



Submission to the
NSW Mental Health and Wellbeing Strategy
26 August 2025

The NSW Women's Action Alliance (NSWWAA) is a secular, non-partisan organisation advocating for women and girls, particularly in domains where we face discrimination or vulnerability because of our sex. As a member of the Affiliation of Australian Women's Advocacy Alliances (AAWAA),¹ we have consistently raised concerns at national and international levels about the impacts of misogyny, sexism, and the erosion of women's protections and rights on the mental health and wellbeing of women and girls. We welcome the opportunity to contribute to the development of the NSW Mental Health and Wellbeing Strategy.²

We acknowledge and appreciate the Mental Health Commission of NSW's recognition that human rights principles – which reflect violations, including forms of violence and discrimination – are significant contributors to adverse mental health outcomes.³ In particular, the link between systemic abuse and psychological distress underscores the urgent need for policies that address these critical issues, especially for women and girls.

We invite the Commission to refer to Annex A, AAWAA's Response to the Call for Contributions OHCHR comprehensive report on mental health and human rights, for further detail regarding mental health and the human rights of women and girls.

A. THE MENTAL HEALTH SERVICE SYSTEM IN NSW

1. What is working?

NSW benefits from well-established legal and healthcare systems that provide a foundation for mental health services. The Mental Health Commission's acknowledgement that an effective mental health system requires coordinated and integrated approaches across all levels of government is particularly important,⁴ as is the recognition that human rights violations contribute to adverse mental health outcomes is essential for effective policy development.

¹ See womensadvocacy.net, AAWAA.

² [NSW Mental Health and Wellbeing Strategy](#), Have your say.

³ [A new strategy for mental health and wellbeing in NSW, Consultation paper](#).

⁴ See [Discussion paper for the Review of the Mental Health Commission of NSW pursuant to section 20 of the Mental Health Commission A](#); [Submission 948 - Mental Health Commission of NSW \(MHC\)](#); [Submission 486 - Mental Health Commission of NSW](#).

Recent reforms such as paid domestic violence leave and positive duty on employers to address sexual harassment represent important steps forward; however, these measures remain insufficient given the scale of the crisis facing women and girls in NSW.

2. What is not working?

The current mental health strategy fails to adequately address the specific needs and vulnerabilities of women and girls. Three critical issues undermine women's mental health and safety in NSW: the ongoing crisis of male violence, the erosion of female-only services, and problematic policy frameworks that prioritise ideology over evidence-based care.

The crisis of male violence against women and girls

Despite NSW's well-developed systems, male violence continues to severely impact women's mental health. In 2024, 78 women were killed by men according to the Counting Dead Women project, up from 64 in 2023.⁵ The Prime Minister declared Australia faced a "national crisis" of male violence against women, with men killing women every four days.⁶ Women with disabilities are victims of violent men at even higher rates.⁷

According to NSW Bureau of Crime Statistics and Research, 1 in 4 women (27%) was a victim of violence perpetrated towards them by an intimate partner or family member since age 15.⁸ Domestic and family violence is a leading cause of homelessness: in 2023-24, over a quarter of people receiving specialist homelessness services identified family and domestic violence as the main reason, with 75% of that number being female.⁹

The erosion of female-only services threatens trauma recovery

Policies that prioritise gender identity over biological sex have compromised services vital for trauma recovery. This is particularly evident in mental health care settings, prisons, and rape crisis centres, where women survivors of sexual abuse struggle with stress, depression, and trauma.¹⁰

Research demonstrates that trauma-informed care for women requires safe environments free from further distress;¹¹ however, policies prioritising gender identity over biological sex have led services to repurpose themselves as general rather than female-only services to

⁵ See [Counting Dead Women](#), SBS News; [Counting Dead Women Project, Australia](#); [Homicide in Australia 2023 - 2024](#), Australian Institute of Criminology.

⁶ [A national emergency – and an ongoing national priority: Unlocking the prevention potential: accelerating action to end domestic, family and sexual violence](#), PMC; [Violence against women: accurate use of key statistics - ANROWS](#) and [Updated facts about intimate partner homicide - ANROWS - Australia's National Research Organisation for Women's Safety](#).

