Who we heard from
Demographics

Aboriginal and Torres Strait Islander

2%

of respondents identified as Aboriginal and/or Torres Strait Islander.

98% identified as non-Aboriginal and/or Torres Strait Islander and 2% preferred not to say.[1]

Culturally and Linguistically Diverse

14%

of respondents identified as CALD (Culturally and Linguistically Diverse).

81% identified as not CALD, while 5% didn't know or preferred not to say.[2]

Living with a disability

26%

of respondents reported living with a disability.

65% reported not living with a disability, while 6% did not know and 3% preferred not to say.[3]

LGBTIQA+

22%

of respondents, identified as LGBTIQA+.

73% as not LGBTIQA+, 3% chose not to disclose, and 2% were unsure.[4]

Bridging the Gender Pain Gap – The Inquiry into Women's Pain 2025 11

Bridging the Gender Pain Gap

The Inquiry into Women's Pain Report 2025

Women's Health and Wellbeing Program

Inquiry into Women's Pain

Consultation Methodology

Women's Health and Wellbeing Program

VICTORIA State Government | Department of Health

Contents

Consultation Methodology

Introduction

This document outlines the methodology applied to the analysis of the data that fed into the Inquiry into Women's Pain and subsequent 'Bridging the Gender Pain Gap' report. It includes details of the types of data collected as part of the Inquiry into Women's Pain and how those data were collected, analysed, interpreted and reported.

Consultation objectives

The Victorian Government's Inquiry into Women's Pain sought to better understand the experiences of women and girls over 12 years of age with pain and inform the development of recommendations to achieve better health outcomes.

Safer Care Victoria and the Inquiry into Women's Pain Subcommittee led the Inquiry. The Inquiry Subcommittee reports to the Victorian Women's Health Advisory Council, which is chaired by the Minister for Health, the Hon. Mary-Anne Thomas. The Department of Health supported all the above-mentioned stakeholders throughout the Inquiry process.

The Inquiry into Women's Pain set up a comprehensive consultation process with the Victorian community and health sector aimed to:

- Provide an opportunity for girls and women to share their experiences of pain and pain management in their own words, and for these experiences to be heard and acknowledged.
- Identify the barriers and enablers when accessing care, treatment and services for pain conditions.
- Describe the impact of the current service delivery system on care for pain conditions.
- Identify opportunities to improve the care, treatment and services for pain conditions.
- Consider appropriate models of care, service delivery frameworks, workforce skill mix and other areas requiring change.
- Translate research and evidence-based interventions that address unwarranted sex and gender variations and improve the equity of outcomes relating to the access and efficacy of pain management.

Our guiding principles

Intersectionality – to recognise how gender, ethnicity, sexuality, and social factors intersect to create privilege or disadvantage.

Cultural and psychological safety – to work inclusively without discrimination, while recognising the lasting impact of colonisation to create an environment that is safe for girls, women and gender diverse people.

Trauma-informed – to acknowledge trauma's impact on lived experiences and take proactive, safe, empowering, and collaborative measures.

Audiences

The Inquiry into Women's Pain gathered insights from a wide range of audiences with a primary focus on hearing directly from Victorian women and girls over 12 years of age with living or lived experience of pain.

In addition to women and girls, the Inquiry targeted consultation to a wide range of stakeholders including:

- Carers and family members of women and girls over 12 years with living and lived experience of pain, to understand their experiences of pain for their care recipient, treatment approaches, and interactions with the healthcare system.
- Healthcare professionals, to understand their perspectives on treatment of pain in women.
- Organisations, to gather information about existing services and programs for women with pain.
- Researchers, to incorporate evidence-based findings into recommendations.
- University educators , to understand what preparatory curriculum supports current practices.

It also considered experiences of individuals from diverse backgrounds and priority populations, including Aboriginal and/or Torres Strait Islander women, women from culturally and linguistically diverse backgrounds, women living with disabilities, women living in regional or rural Victoria, the LGBTIQA+ community and women who are victims or survivors of violence.

