Bridging the Gender Pain Gap

The Inquiry into Women's Pain Report 2025

Women's Health and Wellbeing Program

VICTORIA State Government | Department of Health

Foreword

As part of the Victorian Government's Women's Health and Wellbeing Program, we are honoured to deliver the landmark Inquiry into Women's Pain Report 2025.

Throughout this Inquiry, Victorian women and girls have spoken loud and clear. We are deeply grateful to the 13,000+ individuals who shared their experiences through consultation opportunities including community members and clinicians via our Engage Victoria Survey, written submissions, and peak bodies and participants in focus groups. Your courage and willingness to speak out have been instrumental in shaping this report.

Your stories highlight the widespread impact of chronic pain, with 90% of respondents experiencing pain lasting over a year (many daily or constantly). Beyond the physical toll, pain affects mental health, employment, relationships, and overall wellbeing – and this limits opportunities in education, at work, and socially.

We also heard about barriers in the healthcare system, including medical gender bias, stigma, and a lack of specialist knowledge. Many women stated they were dismissed or gaslit, or struggled to access appropriate care due to financial costs, long wait times or a system unprepared to address their pain adequately.

This landmark report captures these lived experiences and presents recommendations to government on how to improve healthcare services, ensuring women, girls and gender diverse people receive the care they deserve.

We extend our sincere thanks to the Victorian Women's Health Advisory Council and the Inquiry into Women's Pain Subcommittee for their leadership and dedication.

We also wish to thank the Hon. Mary-Anne Thomas, Minister for Health, and Kat Theophanous MP Parliamentary Secretary for Women's Health for their ongoing commitment to this Inquiry and leadership in women's health.

Most importantly, we acknowledge every individual, family, and group who participated in this Inquiry.

We hope that this report is a catalyst for change and is embraced by our community, public and private healthcare services, educational institutions and governments alike; united by a shared goal to close the pain gap and give our women and girls the kind of life they all deserve.

Professor Sue Matthews & Fi Macrae
Co-Chairs, Inquiry into Women's Pain Subcommittee

Acknowledgements

Safer Care Victoria (SCV) Executive Sponsor:
Associate Prof. Louise Reynolds

Inquiry into Women's Pain Subcommittee members:
Prof. Sue Matthews (Co-Chair), Fi Macrae (Co-Chair), Prof. Kate Seear (Deputy Chair), Dr Marilla Druitt, Dr Ruth Hardman, Prof. Megan Galbally, Dr Sarah Borg.

Safer Care Victoria

Department of Health

Urbis

Victorian Women's Health Advisory Council members

Victorian Government Library Service

Individuals and organisations who participated in consultation as part of this Inquiry.

To receive this document in another format email **pph.communications@health.vic.gov.au**

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

ISBN 978-1-76131-759-0 **(Print)**
ISBN 978-1-76131-760-6 **(PDF/Online/Microsoft Word)**

A message from the Premier of Victoria and Minister for Health

We are incredibly proud to present the Inquiry into Women's Pain Report 2025 – a historic moment in women's health. This Inquiry is the first of its kind, giving Victorian women and girls a platform to share their experiences of pain and healthcare. It represents a bold commitment to listening, learning, and taking meaningful action to improve pain management and healthcare outcomes.

Women and girls make up over half of Victoria's population, yet their health needs have been systematically overlooked. As Premier and Minister for Health, we are committed to driving gender equity in healthcare, delivering better services closer to home, and ensuring that gender-based pain is no longer ignored.

Over eight months of consultation, we engaged with thousands of Victorians, including community members, clinicians, and peak bodies, to understand the challenges they face. The evidence is clear – chronic pain disproportionately impacts women, affecting their daily lives, relationships, employment, and overall wellbeing. Many women and girls experience pelvic, lower back, abdominal, limb, and neck pain, yet face dismissal, misdiagnosis, unaffordable care, and long wait times when seeking help. These barriers must be addressed.

The Inquiry resulted in 27 recommendations developed across seven key areas, setting a clear roadmap for reform. These recommendations will guide system-wide improvements to ensure women's pain is recognised, understood, and properly treated.

We extend our sincere gratitude to Victorian women, girls and gender diverse people who bravely shared their experiences, shaping this report. We acknowledge the Inquiry's Subcommittee and its Co-Chairs Professor Sue Matthews and Fi Macrae as well as Safer Care Victoria, and the Department of Health for their leadership and commitment to this crucial work.

We also thank Kat Theophanous MP Parliamentary Secretary for Women's Health for her oversight of the women's health and wellbeing program and facilitation of numerous community forums as part of the Inquiry.

This is the turning point in Victorian women's health – a time when we came together to drive lasting, systemic change for women and future generations.

Hon Jacinta Allan MP
Member for Bendigo East
Premier

The Hon Mary-Anne Thomas MP
Member for Macedon
Minister for Health

Acknowledgement of Country

The Inquiry into Women's Pain acknowledges the strength, power and resilience of Aboriginal and Torres Strait Islander people as members of the world's oldest living culture. The Inquiry recognises Aboriginal and Torres Strait Islander people as Australia's First Peoples and honours the richness and diversity of all Traditional Owners across Victoria.

The Inquiry respects the lore, customs and languages practised by Aboriginal and Torres Strait Islander people in Victoria and their deep spiritual and cultural connections to land and water. The Inquiry is committed to a future based on equality, truth and justice and recognises the ongoing systemic injustices faced by Aboriginal and Torres Strait Islander people. Victoria's treaty and truth-telling processes offer a chance to address these wrongs, empowering Aboriginal and Torres Strait Islander people to make decisions for their communities.

The Inquiry pays its deepest respects to ancestors, Elders and leaders, past and present, whose strength and fortitude have paved the way for future generations.

Acknowledgement of women and girls

The Victorian Government acknowledges the courage and strength of the women and girls who shared their personal stories of pain. Their voices and experiences are invaluable and have provided critical insights that will shape meaningful change and better health care for all.

Based on these sources, a selection of case studies and quotes appear throughout this report. These case studies and quotes reflect common challenges shared by women and girls experiencing pain, and identify opportunities for system improvement.

A statement on language

Language is an effective tool for changing community attitudes and promoting inclusion. We recognise that words are powerful and can have different meanings for different people.

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 female at birth and anyone who identifies as a woman, though they may have a different sex at birth.

Please read with care

The Inquiry recognises the strength of women and girls who have shared their personal stories and perspectives.

Some of these stories, and the Inquiry's analysis, contain information that could be distressing. You might want to consider how and when you read this report.

Aboriginal and Torres Strait Islander readers are advised that this report may contain photos, quotations and/or names of people who are deceased.

If you are upset by any content in this report or if you or a loved one need support, the following services are available:

- If you are looking for a health service, visit betterhealth.vic.gov.au.
- If you are not in immediate danger but you need help, call NURSE-ON-CALL on 1300 60 60 24.
- For crisis support, contact Lifeline on 13 11 14.
- For mental health support, contact Beyond Blue on 1300 224 636.
- If you are in a situation that is harmful or life-threatening, contact emergency services immediately on 000.

Data limitation

This report takes all participant descriptions and experiences at face value, and analysis of the consultation data aims to accurately represent experiences of Inquiry respondents. The Department of Health did not validate the evidence base behind the diagnoses, medications and treatments described by the respondents.

This project was undertaken subject to several limitations within the data. Inquiry respondents self-selected to participate in this research and the department acknowledges that there may be many voices who we have not heard from as part of this work due to lack of opportunity, resources or inclination to participate. The analysis and findings of this Inquiry only represent the experience reported by Inquiry respondents, and not the broader Victorian population. Further details about data limitations and the methodology of the Inquiry into Women's Pain are provided in the Bridging the Gender Pain Gap Report Methodology.

Disclaimer

The Department of Health acknowledges the contribution of the Victorian women who participated in the photography shoot for the Women's Health and Wellbeing Program whose images are used in the Women's Pain Inquiry Report. The individuals shown in these photographs are used for illustrative purposes only and do not necessarily represent, endorse, or reflect the views and opinions expressed in the report. By using these images, the Department is not implying that the individuals pictured have a lived or living experience of pain or have experienced gender bias when seeking healthcare.

The contents of this report are provided for information purposes only. Information or reference to a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained in this report are not intended to constitute a comprehensive guide concerning all aspects of women's pain or a gender bias when seeking healthcare described in the report. The State of Victoria and the Department of Health shall not bear any liability for reliance by any user on the material contained in this report.

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Executive summary

The Inquiry's insight into women's health and wellbeing in Victoria

From misdiagnoses to chronic, unmanaged pain, many girls and women in Victoria experience poor health in their day-to-day lives.

To bridge the gap in women's healthcare, the Victorian Government is leading the delivery of a $153.9 million package to change the way women's health issues are treated. As part of this, the government launched an Inquiry into Women's Pain to investigate women's experiences of pain and their care.

The Inquiry into Women's Pain, the first of its kind in Australia, was conducted between January and October 2024, engaging thousands of Victorian women and girls, carers, clinicians, peak bodies, and researchers. It provided a platform for women and girls with lived experiences of pain to be heard, and informed actionable recommendations for healthcare policy and practice, and improved care models.