⁷ See [A national emergency – and an ongoing national priority: Unlocking the prevention potential: accelerating action to end domestic, family and sexual violence](#), PMC and [Australia's Disability Strategy 2021- 2023](#), Australian Government Department of Health, Disability and Ageing.

⁸ [Domestic violence & coercive control](#), BOCSAR.

⁹ [Domestic and Family Violence statistics](#), Mission Australia.

¹⁰ [Trauma-informed services for women subjected to men's violence must be single-sex services](#), Karen Ingala Smith, July 2020; [Experiences of women receiving trauma-informed care: A qualitative systematic review](#), *Trauma, Violence, & Abuse*, May 2024.

¹¹ See [s-CAPE trauma recovery program: the need for a holistic, trauma- and violence-informed domestic violence framework](#), PMC and [Additional evidence on gender and mental health for the Royal Commission into Victoria's mental health system](#), Women's Mental Health Alliance.

pre-empt funding restrictions and backlash,¹² particularly impacting economically vulnerable and migrant women.

Women in NSW correctional facilities exemplify this crisis. Research shows that up to 98% of Australian women prisoners have experienced physical abuse, over 70% have lived with domestic and family violence, up to 90% have experienced sexual violence, and up to 90% have survived childhood sexual assault.¹³ In NSW specifically, research found that 59% of female prisoners had experienced some form of sexual coercion.¹⁴

Despite this reality, credible reports indicate jurisdictions have allowed male-bodied individuals to be housed in women's prisons based on self-declared gender identity, with female prisoners expressing fear and retraumatisation. Authorities have failed to act.¹⁵

Impact on specific vulnerable groups

Lesbians and same-sex attracted women face particular challenges. The shift to prioritise gender identity has disrupted communities and spaces, forcing them underground and leading to increased isolation, erasure, and mental health impacts. The Australian Human Rights Commission's rejection of a Victorian lesbian group's request for female-only events exemplifies this trend.¹⁶

A hierarchy favouring gender identity over sex has fostered new forms of homophobia, including internalised homophobia. Some detransitioners report their transgender identity masked same-sex attraction, speaking about consequences including irreversible impacts of medical intervention on their bodies and mental health.¹⁷

Young people with gender dysphoria face restricted therapeutic options. The *NSW Conversion Practices Ban Act 2024*, whilst well-intentioned in preventing harmful practices related to sexual orientation, may be misapplied regarding gender identity. Young people with gender dysphoria often have complex, fluid identities and struggle with co-occurring

¹² [Stakeholder submission to the Fourth Universal Periodic Review of Australia, 2025](#), Submitted by a coalition of Australian feminist organisations to the United Nations Human Rights Council.

¹³ See [Women and girls' experience of the criminal 'justice' system](#); [Women in Prison in Australia](#); [Women as offenders](#) [Women as victims](#); [Women's imprisonment and domestic, family and sexual violence](#); [Vicious cycle pushing more women into prison](#), UWA News; [Housing and Homelessness in Australia](#), ANROWS policy review; [Exposure to childhood adversity and intimate partner violence in a forensic sample](#), via SAGE Journals.

¹⁴ [The nature and extent of sexual assault and abuse in Australia](#), AIFS.

¹⁵ [Demand the removal of men from women's prisons in Victoria](#), Women's Forum Australia; Inmates reject trans prisoner guilty of sex attacks on females, Herald Sun; [Women inmates demand removal of trans prisoner guilty of attacking females while a man](#), The Mercury; [Prisoners at Victorian women's jail launch petition over transgender inmate](#), Herald Sun; [Prisoners fight to remove transgender inmate with history of sex offences](#), Herald Sun.

¹⁶ Australian Human Rights Commission, [Notice of decision on application for temporary exemption: Lesbian Action Group](#), October 2023.

