



INSIDE THIS PRE-ELECTION SPECIAL!



I VOTE FOR CHOICE P.2

Support pro-choice MPs in the lead-up to the state election using this great site!

GREENS. LIBS. LABOR P.10-11

Find out what the major parties said about women's health at the WHAV political forum



Continued p.2



A WORD FROM THE CEO **Dr Robyn Gregory**

Welcome to the third edition of *WHW News* for 2010. This edition focuses on our priority area of sexual and reproductive health. As Anna Vu points

out in the introduction, women's bodies, and in particular their reproductive health, remain an important site of political contest. This is likely to become clearer in the lead up to the state election in November, as those members of parliament who supported women's right to sexual and reproductive decision-making through decriminalising abortion two years ago, are increasingly targeted by the anti-choice lobby. You will find a number of articles specifically marked to underline our work in sexual and reproductive health, including some that focus on that anniversary. We also encourage you to visit the Women's Health Association of Victoria (WHAV) website at www.ivoteforchoice.com.au where you can send your messages to members of parliament to counteract the negative messages they are receiving from the small but vocal and well-resourced anti-choice lobby.

The importance of women's control over sexual and reproductive decision-making, and the impact of violence against women on their ability to control their body and their lives, are highlighted in the article written by one of our directors, Dr June Kane. Her insights into human trafficking and the exploitation that women and girls face that lead them to risk their lives in trying to find asylum is both topical

and poignant. The politics of people smuggling was one of the major foci of the tumultuous federal election. Yet while sound-bite media focused on 'stop the boats' attitudes, it was clear from voting patterns that Australians have not been impressed with the simplistic and inhumane approaches to refugees of either major party. The attitude of one of our first nation women, Joyce, on the other hand, is an inspiration to all of us. You can read Joyce's insights on page 5 of this edition.

With a state election this month, our hopes are turned to the election of MPs who will display an unwavering commitment to supporting policy and legislation that improves women's health, safety and wellbeing – an approach that is good for our whole community. Page 6 outlines a number of campaigns in this period, including an important focus on services for children experiencing family violence. This is illustrated in an article by one of our children's counsellors, Rebecca. And look out for our advent calendar for a fun and informative countdown to the state election – it's time to get active!

To that end, on 11 October the Women's Health Association of Victoria (WHAV) hosted a women's health policy forum titled 'Setting Our Agenda'. The purpose of the forum was to give the three main political parties in Victoria an opportunity to outline their response to the 10 point plan for women's health in the lead up to the state election. See pages 10-11 for

details. We encourage you to use this information in making decisions about who you support to further women's health, safety and wellbeing at the Victorian state election on 27 November.

On pages 8-9 health promotion worker, Elly Taylor, reviews the state of abortion services in Victoria at the two-year anniversary of the legislation and finds we still have a way to go in ensuring all women's access to affordable and accessible services. She also encourages you to visit the website mentioned above, at www.ivoteforchoice.com.au.

Anna Vu takes a nuanced approach to research relating to abortion by examining the link between intimate partner violence and unintended pregnancy, on page 13. Anna suggests that concentrating energy on programs to increase contraceptive use as a means of reducing abortion rates fails to consider the context of women's lives.

Once again the range of articles in *WHW News* highlights the fantastic work being undertaken by our staff and partner agencies in the community, regardless – or perhaps all the more because – of the uncertainty of the times we live in. Congratulations on your work and fingers crossed for a strong result for women in Victoria!

ISSN # 1834-7096

Editor: Nicola Harte

Newsletter Group: Lynda Memery, Jacky Tucker, Veronica Garcia, Nicola Harte

Contributors to this edition: Alison Macdonald, Amy Clark, Jude, Simone, Anna Vu, Dr June Kane, Dr Robyn Gregory, Erica Keen, Elly Taylor, Erin Richardson, Isis and Pluto, Kirsty McIntyre, Lucy Forwood, Meriem Idris, Nicola Harte, Rebecca, Reem Omarit, Teresia Mutisya, Sally Camilleri, Sally Quinn, Scout Kozakiewicz, Veronica Garcia

Photographers: Sally Camilleri, Scout Kozakiewicz, Erica Keen, Veronica Garcia

Illustrations: Isis & Pluto

Design and layout: Susan Miller, millervision@netspace.net.au

Editorial Policy: Contributions from readers are welcome. Opinions expressed in this newsletter do not necessarily reflect those of Women's Health West (WHW). All contributions are the responsibility of the individual authors. The final decision on inclusion lies with WHW and the editor. Content must be in keeping with WHW's vision and goals. Short items are preferred. Email contributions to info@whwest.org.au and include your name, email address and phone number. WHW reserves the right to edit any contribution.

Read this edition and archives of WHW News online at www.whwest.org.au/pubs/WHWnews.php

Edition 3 published: November 2010

Deadline for edition 1: 25 February 2011

SEXUAL + REPRODUCTIVE HEALTH EDITION

Anna Vu, Sexual and Reproductive Health Worker

In our work on sexual and reproductive health, Women's Health West takes a social determinants of health approach, which means that we look at more than just an individual's knowledge and behaviour but also the political, economic and social factors that shape women's lives and their experience of health.

One way to understand our approach is to look at the history of WHW's work in sexual and reproductive health. WHW's history book, *REtroSPECT*, demonstrates how our activities have changed. In the early days, our sexual and reproductive health work involved one-off education sessions aimed at providing women with health information. The benefits to participants was questionable, with little opportunity for us to evaluate the impact over time, and this approach did little to help us understand the context of women's lives and their experiences of sexual and reproductive health. Our approach has evolved toward long-term projects targeted at women from groups with less access to sexual and reproductive health knowledge or services. Long-term projects provide more opportunities to engage with women in a meaningful way and support long-lasting change.

This shift was based on evidence of factors that determine sexual and reproductive health outcomes for women, such as freedom from discrimination and violence, added factors such as sexuality, disability,

cultural background and age, access to resources, and control over sexual and reproductive decision-making are also important. These determinants not only assist us to identify key target groups for our sexual and reproductive health work, but also inform our advocacy and our direct work with those groups.

On page 13 of this edition, we look at the impact of society's power structures on women's sexual and reproductive health, and explain how determinants such as freedom from violence, and control over sexual and reproductive health, can have a very real impact on how women experience their own sexual and reproductive health. We also celebrate the second anniversary of the decriminalisation of abortion in Victoria - a significant gain for women in controlling sexual and reproductive decision-making. Given that 'women's bodies, and in particular their reproductive health, remain an important site of political contest'¹ we see the issue of abortion continuing to be contested on the political stage in this year of state and federal elections.

Stories that describe our work in these areas are marked with this logo:

**sexual & reproductive
health EDITION**

¹ WHW Organisational Health Promotion Plan, 2009 – 2010.



In the lead up to the state election on November 27, the Women's Health Association of Victoria, which is the peak body for Victorian women's health services, has developed an innovative way of supporting pro-choice Members of Parliament (MPs). The I Vote For Choice website allows users to send a message of support or disappointment to their local MPs, depending on how they voted on abortion law reform in 2008.

The I Vote For Choice website also features information about abortion in

Victoria, community attitudes, and links to information about service providers.

This important initiative is one way we can let our pro-choice MPs know that they have our support.