The Inquiry involved three stages of consultation:

1. surveys for women and girls with lived and living experience of pain, their carers, and healthcare professionals;
2. online written submissions from community and stakeholders, including healthcare professionals, peak bodies and researchers
3. focus groups and community forums with key stakeholders and community members.

It examined barriers to accessing care, the impact of current services, and opportunities for improvement, while also exploring evidence-based interventions, workforce skills, and service delivery reforms to enhance pain management and drive more equitable healthcare outcomes. The Inquiry also reviewed existing research that investigates similar themes on the experience of pain outlined in the consultation. Much of this mirrored the experiences of the women and girls consulted as part of the Inquiry into Women's Pain, and these studies are referenced throughout the report. A full list of references can be found in the Appendix document that accompanies this report.

> **"I have never felt seen or heard when it comes to my pain...Something needs to change in Victoria."**
>
> **– Survey respondent, women and girls survey**

We asked. Women answered. This is what they had to say.

The Victorian Government is incredibly grateful to the women and girls who shared their experiences, with the Inquiry receiving over 13,000 responses. The magnitude of this response highlights some of the system deficits contributing to poorer health and wellbeing outcomes for some women and girls as well as the passion and enthusiasm of the community to make system-wide improvements.

Ninety per cent of respondents experienced pain that lasted over a year, with 54% experiencing it daily and 31% experiencing it constantly. Women with disabilities and LGBTIQA+ individuals reported higher rates of prolonged pain and 25% of respondents rated their pain as a 10 out of 10 in terms of intensity. Menstrual and hormonal conditions stood out as key issues, affecting 40% of respondents.

It's time to stop pretending that women's pain doesn't exist

There are substantive reasons why some women and girls find it difficult to access care and support for pain. A health system built around Caucasian male biology, coupled with historically low investment in women's health research, has left many without effective pain relief or treatment. As a result, women and girls spend years searching for diagnoses and support – all while symptoms worsen and funds are drained on therapies that may or may not work.

Many medical models and clinical guidelines overlook sex and gender differences, leading to gaps in diagnosing and treating conditions that affect women, girls and gender diverse people. Beyond physical health, pain has widespread impacts on mental health and wellbeing, economic participation, and overall quality of life. Fifty-nine per cent of respondents reported that pain affected their recreation and hobbies, 52% their intimate relationships, and 44% their work, studies, or volunteering.

All these factors have a compounding effect on someone's quality of life. Perhaps they'll miss days of work or have no choice but to work fewer hours. They may then find themselves in a cycle of pain, financial stress and emotional distress with no relief in sight. In fact, 89% of women with disabilities told us that their pain also affected their mental wellbeing. This led to fatigue, sleep disturbances, feelings of shame, guilt and helplessness, and even thoughts of self-harm for some people. One woman described her life as "an existence in a bubble of hell".

> "I have worked all my life but I am now struggling financially as I have emptied my savings to afford treatments. I have been unable to work full time or live independently since my fibromyalgia has worsened. I would be homeless if I didn't have the support of my family and friends."
>
> **– Survey respondent, women and girls survey**

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.

5 key learnings from the Inquiry into Women's Pain

From surveying thousands of women and girls and listening to their stories, the scope and impact of women's pain became abundantly clear:

1. Unmet healthcare needs

While most women seek medical care, many respondents stated their needs are not met. Experiences of dismissal, disrespect, and inadequate treatment are widespread, leading to distrust in the system.

2. Gaps in research and representation

Limited local and international research available on sex and gender disparities contributes to inconsistent and inequitable pain management, leaving many women and girls without appropriate care.

3. Gender bias in healthcare

Bias in pain perception leads to women's pain being underestimated and inadequately treated. Cultural norms, language barriers, and stereotypes about women's biology contribute to limited access and engagement with healthcare services.

4. Barriers across communities

Women living in regional and rural Victoria, Aboriginal and Torres Strait Islander women, LGBTIQA+ communities, and women with disabilities face greater challenges in accessing and navigating healthcare, often travelling long distances or experiencing systemic discrimination.

5. A call for change

Women want to be heard without bias or judgment, treated with empathy and respect, empowered to make informed decisions about their health, and able to access affordable, effective care easily. Pain is multifaceted and experienced by girls and women in many ways. Interventions are required on physical, psychological and social levels to make a lasting difference for Victorian girls and women. Women, girls and gender diverse people with living and lived experiences of pain deserve to live fulfilling lives and participate fully in the economy and society.

Victoria's commitment to positive change

Delivering on the Victorian Government's commitments and building from the *Listening to Women's Voices Report* in 2023, this Inquiry seeks to spotlight the experiences of Victorian women and girls to drive institutional, systemic and cultural change.

Through consultation with thousands of women and girls, a need for greater research into women's pain has been identified as well as the treatments and interventions that may help women and girls with chronic pain conditions. Public and professional awareness-raising on women's health across a life course is essential to promote gender equality in care and drive improved health outcomes.

The Victorian Government wishes to recognise good practice, the efforts of many health professionals in providing quality care for girls, women and gender diverse people, and the importance of leveraging the work that is already underway to improve the healthcare system.

The aim is to create a system where everybody is provided with a pathway for support, where we have an integrated system, including public and private care, and across primary, secondary and tertiary care. The aim is to create a system that sees women as partners in their healthcare, and that listens and responds to the needs and concerns of women. This report sets out the findings of the Inquiry into Women's Pain, and recommendations to inform improved models of care and service delivery for Victorian women and girls experiencing pain.

7 key recommendation areas

An overview of recommendations

The Inquiry into Women's Pain has identified the following recommendations. More details on each are provided further in this report.

1. Women's health research

1.1 More focus and funding for women's health research including women's pain
1.2 Embed sex and gender specific framework for ethics approval
1.3 Improve clinical standards and support best practice
1.4 Develop a Clinician's Resources Library

2. Policy strengthening

2.1 Develop a women's pain action plan
2.2 Embed lived experience principles
2.3 Improve workplace policies that better support women with pain

3. Training & professional development

3.1 Improve education and training opportunities for health services
3.2 Introduce consistent sector-wide pain related training requirements
3.3 Embed women's health in medical education
3.4 Establish an advice service for clinicians

4. Cultural change & public awareness

4.1 Raise public awareness to reduce gender bias and stigma
4.2 Establish a pain virtual library for community and educators
4.3 Make health information more accessible and culturally appropriate
4.4 Expand school education program

5. Models of care

5.1 Enable person-centred care
5.2 Establish clear referral pathways
5.3 Embed pain coordination in women's health clinics
5.4 Cross-sector information sharing
5.5 Improve non-surgical referral pathways
5.6 Expand access to allied health
5.7 Embed peer support models

6. Building our workforce

6.1 Support workforce recruitment and retention
6.2 Enable full scope of practice
6.3 Align training placement with workforce and community needs

7. Affordable & accessible healthcare

7.1 Advocate to the Australian Government to work jointly on cost and access issues
7.2 Increase investment into women's pain services

Who we heard from

Demographics

Women's voices are at the centre of the Inquiry into Women's Pain, supported by the insights of carers, family members and healthcare professionals. The Victorian Government acknowledges the generosity and courage of all these people in sharing their stories with us.

Over

13,000

people contributed to Australia's first Inquiry into Women's Pain. **328 written submissions** were received from community and sector stakeholders.

41

targeted focus groups were held with women, girls, healthcare professionals and key stakeholders with over 300 people in attendance.

Total survey responses
(total 12,792)

Aboriginal and Torres Strait Islander

2%

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

96% 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+

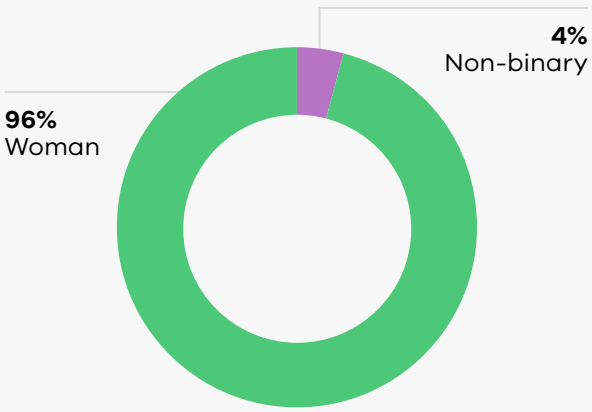
22%

of respondents, identified as LGBTIQA+.