Promotional approach

Following the Inquiry into Women's Pain launch on 30 January 2024, consultation opportunities were promoted to ensure a broad range of insights were captured. These efforts included:

- Publicity and outreach through media coverage helped raise awareness and encourage participation. Outreach efforts, including media coverage and paid social media promotion, ensured a large and diverse participation in the consultation.
- Collaboration with stakeholders identified by Safer Care Victoria, the Department of Health, the Victorian Women's Health Advisory Council and the Inquiry into Women's Pain Subcommittee. This ensured that a comprehensive communications and engagement was delivered to reach priority cohorts.
- Partner amplification with key sector and women's health stakeholders supporting promotion of the consultation through their networks.

Consultation design

The Inquiry process was facilitated through three stages of consultation:

1. **Written submissions** were encouraged from individuals, organisations and community groups to share women's pain experiences and challenges faced in accessing care.
2. **Online surveys** hosted on Engage Victoria, an online platform for public engagement, which allowed women and girls, carers, families and healthcare professionals to share their experiences.
3. **Focus groups and community forums** provided community members, healthcare professionals and organisation representatives opportunities for in-depth discussions to capture qualitative data.

Written submissions and online survey

Three online surveys were designed for consultation — for women and girls, for carers and families, and for healthcare professionals.

Surveys were chosen as a consultation tool because they were easy to implement, capable of collecting many responses and cost effective.

Both the survey for women and girls, and the survey for carers included 21 questions, noting that the question language was modified for the carers and families survey to reflect responses from a carer perspective. The healthcare professionals survey comprised 11 questions.

Demographic questions were asked in all three surveys. For all questions, participants were given the option to answer, or not answer (prefer not to say) or skip the question entirely.

Surveys included a combination of multiple choice and open-ended questions.

The women and girls survey was published in plain English and translated into 10 community languages referred to in the report as 'Other Language Survey' to increase reach within culturally and linguistically diverse communities. Translated languages were Arabic, Simplified Chinese, Traditional Chinese, Dari, Greek, Italian, Khmer, Punjabi, Turkish and Vietnamese. Promotional materials, such as social media tiles, were also translated to increase awareness amongst this priority cohort.

Written submissions were accepted between 30 January and 31 July 2024. They were designed to allow for in-depth data capture from a range of individuals and organisations with relevant expertise. Written submissions were promoted alongside the surveys as an alternative opportunity for participants to share more in-depth qualitative data if desired.

In-person activities (focus groups and community forums)

Public community forums held in August 2024 provided opportunities for the public to participate in in-person consultations. They were held in metropolitan Melbourne (Caroline Springs) and regional Victoria (Bendigo) to hear diverse perspectives from across the state.

Attendance for the community forums was managed through a promotional activity across social media, targeted emails and local services such as childcare centres and local councils.

Additional community forums were held throughout 2024 by local members of parliament (MPs) to engage local constituents around their experiences of pain and pain care.

Focus groups were conducted in mid-2024 and involved a mix of online and in-person sessions targeting consumers, healthcare professionals and organisations supporting women and girls. To capture a breadth of insights, they targeted organisations related to specific health conditions, rural and regional women and other priority cohorts. Each organisation was engaged separately and where appropriate, some organisations had more than one session due to demand and to ensure diversity of voices. Participants formed small groups during in-person sessions and breakout rooms during online sessions to ensure all participants had an opportunity to contribute. Focus groups were recorded and transcribed with the permission of the group participants.

Table facilitators and scribes were used to support and capture in-depth discussions and qualitative data sharing about the personal experiences of girls, women and carers, the challenges they had experienced and recommended opportunities for improving pain care and women's healthcare in Victoria. A set of questions was shared with the consultation participants to stimulate a discussion. Participants were encouraged to speak freely, in a safe environment and were not restricted to the shared set of questions. The same approach was used for consultations with healthcare professionals.

Data collection

A Privacy Impact Assessment (PIA) was undertaken at the commencement of the process. This determined that the data protection was aligned with the Information Privacy Principles (IPPs) and Health Products Portal (HPP).

Department of Health Centre for Research and Evaluation (CERE) assessed the Inquiry consultation strategy and consumer engagement as part of normal government business that did not require Human Research Ethics Committee (HREC).

Written submissions and online survey

Written submissions collected data from 30 January to 31 July 2024 and received a total of 324 submissions. 203 submissions from women, girls and carers, 102 from organisations and 19 from healthcare professionals.

The Engage Victoria surveys were live from 28 March to 31 July 2024.

A total of 12 ,792 survey responses were collected via the surveys. 11,965 responses from the women and girls survey, 418 responses from the carers survey and 409 responses from healthcare professionals survey.