¹⁷ See [Detransition-related needs and support: A cross-sectional online survey](#), *Journal of Homosexuality*, April 2021; [Individuals treated for gender dysphoria with medical and/or surgical transition who subsequently detransitioned: a survey of 100 detransitioners](#), *Archives of Sexual Behaviour*, December, 2023; [Access to care and frequency of detransition among a cohort discharged by a UK national adult gender identity clinic: retrospective case-note review](#), *BJPsych Open*, October 2021.

conditions such as autism, depression, anxiety, trauma, or internalised homophobia.¹⁸ This disproportionately impacts girls and young women who dominate presentations at gender clinics.¹⁹

Banning exploratory therapy may unintentionally push young people towards irreversible medical treatments with serious risks including infertility, sexual dysfunction, and other severe outcomes. Growing numbers of health authorities mandate exploratory psychological interventions rather than blanket affirmation for young people with gender dysphoria.²⁰ Queensland recently announced restrictions on hormone treatments for children with gender dysphoria, acknowledging the need for evidence-based approaches.²¹

3. What needs to change?

Mental health reforms must place women and girls at the centre, recognise our unique experiences, and actively address systemic causes of distress. Four key areas require immediate reform:

Restore and protect female-only spaces and services

The mental health system must recognise that female-only spaces and services are necessary for effective treatment of women, particularly those who have experienced male violence. Legal reforms may be required to ensure the legality of such services.

Implement evidence-based approaches to supporting young people with gender dysphoria

NSW should ensure young people navigating complex gender identity issues have access to a full range of therapeutic options. Professional psychological services should be excluded from conversion therapy bans for gender dysphoria.

Establish accurate data collection systems

Accurate sex-disaggregated data collection is essential for understanding who accesses female-only services and who perpetrates violence against women and girls. Current policies allowing sex self-identification obscure crucial data, undermining our ability to provide appropriate services and protect vulnerable women.²²

Address the eating disorder crisis among girls and young women

Eating disorders impact more than 1.1 million Australians (4.5% of the population), with 27% of cases among those aged 10-19, nearly doubling since 2012. In NSW, anorexia nervosa is among the most lethal mental health conditions impacting girls.²³

¹⁸ See AAWAA's [Response to the Call for Contributions OHCHR comprehensive report on mental health and human rights](#), 3 October 2024.

¹⁹ [Gender dysphoria in young people is rising – and so is professional disagreement](#), *BMJ*, 2023.

²⁰ See [Danish Health Authority](#), [Finnish Medical Society](#), [Council for Choices in Health Care](#) (COHERE, Finland), [Norwegian Healthcare Investigation Board](#) (UKOM, Norway), [National Board of Health and Welfare](#) (Socialstyrelsen), [Clinical Advisory Network on Sex and Gender](#), (UK)

²¹ [Independent Review into puberty blockers](#), Ministerial Media Statements.

²² [Stakeholder submission to the Fourth Universal Periodic Review of Australia, 2025](#), Submitted by a coalition of Australian feminist organisations to the United Nations Human Rights Council.

²³ See [NSW service plan for people with eating disorders 2021–2025](#); [Early detection of eating disorders in general practice](#); [Brief submission to the Select Committee on Mental Health Eating Disorders](#).

Social media and pornography contribute to eating disorders, suicidal ideation, and gender dysphoria among young girls by normalising unhealthy body image standards.²⁴ NSW should require social media platforms to disclose how algorithms promote harmful content while ensuring this doesn't serve as internet censorship pretext.

4. How should change happen?

Change should be implemented through

- Legal clarification ensuring the right of women and girls to access female-only spaces and services, particularly in mental health, shelter, and correctional settings.
- Evidence-based policy development that recognises the distinct needs of women and girls in mental health care.
- Meaningful consultation with women's organisations and advocacy groups representing the interests of women and girls, rather than the inadequate 21-day consultation periods that have characterised recent government processes.
- Training for mental health professionals on the importance of sex-based, female-only protections in trauma-informed care.
- Legislative reform to exclude professional psychological services from conversion therapy bans for gender dysphoria.

B. MENTAL HEALTH AND WELLBEING IN NSW COMMUNITIES

For women and girls in NSW, mental health and wellbeing are undermined by persistent male violence, cultural misogyny, and the erosion of our female-only protections and rights. Meaningful improvements require mental health strategies that confront these systemic challenges and centre the lived realities of women and girls.

5. What could improve mental health and wellbeing across our communities?

Address the root causes of women's mental health challenges

The NSW Government must systematically address male violence through coordinated responses across all sectors. The problem transcends social class, underscoring the need for sustained and comprehensive efforts to enforce legal protections and improve support services.