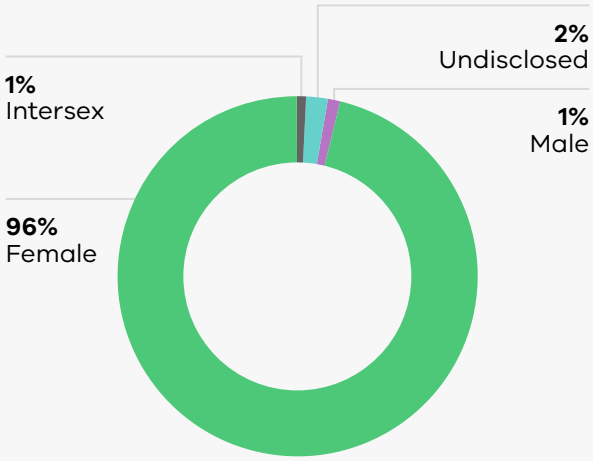
73% as not LGBTIQA+, 3% chose not to disclose, and 2% were unsure.[4]

Who we heard from
Demographics

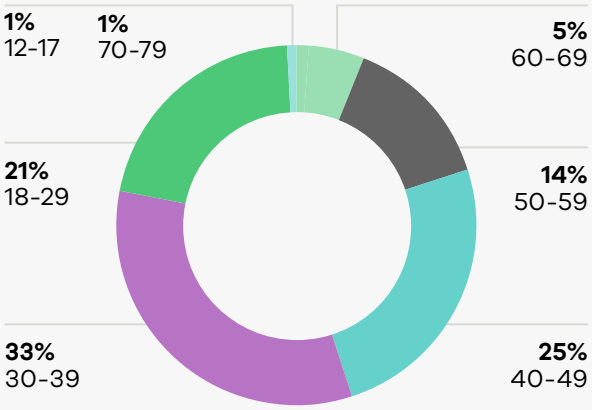
Gender



Sex

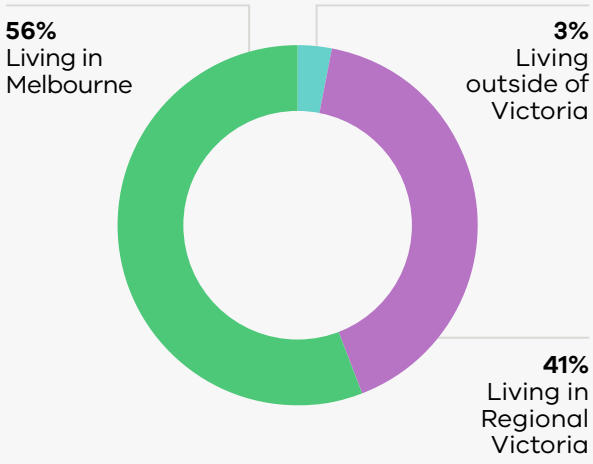


Age



Less than 1% 80-89, 90-99

Location



What we heard

The raw numbers

Our engagement with women and girls, their carers, and healthcare professionals shed light on the impact of pain as well as the barriers reported when trying to access care.

Experiences of pain and its impact

90%

of respondents have **experienced pain lasting more than a year** with over half (54%) enduring daily pain.

Top conditions associated with pain

- **Menstrual & hormonal conditions** (40%)
- **Endometriosis** (26%)
- **Musculoskeletal problems** (26%)
- **Migraines** (6%)

Impacts of pain

- **Impacts on mental health** (89%)
- **Tiredness/low energy** (50%)
- **Sleeping issues** (39%)
- **Low self esteem** (31%)
- **Trouble concentrating** (30%)
- **Poor appetite/overeating** (28%)
- **Little interest in doing things** (18%)
- **Feeling depressed** (17%)
- **Had thoughts of self-harm** (3%)

65%

of respondents rated their **pain intensity between 7-9 out of (10 being the worst pain).**

The Inquiry into Women's Pain surveys used the Visual Analog Scale (VAS) to understand measures of pain intensity.[5]

4 in 5

respondents **experience fatigue** in association with pain.

Barriers to accessing care

95%

of respondents **sought assistance** for their pain.

5%

of respondents **did not seek assistance**. CALD women represented 21% of this group.

68%

of respondents identified **costs being too high** as an obstacle.

62%

of respondents identified **long wait times** as an obstacle.

53%

of respondents reported **delayed diagnosis** as a barrier to appropriate care.

43%

of respondents cited **misdiagnosis** as a barrier to appropriate care.

71%

of respondents cited **widespread dismissal by healthcare professionals** as a primary challenge when seeking help.

Key healthcare discrimination types identified by respondents included:

- Gender identity, sex-based and sexuality-based
- Race-based
- Age-based (younger and older women)
- Disability-based
- Weight-based

LGBTIQA+ individuals, women with disabilities, women under 60 years, and those living in Melbourne reported **greater financial barriers in accessing pain care.**

Women living in rural Victoria reported additional challenges when accessing pain care including extensive travel for care and limited provider choices.

Experiences of care

91%

of respondents saw **GPs as the most common service accessed** and the first point of contact with the healthcare system.

Respondents said that **self-advocacy and external support are crucial enablers** for women and girls in accessing effective healthcare.

50%

of respondents relied on the **internet and personal knowledge** to navigate their care.

52%

of respondents accessed **six or more different services** to help manage their pain with **23% accessing more than 10 services.**

Healthcare professionals' views

70%

of respondents reported **limited knowledge and skills** as a barrier to providing quality care.

64%

of respondents believed that **inadequate time allowed for appointments** with healthcare professionals was a barrier in providing quality care.

69%

of respondents identified **interprofessional collaboration as an enabler** for safe, quality and effective pain care.

78%

of respondents saw **education and training as an enabler to provide quality care.**

Carers' views

Carers who participated in the survey reported that **pain had a major impact on their care recipients**, with effects on recreation, employment, education, social activities, family activities, intimate relationships and daily self-care.

37%

of carers surveyed were **living with a disability** themselves.

What we heard

The learnings and insights

From listening to women, girls, carers, family members and healthcare professionals, the gaps and inadequacies in our healthcare system became evident. These challenges can impact people's lives as well as their future interactions with the health system.

Note
For privacy purposes, all names mentioned in testimonials and case studies have been changed.

Women's experiences

Being gaslit and dismissed

Seventy-one per cent of respondents report being ignored, dismissed or having their pain minimised by healthcare professionals.

Being dismissed is the most common challenge experienced by women and girls seeking help for their pain.[6-8]

Experiences of gaslighting and dismissal included instances where women sought help, only to receive little to no acknowledgement or validation of their pain. Instead, women reported being told there was nothing wrong with them, that the pain was only in their heads, or that they were exaggerating the extent of their pain. When advocating for their daughters' health, some parents told us they were reprimanded for supposedly making their children paranoid about their health.

Similarly, many women and girls highlighted how their pain was dismissed as being a by-product of a psychological condition or even attention-seeking behaviour. These experiences left women feeling like they were being branded as liars or like they were doing something wrong for coming forward about their conditions.

> "I've been to many doctors, many specialists and had many appearances at our local emergency department due to my ongoing issues... worst of all being told there was nothing wrong with me."
>
> **– Survey respondent, women and girls survey**

Positive experiences, however, were noted when healthcare providers displayed empathy, validated women's pain, and involved them in care decisions, enhancing trust and outcomes through patient-centred care.

> "I was told to go see a psychiatrist and that the pain must be 'psychosomatic'...They continued to tell me that it must be all in my head, which it clearly wasn't."
>
> **– Women and girls submission**

Billie's story

Billie, who has been struggling with pain since the age of 16, lives in regional Victoria where there are not many doctors around. When Billie needed to see a doctor, she would have to wait a long time for an appointment and when she was able to see someone, she was often told to take an over-the-counter pain relief which didn't help.

As her pain was recurrent, and she did not have a diagnosis, Billie would often present to the hospital emergency department, but she felt guilty going there so often because she did not want to be perceived as 'clogging up' the system.

When Billie asked about stronger medication for pain relief, her doctor asked if she understood that they were very addictive. When she asked her specialist if she could get a laparoscopy to examine the source of the pain, she was told that was not a good idea because it could leave scars on her stomach. Another time, Billie was told to return to the doctor when she was ready to have a baby.

Billie often left her medical appointments in tears, feeling frustrated, gaslit and dismissed because she couldn't get the personalised care she desperately needed.

– **Women and girls submission**

Being left without answers or misdiagnosed

Respondents often described seeking help from multiple healthcare providers over many appointments before receiving a correct diagnosis. Fifty-two per cent of respondents accessed six or more different services to help manage their pain, while 23% of respondents saw more than 10 services before getting answers.

Because of this, misdiagnoses and delayed diagnoses are a widespread problem.[9-13] Fifty-three per cent of respondents have experienced delayed diagnoses and, therefore, endured years of unnecessary suffering and, sometimes, worsened health outcomes.

"I would like to see pain associated with menstrual cycles being researched, instead of being told by 50% of my doctors to just go on the pill. The potential side effects [of the pill] are numerous."

– **Survey respondent, women and girls survey**

"The bitterly disappointing thing is that I suffered like this for so long completely unnecessarily. Effective treatments are available."

– **Women and girls submission**

"Getting diagnosed is a long, mentally taxing and expensive process. I've spent thousands and still have no answers, and without a diagnosis I find it hard to get people to take my pain and exhaustion seriously."