We encourage you to sign up for updates, go to the 'take action' page to send an email to your local MP, and also share the site with your networks. You can also become a fan of the site on Facebook – another great way to spread the word to friends and family.

It's your opportunity to let your MPs know that you value the right to choose and support MPs that support choice!

www.ivoteforchoice.com.au

BEHIND THE SCENES

WHW Staff



Elly Taylor

HEALTH PROMOTION WORKER

Before starting at WHW, I worked in north-east Victoria on violence prevention and research aimed at improving the family violence service system's response to women and children affected by violence. I have a keen interest in the politics of abortion and furthering women's rights to reproductive control, autonomy and freedom. As a member of the health promotion team, one of my roles is to work closely with local councils to further WHW's vision of equity and justice for women in the west. I am really excited about my new position and being part of such a fun and dynamic organisation.

Simone

INTENSIVE CASE MANAGER

Prior to working at WHW I was a case manager in the mental health program at Inner South Community Health Service, a psychiatric disability rehabilitation and support service. I've also worked in the alcohol and other drugs sector with pregnant women, and women with young children with complex needs and with young people at a youth centre. I'm glad to be in a feminist organisation and keen to work through the complexities of women's experiences with them. Also, I'm a bit of a greenie and would like to continue WHW's efforts to become a really environmentally-friendly organisation.



Amy Clark

RECEPTIONIST

My first job was as a checkout operator at my local supermarket, I stayed on for several years largely because I looked stunning in the navy blue smock. Prior to WHW I worked for an IT type company, a back packers, transcribing dictation and a coffee shop when I was at university. At WHW I hope to contribute my superior life saving skills as your first aid officer, a unique sense of style, and enthusiasm for the organisation. Outside of work I show a marked interest in books, music, volunteer work, walking sedately and absurdity in all its forms.

Jude

FAMILY VIOLENCE OUTREACH WORKER

One of my first jobs was as a dresser at Her Majesty's Theatre, hurriedly (un) dressing the actors before they ran back on stage. I started my 22 years at Royal Melbourne Hospital at the bottom – filing medical records in the basement – and worked my way up. I've worked in refuge, studied conflict resolution, family disputes, mediation and have a graduate certificate in grief and loss. These skills transfer to working with women who have experienced family violence; the loss of a relationship can be grieved like a death. At WHW I'll always give the best I can to my clients and my colleagues and hope, in return, that they slowly get used to my sense of humour.

PHOTOGRAPHER Veronica Garcia

WHW Board of Directors

Kirsty McIntyre

INCOMING DIRECTOR, WHW BOARD

Kirsty is a practicing lawyer who brings much to her new role as one of Women's Health West's directors, including over 25 years of legal advice and advocacy experience across public, private and community-based sectors.

Kirsty is currently employed as Assistant Victorian Government Solicitor with the Victorian Government Solicitor's Office.

For eleven years before this, Kirsty worked with a national regulatory reform body developing collaborative road and rail safety legislation for each state and territory in tandem with transport agencies, industry and unions. In earlier employment, she was the solicitor-in-charge of the regional Legal Aid office in Townsville, a legal officer with the Environment Protection Authority and a junior solicitor in the Melbourne and Footscray offices of law firm, Slater and Gordon.

Kirsty has been an active volunteer at community and legal services in Queensland and Victoria. She was a founding member of the North Queensland Women's Legal Service and has served on their board as well as the board of the Essendon Community Legal Service.

Having lived and worked in the western region for much of her life and been a member of WHW for the last two years, Kirsty has been impressed with the services and programs that WHW provides to support women and has been keen to get involved. She is excited by the opportunity to serve as a director of WHW, a role that draws together her professional skills, her commitment to achieving equity and justice for women, and her understanding of the range of challenges that face women in the west.

HUMAN TRAFFICKING: WHEN THE DOORS ARE CLOSED

Dr June Kane AM, Women's Health West Board of Directors

In August, I met with the staff of Women's Health West to share my insights into human trafficking. It's a topic I've been studying and teaching about for more than a decade now, but it's a subject that always seems new and relevant.

Human trafficking is defined strictly in international and Australian law. In simple terms, though, people are considered to have been trafficked when they have been forced or tricked into moving away from their normal place of abode so that they can be exploited. For children, the force or trickery doesn't have to happen – any person under the age of 18 who is moved into exploitation has been trafficked.

We know a lot about what makes people vulnerable to falling into the hands of traffickers, about the traffickers themselves, and the routes and methods they use. There is often misunderstanding, though, about the 'root causes' of trafficking. Time and again people say that poverty is the root cause, but this is not quite right. Poverty is often one of the factors at play, but it is rarely the determining factor. Unemployment, family violence, sex and age, geography, conflict, repression, and sometimes just hope for a better life, all prompt people to move. When legal migration channels are open, accessible and known, these people can at the very least apply to migrate.

When migration channels are closed (as they often are to single women, for example) or when desperate people do not know how to access them, then the traffickers and people smugglers move in.

People smuggling, of course, is high on the news and political agendas in our

country. It's a difficult issue because, while the people smugglers have broken the law in order to make a profit, the people they smuggle have also broken the law (by purchasing their services) but have done so because they are desperate, often in danger and unable to access or uninformed about the alternatives. We have to make this difference: put the smugglers in jail (and try to trace the major criminals who are often behind them), but acknowledge the desperate situation of the people they are smuggling and treat them according to international and national asylum obligations.

Back to trafficking. Across the world, people are trafficked into all kinds of exploitation - agriculture, construction, manufacturing, street-based trades, and, for children increasingly, begging and petty crime. By far the most common end result for trafficked women is forced prostitution. Not only are trafficked women and adolescent girls at risk because they are illegally in a country, under duress from their exploiters, badly fed and housed, and frequently introduced to drugs to keep them compliant, they are also at high risk of sexually transmitted infections (including HIV/AIDS), tearing and other damage to reproductive organs, unwanted multiple pregnancies and forced abortions.

This edition is about sexual and reproductive health. It says a lot about the world we live in that this subject fits logically into a discussion on human trafficking. Clearly stopping trafficking and people smuggling are not about just 'stopping the boats' – it's all about promoting safe migration so that vulnerable people, especially women and girls, do not face increased risk.



sexual &
reproductive
health EDITION

WOMEN IN THE REGION:

sexual & reproductive
health EDITION

Words and pictures by
Scout Kozakiewicz

Joyce is a Yorta Yorta woman from Northern Victoria. She is a proud mother of three children and quite a few grandchildren. Joyce is incredibly involved in all aspects of foster care through VACCA (Victorian Aboriginal Child Care Agency) and has been unofficially involved for twenty years or so.

'Prior to fostering our granddaughter, our children brought home numerous street kids. On many occasions we would feed and clothe them, take them in for three or four days, maybe a month. Just help them out. That opened our eyes to the need for care of children.' Joyce and her partner Graham have been looking after Indigenous children ever since, they are now up to number forty-two. 'We don't want any of them lost in a system where they won't have any contact with their parents or their people. So we need to keep them as secure and safe as possible.'

Joyce raises her children with a strong sense of their family history and culture, she is proud of their sense of self today. 'I enforced it on my children to believe in themselves and recognise who they are. They were so strong with it they became Aboriginal dancers. They led the MOOMBA parades for five or six years and they continue to dance and teach

JOYCE



Don't dwell on what they say, dwell on what you want to do, what you want to be.

and work with the Aboriginal community throughout Melbourne. My daughter helps people trace their family trees.'