Any references to a woman, women, or girls are intended to include anyone who may experience similar health issues or gender-based discrepancies in care. This includes those assigned females at birth and anyone who identifies as a woman, though they may have a different sex at birth.

All data collected from the survey and submissions were deidentified and exported into an Excel file to be cleaned and validated.

In-person activities (Focus groups and community forums)

A total of 41 sessions were undertaken and a total of 211 women participated in focus groups and community forums.

Two community forums were held - one in Caroline Springs on 7 August 2024 and the other in Bendigo on 23 August 2024.

A total of 34 participants joined the sessions to share their experiences and provide feedback on their interactions with the healthcare system.

All data collected from the focus groups and community forums were deidentified and exported into an Excel file to be cleaned and validated.

Data Analysis

Inquiry into Women's Pain data analysis was conducted by Urbis (consulting firm) and Safer Care Victoria and guided by the Inquiry's Subcommittee.

A combination of quantitative and qualitative methodology was deployed to conduct the data analysis of the data that were collected as part of the Inquiry into Women's Pain.

Quantitative analysis refers to measurable data that can be validated, such as demographic questions and measuring pain experience. Qualitative analysis investigates data in words on thoughts, feelings, opinions, experiences and other descriptive information, such as open-ended questions.

Survey quantitative responses were analysed using a combination of Microsoft Excel and the statistical software package SPSS (Statistical Package for the Social Sciences). All valid responses, with over 80% completion (this threshold was used to ensure the reliability and comprehensiveness of the data) were included in the analysis.

All questions in the surveys were optional and consequently not all respondents answered every question. Therefore, the base sample number for each question varies and is identified in the data for each question. For the demographic questions, blank responses were classified as "prefer not to say".

Statistical significance testing was undertaken across key demographic groups, where appropriate. Significance testing is used to determine whether the observed results in a dataset are due to chance or reflect a true effect in the population.

Cross-tabulations at the 95% significance level ($p=0.05$), have been used to identify statistically significant differences between proportions of various groups of respondents. Significance testing was utilised to identify noteworthy differences between groups. Differences in mean ratings across respondents have been noted but not tested for significance.

'Back-coding' refers to the practice of categorising open-ended 'other (please specify)' responses back into pre-defined question answer options where appropriate to allow for a more nuanced, accurate and meaningful analysis of data.

Key demographic groups identified as priority cohorts included:

- LGBTIQA+
- Aboriginal and/or Torres Strait Islander
- culturally and linguistically diverse
- women living with a disability
- over 60 years of age
- women living in regional Victoria.

Qualitative data, captured through the surveys, online written submissions, focus groups and community forums and open-ended responses, were analysed using NVivo software, using thematic analysis techniques. The code framework was informed by the Inquiry's Terms of Reference and was developed in consultation with SCV, Urbis and the Inquiry into Women's Pain Subcommittee.

Coding in data analysis refers to labelling, organising and categorising data to provide a structured framework for analysis. The coding analysis for the data collected was conducted by Urbis and Safer Care Victoria in line with agreed list of codes. The coding list was reviewed and validated by the members of the Inquiry's Subcommittee. In the survey, where respondents provided an 'other (please specify)' response these were 'back coded' into the pre-defined options if possible.

Responses from open-ended (qualitative) survey questions were analysed using an inductive thematic approach, drawing on Braun and Clarke's[1] reflexive thematic analysis. An inductive thematic approach is where the analysts review the data without any preconceived ideas or theories of what codes and themes would emerge. The analysts then identify patterns/themes across the data. Words from each participant's response (known as an extract) can be coded (or tagged/labelled) to a short descriptor – connecting the data to a theoretical term. The codes can then be grouped into themes. Analysis of the frequency of codes was also conducted, enabling the data to be quantified.

Proportions have mostly been reported as whole numbers, rounded to the nearest whole number. Where a proportion was less than one per cent these have been reported as '<1%' for clarity and consistency and in line with good practice.

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[1] Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

The survey was open for completion by the general population, using convenience sampling where participants self-selected based on their availability and willingness to take part (in this case, their self completion of the questionnaire using a publicly available web link).

No weighting was applied as convenience samples are inherently non-random and may not accurately represent the broader population. Weighting such a sample could give a false sense of precision and reliability as the biases present in the initial sample would still persist, potentially leading to skewed insights.