Tackle harmful content targeting girls

Pornography significantly contributes to girls' mental distress, validating male violence while presenting this violence as pleasurable to females. Research indicates connections between pornographic content exposure and gender dysphoria in girls.²⁵

The strategy should address how social media algorithms amplify harmful content related to eating disorders, suicidal ideation, and gender dysphoria among young girls. NSW should require social media platforms to disclose how their algorithms promote such content, whilst

²⁴ [Eating Disorders Victoria](#), University of Sydney.

²⁵ [A new flight from womanhood? the importance of working through experiences related to exposure to pornographic content in girls affected by gender dysphoria](#), via PubMed; [Impact of pornography on young people survey report summary](#), Our Watch; [Harm being done to Australian children through access to pornography on the Internet](#), Parliament of Australia; [APS highlights concerns about the harmful impacts of pornography](#), Australian Psychological Society; [New report reveals young Aussies are relying on pornography for 'sex education'](#), News.com.au.

ensuring this does not serve as a pretext for internet censorship that could harm vulnerable girls and women by limiting access to information and debate.

Strengthen perinatal mental health support

Given that nearly 1 in 5 women experience mental health challenges during or after pregnancy,²⁶ the strategy should promote the integration of perinatal mental health screening and care into maternal health services. This should include practical, scalable reforms such as policies encouraging flexible working conditions and protections allowing mothers adequate time for breastfeeding and infant care.

The strategy should emphasise the legal requirement outlined in the Convention on the Rights of the Child that mandates that parents and children should not be separated, except in rare and extreme circumstances where the child's well-being is at risk.²⁷ Separation from their children can have a profound impact on the mental health of mothers, particularly in cases of detention.

Prohibit commercial surrogacy

The strategy should endorse legislation to outlaw commercial surrogacy, which exploits economically vulnerable women and poses significant mental and physical risks. While resources may vary, ensuring basic protections for women through the prohibition of commercial surrogacy is a critical step towards safeguarding maternal rights.

Eliminate harmful gender stereotypes

NSW must eliminate harmful gender stereotypes that perpetuate inequalities in education, employment, and healthcare. The resurgence of outdated stereotypes through gender identity discourse (such as 'wearing trousers equals masculine gender expression') is regressive and undermines true gender equality.

6. What roles should NSW government sector agencies play?

NSW Government agencies must work collaboratively to address the systemic discrimination and violence that disproportionately affect women's mental health.

NSW Health

- Maintain female-only services where clinically appropriate for trauma recovery
- Collect accurate sex-based data on service users and health outcomes
- Ensure conversion therapy bans do not prevent appropriate psychological support for young people with gender dysphoria
- Implement comprehensive perinatal mental health screening and support
- Address the crisis of eating disorders among girls and young women

Department of Education

- Implement policies that protect girls from harmful gender stereotypes
- Ensure access to evidence-based information about mental health challenges specific to girls

²⁶ [Perinatal mental health screening in Australia, Summary](#), AIHW.

²⁷ [Convention on the Rights of the Child](#), OHCHR.

- Challenge regressive gender stereotypes that suggest non-conforming behaviour indicates a different gender identity

Department of Communities and Justice

- Ensure criminal justice responses recognise the impact of male violence on women's mental health
- Maintain sex-disaggregated data on perpetrators of violence against women and girls
- Ensure female prisoners are housed separately from males to prevent re-traumatisation
- Acknowledge that the majority of female prisoners are victims of male sexual abuse and violence

All agencies

- Work to eliminate harmful gender stereotypes that perpetuate inequalities
- Ensure policies do not inadvertently undermine women's female-only protections and rights
- Consult meaningfully with women's organisations on policies affecting women and girls

C. GENERAL REFLECTIONS

For women and girls in NSW, mental health and wellbeing are undermined by persistent male violence, cultural misogyny, and the erosion of female-only protections and rights. Effective mental health reform must acknowledge these systemic challenges and centre women's lived realities in future strategies.

7. How will we know that we are making a difference?

Success should be measured through the following.