It hasn't always been easy for Joyce, despite being raised by a strong mother from whom she draws strength and inspiration. 'I had a bit of a run with alcohol and drugs in my hey day but I have overcome them. My first marriage was a disaster through domestic violence – I was hospitalised for three months, all my ribs were broken. I began a new life in Queensland, living with my sister but I didn't want to bring her any upset, so I moved into a women's refuge and I never looked back. I saved, got a house, got myself on my feet and met Graham. I got my self-esteem back. Don't ever be afraid to ask for help, to put your kids in foster care, to sort yourself out.'

'I went back to school. I studied full-time for two years and did my Associate Diploma in the Applied Science of Aboriginal and Torres Strait Islander Welfare. That's when I found out

about the true identity of my people, I found out who I was and what my people went through. Growing up with mum and dad, they sort of sheltered us. I remember being called names at school because of the colour of my skin, "don't dwell on what they say, dwell on what you want to do, what you want to be."' I guess that's the strength mum and dad gave us.

Joyce also works as a respected person with the Broadmeadows Koori Court, a court procedure that is less intimidating but no less serious than other courts. She also spends a lot of time at the Gathering Place in Maribyrnong, taking her kids to the playgroup, meeting other mums and sharing parental advice.

It doesn't appear that Joyce and her partner will be slowing down any time soon. At a recent family gathering, relatives commented on how well she looked. 'It must be the kids, they give me the energy.'

WHW-ENDORSED ELECTION STRATEGIES

A FAMILY VIOLENCE FOCUS



In the lead-up to November's state election Women's Health West has endorsed a number of strategies and plans designed to keep women's health front and centre at this important time. WHW urges our political representatives to support the 10 Point Plan for Victorian Women's Health. WHW also endorse the following family violence-specific election strategies from **Domestic Violence Victoria**, **Women With Disabilities Victoria** and the **Victorian Women and Mental Health Network**.

Alison Macdonald, Policy Officer, Domestic Violence Victoria (DV Vic)

DOMESTIC VIOLENCE VICTORIA, the peak body for women and children's family violence services across Victoria, has worked with its members to develop an election platform calling for current parliamentarians and state candidates to commit to three key asks.

DV Vic's Call to Parties asks for commitment to:

Investment in children's safety and wellbeing

Greater investment in children's support and recovery programs based in specialist family violence agencies to minimise the impact and trauma of exposure to violence on children's long-term health and wellbeing.

A long-term vision for family violence reform

Commit to A Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria 2010-2020, a Right to Respect: Victoria's Plan to Prevent Violence against Women 2010-2020 and Strong Culture, Strong Peoples, Strong

Families: Towards a Safer Future for Indigenous Families and Communities Ten Year Plan, so that we stay on track with the progress made to date.

The sustainability of the family violence workforce

The need for investment in the family violence workforce is critical to address current and projected skill shortages.

The call demands all parties commit to fully funding the outcomes of the ASU's Pay Equity Case, which if successful will guarantee fair wages for the thousands of dedicated professionals who provide support to women and children experiencing family violence in Victoria.

For further information please contact **DV Vic** on **admin@dvvic.org.au** or **9921 0828**

WHW fully support DV Vic's call to all parties particularly as the only two children's counsellors (page 7, opposite) in the western region work, part-time, at WHW to meet the needs of all children affected by family violence in this area.

WOMEN WITH DISABILITIES VICTORIA

identified five key actions the Victorian Government can take to address violence against women with disabilities:

Develop an active protocol between family violence services and disability services.

This would enable the co-operation required to provide an effective service to women with disabilities.

Fund initiatives for women with disabilities as part of the implementation of Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010-2020.

Fund family violence services to respond to women with disabilities through initiatives such as increased intensive case management, crisis support, appropriate risk management services, and capital works for accessibility. Where such initiatives have been funded as pilot programs, they provide vital support for women with disabilities.

Improve data collection and standards of practice across family violence and disability sectors that identify violence against women with disabilities.

Fund research on the extent and prevalence of violence against women with disabilities, and their help-seeking experiences. This would inform the improvement of services to women with disabilities who experience violence.

A full copy of Women with Disabilities Victoria's election strategy is available at http://www.wdv.org.au/documents/election_statement_2010.pdf

WHW has also endorsed the **VICTORIAN WOMEN AND MENTAL HEALTH NETWORK** campaign to promote women's safety by designating women-only space in psychiatric wards. The campaign outlines the following five clear steps to reduce violence against women in psychiatric care:

- **Amend the design guidelines for acute psychiatric in-patient units to provide choice of single sex treatment environments**
- **Ensure new wards provide separate women's areas**
- **Establish women's corridors in all existing psychiatric wards**
- **Restore funding for women's mental health consultants**
- **Support training for staff to ensure a culture of gender-sensitive practice is embedded in mental health services**

For more information about the women-only space in psychiatric wards campaign, email vicwmhn@vicserv.org.au

CHILDREN RECOVERING FROM FAMILY VIOLENCE

Rebecca, Children's Counsellor

Children who live with family violence attempt to make sense of their place in the world in an atmosphere shaped by fear, confusion, and abuse. Yet beneath the feelings of anxiousness, guilt and worthlessness are stories of resistance.

Trauma resulting from a single incident has an adverse effect on individuals but once the situation is resolved they usually begin to heal and recover. Children living with family violence experience ongoing trauma and as a result they do not have the opportunity to recover and heal. WHW counsel children experiencing complex post trauma symptoms and insecure attachment. These children struggle to make meaning of their world and their place within it. Counselling provides a safe and contained space in which to explore meanings and create a narrative of strength and hope.

This is a reconstructed conversation with Lucy who is 8 years old:

We were playing downstairs while dad slept in bed. I had tried to keep them quiet but my brother and sister were getting pretty noisy. Mum came in and told us to be quiet. I could see the panic in her eyes when she came in again with lollypops, she was getting stressed out. The others started fighting and suddenly dad roared from upstairs, mum went racing up. Mum and dad were yelling at each other. My brother and sister stopped and stared at me. I took them into my room, we squashed under the bed and I sang and told them stories. I could hear screaming and banging and thuds, then it was quiet. I crept out of my room and peeked into mum and dad's room. Mum was sitting on the bed crying and dad was yelling at her.

'Stop fighting!' I shouted. No-one heard me or saw me.

My sister and brother were crying. Dad stormed past us. Mum was very still and crying. We climbed next to her and I stroked her head, I kept saying, 'It's okay, it's going to be okay.'

Children like Lucy experience fear and struggle with a sense of powerlessness, blame and shame. Many children feel responsible for the violence and the guilt and shame they experience as a result of family violence silences them, isolating them from their family and the wider community. They can feel anger towards their father for his behaviours, but also towards their mother for appearing not to act protectively.

Counselling aims to repair relationships between children and their mothers. The complex trauma that results from family violence requires a comprehensive therapeutic response. One method is to re-frame trauma symptoms as protective mechanisms a child uses to avoid external threats, internalised fears and frightening memories. Through counselling we explore grief and loss and strengthen the child's positive sense of self. By strengthening the mother and child relationship we can rebuild a sense safety. Counselling is not one-size-fits-all, it requires sensitivity to the child's own beliefs, values and narrative. We listen to and validate their experience and help them understand how the violence has impacted on them, their lives and their sense of self.