Demographic differences collected within the questionnaire between the survey sample and general population were noted in reporting. As exploratory research, the purpose of the inquiry was to listen to the experience of girls, women and healthcare professionals rather than making definitive, generalisable conclusions about a population.

Data cleaning

A process of data cleaning was undertaken for survey data to remove inappropriate responses and maximise the usefulness of the data collected including:

- Removing responses where less than 80% of total survey questions were answered.
- Removing negative responses to the initial screening question.
- Removing responses who were protesting the inclusion of transgender individuals within the survey or who were generally protesting the survey.

These responses were identified through the open-ended survey questions.

The table below outlines the total respondent numbers before and after data cleaning for each survey.

	Women and girls survey	Carers Survey	Health professional survey
Total responses received	12,243	447	425
Responses removed during data cleaning	410	29	16
Total responses analysed	11,833	418	409

Back-coding of 'other' responses was also conducted. For several questions a standard set of responses was provided, and respondents were given the opportunity to enter 'other' and then were asked to specify their response. Where responses were standard, they were back-coded (e.g. the other response 'hot flushes' would be back-coded to 'feeling hot'). This increases the accuracy of the data and allows for more comprehensive reporting.

Limitations

This report treats all participant responses and experiences at face value and the analysis of the consultation data aims to accurately present the voices of women and girls and all Inquiry participants. The evidence base behind the diagnoses, medications and treatments described by the participants was not validated.

The Inquiry's data collection and analysis are subject to several limitations including:

Quantitative data

Across all surveys, the questions were optional and not every survey question was answered by all respondents. As a result, base numbers vary while representing responses for different questions.

The sample size may not be representative of the entire population. The women's survey has a margin of error of approximately +/-0.90%, the health professionals is +/- 4.84% and the carers survey is +/- 4.79%. This means that the true values for the entire population could fall within these ranges above and below the reported percentages.

The survey relied on self-reported data, which can be subject to biases such as social desirability bias or recall bias.

Qualitative data

The written submissions, focus groups and community forums generally provided limited demographic information. As a result, an indicative representation could not be determined across the participants.

Written submissions and survey responses were highly variable in length and information provided, and as a result more difficult to quantify consistent measures across the responses.

Appendix 1
Survey questions

Table 1: Survey questions for women and girls

Question		Type of question
1.	Please describe your experience of pain.	Open
2.	If known, please tell us the medical condition/s that is the cause or attributed to your pain.	Open
3.	Where is your pain located?	Multiple selection
4.	At its worst please rate your pain out of 10.	Multiple selection
5.	For how long have you experienced pain?	Multiple selection
6.	When was the last time you experienced pain?	Multiple selection
7.	On average, how often do you experience pain?	Multiple selection
8.	What other symptoms are associated with your pain?	Multiple selection
9.	Rate how pain impacts different aspects of your life and wellbeing.	Multiple selection
10	Has your mental health been impacted due to your pain?	Multiple selection
11.	Over the past month how often have they experienced the following because of their pain?	Multiple selection
12.	Have you sought help from a professional or service provider to assist you manage your pain?	Multiple selection
13.	If no, what has stopped you from seeking help?	Multiple selection
14.	If yes, who have you sought help from?	Multiple selection
15.	When seeking help has worked well, what assisted you to seek advice or support for your pain?	Multiple selection
16.	Did you experience any of the following challenges with accessing services?	Multiple selection
17.	Please rate how you found the following pain management techniques from 1 (not at all effective) to 5 (extremely effective)	Multiple selection
18.	If you feel comfortable, please specify which non-prescription medications	Open
19.	If you feel comfortable, please specify type and location of surgery	Open
20.	Please specify which other management techniques you use	Open
21.	Is there anything else you would like to share about your experience with pain?	Open