Quantitative indicators

- Accurate sex-disaggregated data collection showing improvements in women's mental health outcomes
- Maintenance and expansion of trauma-informed, female-only services for women survivors of male violence
- Reduced rates of eating disorders and self-harm among girls and young women
- Decreased rates of male violence against women and girls as measured by the NSW Bureau of Crime Statistics and Research
- Evidence-based approaches to supporting young people with gender dysphoria that prioritise psychological support over irreversible medical interventions

Qualitative measures

- Women's reported sense of safety and access to appropriate services
- Feedback from service providers about their ability to provide trauma-informed, sex-appropriate care
- Evaluation of the effectiveness of female-only spaces in supporting recovery
- Assessment of young people's access to comprehensive therapeutic options for gender-related distress

Data integrity

- Restoration of accurate sex-based data collection where it has been compromised by sex self-identification policies
- Clear reporting on who is accessing female-only services and spaces
- Transparent data on perpetrators of violence against women and girls, recorded by biological sex

8. Is there anything else you would like to say?

Respectful, evidence-based dialogue is essential for shaping mental health policy in NSW. We urge policymakers to listen to women and girls, prioritise our safety, and ensure our female-only protections and rights are at the forefront of reform.

The need for respectful dialogue

NSW must foster respectful debate on sensitive issues surrounding women's rights and gender identity that does not mischaracterise our position. We advocate for balanced, rights-based dialogue that considers conflicting rights guided by proportionality and open dialogue principles.

Constitutional and legislative clarity

Sex discrimination must be addressed as fundamentally rooted in biological sex, a protected characteristic under human rights law. NSW should commit to transparent, evidence-based policy-making that does not foreclose legitimate debate about women's sex-based protections.

Addressing systemic issues

NSW's mental health strategy must acknowledge that women's mental health challenges often stem from systemic issues of male violence, discrimination, and erosion of female-only protections. Addressing root causes requires courage to challenge narratives that may inadvertently harm those the mental health system seeks to protect.

The strategy should recognise that truly progressive mental health policy for women and girls requires

- Acknowledgement that biological sex matters for mental health service provision
- Recognition that trauma-informed care for women requires female-only spaces
- Understanding that vulnerable young people need access to comprehensive therapeutic options, not ideological restrictions
- Commitment to collecting and maintaining accurate data about who experiences mental health challenges and who perpetrates violence

International obligations

NSW should ensure its mental health strategy aligns with Australia's obligations under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW),²⁸ which requires the collection of accurate sex-disaggregated data and the provision of special measures for women based on biological sex, not gender identity.

²⁸ [Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979](#), OHCHR.

D. THE PATH FORWARD

We call on the NSW Mental Health Commission to demonstrate leadership by

- Protecting women's access to female-only mental health services and spaces
- Ensuring conversion therapy bans do not prevent appropriate psychological support for young people with gender dysphoria
- Advocating for evidence-based approaches to mental health that prioritise women's and girls' safety and wellbeing
- Collecting and maintaining accurate sex-based data to inform policy and service provision
- Engaging in meaningful consultation with women's organisations rather than tokenistic processes

The mental health and wellbeing of women and girls in NSW depends on policy-makers having the courage to address the real causes of our distress: male violence, discrimination, and the erosion of our sex-based, female-only protections and rights. We trust the Mental Health Commission will demonstrate such courage in developing this strategy.

ANNEX A. AAWAA's Response to the Call for Contributions OHCHR comprehensive report on mental health and human rights



A F F I L I A T I O N O F
A U S T R A L I A N W O M E N ' S
A C T I O N A L L I A N C E S

Response to the
Call for Contributions
OHCHR comprehensive report on
mental health and human rights
3 October 2024

The Affiliation of Australian Women's Action Alliances (AAWAA) welcomes this opportunity to provide input to the UN OHCHR's forthcoming report on mental health and human rights. AAWAA is an Australia-wide organisation that advocates for the human rights of women and girls especially where we are vulnerable on the basis of our sex. We campaign against gender stereotyping and homophobia, and we also advocate for young people, especially girls, impacted by the practice of invasive treatments for gender dysphoria.

We acknowledge and appreciate the recognition – reflected in past OHCHR reports and the WHO/OHCHR guide – that human rights violations, including forms of violence and discrimination, are significant contributors to adverse mental health outcomes. The link between systemic abuse and psychological distress underscores the urgent need for policies that address these critical issues, especially for women and girls.