Our therapeutic work involves teachers, child protection, legal practitioners, mental health and other health professionals. For example, offending parents are often ordered by law to continue their access to the children, which places the children at greater risk and sends a message that appears to condone violent behaviour towards children. By working with other professionals we start to limit the re-traumatisation of children as they pass through the system and promote a systemic stance against family violence.



Counselling provides a safe and contained space in which to explore meanings and create a narrative of strength and hope



Children living with family violence experience ongoing trauma and as a result they do not have the opportunity to recover and heal.

ABORTION LAW REFORM TWO YEARS ON



It is my view that the woman having the abortion should be the one to make the choice, because it is quite obvious she is capable of making such a decision.

COLLEEN HARTLAND



I would find it ironic if 100 years later this still male-dominated house made the decision that this house has the right to tell women in this state what they should do.

JUDY MADDIGAN



I think we are demeaning women if we believe we cannot leave it to them to make that decision.

MARSHA THOMSON



Before voting on the Bill, I considered the issues in detail, consulted my conscience, and determined that this Bill supported a woman's right to choose within current clinical practice and without fear of prosecution.

WADE NOONAN – letter to WHW CEO

Elly Taylor, Health Promotion Worker

This October WHW will celebrate the second anniversary of the Victorian Parliament passing *The Abortion Law Reform Act* that gained women the legal right to choose abortion. The decriminalisation of abortion in Victoria was a historic achievement made possible by campaign and advocacy work of countless committed individuals, organisations (including WHW) and members of parliament (MP) from both sides of politics. So two years on, what is the significance of the Victorian abortion law reform and what has been the impact of such change?

What we know about abortion

Abortion is one of the safest and most common surgical procedures performed in Australia and is supported by the majority of community members who believe that women should have the right to reproductive decision-making. The reasons women access abortion are complex and varied, with approximately one-third of Australian women having an abortion in their lifetime. This makes abortion one of a number of necessary reproductive health services for women. Women's ability to freely manage their fertility is essential to their health and wellbeing - and their capacity to have control over their lives. Women must be able to make decisions about when, and whether to have children, in keeping with their life circumstances and personal beliefs.

The importance of the decriminalisation of abortion in Victoria

In 2008, the *Abortion Law Reform Act* removed abortion from the *Crimes Act* making it legal in Victoria. Under the changes, any woman of any age can independently access an abortion in Victoria up to 24 weeks gestation. Abortion after 24 weeks is legal (though relatively uncommon). However, in these circumstances two doctors need to agree that it is necessary, taking into account the woman's medical, physical, psychological and social circumstances.

Although existing practice in Victoria meant that women were able to access abortion prior to it being decriminalised, law reform was an

important and necessary step forward. The changes repositioned abortion as a health issue rather than a criminal matter, and the legal right to decide now rests with women themselves. Before this, it was doctors who made the choice for women about whether or not abortion was the appropriate option. The law reform also removed any risk of prosecution for doctors performing abortions, which allows for training and professional development opportunities and improvements in service quality more broadly.

Work still to be done, where to from here?

WHW is committed to ensuring all women are able to access safe, legal abortion. Despite the decriminalisation of abortion, there is still work to be done to ensure policy commitment to reproductive healthcare in the context of a sexual and reproductive health strategy that includes well-planned delivery of accessible, affordable abortion services. In Victoria there are still very few abortion services outside metropolitan Melbourne. This shortage of appropriate services means that women from rural and remote regions are forced to leave their families and communities to seek services. This often results in a more costly, stressful and chaotic experience for these women.

The cost of an abortion also impacts on women's access to the procedure. While abortions performed in public hospitals are free, most are performed in private clinics. The out-of-pocket cost associated with this can vary from \$200 to \$400, and increases for women seeking abortion after 12 weeks or women from rural areas who have to add travel, accommodation and time off work to their costs. The cost of an abortion can significantly impact on women on low or no income (such as young women, women with disabilities, newly-arrived women, rural women and women already supporting a family) who may be forced to borrow money or divert it away from food, rent and other necessary items.

The Abortion Law Reform Act clearly states that health practitioners who have a conscientious objection to abortion must refer women to another practitioner who does not share this

objection. While refusal to refer a woman to another practitioner can be grounds for professional misconduct, anecdotal evidence suggests that some practitioners continue to refuse or delay referral to appropriate services. This can compromise women's physical and mental health, and violates their right to make informed decisions regarding their fertility and their ability to access appropriate healthcare services. If you know of anyone who has experienced this problem, please encourage them to contact WHW for more information.

The coercive strategies, harassment and in some instances violence carried out by the anti-choice movement further impacts on women's access to safe, affordable abortion services. Melbourne fertility clinics are often targeted by anti-choice protestors who intimidate and distress staff and clients. The anti-choice movement continues to harass and intimidate doctors, health providers and MPs in an effort to limit abortion accessibility. Concerns have also been raised about the legitimacy of some free pregnancy counselling services, thought to be run by the anti-choice movement. These services can significantly harm women, as the information provided denies women the ability to make important and informed choices about their sexual and reproductive health free from stigma and coercion.

With an eye to these ongoing challenges, WHW celebrates the two-year anniversary of the Victorian legislation that allows women the legal right to choose abortion. We thank those members of parliament who had the courage to take this important stand on women's health, rights and equality – and encourage you to support those who openly commit to and act on women's rights in the next state election. Women's ability to control their fertility is an important aspect of their health and wellbeing, and as such will remain a priority area for WHW as we continue our work to advance women's sexual and reproductive rights to freedom and autonomy.

Support those MPs who supported women's right to access safe and legal abortion. Visit <http://www.ivoteforchoice.com.au> today!

MPs that supported the abortion law reform in the lower house

Jacinta Allan - Bendigo East (ALP)
Daniel Andrews - Mulgrave (ALP)
Louise Asher - Brighton (LIB)
Ted Baillieu - Hawthorn (LIB)
Ann Barker - Oakleigh (ALP)
Peter Batchelor - Thomastown (ALP)
Liz Beattie - Yuroke (ALP)
Colin Brooks - Bundoora (ALP)
John Brumby - Broadmeadows (ALP)
Carlo Carli - Brunswick (ALP)
Michael Crutchfield - South Barwon (ALP)
Lily D'Ambrosio - Mill Park (ALP)
Jo Duncan - Macedon (ALP)
John Eren - Lara (ALP)
Martin Foley - Albert Park (ALP)
Danielle Green - Yan Yean (ALP)
Ben Hardman - Seymour (ALP)
Alistair Harkness - Frankston (ALP)
Joe Helper - Ripon (ALP)
Steven Herbert - Eltham (ALP)
Timothy Holding - Lyndhurst (ALP)
Geoff Howard - Ballarat East (ALP)
Robert Hudson - Bentleigh (ALP)
Craig Ingram - Gippsland East (IND)
Lynne Kosky - Altona (ALP)
– quit Jan 2010
Craig Langdon - Ivanhoe (ALP)
Hong Lim - Clayton (ALP)
Tony Lupton - Prahran (ALP)
Judy Maddigan - Essendon (ALP)
Maxine Morand - Mount Waverley (ALP)
David Morris - Mornington (LIB)
Janice Munt - Mordialloc (ALP)
Don Nardella - Melton (ALP)
Lisa Neville - Bellarine (ALP)
Wade Noonan - Williamstown (ALP)
Karen Overington - Ballarat West (ALP)
Tim Pallas - Tarneit (ALP)
John Pandazopoulos - Dandenong (ALP)
Jude Perera - Cranbourne (ALP)
Bronwyn Pike - Melbourne (ALP)
Jeanette Powell - Shepparton (NAT)
Fiona Richardson - Northcote (ALP)
Tony Robinson - Mitcham (ALP)
Robin Scott - Preston (ALP)
Helen Shardey - Caulfield (LIB)
Bob Stensholt - Burwood (ALP)
Marsha Thomson - Footscray (ALP)
Ian Trezise - Geelong (ALP)
Mary Wooldridge - Doncaster (LIB)
Richard Wynne - Richmond (ALP)