Appendix 1
Survey questions

Table 2: Survey questions for carers and family members

Question		Type of question
1.	Please describe the person's experience of pain.	Open
2.	If known, please tell us the medical condition/s that is the cause or attributed to their pain.	Open
3.	Where is their pain located?	Multiple selection
4.	At its worst, what do they rate their pain out of 10?	Multiple selection
5.	For how long have they experienced pain?	Multiple selection
6.	When was the last time they experienced pain?	Multiple selection
7.	On average, how often do they experience pain?	Multiple selection
8.	What other symptoms are associated with their pain?	Multiple selection
9.	Rate how pain impacts different aspects of their life and wellbeing.	Multiple selection
10.	Has their mental health been impacted due to their pain?	Multiple selection
11.	Over the past month how often have they experienced the following because of their pain.	Multiple selection
12.	Have they sought help from a professional or service provider to assist them to manage their pain?	Multiple selection
13.	If no, what has stopped them from seeking help?	Multiple selection
14.	If yes, who have they sought help from?	Multiple selection
15.	When it has worked well, what assisted the person to seek advice or support for their pain?	Multiple selection
16.	Did the person experience any of the following challenges when accessing services?	Multiple selection
17.	Please rate how the person found the following pain management techniques from 1 (not at all effective) to 5 (extremely effective)	Multiple selection
18.	If you feel comfortable, please specify which non-prescription medications	Open
19.	If you feel comfortable, please specify type and location of surgery	Open
20.	Please specify what other management techniques the person uses	Open
21.	Is there anything else you would like to share about the person's experience with pain?	Open

Appendix 1
Survey questions

Table 3: Survey questions for healthcare clinicians

Question		Type of question
1.	What is your clinical role?	Multiple selection
2.	For how long have you been practicing in this area?	Multiple selection
3.	What best describes the setting(s) you practice in currently?	Multiple selection
4.	What postcode do you primarily work in?	Open
5.	Given your clinical role, what does a good model of care for patients experiencing pain look like to you?	Open
6.	From your experience, what enables good pain management?	Open
7.	What are the barriers to patients receiving good pain management care?	Multiple selection
8.	What changes would you recommend to address the barriers you identified in question 7 in the short term?	Open
9.	What changes would you recommend to address the barriers you identified in question 7 in the longer term (more complex changes)?	Open
10.	Which of the following could assist in improving your ability to provide safe, quality and effective pain care, service or treatment?	Closed question
11.	Is there anything else you would like to add about your experience working with women and girls with pain?	Open

Appendix 2

Community Forum questions

Small group activity 1: Women and girls experience managing pain

Key question: How has living with pain condition/s impacted your daily life?

Optional prompts for facilitators

- If you have seen a doctor or a healthcare worker for pain, how was your experience?
- What do you have trouble doing because of your pain? E.g. working, seeing friends, exercise, hobbies/interests, intimate relationships, caring responsibilities
- What was the financial cost?
- Does managing your pain take up a lot of time?
- How has it affected your health and wellbeing in other ways?

Small group activity 2: Barriers, enablers and opportunities to improve access to healthcare

Key question: How can the health care system improve care and treatment of pain?

Optional prompts for facilitators

- What has helped you manage your pain? (Enablers)
- What would you recommend to someone else in your position?
- What has not helped you manage pain? (Barriers)
- What stopped you from getting the right care at the right time?
- Are there services that you don't have access to that you needed or wanted to access?
- What could change to make your experience easier?

Focus group questions

	Question	Optional prompts for facilitators
Icebreaker/ Introductions	Please introduce yourself and why you are here today if you feel comfortable sharing.	This might include: - Your diagnoses - Your story - A short summary of your pain experience - What your priority is for attending today
Engagement	How has pain impacted your daily life?	What do you have trouble doing because of your pain? Eg. working, seeing friends, exercise, hobbies/interests, intimate relationships
	If you have seen a doctor or a healthcare worker for pain, tell us about your experience?	Who have you seen? Has it created financial burden? Does it take up a lot of time? Has it affected your health in other ways? Eg. mental health concerns
Exploration	What did you find helpful when you were in pain?	What helped you? What would you recommend to someone else in your position?
	What hasn't been effective in helping you deal with your pain?	What stopped your form getting the right care? What were the barriers for you? Other respondents have reported.... Have you experienced any of these?
	How could the health system change to improve care and treatment of pain?	Are there services that you don't have access to that you need? What could change to make your experience easier?

Consumer focus group questions:

Engagement

- How has pain impacted your daily life?
- If you have seen a doctor or a healthcare worker for your pain condition, tell us about your experience?

Exploration

- What did you find helpful when you were in pain?
- What hasn't been effective in helping you deal with your pain?
- What could services do better to help with your pain? This could be anything from your GP, the dentist, or the hospital.

