et al. (2022). A life course approach to determining the prevalence and impact of sexual violence in Australia: Australia's National Research Organisation for Women's Safety.
41. 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>.
42. Webster, K. (2016). A preventable burden: measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women: key findings and future directions. *ANROWS Compass*.
43. O'Donnell, K., et al. (2023). Growing up in Australia, The Longitudinal Study of Australian Children. Intimate partner violence among Australian 18–19-year-olds.
44. Flynn, A. et al. (2022). Technology-facilitated abuse: National survey of Australian adults' experiences: Australia's National Research Organisation for Women's Safety (ANROWS).
45. Ayre, J. et al. (2016). Examination of the burden of disease of intimate partner violence against women in 2011: Final report (Australia). Australia's National Research Organisation for Women's Safety (ANROWS). <https://apo.org.au/node/69653>.
46. Hunt, G.R. et al. (2024). The Prevalence of Peer Sexual Harassment During Childhood in Australia. *Journal of Interpersonal Violence* (in press).
47. Power, J. et al. (2022). The 7th National Survey of Australian Secondary Students and Sexual Health 2021 (ARCSHS Monograph Series No. 133). The Australian Research Centre in Sex, Health and Society, La Trobe University.
48. Ybarra, M.L. & Thompson, R.E. (2018). Predicting the emergence of sexual violence in adolescence. *Prevention Science*, 19(4): p. 403-415.
49. Our Watch (2020). Pornography, young people and preventing violence against women <https://www.ourwatch.org.au/resource/pornography-young-people-and-preventing-violence-against-women-background-paper-2020/>.
50. Rostad, W.L., et al. (2019). The association between exposure to violent pornography and teen dating violence in grade 10 high school students. *Archives of Sexual Behavior*, 48: p. 2137-2147.
51. Constantinou, M. (2024). Tackling the trend towards gendered disrespect - Impact - Australian Catholic University: <https://impact.acu.edu.au/community/tackling-the-trend-towards-gendered-disrespect>.
52. Tomorrow Women (2024). Unmasking influence: How the manosphere affects young women.
53. Institute for Strategic Dialogue (2022). Discussion Paper. Algorithms as a weapon against women: How YouTube lures boys and young men into the 'manosphere'.
54. Brown, S.J., et al. (2020). Physical and mental health of women exposed to intimate partner violence in the 10 years after having their first child: an Australian prospective cohort study of first-time mothers. *BMJ Open*, 10(12): p. e040891.
55. Scott, J.G., et al. (2023). The association between child maltreatment and mental disorders in the Australian Child Maltreatment Study. *Medical Journal of Australia*, 218: p. S26-S33.
56. KPMG (2021). Evaluation of the National Plan to Reduce Violence against Women and their Children (2010-2022) (Consultation Summary Report, Volume 1: Main Report, DSS). KPMG. <https://plan4womenssafety.dss.gov.au/wpcontent/uploads/2022/01/consultation-summary-report-volume-1-main-report-final.pdf>.
57. Our Watch (2024). Report card: Tracking progress in the primary prevention of violence against women, July 2024.
58. Ziwica, K. (2024). Exclusive: Health authority suppressed gendered violence research; [https://www.thesaturdaypaper.com.au/news/politics/2024/07/27/exclusive-health-authority-suppressed-gendered-violence-research?utm\\_source=hrd](https://www.thesaturdaypaper.com.au/news/politics/2024/07/27/exclusive-health-authority-suppressed-gendered-violence-research?utm_source=hrd).
59. Kirkbride, J.B. et al. (2024). The social determinants of mental health and disorder: evidence, prevention and recommendations. *World Psychiatry*, 23(1): p. 58.
60. Summers, A. (2022). The Choice: Violence of Poverty. University of Technology Sydney.
61. Keddie, A. (2021). Not only are some of the government's consent videos bizarre and confusing, many reinforce harmful gender stereotypes. <http://theconversation.com/not-only-are-some-of-the-governments-consent-videos-bizarre-and-confusing-many-reinforce-harmful-gender-stereotypes-159220>. (2021, April 19).
62. Zhou, N. (2021). 'Confusing' milkshake consent video pulled from campaign that cost Australian government \$3.8m. *The Guardian*. <https://www.theguardian.com/education/2021/apr/20/milkshake-video-sexual-consent-education-campaign-cost-australian-government-38m>. (2021, April 20).
63. Salter, M. & Hill, J. (2023). Rethinking Primary Prevention. A collaboration between Professor Michael Salter (UNSW) and Jess Hill, April 17, 2024.
64. Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence. Report of the Rapid Review of Prevention Approaches., in Prepared by the Rapid Review Expert Panel: Ms Elena Campbell, Dr Todd Fernando, Dr Leigh Gassner APM, Ms Jess Hill, Dr Zac Seidler & Dr Anne Summers AO. 2024.
65. Victorian Women's Health Services (2023). Theory of Change: A Gender Transformative Approach to Mental Health Promotion for Women's Mental Health and Wellbeing. [https://whise.org.au/assets/docs/whise\\_info/Mental-Health-Theory-of-Change-.pdf](https://whise.org.au/assets/docs/whise_info/Mental-Health-Theory-of-Change-.pdf).
66. Mind Australia (2023). Rainbow Recovery—Supporting the mental health and wellbeing of young LGBTIQ+ people. <https://www.mindaustralia.org.au/news/rainbow-recovery-supporting-mental-health-and-wellbeing-young-lgbtqi+people>.
67. Moulding, N. et al. (2024). What do young women want? Using a qualitative survey to explore the potential for feminist-informed mental health peer support. *Qualitative Social Work*, 23(2): p. 224-241.
68. Rich, S. & Varley, C. (2019). Towards gender transformative change: A guide for practitioners. Women's Health Victoria knowledge paper.
69. Johnston, B. et al. (2024). Australia—A Land for Young Women? Exploring Young Women's Positioning in Contemporary Australian Family Violence Discourses. *Affilia*, 39(1): p. 112-127.
70. Tagesson, E.H. & Gallo, C. (2022). "When we talk about intimate partner violence we talk in an adult way"—Social workers' descriptions of intimate partner violence between teenagers. *Qualitative Social Work*, 21(2): p. 332-348.
71. Radez, J., et al. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry*, 30(2): p. 183-211.

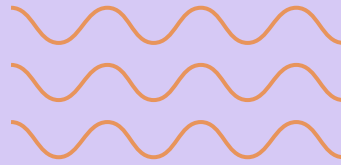


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