MPs that supported the abortion law reform in the upper house

Greg Barber - Northern Metropolitan (GRN)
Candy Broad - Northern Victoria (ALP)
Andrea Coote - Southern Metropolitan (LIB)
Kaye Darveniza - Northern Victoria (ALP)
David Davis - Southern Metropolitan (LIB)
Philip Davis - Eastern Victoria (LIB)
Khalil Eideh - Western Metropolitan (ALP)
Peter Hall - Eastern Victoria (NAT)
Colleen Hartland - Western Metropolitan (GRN)
Gavin Jennings - South Eastern Metropolitan (ALP)
David Koch - Western Victoria (LIB)
Shaun Leane - Eastern Metropolitan (ALP)
Wendy Lovell - Northern Victoria (LIB)
Justin Madden - Western Metropolitan (ALP)
Jenny Mikakos - Northern Metropolitan (ALP)
Martin Pakula - Western Metropolitan (ALP)
Sue Pennicuik - Southern Metropolitan (GRN)
Jaala Pulford - Western Victoria (ALP)
Johan Scheffer - Eastern Victoria (ALP)
Brian Tee - Eastern Metropolitan (ALP)
Gayle Tierney - Western Victoria (ALP)
Matt Viney - Eastern Victoria (ALP)

*** Names in bold are from the west**



I believe we need to offer women in Victoria the ability to make real choices about their own bodies, to safeguard lives and the quality of those lives. It is not the right of the legislation to impose its views on women when facing one of life's hardest decisions or to intervene but rather to provide options and support for women in this situation.

TIM PALLAS

WHERE DO THE MAJOR PARTIES STAND ON WOMEN'S HEALTH?

Erin Richardson and Elly Taylor, Health Promotion Workers

On 11 October Women's Health West joined with other members of the Women's Health Association of Victoria (WHA) to co-host *Setting Our Agenda: Women's Health Policy Forum* at the Queen Victoria Women's Centre. Each of the major political parties was invited to outline their party's policy platform on women's health and wellbeing ahead of the November election. Colleen Hartland represented the Greens, David Davis the Liberal/ National Coalition and Janice Munt the ALP. Each party had been sent five questions vital to women's health and wellbeing, drawn from the *10 Point Plan for Victorian Women's Health 2010-2014*. We also invited media and endorses of the *10 Point Plan* to ask questions, resulting in an interested and engaged audience. We bring you some of the highlights below.

Victorian women's health services have long been advocating for a Victorian sexual and reproductive health strategy.

What is your plan for the sexual and reproductive health of Victorian women? How do you propose to achieve this?

Women's Health West are clear that enhancing women's sexual and reproductive health is an important mix of ensuring freedom from discrimination and violence, access to resources, and control over decision-making. The 10 Point Plan highlights evidence and makes clear recommendations for action to improve women's sexual and reproductive health, including a specific Victorian strategy. Green's member Colleen Hartland announced that, if elected, the Greens would actively support the implementation of recommendations contained in the 10 Point Plan.

Shadow Minister for Health and Ageing David Davis was unable to provide details of Coalition policies at this stage, instead focusing on greater reporting and accountability requirements for organisations providing women's health services. He acknowledged that 'the issues around sexual and reproductive health are critical...I accept the focus that your paper [the 10 Point Plan] and a series of consultations have thrown up around that and we will certainly be looking at a policy of that type if we are in government'.

Parliamentary Secretary for Health, Janice Munt, noted sexual and reproductive health as one of four priorities in the gender-focused Women's Health and Wellbeing Strategy 2010-2014, due for release in late October.

LABOR: 'The women's health strategy will focus on improving health and reducing illness, enhancing mental health and reducing poor mental health, preventing violence against women and optimising the sexual and reproductive health of women.'

Does your party support making termination of pregnancy accessible to all Victorian women, regardless of where they live? How do you aim to achieve this?

Despite the passage of the Abortion Law Reform Act in 2008, numerous barriers to women seeking health services remain, particularly for women in rural and remote areas. Colleen Hartland reiterated the Green's strong support for women's right to control their own bodies – and the need to prioritise rights in legislation. Women's reproductive rights, she said 'must be recognised in national and international law and human rights documents. This includes the right to make decisions concerning reproduction and sexual health that are free from discrimination and violence'. David Davis expressed pride at having personally supported women in the conscience vote that decided the 2008 Abortion Law Reform Bill. Janice Munt also told the audience that she was proud to have 'made a difference' for women seeking abortion services and access to assisted reproduction. The benefits of a conscience vote rather than party-line restrictions was clear from each of their responses. We were particularly pleased to hear Ms Hartland's commitment to taking action on the ongoing harassment and intimidation of women seeking abortion services at private clinics, by bringing

together lawyers to discuss exclusion zones around clinics to reduce harassment of women. Ms Munt also noted the distress created by picketers for women and staff members. 'There is a group that is not going to let it go to be honest. At the moment I am having those groups in my electorate work against me and I'm not quite sure how you address that'.

Comments such as these highlight the importance of us supporting those members of parliament who supported women's right to choice, through actions like the [ivoteforchoice](http://ivoteforchoice.org.au) website.

DAVID DAVIS: 'I think that we were all proud to be part of that process [abortion law reform] in parliament. I think that a number of men, myself included were very strongly supportive in a very genuine way'.

JANICE MUNT: 'I think that it's a great credit to the parliament of Victoria that we were virtually the first parliament in the world to put through a Bill like that intact.'

Data and research demonstrate that, despite many years of responding to the outcomes of violence, significant additional effort and action is required if we are to prevent violence against women.

How will your party continue the work to prevent violence against women in Victoria?

This question, more than any other, shows the way in which individuals and organisations struggle to consider what they can do to prevent such a pervasive and systemic problem, defaulting instead to services and increased policing. Projects like Preventing Violence Together and continued support for the state plan to prevent violence against women are clearly vital.

Colleen Hartland reiterated the Green's commitment to stopping all forms of violence against women, pointing to her advocacy for the Brimbank Specialist Family Violence Unit as one way to ensure the critical needs of women experiencing family violence are not subordinate to public 'law and order' concerns about street violence. This, she observed, 'is simply not comparable to family violence in prevalence and severity'. David Davis concentrated on violence against women as a question of law and order. 'This is frankly

a broader issue in the community. There is no doubt that assaults against women have increased over the last decade... as we have seen violent crime of various types rising in Victoria. There are some particular reasons for that. We have the lowest number of police per capita in the country and I think there is a failure to get police into positions where they can assist.'