The following provides our inputs focussed on the mental health and human rights of women and girls.

(a) Existing legal and policy measures applied for the realisation of the human rights of women and girls in the context of mental health

While Australia is a high-income country with well-developed legal and healthcare systems, male violence and abuse continue to have a severe impact on the mental health of women and girls. On average, one woman is killed by a current or former male partner every ten days, while countless others are left traumatised.²⁹ Women with disabilities experience even higher rates of male violence.³⁰ This problem transcends social class, underscoring the need for sustained and comprehensive efforts to enforce legal protections and improve support services. While we acknowledge recent reforms, such as the introduction of paid domestic violence leave and a positive duty on employers to address sexual harassment in the workplace, much remains to be done.

²⁹ [Counting Dead Women Australia](#).

³⁰ [Australia's Disability Strategy 2021–2031 Outcomes Framework: Second annual report, Violence against women and their children](#), Australian Institute of Health and Welfare, January 2024.

Our organisation is also profoundly aware of the plight of our sisters in UN member states, including those in our region, where women and girls face even fewer protections from male violence. It is estimated that 60% of UN member states have yet to criminalise marital rape, and many still practice corporal punishment for adultery.³¹ Despite some progress, sixty-seven countries continue to criminalise same-sex conduct,³² underscoring the urgent need for broader human rights protections.

(b) New challenges impacting the mental health and human rights of women and girls

AAWAA is concerned that the introduction of ‘gender identity’ into law and policy, without sufficient safeguards to protect the rights of women and girls, is creating new forms of discrimination that exacerbate existing mental health challenges. This is particularly evident in mental health care settings, as well as in prisons and rape crisis centres, where women – many of whom are survivors of sexual abuse – are already struggling with stress, depression, and trauma. Research shows that trauma-informed, women-only services are essential to effective recovery, as they offer a safe environment free from further distress.³³

In Australia, women-only medical and legal services proved highly effective over many years; however, these services have become increasingly difficult to access and sustain as policies prioritising gender identity over biological sex have led to services repurposing themselves as general – as opposed to female-only – services to pre-empt potential funding restrictions and backlash. This has impacted economically vulnerable and migrant women in particular.

The shift to prioritise gender identity in law and practice has also had a profound impact on lesbians, who have found their communities and spaces disrupted by others, forcing them underground, leading to increased isolation, erasure, and significant mental health impacts. Gender ideology has also fostered new forms of homophobia, including internalised homophobia. Detransitioners – people who regret medicalising their gender distress – including a growing number of women have reported that their transgender identity masked their same-sex attraction. These women now speak out about the consequences of this confusion, particularly the irreversible impacts of medical intervention on their bodies and mental health.

Conversion therapy bans

AAWAA is concerned that legislated bans on so-called ‘conversion therapy’ for gender dysphoria in Australia are exacerbating these mental healthcare challenges. This is disproportionately impacting girls and young women who dominate presentations at gender clinics (as they do elsewhere).³⁴ While these laws may be well-intentioned, aiming to prevent the heinous practice of gay conversion, they are misapplied in the context of gender identity. The needs of young people who identify as transgender or gender-diverse are complex: their

³¹ [Rape as a grave, systematic and widespread human rights violation, a crime and a manifestation of gender-based violence against women and girls, and its prevention](#), Report of the Special Rapporteur on violence against women, its causes and consequences, Dubravka Šimonović, July 2021.

³² [UNAIDS urges all countries to decriminalise homosexuality as a vital step in ensuring health for all](#), UNAIDS, May 2023.

³³ [Trauma-informed services for women subjected to men’s violence must be single-sex services](#), Karen Ingala Smith, July 2020; [Experiences of women receiving trauma-informed care: A qualitative systematic review](#), *Trauma, Violence, & Abuse*, May 2024.

³⁴ [Gender dysphoria in young people is rising—and so is professional disagreement](#), *BMJ*, 2023;

identities are often fluid, and many may be struggling with co-occurring conditions such as autism, depression, anxiety, trauma, or internalised homophobia.

Banning exploratory therapy, which allows for nuanced psychological interventions, may unintentionally push young people towards irreversible medical treatments, which in turn carry risks such as infertility, sexual dysfunction, and other severe physical and mental health outcomes.