– **Survey respondent, women and girls survey**

Being mistreated by professionals

Many women and girls described traumatic experiences involving dismissive or invalidating responses from doctors, having invasive procedures conducted without proper consent or pain relief, or not being able to have informed discussions about the risks associated with treatments.

Women and girls also told us about inadequate pain relief during many health procedures such as intrauterine device (IUD) insertions and gynaecological surgeries.

Respondents stated that these painful experiences can have lasting impacts, potentially discouraging women and girls from seeking necessary care in the future.

The above mentioned views and experiences shared by Inquiry respondents are further supported by existing literature. [7,12,14-16]

> "We feel bad enough as it is, being made to feel guilty about medication that helps is not useful."
>
> – **Survey respondent, women and girls survey**

> "Doctors didn't understand that it wasn't the anxiety that was causing my pain, but my pain was causing the anxiety."
>
> – **Community forum participant**

Noor's story

Noor's GP recommended that she get an intrauterine device (IUD) for birth control. Noor was advised that most women only experience minimal pain for IUD insertions and a couple of days of cramping which can be managed with over-the-counter pain relief like paracetamol.

However, for Noor, the insertion process was the most painful thing she had ever experienced, and following the IUD insertion, Noor experienced nine months of excruciatingly painful periods. Over the counter pain relief didn't help and Noor ended up having an internal ultrasound to check for cysts and make sure the IUD was correctly placed. The ultrasound results came back normal.

Noor realised there were no simple solutions for her pain. After speaking with other women, Noor now knows her experience is not unusual.

– **Survey respondent, women's and girls survey**

Being stereotyped

Discrimination and stereotyping prohibit women and girls from accessing pain care.[17-24] Many women report experiencing healthcare discrimination based on gender, sex, sexuality, age, disability, weight and race. These experiences then fostered a lack of trust in the healthcare system, delayed diagnosis or treatment, and impacts on mental health.

> "I had a doctor tell me I was a drug addict because I asked for a stronger pain relief medication."
>
> – **Focus group participant**

Both women and healthcare professionals noted an inherent bias in the types of pain relief prescribed to men compared to women. Many women expressed frustration at only being prescribed over-the-counter medications for severe pain, a point that is backed by healthcare professional respondents who noted that men are more likely to receive stronger treatment and are less likely to be labelled as drug-seeking.

> "It made me feel like my pain was entirely my fault, and that if I wasn't overweight, I wouldn't be in pain."
>
> – **Focus group participant**

Women seeking pain relief reported that they were often stereotyped by health service providers as 'drug seekers', with some women claiming the stigma was stronger due to racism. This often leads to deep mistrust in the healthcare system, which prevents women from seeking help again in the future.

Ella's story

Ella, 63, from regional Victoria, developed complex regional pain syndrome (CRPS) after a work injury. Her GP failed to diagnose it, leaving her in pain for years. As she aged, her condition worsened, affecting her nerves, mobility, and daily life.

Forced to quit work, she became fatigued, irritable, and socially withdrawn. She discovered cannabis oil, which helped manage her pain, but when she asked her GP about medical cannabis, she was told it was dangerous and could lead to addiction.

Seeking menopause relief, she inquired about HRT patches but was wrongly told they were unavailable. With no support, she now self-medicates with cannabis and has stopped seeing her GP altogether.

– **Community forum participant**

Being unable to access appropriate care pathways

Many women reported that the treatment options available to them just weren't good enough, particularly for conditions like endometriosis.

Women also described feeling compelled to undertake their own research and manage their pain independently due to a sense that their healthcare providers didn't really understand their symptoms or condition. Nearly 50% relied on the internet and personal knowledge to navigate their care.

Women also commented on limited pain management options being offered by health professionals and no appropriate continuity of care.

Additionally, many women reported side effects from pain management medications, with adverse experiences reported especially with hormonal treatments and long-term use of pain relief medications.

The experiences and perspectives described by Inquiry respondents are echoed in existing literature.[25-28]

> "I don't know how a denial of pain management is an option and why we have gate keepers... I have to constantly call and fight for appointments because nobody is across my full range of conditions."
>
> – **Focus group participant**

Feeling angry, frustrated and hopeless when trying to access care

Sixty-two per cent of respondents told us that long wait times and limited access to specialist services were major barriers to them accessing help for pain. This inability to access care in a timely manner fuelled fear and a sense of hopelessness and isolation for many women and girls.[29-33]

> "It took over six years and eight GPs to get a referral."
>
> – **Survey respondent, women and girls survey**

The data show that women are proactive in seeking professional assistance for pain management. Nearly all survey respondents (95%) reported having sought help from a professional or service provider to manage their pain.

Women and girls told us they'd tried a range of pain management techniques. Prescription medication was the most common (78% of survey respondents), followed by physical manual therapies (66%), non-prescription medication (62%), and physiotherapy (61%). This suggests that women and girls should have better access to a variety of affordable and evidence-based interventions that will work best for them and not a 'one-size-fits-all' pathway. This is a clear priority for women and girls residing in rural and regional areas, who often have to travel long distances or wait years for specialist appointments.

> "I attempted every alternative medicine practice that I could find... I was just trying to survive."
>
> – **Community forum participant**

Many women shared how lifechanging it can be when they do find the right care.

Feeling stressed about the cost of care

Women reported that the high costs of managing pain had a profound impact on their financial wellbeing.[34-36]

Sixty-eight per cent of respondents said that cost is a barrier for accessing treatment, often depleting their savings and causing ongoing financial insecurity.

This financial burden was particularly pronounced for LGBTIQA+ individuals, women with disabilities, and those over 60 years of age.

Many women identified high gap fees, lack of bulk billing, and the exclusion of a range of allied health services and alternative treatments from Medicare rebates as key barriers.

> "I have spent over $30,000 on out-of-pocket surgery, hospital and specialist fees for endometriosis in less than five years"
>
> – **Women and girls submission**

> "When I was a student, I remember crying in my car after an appointment because they charged me $200-$300 and I didn't get anything out of it apart from more questions and no solutions."
>
> – **Focus group participant**

Experiencing the impact of pain in every facet of life

Women told us that pain is complex, multifaceted and under researched.[7,36-38]

Many women and girls spoke of the deep-rooted impact of pain on their everyday lives, going beyond physical symptoms.

Women mentioned severe effects on their mental health and wellbeing, their ability to participate in hobbies and social activities, and their ability to maintain and nurture relationships.

Women often talked about the adverse impacts of pain on their economic participation and how it limited their ability to obtain and maintain employment, participate in education, volunteering and professional opportunities.

Anxiety and depression were often linked back to pain conditions. Eighty-nine per cent of respondents said that pain affected their mental health while 31% reported low self-esteem and 3% had thoughts of self-harm. Women with disabilities and members of the LGBTIQA+ community reported a higher impact on mental health.

Fifty per cent of respondents experienced tiredness due to their pain.

Thirty-nine per cent of respondents said that pain impacted their sleep.

Eighteen per cent of respondents reported that they had little interest in doing things as a result of their pain and resulting symptoms.

The time required to pursue a diagnosis or receive adequate care was also a pervasive issue, with many describing years of navigating the healthcare system and repeated appointments that interfered with work, personal life, and overall wellbeing.

> "I have been in chronic pain for 11 years. It has affected my life in massive ways. My physical health has deteriorated in this time, impacting my mental health and personal relationships."
>
> – **Survey respondent, women and girls survey**

> "Experiencing daily pain for a number of years had a major impact on my overall wellbeing. As my pain prevented me from much physical activity, I gained 20 kilograms."
>
> – **Survey respondent, women and girls survey**

Maryam's story

Diagnosed with fibromyalgia as a teen, Maryam was an exceptional student but frequently missed school for treatments. With no flexible options, she fell behind and had to drop out. Social exclusion, bullying, and dependence on her parents left her feeling shameful and hopeless.

Her family spent $28,000 per year on treatments, but her pain was dismissed by doctors. She developed severe anxiety, depression, and self-harm, feeling her dreams of becoming a lawyer or doctor were stolen. Without National Disability Insurance Scheme (NDIS) support, she struggled to work while managing her health.

Determined to help others, Maryam became a teacher's aide, advocating for students with disabilities. She later started her own small business supporting people with disabilities and hopes to maintain her independence in the future.

– **Focus group participant**

Carers' experiences

Carers play an essential role in providing physical, emotional, social and financial support to women and girls with pain conditions. This often means that carers themselves make numerous sacrifices to provide care to their loved ones at the expense of their own health, wellbeing, personal time and finances.[39-41]

Carers who provide unpaid care and support to family members and/or friends experiencing pain were invited to complete a dedicated carer survey to share their experiences of pain, treatment approaches, and interactions with the healthcare system.

The experience of caring is diverse. Carers may be parents, children, partners, other relatives and friends who may assist with a variety of personal care, healthcare, transport, administrative support, household chores and other activities. The most common age ranges for carer respondents were 18-29 years old (36%), 30-39 years old (23%) and 12-17 years old (16%).

Many carers also provide emotional support including encouragement, comfort and reassurance to the person they care for. When asked what assisted a woman or girl to seek help for their pain, 67% of carer respondents identified encouragement and support from friends and family as a key factor.