As the Sunday Age reported on 10 October, law and order is a key issue in the election and Labor and the opposition have each focused on boosting police numbers. 'Many experts say more police on the beat will not deter criminals and funds would be better spent on preventive initiatives' (Age 10/10/10)

GREENS: 'I have found the law and order campaign around this election quite distasteful. I think we keep talking about how everyone is so incredibly unsafe on the streets... But it is women in their homes who are at risk. So why are we creating a campaign of fear when women are not safe in their own homes?

Janice Munt acknowledged the need for interdepartmental cooperation on preventing violence against women: 'It is under the health sector, it is under the police sector but it's also under the housing sector... A lot of different factors impact on the health of women and it's the same with... violence against women'. She pointed to the government's 10 year plan, A Right to Respect, as well as the ongoing family violence integration reforms to ensure a more coordinated response for women who have experienced violence.

Women's Health West would like to see a greater commitment from each of the parties to strategies that prevent violence against women, with a strong focus on changing the culture that supports women's continued vulnerability to violence – not only attitudes and behaviours, but also systemic change, like equal pay for women.

Local studies have shown that many Victorian women experience anxiety about their futures as a result of their reduced lifetime earnings. Financial uncertainty and gender-specific inequities increase the likelihood of poor health outcomes. **How will your party address the gender pay gap that so disadvantages women?**

Data continues to show that the pay gap between women and men remains unacceptably wide – and widening. In 2010, women would have had to work an additional 66 days just to catch up to men's average earnings in the previous financial year. We asked what each party planned to do about this. Ms Hartland noted that she continues to actively support the Australian Services Union Fair Pay campaign for pay equity in the community sector. Janice Munt affirmed her party's commitment to fully support the outcome of the pay equity case currently before Fair Work Australia. Although the Coalition have previously committed to supporting this case if elected, this was not reiterated at the forum. The pay equity case is one of a series of initiatives required to bring about wage parity. Women's Health West look forward to hearing further details of other initiatives.

GREENS: 'Achieving pay equity is important for the Greens and while we can't guarantee you that we will be in government, we will give it a red hot go.'

LABOR: 'There is an equal pay case before Fair Work Australia and we have announced that we will fully support it... A lot of women are working in the community sectors and they absolutely deserve for the government to support them in that pay case.'

What next?

Participants at the forum showed great interest in women's health and the 10 point plan. There was also evidence of a bi-partisan commitment to responding to women's health. In particular, that the benefits and outcomes of approaching women's health with targeted and specific programs actually work far better than a blanket approach.

Although there was some consensus about the topics we raised, we need to see concrete examples of what each party is going to do to improve women's health and wellbeing. An ongoing focus on individual behaviour and 'lifestyle' changes as the way to prevent illness, rather than recognition of the impact of social determinants such as gender, ethnicity and sexuality, continue to dominate health care understanding. Women's Health West look forward to seeing the release of policies from each of the parties that outline their specific platform for women's health, safety and wellbeing. We will analyse these policies prior to the election and hold parties to account following the election. We also encourage you to use our advent calendar to take your own action for women's health in the count down to the state election on 27 November!



Detail from the Countdown to the 2010 State Election Advent Calendar

ILLUSTRATION Isis&Pluto

Lucy Forwood, Health Promotion Worker

Women's Health West (WHW) provided one-off sexual health programs in secondary schools for some years but has shifted toward a whole-school approach to sexuality education. The Girls Talk – Guys Talk (GTGT) health promoting schools program recognises the impacts of culture, social disadvantage and gender on students' sexual and reproductive health and wellbeing. GTGT builds strength within schools to ensure the skills and knowledge developed have a greater impact on the sexual health and wellbeing of young people and are ongoing in that school once WHW leaves.



Finishing up at Hoppers Crossing Secondary College

WHW and Hoppers Crossing Secondary College completed GTGT at the end of term one this year. Appropriate policies and sexual health curriculum were developed in response to student input about topics that impact on their lives. Staff and students highlighted racism and cyber bullying as areas of concern. Hoppers Crossing teachers welcomed the classroom support that WHW offered while trialling the new curriculum. The students and their parents strengthened their knowledge of sexual and reproductive health and reported increased confidence when communicating about the topic.

Some comments from some of the key players:

HCSC student group members

'Now that I know all this stuff I will make different decisions about going to parties, getting drunk and having sex.'

'Since being in GTGT my mum and I actually talk about relationships, sex and all that stuff.'

Hoppers Crossing Secondary College Assistant Principal

'GTGT has given students an opportunity to develop leadership skills and work in teams around wellbeing matters... it has highlighted for staff how important it is to gain student feedback about issues.'

Hoppers Crossing Secondary School Nurse

'The year nines' knowledge of sexual and reproductive health increased... The project has opened lines of communication between students and their parents, teachers, other school staff and the local youth worker... It made staff realise that sexual health is such a broad concept... Racism and cyber bullying feature as such strong issues in the school and now there are policies that reflect these issues.'

Laverton Secondary College: Long Term Evaluation

In August 2010 we interviewed ten students who participated in the first GTGT program in 2007 when they were in year nine. These students, bright and brimming with excitement about catching up again, are now in year 12 at Laverton P-12. The students had a really positive regard for the program and agreed they had better knowledge and understanding of sexual health and most importantly sexual decision-making. Many students have joined other programs as a result of their involvement in the GTGT working group. Other positive outcomes include a general increase in confidence particularly when public speaking.

Here are some responses to the question:

What impact, if any, do you think being part of GTGT has had on your life?

'It's because of GTGT that we have been involved in so many programs. It's sort of like a spring board. If another program comes up, Alison (school nurse) usually comes to us first because we were in GTGT.'

'I think now people know that sex is their personal choice, like it's not about a set age anymore. Like they know it's their personal choice and it's not something they have to do at a certain stage of your life.'

'Yeah... and like they are confident enough to say no if they don't want it.'

'Where are they now?' published in *WHW News* (edition 3, 2009) outlines the many and varied achievements of the working group after the completion of the program.

Starting at Taylors Lakes Secondary College

GTGT is making its way around the west from Wyndham, to Hobsons Bay and now Brimbank. Once the evaluation process at Hoppers Crossing Secondary College was complete we began the selection process for the next school. Taylors Lakes Secondary College is the lucky school currently hosting GTGT. Staff have been extremely welcoming and forthcoming, sharing information about their sexual health programs and key topics for their students' sexual health. The Parents and Friends Association were not only keen to be involved in the project but also discussed organising an event for parents, focusing on the best ways to communicate with children about sex.

Girls Talk – Guys Talk Professional Development

The GTGT program is now in its fourth year and evaluations show that it far exceeds our original expectations. WHW is pleased to announce a new phase of GTGT! In order to broaden the reach of this highly successful program and in response to enormous demand for GTGT from secondary schools and interest from a range of service providers, WHW will employ a consultant to develop the program into a training package to build the capacity of other agencies to implement the GTGT model. We aim to train other agencies, service providers and school staff to implement the model in secondary schools. WHW staff will begin training interested agencies and schools on how to implement GTGT upon completion of the training package.