A growing number of national health authorities, after thorough reviews, are mandating exploratory psychological interventions instead of blanket affirmation for young people suffering gender dysphoria.³⁵ We urge the UN and WHO to advocate for legislators to exclude professional psychological services from conversion therapy bans for gender dysphoria, particularly as they affect women and girls. Legislators should consider this evolving evidence and ensure that all young people navigating these complex issues have access to a full range of therapeutic options rather than being limited by these restrictive laws.

(c) Specific feedback for the OHCHR/WHO Mental Health Guide (Mental health, human rights and legislation: guidance and practice)

Trauma. We commend the WHO's Mental health, human rights and legislation guide for recognising the importance of trauma-informed mental health care; however, we urge the WHO to explicitly address the specific needs of females in such care. Women and girls, particularly survivors of male sexual violence, require specialised support to ensure their safety and well-being in environments such as rape crisis centres, prisons, and shelters.

Recognising these distinct needs in order to strengthen trauma-informed care for women may require legal reforms in some countries, including Australia, to ensure the legality of single-sex services, especially given recent court and administrative decisions that have raised concerns in this regard.

Mothers. While the WHO's Mental health, human rights and legislation guide provides valuable frameworks for rights-based mental health care, it lacks specific emphasis on the mental health needs of mothers, particularly regarding perinatal mental health. Given that nearly 1 in 5 women experience mental health challenges during or after pregnancy,³⁶ the guide should more explicitly promote the integration of perinatal mental health screening and care into maternal health services; however, recognising that not all countries have the resources to implement comprehensive maternal mental health systems or extended paid maternity leave, it is essential that the guide advocates for practical, scalable reforms. These could include policies that encourage flexible working conditions, as well as protections that allow mothers adequate time for breastfeeding and infant care.

In light of this, the WHO guide should also emphasise the legal requirement outlined in the Convention on the Rights of the Child (CRC) that mandates that parents and children should not be separated, except in rare and extreme circumstances where the child's well-being is

³⁵ These include the [Danish Health Authority](#), [Finnish Medical Society](#), [Council for Choices in Health Care](#) (COHERE, Finland), [Norwegian Healthcare Investigation Board](#) (UKOM, Norway), [National Board of Health and Welfare](#) (Socialstyrelsen), [Clinical Advisory Network on Sex and Gender](#), (UK).

³⁶ [Perinatal mental health](#), NHS England.

at risk. Separation from their children can have a profound impact on the mental health of mothers, particularly in cases of detention. It is essential for jurisdictions to establish provisions that accommodate children where their mothers are detained, ensuring that the emotional and psychological well-being of both the mother and child are prioritised.

The guide should also endorse legislation to outlaw commercial surrogacy, which exploits economically vulnerable women and poses significant mental and physical risks. While resources may vary across countries, ensuring basic protections for women through the prohibition of commercial surrogacy is a critical step towards safeguarding maternal rights.

Social media and pornography. We urge the WHO guide to address the specific mental health challenges facing women and girls in relation to eating disorders, such as anorexia nervosa, which are among the most lethal mental health conditions impacting girls in Australia, and increasingly in Asia.³⁷ Pornography is also a significant contributor to girls' mental distress and validates male violence against women and girls and presents this violence as pleasurable to females.

The guide could usefully highlight the detrimental role that social media and pornography³⁸ play in normalising unhealthy body image standards, contributing to eating disorders, suicidal ideation, and gender dysphoria among young girls. It should advocate for legislation requiring social media platforms to disclose how their algorithms promote content related to these issues to assist regulators and the public to better understand and address the amplification of harmful content. This should not, however, serve as a pretext for internet censorship, which can also harm vulnerable girls and women by limiting access to information and debate.

Sex discrimination. We urge the WHO to ensure that sex discrimination is addressed appropriately in the guide and other UN documents and avoid any suggestion that discrimination against women and girls is on the basis of their 'gender identity.' (The guide at p. 33 illustrates this mischaracterisation.) It is essential to uphold the understanding that sex discrimination is fundamentally rooted in biological sex, which is a protected characteristic under international human rights law.