> **"The burden of chronic pain does not stop with the individual directly experiencing it. The impact extends well beyond the immediate family and has significant impacts on the mental and physical health of loved ones too."**
>
> **– Survey respondent, carers survey**

Carers spoke to the intensity of pain, with almost half of carer respondents (46%) rating the pain of their care recipient at the highest level of 10 while a further 51% rated the pain between 7-9 (out of 10).

The life-altering repercussions of pain were also evident in the responses from carers.

Carers were asked to rate how pain impacts different aspects of the life and wellbeing of their care recipient. Carers reported a severe impact on employment, study or volunteering for their care recipients with an average impact rating of 7.76 out of 10 (10 being the maximum impact score).

Carers also reported a severe impact of their care recipient's pain across recreation (74% of respondents), social activities (67% of respondents), family activities (66% of respondents) and intimate relationships (64% of respondents).

> **"As a carer, there is an enormous amount of strain... Whatever impacts my wife, impacts the entire family."**
>
> **– Survey respondent, carers survey**

Healthcare professional's experiences

Note
A broad range of health professionals were consulted as part of this Inquiry including GPs, nurses, allied health professionals, paramedics and specialist clinicians.

Training and education are vital to improving care

Healthcare professionals stated that education is essential for improving healthcare professionals' knowledge and skills in addressing women's pain, with 70% of respondents citing limited knowledge as a barrier to providing quality care.

Stigma and bias in healthcare, reported by 62% of healthcare professional respondents, often lead to the dismissal of women's pain, which is frequently seen as 'normal' due to gendered assumptions.[11, 42-46] Respondents reported frustration with the pervasive views held within the health system that minimise the impact or severity of pain in women, particularly when compared to the approach and care given to male patients.

Healthcare professionals highlighted inequalities in pain management between men and women, with men more likely to receive stronger treatment and less likely to be labelled as drug-seeking. Some healthcare professionals stated that pain management options that impact a woman's fertility are often withheld from patients, regardless of their personal preferences on family planning, highlighting a disregard for women's autonomy.

> "I wish that I had been better equipped with knowledge to help those who I feel I failed."
>
> **– Survey respondent, healthcare professionals survey**

Healthcare professionals also emphasised the need to improve training and education to build an understanding of the complexity and nuanced nature of women's pain. Others highlighted the need to be led by what a patient is saying and not dismissing their experience because of their gender or due to the complexity of their symptoms.

> "There is almost an expectation that a woman should be able to 'handle' being in severe pain when the opposite is expected for male patients. There needs to be more education on causes of pain in women and education that their pain is valid."
>
> **– Survey respondent, healthcare professionals survey**

> "Our health system is based on the male body as the standard, and our culture is predominantly patriarchal. Understanding women's health issues involves reorienting our frameworks to be more inclusive of women's lived experience as valid."
>
> **– Survey respondent, healthcare professionals survey**

Healthcare professional wellbeing needs to be supported

Healthcare professionals reported that staffing shortages and challenging working conditions strain healthcare resources, impacting service quality for women and girls experiencing pain.

Forty-four per cent of healthcare professional survey respondents said that staffing affects workload and limits time with patients, especially in services providing specialised care for women. Healthcare professionals reported that due to the complexity of many pain cases, more time is required to build rapport and trust with patients, provide thorough assessments and ensure fulsome communication.

Fifty per cent of respondents advocated for improved working conditions to mitigate burnout and increase job satisfaction.

Healthcare professionals also cited the need for increased funding to provide quality care for women experiencing pain, with 64% identifying time limitations and 65% pointing to understaffing and limited services as key barriers in providing quality care.

Healthcare professionals stated that longer appointments that allow for thorough assessments, and additional services to reduce wait times and expand access would increase the capacity of the healthcare system to support women.

Respondents stated that addressing challenges impacting the wellbeing of the workforce could improve healthcare professional retention, job satisfaction, and patient care quality.

Existing literature further supports the experiences and insights shared by health professional respondents.[47-50]

> "In my clinical role, it is heartbreaking to hear patients tell me of their pain and know that I can only help them in a small way because of how the system is. We need to stop failing women and undo all the historical approaches of pain understanding and learning."
>
> **– Survey respondent, healthcare professionals survey**

A multidisciplinary approach is key to good pain management

Many healthcare professionals reported the need for a multidisciplinary approach to appropriately support women and girls experiencing pain. They reported the complexity and likelihood of co-morbidities for women experiencing pain were unlikely to be effectively treated by one specialty or treatment option.

Over two-thirds (69%) of healthcare professional survey respondents identified interprofessional collaboration as an enabler to providing safe, quality and effective pain care. This model enables holistic treatment through coordinated efforts across specialities and disciplines including allied health and mental health care.[46-48]

Many healthcare professionals shared their passion and expertise for supporting women and expressed hope for systemic change to make high quality care the norm to address women's pain.

> "A good model of care for patients experiencing pain to me looks like a multidisciplinary team, focused on a holistic approach to pain. Clients who have strong relationships with a GP, allied health and mental health clinicians generally have positive outcomes regarding pain management."
>
> **– Survey respondent, healthcare professionals survey**

How women's health can vary across different groups

The Inquiry found that the impact of pain and the barriers to accessing care can be more pronounced for some populations. This can be due to structural, systemic and institutional barriers and biases.

Aboriginal and Torres Strait Islander women and girls

- Survey respondents were asked to rate their pain, at its worst, out of 10 (with 10 being the maximum score). Aboriginal and Torres Strait Islander women and girls reported higher pain intensities compared to non-Aboriginal and Torres Strait Islander women and girls, with an average rating of 8.63 out of 10 (compared to 8.30 out of 10 for non-Aboriginal and Torres Strait Islander women and girls).[54-57]
- Respondents were asked how pain impacts different aspects of their life and wellbeing. Aboriginal and Torres Strait Islander women and girls reported that pain affected their ability to work, study and engage in community activities at higher rates with an average impact score of 7.23 out of 10 (compared to 6.58 out of 10 for non-Aboriginal and Torres Strait Islander women and girls).
- Aboriginal and Torres Strait Islander women and girls experienced racism and discrimination during their interactions with health services, which diminished trust in the system and deterred them from accessing further treatment.
- Aboriginal and Torres Strait Islander women and girls living in rural and regional Victoria reported further challenges, including needing to travel further to seek care.

"I feel as an Aboriginal woman, I get dismissed for the pain I am experiencing and get racially profiled as wanting opioids when that is not the case. I just want to be able to move without pain or less than 5/10 pain."

– Survey respondent, women and girls survey

Culturally and linguistically diverse (CALD) women and girls

- Only 57% of the women and girls who completed the survey in a language other than English reported seeking help to manage their pain, compared to 95% of the general survey population.
- CALD women and girls reported many barriers that prevented them from getting help for their pain.[58-61] The most common reasons reported were not understanding what services could provide support (63% of respondents), not knowing what services were available (52% of respondents), and the unaffordability of support (48% of respondents).
- When asked how pain impacts different aspects of their life and wellbeing, CALD women and girls noted greater impacts on employment, study and volunteering than non-CALD women and girls with an average impact score of 6.98 out of 10 (compared to 6.50 out of 10 for non-CALD women and girls).
- CALD women and girls also reported difficulty in self-care (engagement in activities that preserve and maintain one's physical, emotional and mental health) at a higher rate than non-CALD respondents with an average impact score of 5.28 out of 10 (compared to 4.81 out of 10 for non-CALD women and girls).

"I am all too aware that because of my ethnicity and skin colour, I am more likely to be ignored, my symptoms dismissed, and my needs denied when I engage a healthcare provider."

– Survey respondent, women and girls survey

LGBTIQA+

- The LGBTIQA+ community is not a homogenous group; it encompasses a wide range of identities and experiences, and it's essential to recognise this diversity.
- 92.7% of LGBTIQA+ respondents experienced pain that lasted over a year (compared to 89.3% for non-LGBTIQA+ respondents).
- LGBTIQA+ respondents also reported multiple symptoms at a higher rate than non-LGBTIQA+ respondents.
- 77.7% of LGBTIQA+ respondents felt that the cost of healthcare was a major barrier to accessing care (compared to 64.3% of non-LGBTIQA+ respondents).
- When asked how pain impacts different aspects of their life and wellbeing, LGBTIQA+ respondents reported greater impacts on employment, study, and volunteering compared to non-LGBTIQA+ respondents, with an average impact score of 6.93 out of 10 (compared to 6.48 out of 10 for non-LGBTIQA+ respondents).[62-65]
- 90% of LGBTIQA+ respondents also reported that their mental health had been impacted by their pain (compared to 81.3% of non-LGBTIQA+ respondents).

"I hide my non binary identity from healthcare providers so I don't face mistreatment or discrimination."

– Survey respondent, women and girls survey

"It's so awful that professionals safeguard fertility over your comfort and wellbeing (often without asking, or telling you the full options for treatment)."