Healthcare professional focus group questions:

Engagement

- How is the current system impacting on your ability to provide high quality care to those with pain?

Exploration

- What are the enablers to providing appropriate pain care?
- What are the barriers to providing appropriate pain care?
- In what ways can the healthcare system and/or your service change to improve pain care and treatment?

Content from the Department of Health's Inquiry into Women's Pain submissions webpage

Making a submission

The Inquiry seeks submissions from anyone with information or interest in the Inquiry into Women's Pain as outlined in the call for submissions document.

This includes but is not limited to Victorian girls and women from 12 years of age with living or lived experience of pain, carers, healthcare providers, health services, organisations, and researchers.

You are invited to read the Call for submissions (Terms of Reference) and make written submissions by 31 July 2024.

Call for submissions (Terms of Reference)

Context

It is well established that women and men experience pain differently and respond differently to pharmacological and non-pharmacological pain interventions. Chronic pain affects a higher proportion of girls and women than men around the world; however, women are less likely to receive treatment. Research has also shown that women generally experience more recurrent pain, more severe pain, and longer lasting pain than men. Moreover, there are types of pain that impact women disproportionately, such as musculoskeletal, abdominal, head and neck pain. Persistent pelvic pain is another condition and is estimated to affect between 15 and 25% of women and is rarely spoken about. It is estimated that pelvic pain costs Australians more than $6 billion annually in direct costs.

Women face real and enduring challenges when seeking care and support for pain. At nearly every level of healthcare, men's health claims are treated as the default. In comparison, girls' and women's claims are often viewed as a-typical, exaggerated, and even completely fabricated. Women are adversely impacted as they lose time, money, and their lives trying to navigate a healthcare system designed for and around men. Medical gender bias routinely leads to a denial of pain and therefore pain relief and associated treatment for female patients. This occurs for a range of health conditions including cardiovascular, neurological, reproductive, and autoimmune conditions.

It is important that as a state we understand what best care is for girls and women by hearing and acknowledging what their views and experiences are and learning from exemplar clinical practice. In 2023-24, the Victorian Government committed $159.3 million as part of the Women's Health Reform Program to change the way women's health issues are treated and includes an inquiry into women's pain. Established in September 2023, the Victorian Women's Health Advisory Council will provide independent expert advice to government on implementation of the program. The Council will be supported by the Inquiry into Women's Pain Subcommittee that will guide delivery of the Inquiry into Women's Pain, led by Safer Care Victoria.

Purpose

To conduct an inquiry into women's pain in Victoria that will provide an opportunity for the experiences of girls and women to be heard and acknowledged. The inquiry will report on these experiences and ensure that they inform the inquiry's understanding of systemic issues and solutions that will form the basis for improved patient care.

Scope

The Inquiry will report on Victorian girls and women from 12 years of age with living and lived experience of pain and consider opportunities to improve access to treatment and care.

It will:

1. provide an opportunity for girls and women from across our community to share their experiences of pain and pain management in their own words, and for these experiences to be heard and
2. listen to the experience of girls, women and clinicians to identify the barriers and enablers when accessing care, treatment and services for pain
3. describe the impact of the current service delivery system on care for pain
4. identify opportunities to improve the care, treatment and services for pain
5. consider appropriate models of care, service delivery frameworks, workforce skill mix, and other areas requiring change.
6. translate research and evidence-based interventions that address unwarranted sex and gender variations and improve the equity of outcomes relating to the access and efficacy of pain

The Inquiry will explore the areas above by:

- applying an intersectional lens when listening to, and acknowledging individual's experiences of pain, including those living with chronic and persistent conditions, such as endometriosis, migraine and fibromyalgia.
- consulting with clinicians, service organisations and stakeholders involved in the care, detection, diagnostics, treatment, and support of those living with pain
- This process will be facilitated through:
- submissions from community and sector stakeholders
- survey of girls and women with lived experience and healthcare workers
- community consultations with girls, women, healthcare workers and key

The Subcommittee will deliver a final internal report of the Inquiry into Women's Pain to the Victorian Women's Health Advisory Council by December 2024. The Inquiry report will include recommendations to inform improved models of care and service delivery for Victorian girls and women experiencing pain in the future.

How to prepare a submission

While there is no set format for a submission, submissions should relate to the Terms of Reference of the Inquiry's scope as outlined in the call for submissions document.