(d) Suggestions of other policy tools for the implementation of a human rights perspective to the mental health – women and girls

The UN must revitalise its efforts to eliminate harmful gender stereotypes that continue to impede women's progress globally. Addressing these stereotypes is not only crucial for advancing gender equality, but it is also a legal obligation under international treaties such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). These stereotypes perpetuate inequalities in education, employment, and health care, limiting women's opportunities across our lives.

The WHO's Mental health, human rights and legislation guide takes valuable steps by tackling gender stereotypes in acute medical settings, but this focus must be broadened to

³⁷ [Eating Disorders Victoria](#), University of Sydney.

³⁸ [A new flight from womanhood? The importance of working through experiences related to exposure to pornographic content in girls affected by gender dysphoria](#), Journal of Sex & Marital Therapy, November 2023.

address how these harmful norms affect women throughout all stages of life. A decade ago, UN reports on the right to health highlighted the importance of dismantling gender norms to promote the highest attainable standard of physical and mental health for all;³⁹ however, this focus has since diminished. It is essential to re-engage with this agenda, ensuring that gender stereotypes are systematically challenged across all sectors of society and in all member states, both in the Global North and the Global South.

From the perspective of the Global North, the resurgence of outdated stereotypes through gender ideology – such as the idea that ‘wearing pants or liking football’ equates to masculine gender expression – is regressive and undermines efforts to promote true gender equality. These harmful stereotypes are reinforcing rigid ideas about gender roles rather than dismantling them, and their influence must be addressed in any framework that seeks to advance women’s rights.

We urge the UN OHCHR to lead by example in fostering respectful and constructive debate on sensitive and contested issues, particularly those surrounding women’s rights and gender identity. We are concerned that some UN agencies⁴⁰ have, at times, mischaracterised legitimate calls to safeguard women’s single-sex spaces as a form of ‘gender backlash’ or as being motivated by conservative, religious, or anti-trans sentiments. AAWAA does not oppose human rights for people identifying as transgender, but rather we advocate for a balanced, rights-based dialogue that carefully considers conflicting rights and mediates them in a fair and balanced manner, guided by the principles of proportionality and open dialogue.

(e) Disaggregated data

Rights-based mental health care for women and girls would be further secured if the WHO’s Mental health, human rights and legislation guide were to recommend the collection of accurate sex-disaggregated data in relation to who is accessing female-only services and spaces, and who is perpetrating violence against women and girls.

In many member states, including Australia, prohibitions on discrimination on the basis of gender identity have removed protections for the physical and psychological safety of women and girls who find themselves in need of rape counselling services and domestic violence shelters – and the data surrounding the use of such services according to sex is in question, due to sex self-identification (sex self-ID) legislation. Claims to a female gender identity under sex self-ID allow males to insist upon accessing female-only services, which challenges the capacity of rape crisis centres and refuge providers to provide trauma-sensitive care for female victims of male violence.

The situation for women in Australian prisons is similar, and we note the even fewer resources that these women have to exercise their rights. We urge that the guide acknowledge the reality that a high proportion of female prisoners are themselves victims of male sexual abuse and male violence and housing females separately to males is essential to prevent re-traumatisation as well as to minimise the risk of further abuse, noting recent

³⁹ [Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/70/213](#), Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, July 2015.

⁴⁰ [Countering the global gender backlash](#), OHCHR.

research from the UK and Canada⁴¹ that suggests that there are elevated rates of sexual violence among gender-diverse, male-bodied prisoners.

In regard to the collection of statistics as to who is committing this violence against women, we again point to the confusion caused by collecting statistics according to gender rather than sex: with males being able to 'opt out' of their sex-based crimes, data on male violence towards women and girls is being obscured and undermined.

We recommend the UN OHCHR urge member states to collect accurate sex-disaggregated data on current or potential users of mental health services, including community-based services and prisons, and to require member states to collect accurate sex-based data on the perpetrators of violence against women and girls.

We thank the UN OHCHR for this opportunity to comment, and we commend our concerns to your trust.

⁴¹ [Transgender women criminality shows male pattern](#), Fair Play For Women, December, 2012; [Gender diverse prisoners and sex-based patterns of offending](#), Macdonald-Laurier Institute, July 2023.