– Focus group participant

Women and girls with disabilities

- Of the Inquiry respondents, 95.6% of women and girls with disabilities reported experiencing pain lasting more than a year (compared to 87.5% of women and girls without disabilities).
- Survey respondents were asked to rate their pain, at its worst, out of 10 (with 10 being the maximum score). Women and girls with disabilities reported higher levels of pain intensity, rating their average pain intensity at 8.58 out of 10 (compared to 8.18 out of 10 by women and girls without disabilities).
- 78.5% of respondents with disabilities said that high costs affected their ability to seek help for their pain (compared to 61.8% of respondents without disabilities).
- When asked how pain impacts different aspects of their life and wellbeing, women and girls with disabilities consistently rated the impact higher across all areas of their lives surveyed, with mean impacts ranging from 0.77 to 1.86 points (out of 10) higher than respondents without disabilities.
- 93% of women and girls with disabilities surveyed experienced from poor mental health due to their pain (compared to 78.5% of women and girls without disabilities).[66-68]

"Accessing adult NDIS is a challenge that is comparable to planning to climb Mount Everest."

– Focus group participant

"I have found physios are quite good and are willing to learn about my disability. I have found the same with osteopaths."

– Focus group participant

Women living in regional and rural Victoria

- When asked how pain impacts different aspects of their life and wellbeing, women and girls living in regional Victoria reported higher average impact scores across several areas of their lives. With 10 being the maximum impact score, regional Victorian women and girls rated the impact of pain on their relationships as 7.30 out of 10 (compared to 6.91 out of 10 for metropolitan residents), 5.10 out of 10 for daily self-care (compared to 4.77 out of 10 for metropolitan residents), and 7.70 out of 10 for the impact on recreation, leisure and hobbies (compared to 7.46 out of 10 for metropolitan residents).
- Respondents highlighted a lack of GPs, specialists and allied health practitioners in regional and rural areas, with 65% of rural and regional respondents reporting long wait times as a challenge to seeking care for pain.
- Women living in regional or rural areas also reported the additional burden of having to travel significant distances to reach their nearest service for pain care.[31, 69-70] Some women cited the lack of services in their area meant they had limited choice of providers – this added further difficulty if they had a negative experience with the available practitioner.

"My GP referred me to a gynaecologist privately in Melbourne. It is impossible to go see a gynaecologist in my regional town – there is none. I have to take a long trip to Melbourne to be seen."

– Survey respondent, women and girls survey

"I live in a regional city and getting affordable and prompt healthcare is increasingly difficult. As someone who also works full time, I cannot access appointments without having to use up my personal leave."

– Survey respondent, women and girls survey

Detailed recommendations to bridge the gender pain gap

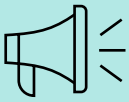
By identifying the factors that contribute to the gender pain gap and hearing from those impacted by pain, seven key areas for improvement have been highlighted. Within these areas, the Inquiry into Women's Pain has identified 27 recommendations for government, community, educational institutions and health institutions and health professionals.

01
Women's health research

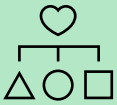
02
Policy strengthening

03
Training & professional development

04
Cultural change & public awareness



05
Models of care



06
Building our workforce

07
Affordable & accessible healthcare

1. Women's health research

The Inquiry highlighted that there is a need for more research into women's health conditions, including pain conditions, to address underlying medical knowledge gaps, ensure health professionals have the knowledge and tools they need to provide quality care, and to help reduce the reported experience of misdiagnosis or delayed diagnosis.

Respondents emphasised the need for further research into women's pain conditions and effective interventions and treatments for pelvic pain and other chronic pain conditions that disproportionately impact women. Healthcare professionals reported the need for further validation of effective treatment options, and that they would value greater access to up-to-date research to inform their practice.

Recommendation 1.1
More focus and funding for women's health research including women's pain

That the Victorian Government to deliver the Women's Health Research Initiative (WHRI), which includes a focus on:

- Women's pain and underlying conditions
- The impacts of sex and gender on pain
- Collaborative research approaches
- Incorporation of lived experience
- Improved data collection
- Addressing gender bias in medical research.

The WHRI will investigate and support options for improved dissemination of research on women's pain and data sharing.

Recommendation 1.2
Sex and gender specific framework for ethics approval

That the Victorian Government embed options for sex and gender specific frameworks and ethics approvals for medical research and clinical trials in Victoria.

Recommendation 1.3
Improve clinical standards and support best practice

That the Victorian Government work with experts and health services to develop clinical guidelines and consistent best practice guidance and toolkits for women's pain, underlying conditions and procedures like IUD insertion pain management.

Recommendation 1.4
Develop a resource library for clinicians

That the Victorian Government develop an online library of resources for health clinicians with a focus on pain and pain management, including data and research, condition specific resources, practice guidelines, and consumer referral pathways.

2. Policy strengthening

Supporting women's participation in the workforce requires better access to effective pain care, alongside stronger national and state workplace policies that recognise their needs and embed lived experience in policy development.

Submissions highlighted the importance of inclusive, person-centred approaches to policy and service design. The Inquiry recommends key policy improvements to ensure women and girls with pain receive the support they need at work and home, helping them achieve their economic and social goals while improving access to appropriate pain management.

Recommendation 2.1
Develop a women's pain action plan

That the Victorian Government develop a Women's Pain Action Plan to set strategic direction and measurable outcomes to deliver on the findings and recommendations of the Pain Inquiry.

Recommendation 2.2
Embed lived experience principles

That the Victorian Government ensure all policy development includes the perspective of those with lived experience.

That the Victorian Government work with consumers and health services to improve feedback and complaints processes including accessibility, accountability and options to improve independent complaints handling mechanisms.

Recommendation 2.3
Improve workplace policies that better support women with pain

That the Victorian Government investigate how workplace policy and legislative reform at state and federal levels could foster a more supportive workplace environment for women who experience pain.

3. Training and professional development

Improving education, professional development, and training opportunities for healthcare professionals was identified by all stakeholders involved in consultation as crucial to obtaining better outcomes for women.

To improve outcomes and access to quality care for women living with pain, better education and training and access to advice is required to help ensure healthcare professionals have the knowledge, skills and understanding they need to provide appropriate care.

In addition to the gaps identified in women's health clinical skills and knowledge, other gaps identified by respondents included communication, cultural safety, understanding of trauma and its implications, and gender bias.

Better education and training need to be consistent and embedded across all phases of a health professional's development to achieve the best outcomes.

Recommendation 3.1
Improve education and training opportunities for health services

That the Victorian Government work with health services to embed opportunities for education and training on person-centred, empathetic, trauma informed communication.

Recommendation 3.2
Introduce consistent sector-wide pain related training requirements

Embed consistent pain-related training for health professionals, recognising the importance of cohort specific training and embed training on culturally safe women's pain as part of their core practice training requirements. This includes addressing the specific needs of women through gender-sensitive training and incorporating training in cultural safety and trauma-informed care for Aboriginal and Torres Strait Islander women, women with disabilities, CALD women and LGBTIQA+ communities.

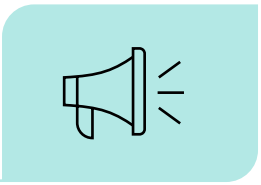
Recommendation 3.3
Embed women's health into medical education

That the Victorian Government work with universities, colleges and other education providers to improve education across tertiary, pre-entry, post graduate and ongoing professional development to include:

- Evidence-based pain management
- Women's health conditions and needs
- Specific conditions that disproportionally affect women
- Gender differences in presentation and management of pain.

Recommendation 3.4
Clinician advice service

That the Victorian Government develop and fund a clinician advice service to support health workers to access specialist women's health and women's pain advice.



4. Cultural change and public awareness

Throughout consultation, women and girls reported receiving lower-quality treatment due to their sex, gender, LGBTIQA+ identity, cultural background, age, weight, or disability. Many experienced bias, discrimination, and ignorance, often facing multiple intersecting barriers. Healthcare professionals also acknowledged these issues.

Public awareness raising and public education on women's health and women's pain were highlighted by respondents as instrumental in addressing societal bias, reducing the dismissal of women's pain, and fostering a more inclusive healthcare landscape.

Accessible information and targeted messaging for specific cohorts was also commonly cited by respondents as a key factor to enhance public awareness of women's pain and empowering women with the confidence and knowledge to manage their health and seek care.

Recommendation 4.1
Raise public awareness to reduce gender bias and stigma

That the Victorian Government invest in public awareness-raising activities focused on addressing gender bias, building trust between consumers and health professionals, reducing stigma and highlighting women's experience of pain. This should include targeted activities designed with and for CALD women, Aboriginal and Torres Strait Islander women, women with disability and other cohorts facing systemic disadvantage.

Recommendation 4.2
Establish a pain virtual library for community and educators

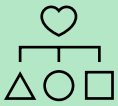
That the Victorian Government consolidate and centralise women's pain and women's health information to an online information directory that is easily searchable.

Recommendation 4.3
Make health information more accessible and culturally appropriate

That the Victorian Government commit to ensuring health information is accessible, culturally appropriate, in plain language and community languages where possible.