You don't need to address all focus areas, only what is relevant to you. This can be presented as a short letter or research paper.

Please note that if your submission does not address the scope of the Inquiry, it may be considered ineligible.

Where possible, please provide any relevant data, evidence and/or references that support your opinion. This could be independent research findings.

If you are making a submission on behalf on an organisation or group, please indicate who authorised it, for example, the executive committee.

Lodging your submission

You need to email your submission to paininquiry@safercare.vic.gov.au by 5pm 31 July 2024.

Your submission will include:

- your main submission (word or PDF file)
- the completed Inquiry into Women's Pain submission template
- any supporting attachments (optional)

By providing your submission, you acknowledge that you have read and understood all the information detailed in the privacy collection notice and agreed to provide your submission.

Please do not send password protected files, remove any track changes, editing marks and hidden text prior to submission. Do not include any identifying information relating to other individuals.

There is a 20 MB limit per email. If this is exceeded, we may not receive your submission.

Please contact paininquiry@safercare.vic.gov.au if you have any issues or need further assistance with lodging your submission.

Content from Inquiry into Women's Pain submissions template to accompany submitters' word or PDF submission file

Inquiry into Women's Pain Submission Template

Submission details

Please note this form must be completed by a person over the age of 18. Submitters under the age of 18 should have this form completed by a parent or legal guardian.

This submission represents:

☐ my personal or professional view
☐ the views of an individual researcher, an organisation, or group/s
☐ the personal view of an individual I am a parent or guardian of
☐ the personal view of an individual I am a carer or friend of.

Organisation, individual researcher, or group/s name (if applicable):

Name of approver (if applicable):

If you are making a submission on behalf on an organisation or group/s, please indicate who authorised it. For example, the executive committee.

Submission contact

Contact consent

Contact details will only be used if the inquiry requires further details to process your submission.

Please note: if you do not provide contact details and we need further information from you, we may not be able to process your submission.

☐ I agree to be contacted if the inquiry requires further details to process my submission.
☐ I do not agree to be contacted if the inquiry requires further details to process my submission.

Preferred contact number (optional):

Email (optional):

Privacy

Please read the privacy collection notice to understand how your information will be used and indicate by selecting the box below that you have read it.

☐ I have read the Privacy Collection Notice

Publishing of your organisation or group/s or individual researchers name in the final report

Submissions will be aggregated and analysed to generate summaries of key findings for the purposes of the inquiry report and recommendations. All submissions will be confidential and deidentified by default.

Quotes or excerpts from responses may also be used in the inquiry public report. The Department of Health will take reasonable steps to de-identify any quotes or excerpts used. Submitters are asked not to include any identifying information relating to third parties, including organisations or individuals.

If you are a researcher or clinician, or representing a group or organisation, and your information, such as a quote or excerpt is referenced in the final report, please indicate whether you would like your name or your organisation/group name to be published in the final report. If you do not opt-in to this consent your submission will remain confidential.

Please select the below to opt-in:

☐ I consent to my name or organisation or group/s name to be made public in the final report.

Staying in touch

Future updates

If you have provided your contact details, please indicate if you would like to be contacted to receive updates about the Women's Health and Wellbeing Program?

☐ Yes, I would like to receive updates about the Women's Health and Wellbeing Program.

☐ No, I would not like to receive updates about the Women's Health and Wellbeing Program.

Appendix 5
Organisations and focus group written submissions

AMA Victoria

ANMF (Vic Branch)

ARC Working From Home Research Team

Association of Professional Therapists

Australian College of Midwives

Australian College of Nurse Practitioners

Australian Longitudinal Study on Women's Health

Australian Physiotherapy Association

Australian Porphyria Association

Australian Psychological Society

Australian Psychological Society (Repeated)

Australasian Birth Trauma Association

Australasian Pelvic Floor Procedure Registry (Monash University)

Bendigo Community Health Services

Birth for Humankind

Chronic Pain Australia

Chronic UTI Australia

CoHealth

Community Health First

Connective Tissue Disorders Network Australia

Council on the Ageing

Department of Media and Communications, School of Social Sciences, Media, Film and Education Swinburne