POWER, CONTROL AND VIOLENCE

How do these factors impact on women's sexual and reproductive health?

Anna Vu, Sexual and Reproductive Health Worker

In Victorian structures of power and control are increasingly understood in relation to violence against women and adverse health outcomes. Reproductive decision-making is one area in which power structures can influence women's lives and impact on their sexual and reproductive health outcomes.

Now that women no longer have to fight to access a safe, legal abortion, we have time and energy to look more closely at which groups of women are seeking abortion and why. Victorian women have comparatively low rates of abortion and high rates of contraceptive use, which means we are unlikely to lower the abortion rate by focusing on contraception alone. Instead, we need to focus on groups of women whose use of abortion might signal an inability to control sexual and reproductive decision-making. One group is women who experience violence at the hands of their partner.

Researchers have been exploring these relationships for some time, and links between intimate partner violence and unintended pregnancy are well established in many parts of the world. Australian research has found that young women (18-23 years old) who have experienced partner violence are more than twice as likely to seek a pregnancy termination, and are more likely to become pregnant, miscarry, and have pre-term births. This indicates that efforts to reduce unintended pregnancy rates must first identify women who may be at higher risk of unintended pregnancy, and investigate the factors in their lives that contribute to this increased risk. Research in countries such as New Zealand and Colombia has drawn similar conclusions, finding a strong association between unintended pregnancy and experience of intimate partner violence. The Colombian research tested this association against a feminist perspective and found that women living in areas with high rates of male patriarchal control are almost four times as likely to experience unintended pregnancy.

Reproductive control can take the form of pregnancy coercion by males, such as verbal demands, threats and physical violence to pressure their female partners to become pregnant. Another form is 'birth control sabotage' – when male partners interfere with contraceptive methods so that women become pregnant, for example, flushing contraceptive pills down the toilet, or removing a condom during sex. Research published this year in the U.S. found not only high rates of intimate partner violence, pregnancy coercion and birth control sabotage among young women attending family planning clinics, but also a strong link between these factors. Around three quarters of women who reported pregnancy coercion or birth control sabotage also reported a history of partner violence. These women also experienced a higher risk of unintended pregnancy.

These studies highlight the need to carefully consider the social determinants of sexual and reproductive health when planning programs. We must consider the context of women's relationships and the power and control within them. Freedom from violence and control over reproductive decision-making are key to determining sexual and reproductive health outcomes, including unintended pregnancies. Where traditional sexual and reproductive health programs aimed at reducing the rate of unintended pregnancies might have been designed around contraceptive awareness campaigns, we can see from the studies above that this approach would have limited impact without considering the context of women's lives – not only their individual circumstances in relationships, but also broader societal beliefs and attitudes about women's power and control over their lives.

Please contact WHW if you would like more information about the research quoted here, call **9689 9588** or email **info@whwest.org.au**



ILLUSTRATION Isis&Pluto

sexual & reproductive
health EDITION



REFLECTIONS ON THE ERITREAN WOMEN'S GROUP FORUM

Eritrean Women's
Group members with
the Hon. Joan Kirner

sexual &
reproductive
health EDITION

Teresia Mutisya and **Reem Omarit**, FARREP Community Workers

The **Family and Reproductive Rights Education Program (FARREP)** aims to prevent the occurrence of female genital mutilation (FGM) and increase the quality of care and access to sexual and reproductive health services for women from communities affected by FGM. This occurs through community education for women and professional development for service providers.

For more information about FARREP at Women's Health West, call **9689 9588** or visit <http://www.whwest.org.au/community/african.php>.

On 2 July 2010 the Victorian Immigrant and Refugee Women's Coalition held a Women's Power Forum to celebrate the pioneering work of the Eritrean Women's Group in Victoria. Between 1991-94 the group successfully initiated the first education campaign against female genital mutilation (FGM).

The Eritrean Women's Group conducted the education campaign against FGM over 18 months and involved interactive education sessions for service providers as well as for men and women from the Horn of Africa. The group also responded to the legislative debate on FGM while dealing with media sensationalism around this sensitive issue. For more information, *Eritrean Women's Group Education Campaign Against Female Circumcision (1993-1994): Evaluation Report* is worth reading.

The July forum provided an opportunity for Women's Health West (WHW) FARREP workers to gain insight into the community's experience prior to the FGM legislation and the subsequent establishment of FARREP. The panel members emphasised

the importance of encouraging and facilitating community participation, and including community members in decision-making processes that affect them and impact on their wellbeing.

'Women from the affected community were not ready to talk about female circumcision, they thought that by attending the education campaign they were going to be stigmatised and discriminated by the wider community therefore we encouraged them to participate in the planning of the program. The aims of the project were to break the silence, to share information and to empower women to make informed decisions about their lives. Sessions for women and men were run separately. Women's sessions were run by female experts including a doctor from the affected community, a religious leader, lawyers and child protection workers from DHS who provided relevant information to the participants. Women watched videos with testimonies from women who participated in education campaign. The men's session was run by male experts from the affected community. At the end of the project

we saw changes in both women and men's attitudes. People do not change their mind overnight. They need to be convinced by logic and reasoning. Once people are convinced we will see a real change in attitude.' – Meriem Idris, Eritrean Women's Group member

Women affected by FGM often experience long-term health consequences. They continue to face many challenges when accessing health and other services. In addition, many women from FGM affected communities feel the stigma and the negative stereotypes associated with the practice here in Australia.

While community education can be an effective strategy to prevent the occurrence of FGM, successful prevention programs involve the active participation of the community, not only to help us develop a more sophisticated understanding of the complex needs of the communities we work with, but to help us deliver programs that reflect and respond to those needs.

Lessons from this forum reinforced our understanding of the primary health care model that underpins the health promotion practice of FARREP workers at WHW. As FARREP workers, our take-home message from this forum was that the FARREP program is for the FGM target communities and so our success in eliminating the practice of FGM lies with working closely with the affected communities.

A reorientation of our community education program in a way that involves the affected communities more in decision-making to better represent their interests is underway.

FUNDS FOR WHW

Debra Wannan, Temporary Finance Officer
Meriem Idris, Finance Officer

Women's Health West would like to extend our thanks for the following financial contributions from 24 May – 31 August 2010. These much appreciated donations assist us to enhance our programs and services to women and children in the region.

Donations

\$915	Victoria University student fundraising
\$969	Moonee Valley Tax Office staff club
\$750	Hoppers Crossing Football Club
\$200	Hoppers Crossing Cricket Club
\$200	Hoppers Crossing Sports Club
\$1200	Western Region Football League Women in Football Foundation

Grants

\$1818	Hobsons Bay City Council
\$1818	Maribyrnong City Council
\$3000	City of Melbourne
\$1818	Brimbank City Council
\$1364	HealthWest Partnership

Court Funds

\$1000	Sunshine Magistrates Court
---------------	----------------------------

Donations to Women's Health West are tax deductible. To find out more about making a donation please call 03 9689 9588 or visit www.whwest.org.au/docs/donate.pdf

This year if you want to send more meaningful Christmas cards, send a Giving Card!

Giving Cards are available in packs of 10 for \$3 per card. There are five great designs to choose from.

Best of all, \$1 from every card purchased will be passed on to a community group of your choice – if you buy Giving Cards, please consider nominating Women's Health West as the recipient.