Recommendation 4.4
Expand school education program

That the Victorian Government build on existing pelvic pain school education programs and develop and promote evidence based, age appropriate and curriculum aligned teaching and learning resources to schools to ensure appropriate education on health literacy, bodily autonomy and women's pain through the Victorian Curriculum 2.0.



5. Models of Care

The Inquiry identified a clear need for systemic changes in how healthcare is delivered to women experiencing pain. Women, healthcare professionals and organisations frequently highlighted the complexity of pain conditions, and the resulting need to diagnose, manage and treat pain with a holistic and multidisciplinary approach.

The data from women and girls also reveal that respondents often turn to multiple services seeking support for their pain, reflecting the challenges in finding a single effective solution and the complexity of both pain and treatment for pain conditions. Although a rarely reported experience, a person-centred approach involving education and autonomy was highly valued by women.

Recommendation 5.1
Enable person-centred care

That the Victorian Government commit to provision of timely, compassionate, multidisciplinary, holistic, patient centred care for women and girls living with pain. This should include a holistic approach to care including biological, psychological and social factors, as well as the delivery of evidence-based and culturally safe care for Aboriginal and Torres Strait Islander women and girls with pain.

Recommendation 5.2
Establish clear referral pathways

That Local Health Service Networks explore opportunities for clear referral and care pathways for women's pain management and underlying conditions.

Recommendation 5.3
Women's Health Clinics coordinate pain care

That the Victorian Government embed care coordination in the delivery of the Women's Health Clinics and for the clinics to support women to access pain care across the healthcare system.

Recommendation 5.4
Cross-sector information sharing

That the Victorian Government support better information sharing between health services through the delivery of a health information sharing platforms.

Recommendation 5.5
Improve non-surgical referral pathways

That the Victorian Government work with women with lived experience of endometriosis and associated conditions and health services to improve the patient journey and navigation of services, including access to non-surgical management and treatment options as part of a comprehensive care pathway.

Recommendation 5.6
Expand access to allied health

That the Victorian Government expand access to allied health particularly physiotherapy, in public hospitals including as part of Women's Health Clinics, pain clinics and maternity services.

Recommendation 5.7
Embed peer support models to ensure connection and system navigation support

That the Victorian Government offer peer support services modelled on the example of the Counterpart program for women living with cancer or receiving cancer treatment, and other similar peer support initiatives.

Learn more at: www.counterpart.org.au

6. Building our specialist workforce

The need for workforce attraction and retention was emphasised, especially for regional and rural settings where workforce shortages were compounded. Respondents identified a need for specific clinicians across primary care and hospital settings including GPs that understand chronic pain and more physiotherapy services in both primary care settings and hospital settings.

In addition, healthcare professionals reported that staffing levels affected their workload and limited the time and quality of care they could provide each patient.

To improve availability of specialists and support existing staff, ongoing work is required to ensure a pipeline of appropriately skilled health professionals. Further, work is required to support recruitment and retention of women's health and pain specialists, particularly in regional and rural Victoria, and health professionals need to be supported to work to their full scope of practice.

Recommendation 6.1
Support workforce recruitment and retention

That the Victorian Government support and expand initiatives aimed at recruitment and retention of health professionals, particularly specialist clinicians and allied health professionals with a focus on regional and rural Victoria.

Recommendation 6.2
Enable full scope of practice

The Victorian Government investigates options and work closely with the Australian Government to support and enable health professionals to operate at their full scope of practice, including for nurse practitioners and endorsed midwives.

Recommendation 6.3
Align training placement with workforce and community needs

That the colleges with specialties relevant to the treatment of women's pain take action to ensure training placements align with workforce and community need, particularly in regional and rural areas.

7. Affordable and accessible healthcare

The high cost of care and a lack of available specialist services are preventing women from accessing the care they need to diagnose, manage and treat their pain. Many respondents identified cost as a key obstacle to accessing care identifying high gap fees, a lack of bulk billing services and the exclusion of a range of allied health services and alternative treatments from Medicare as key barriers.

Women and sector stakeholders identified a need to increase GP subsidies to support longer appointments as well as improved subsidies to support multidisciplinary care, access to allied health and broader pain treatment options as key to addressing cost barriers.

Limited access to specialist services and long wait times were also raised as significant barriers for women accessing healthcare. Women in rural Victoria face additional challenges, including extensive travel for care and limited provider choice. Some respondents reported that when effective medication or treatment is inaccessible, they may resort to self-medicating or unregulated methods to manage their pain.

Recommendation 7.1
Advocate to the Australian Government to work jointly on cost and access issues

That the Victorian Government advocate to the Australian Government to take urgent action to:

- Increase Medicare rebates for longer consultations with GPs, nurse practitioners and midwives
- Increase measures that expand bulk billing
- Increase measures that better support multidisciplinary and nurse led models of care
- Increase Medicare subsidies for allied health including access to more and/or longer sessions for those living with chronic pain
- Explore a broader scope of treatments available under the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), which are evidence-based to better tailor holistic care
- Align funding for treatments available under the MBS and PBS to high-value, evidence-based practice
- Expand access to Medicare eligibility for non-citizen residents like international students, temporary workers and other visa holders
- Finalise and implement the outcomes of the Gender Audit of Medicare
- Improve the understanding of women's pain conditions with relation to Centrelink support and NDIS policy
- Work closely with the Royal Australian College of General Practitioners (RACGP) to endorse Victorian-based training materials for GPs and provide additional training opportunities in Victoria
- Improve the accessibility and affordability of a broader range of evidence-based pain relief and management options.

Recommendation 7.2
Victorian Government to increase investment into women pain services

That the Victorian Government increase investment in specialist women's health and pain management services that provide multidisciplinary care and allied health, particularly in regional and rural areas.

Current work underway

Thousands of women and girls shared their experiences through the Inquiry into Women's Pain, and while there is still more work to be done, many initiatives are already underway at state and federal levels to improve health outcomes for women and girls.

To bridge the gap in women's healthcare, the Victorian Department of Health is leading the delivery of the $153.9 million package to change the way women's health issues are treated in Victoria.

The Victorian Government is dedicated to improving women's healthcare in Victoria by setting a new standard for comprehensive, accessible, inclusive and high-quality services.

This is complemented by various Australian Government initiatives that will deliver more choice and better care for women and girls.

The recommendations formed as part of the Inquiry into Women's Pain should build upon the work already underway at state and federal levels to improve health outcomes for women and girls experiencing pain.

Victorian Government initiatives

20 new Women's Health Clinics

The Victorian Government is opening 20 new Women's Health Clinics from 2023 to 2027, offering free, multidisciplinary care from specialists under one roof. Services cover endometriosis, pelvic pain, polycystic ovary syndrome (PCOS), menopause, incontinence, contraception, and termination of pregnancy.

Learn more at: www.betterhealth.vic.gov.au/health/services-and-support/womens-health-clinics

Mobile Women's Health Clinic

The Department of Health has partnered with BreastScreen Victoria to deliver a Mobile Women's Health Clinic for girls, women and gender diverse people living in regional and rural Victoria, including First Nations women. The mobile clinic is delivered via a purposefully refurbished van called Nina and offers sexual and reproductive health services including contraception, sexual health testing and treatment, and access to medical termination of pregnancy.

Learn more at: www.betterhealth.vic.gov.au/health/services-and-support/mobile-womens-health-clinic

Victorian Government initiatives

Women's Sexual and Reproductive Health Hubs

Victoria offers one of the largest networks of women's sexual and reproductive health services in Australia. Six additional Women's Sexual and Reproductive Health Hubs were established in 2024, growing the network to 20 hubs now operational across the state. The 20 hubs include eight in metropolitan Melbourne and 12 in regional Victoria. The hubs offer free to low cost STI testing and treatment, all forms of contraception including long-acting reversible contraception (LARC), medical termination of pregnancy and counselling, as well as referral for surgical termination of pregnancy care.

Learn more at: www.betterhealth.vic.gov.au/sexual-and-reproductive-health-hubs

Aboriginal Women's Health Clinic

A new Aboriginal Women's Health Clinic opened in early July 2025 in metropolitan Melbourne, providing free, comprehensive, and culturally safe care for Aboriginal and Torres Strait Islander women and girls. Services include screening, diagnosis, and treatment for pelvic pain, endometriosis, menopause, contraception, and termination of pregnancy. First People's Health and Wellbeing will also collaborate with statewide services to ensure accessible care, referrals, and education, addressing geographical barriers.

Learn more at: www.betterhealth.vic.gov.au/health/services-and-support/aboriginal-womens-health-clinic

Virtual Women's Health Clinic

In February 2025, Victoria launched a Virtual Women's Health Clinic, delivered by community health provider Each. The telehealth and online service offers free, inclusive, and culturally safe care, including support for endometriosis, pelvic pain, menstrual health, menopause, cervical screening, breast health, and termination of pregnancy. By removing barriers such as geography, cost, and cultural stigma, the clinic ensures better healthcare access for women, girls and gender diverse people.