Department of Rural Health, Centre for Excellence in Rural Sexual Health

Dying with Dignity Victoria Inc

Eastern Health

EMILY's List Australia

Endo Articles

Endometriosis Management Plan

Everybody sexology and relationships

Emerge Australia

Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne

Faculty of Pain Medicine ANZCA

Gen V

Gen Vic

Global Healthy Living Foundation Australia and CreakyJoints Australia

HACSU

Jean Hailes for Women's Health

Judith Lumley Centre, La Trobe University

Kat Theophanous MP State Member for Northcote

Jacinta Ermacora MP

La Trobe University

Law and Advocacy Centre for Women

Lipoedema Australia

Medical Developments International

Melbourne Academic Centre for Health

Mercy Hospital

Mercy Hospital for Women Leadership Team

Metagenics

Mind-Body Research in Health Laboratory

Monash City Council

Monash Health

MoreGoodDays

Multicultural Centre for Women's Health

National Council of Women Victoria

Ovarian Cancer Research Foundation

Olga Tennison Autism Research Centre (La Trobe)

PainAustralia

Parents of Adolescents with Gender Distress

Pelvic Pain Australia

Pelvic Pain Victoria

PhD candidate at University of Monash

Physiotherapy University academics and Australian College of Physiotherapy clinical specialists from University of Melbourne

Portable

Pregnancy Massage Australia

QENDO

RACGP

Real Deal for Geelong

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Royal Women's Hospital

Safe and Equal

Sexual Health Victoria

Sexual Medicine and Therapy clinic

Slater and Gordon Lawyers

Society of Hospital Pharmacists of Australia - Victorian Branch Committee

The Australian Medical Students Association

The Gynaecology department at The Royal Children's Hospital

The Murdoch Children's Research Institute

The Pharmacy Guild of Australia

Victorian Aboriginal Health Service

Victorian Alcohol & Drug Association

Victorian Branch of the Australian Breastfeeding Association

Victorian Healthcare Association

Victorian Pain Psychologists Working Group

Victorian Trades Hall Council

Victorian Women's Guild

Victorian Women's Health Services Network

Victorian Women's Trust

VACRO

Wellsprings for Women and Women's Health in the South East

Western Victoria Primary Health Network

WHISE & Afri-Aus Care

Wild at heart

Women of the State District of Macedon

Women with Disabilities Victoria

Women's Health East

Women's Health Grampians

Women's Health Loddon Mallee

Women's Forum Australia

Appendix 6
Organisations engaged through focus groups

CMO Directors of Medical Services

Directors of Surgery

East Gippsland Lakes Community Health

Jean Hailes

Lakes Entrance Aboriginal Health Association

Migraine and Headache Australia

Musculoskeletal Australia

CPO Paramedic Clinical Deans

Robyn Newitt (First Nation community)

Stroke Foundation

Sunraysia Community Health Service - Mildura

Thorne Harbour

Victorian Allied Health Council

Victorian Allied Health Strategic Directors Meeting

Victorian Disability Advisory Council and Women with

Disabilities Victoria

Victorian Medical Council

Victorian Post acute COVID Sequelae research group

Victorian Refugee Health Network

Youth Advisory Council Victoria

a Elena Divya Rachel Hannah Najwa
ka Linda Susan Sobia Shruti Vaomua
Taylor **It’s** Erin Antonella Vanessa Ch
Ruby Ya-Ting Kyung Paige Tiên Meir
ùy Thea Alex Sienna Maya Nathalie J
Amelia Ping **time** Rina Emily Emma Ge
ia Isabella Pia Chloe Ana Celina Yar
Yīng Joy Jennifer Alethea Mei Amrit
ni Li Nikita Jacinta Eve Louise Carol
nkie Rebecca Xiu Fahara Maria So-J
Claire **your** Priyanka Likha Bhavani T
ra Zahara Grace Aiko Meriem Alison
elissa Eleanora Wendy **voices** Betul Bi
nnie Margaret Olympia Aishwarya Ol
Charlie Xanthe Liat Liên Cindy Marja
Ting Saanvi **were** Brigitte Minh Carin
rani Amihan Delfina Elena Divya Rac
Julia Fiona Deepika Linda Susan So
ta Duyen Renuka Taylor **heard** Erin A
echan Rashmi Freya Ruby Ya-Ting Ky
ss Lorena Meika Jai Thùy Thea Alex S
ushi Linh Mira Anja Liz Tara Amelia P
a Ài Leila Vikki Orla Tahlia Mia Isabell

VICTORIA
State
Government

Department
of Health