Learn more at: www.betterhealth.vic.gov.au/health/services-and-support/virtual-womens-health-clinic

Zero cost endometriosis care

Victoria is providing 10,800 additional free laparoscopies over four years to improve the diagnosis and treatment of endometriosis. This initiative enhances access to timely care, reducing wait times and ensuring more women receive essential treatment.

1800 My Options

The 1800 My Options service, run by Women's Health Victoria, offers free, confidential statewide support on contraception, pregnancy options (including termination of pregnancy), and sexual health. The service is accessible via phone or online. Learn more at www.1800myoptions.org.au.

Victorian Government initiatives

Women's Health Research Initiative (WHRI)

The Victorian Government is developing a business case for a Women's Health Research Initiative (WHRI), focusing on sex and gender-specific research. Consultation to date has assessed Victoria's capacity, identifying priorities like chronic pain, reproductive health, cardiovascular disease, mental health, and oncology. The WHRI aims to boost collaboration, investment, data sharing, clinical trials, and embed research into healthcare practice.

Grants to women's health NGOs

The Victorian Government has allocated $1.8 million over four years to 13 non-governmental organisations (NGOs) to establish mental, physical and wellbeing support groups for women to address specific health issues, including chronic disease and menopause.

The Women's Health Services Network (WHSN)

The 2024–25 Victorian State Budget included an $18.3 million boost for women's health promotion. The Women's Health Services Network (WHSN) – a group of 12 organisations guided by an intersectional feminist framework – advocates for gender equality through health education and support for local governments, organisations, and communities. WHSN connects services with women's voices to drive better outcomes.

Women's Health Research Catalyst Grants

In early 2025, the Victorian Government launched the Women's Health Research Catalyst Grants to advance women's health research and strengthen Victoria's global medical leadership. Grants of up to $150,000 prioritise under-researched areas like chronic pain. Fifteen successful grant recipients were selected to drive innovation, discoveries, and insights to shape future medical knowledge and practice.

Women's Health Specialist Scholarships

The Victorian Government is investing in Women's Health Specialist Scholarships to boost workforce capacity. Over 420 scholarships have been allocated over two years, 2023-24 and 2024-25, to clinicians employed at the Women's Health Clinics and Women's Sexual and Reproductive Health Hubs to support the building of workforce capacity in women's health. Recipients receive specialised training in reproductive health, IUD procedures, pelvic health, menopause, and termination of pregnancy care, with cultural safety training ensuring inclusive healthcare.

Expert Advisory Committee

An Expert Advisory Committee was formed in 2023 to improve Victoria's women's health system, establishing 12 regional networks for better, more integrated care.

Gender Equality Strategy and Action Plan 2023-2027

Victoria's gender equality strategy and action plan is a roadmap for the next four years of action in gender equality. It sets out our vision for gender equality in Victoria and the actions the Victorian Government is taking to get there.

Australian Government initiatives

Women's health research

Through an updated Medical Research Future Fund 10-year Investment Plan, the Australian Government has allocated $53.6 million over four years from 2024–25 for research into health priorities such as women's health including menopause, pregnancy loss and infertility.

AusCAPPS

The Australian Government committed $1.1 million over four years from 2023–24 for the Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPS) to support training and critical information to deliver essential women's healthcare.

Supporting nurse practitioners to provide MS 2 Step

The Australian Government has supported the expansion of ultrasound imaging requesting rights under the Medicare Benefits Schedule (MBS) for nurse practitioners to support their ability to prescribe the MS 2 Step medical abortion program through adequate before and after care.

Menopause training

The Australian Government will provide $1.2 million over two years from 2024–25 to support training for health practitioners to better treat, care and manage women's health during menopause.

More choice and lower costs

The Australian Government is investing over $573 million to deliver more choice, lower costs and better healthcare for women.

This includes:

- More endometriosis and pelvic pain clinics available in more places, and expansion of the remit of the clinics to provide specialist support for menopause and perimenopause.
- From 1 July 2025, four new Medicare items now support longer consultation times and higher rebates for specialised gynaecological care.

Conclusion

Through the groundbreaking Inquiry into Women's Pain, Victorian women's and girls' voices now have a platform on a scale never seen before.

Women and girls told the Victorian Government how to put an end to their unnecessary suffering and eradicate the barriers they face when seeking help. Through rich insights and data, the Inquiry into Women's Pain recommends 27 actions for the Victorian Government, educational institutions, and healthcare institutions to address bias, improve training, enhance research, and much more.

The aim is to see the system steadily change, becoming one where women are included as a partner in their healthcare – one that is integrated and provides everyone with a pathway for support, and one that listens and responds to the diverse needs of women and girls.

Your voices are now being heard. Thank you to all the women and girls, carers, healthcare professionals and organisations who contributed to this important piece of work. We hope that, in time, we can improve pain care and the overall health and wellbeing of all Victorian women and girls.

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2. In 2021, 55.6% of Victorians were born overseas, or had a parent born overseas. Just over half of those born overseas in Victoria are female. 25.8% of females in Victoria were born in a non-English speaking country. 29% of Victorians speak a language other than English and of this group, 51% is female (*Australian Bureau of Statistics, 2021).*
3. Approximately 20% of women in Victoria live with a disability (*Australian Bureau of Statistics, 2024*).
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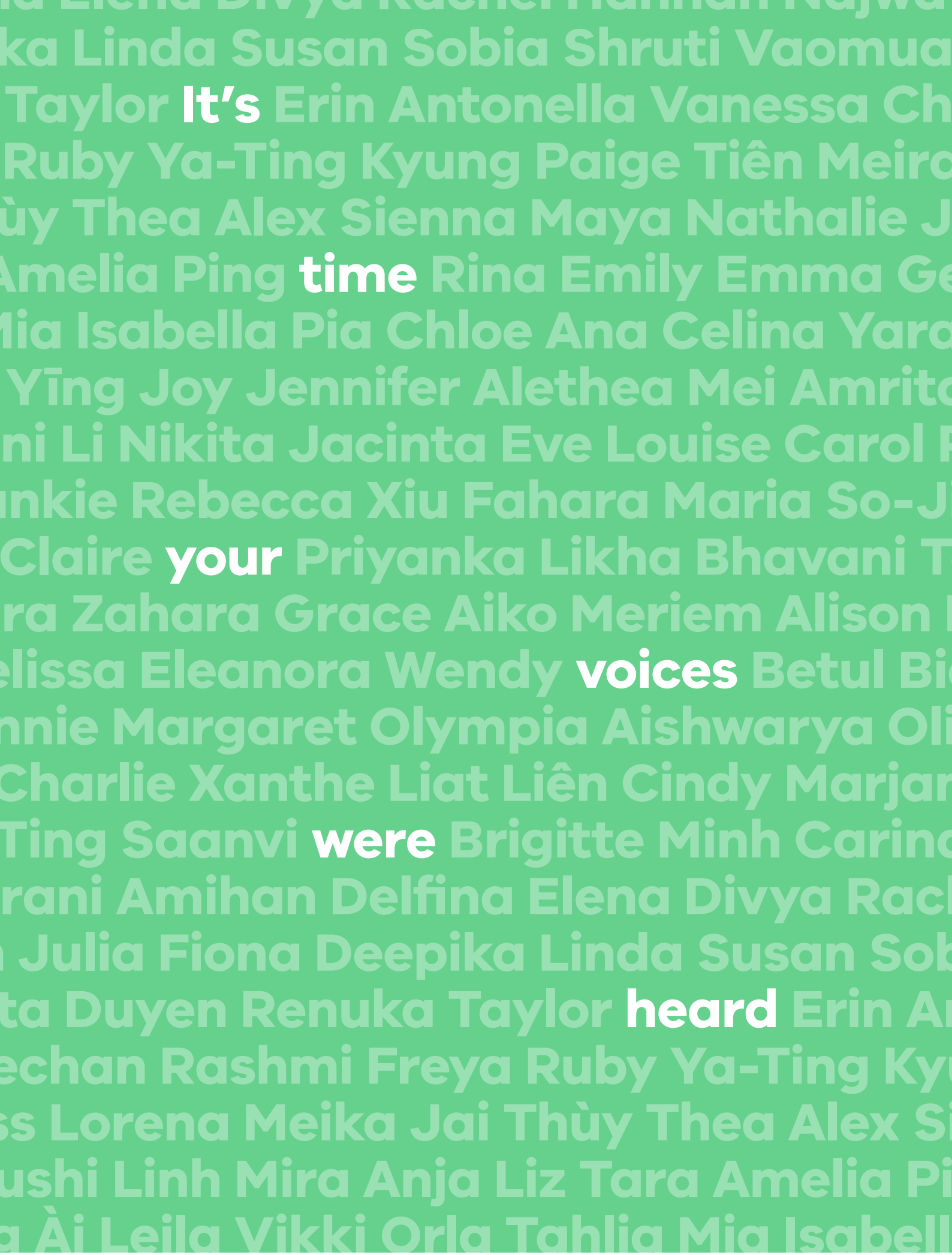

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