Giving Cards are high quality, environmentally friendly, and allow plenty of room for overprinting or personal messages. You can customise your cards with logos and messages for free! (Colour printing of logos and messages is also available.)

Find out more about the Giving Cards initiative at

www.ourcommunity.com.au/givingcards.

Thanks for your support.



FINANCIAL LITERACY PROGRAM GETS FUNDING!

Sally Camilleri, Health Promotion Worker

Women's Health West (WHW) is pleased to announce that we have received funding from the Office of Women's Policy to facilitate financial literacy programs with three new communities in 2010-2011.

Twenty six South Sudanese women participated in WHW's financial literacy program held in St Albans over May and June this year. They all agreed that such a program should continue. 'We need to run more of these programs, we know how to do budgeting but the things we covered in this program, no-one talks to us about.' (South Sudanese participant)



Twenty one Karen women from Laverton participated in the sessions during June and July. Many women were frustrated by door to door sellers who targeted the area. After some discussion about this concern, a participant from the program said:

'If someone comes to me at the door, we can show them the sticker, even though we don't know the language we can just show them the sticker.'



African Women's Sewing Enterprise

Sally Quinn, Co-Founder, Chief Executive, Green Collect

Women from the vibrant African community in Melbourne's west have come together with Green Collect to establish and develop local sewing enterprises.

Women's Health West worked with some women in this group through our financial literacy program and assisted the group by facilitating two discussions among members. Through these discussions women identified their achievements so far, explored what they hope to achieve through the enterprise, identified the skills they are willing to share with each other and planned future directions.

Over the last six months, six women from the Somali, Sudanese and Ethiopian communities have met weekly at Green Collect's Yarraville shop for sewing instruction, product design and retail training. Each of the women are now skilled at producing five designs and have made over one hundred beautiful items.

The African Women's Sewing Enterprises sell with the Green Collective label in their own small businesses at markets and through the Green Collective shops in Brunswick and Yarraville. This is just the beginning and as one of the women said, 'some money now, and maybe more money later!'

Green Collect is a non-profit social enterprise that works for innovative social and environmental change



 **GREENCOLLECT**
working together for the life of our community and environment

www.greencollect.org.au

PHOTOS Erica Keen

MEMBERSHIP FORM

Membership is free. To apply, fill in this form and mail to
Women's Health West: 317-319 Barkly Street, Footscray VIC 3011

TYPE OF MEMBERSHIP

☐ **Individual Voting Member**
 (woman who lives, works or studies in the western metro region)

NAME

☐ **Organisational Member**
 (organisation in, or whose client-base includes, the region)

ORGANISATION

CONTACT PERSON

(This person is also eligible to attend and vote at our Annual General Meeting)

POSITION

☐ **Associate Non-voting Member**
 (individual or organisation outside the region)

CONTACT DETAILS

ADDRESS

SUBURB POSTCODE

PHONE (W) PHONE (H)

(Individual members only)

EMAIL ADDRESS

SIGNATURE DATE

DO YOU NEED A PAP TEST?

Elly Taylor, Health Promotion Worker

Cervical cancer is one of the few cancers that is largely preventable. Each year pap tests prevent around 1,200 Australian women from developing cervical cancer. When compared to the Victorian state average, women in Melbourne's western sub region (WMSR) are less likely to have a regular pap test, particularly in the age groups 20-29 (4.8 percent below the state average) and 60-69 (4.5 percent below the state average).

Age Group	20-29	30-39	40-49	50-59	60-69
Eligible women in Victoria that have been screened	52.7%	65.4%	66.5%	69.6%	64.4%
Eligible women in WMSR that have been screened	47.9%	64.2%	64.0%	64.9%	59.9%

Source: Women in Melbourne's West: A Data Book for Program and Service Planning in Health, 2009.



This PapScreen Victoria postcard explains that women aged between 18 and 70 who have been sexually involved with a man or a woman should have a pap test every two years.

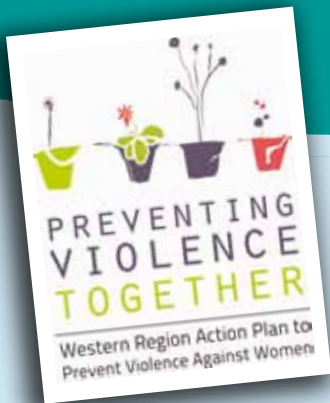
So who should have pap tests?

PapScreen Victoria recommends that all women aged 18-70 years who have ever been sexually active should have a pap test every two years. This includes:

- Women who have had the cervical cancer vaccine
- Older women
- Aboriginal and Torres Strait Islander women
- Culturally and linguistically diverse women
- Women with disabilities
- Lesbians

If you need a pap test contact your GP, community health service or visit www.papscreen.org.au to find a service that best suits you.





FEATURED PUBLICATION

Preventing Violence Together

Erin Richardson, Health Promotion Worker

Preventing violence against women is now well and truly on the mainstream health agenda.

While women's health services – including Women's Health West – have been working across the prevention to intervention spectrum for decades, violence against women is now legitimately recognised across the board as a key cause of women's ill health, disability, and morbidity. In fact, as VicHealth reported in their 2004 study, for women aged between 18 and 44 in Victoria, gender based violence is the leading cause of ill-health – greater than smoking, road trauma, and obesity.

It's also preventable. So, while primary prevention of violence against women – that is, addressing the factors that cause violence against women in the first place, such as gender

inequality – has long been a focus of our work here at Women's Health West, building the capacity of other organisations in our region to prioritise preventing violence against women in their own work has also been key.

In 2009, the Western Region Prevention of Violence Against Women Working Group was established. The working group includes representatives from our Primary Care Partnerships as well as local councils and community health organisations, who came together to develop *Preventing Violence Together: The Western Region Action Plan to Prevent Violence Against Women*. Drawing on both the *Healthy Community, Healthy Lives* framework developed by Health West and the Victorian Government's *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010 – 2020*, our action plan aims to build on existing good practice to create communities, cultures, and organisations in the western region that are non-violent,

non-discriminatory, gender equitable, and promote respectful relationships. To reach our goal, we have identified a range of actions across seven key areas, including community leadership; skills, attitudes and social norms; and partnerships and structures. Critically, our action areas are geared towards engendering the necessary political will within organisations to ensure that preventing violence against women is embedded as core business - everybody's business rather than nobody's business. As we know, nothing less than a holistic, all-of-organisation approach will be required if we are to effectively work toward eliminating the underlying causes of violence against women.

The working group is creating an action plan that is ambitious, but achievable. With a launch date scheduled for December 2010, check www.whwest.org.au for updates!

For further enquiries, please contact Erin Richardson at WHW on **9689 9588** or email info@whwest.org.au.

ORDER FORM

Women's Health West Publications

This form may be used as a Tax Invoice for GST purposes

Order Form – Tax Invoice

ABN 24 036 234 159

FREE – Countdown to the 2010 State Election Advent Calendar

Description	Qty
In the lead-up to the Victorian state election we at WHW thought you'd enjoy a fun way to count down the days while finding out about women's health. This calendar is free and fun – grab one, or many, now!	

Order by mail	Information Worker Women's Health West 317 – 319 Barkly Street FOOTSCRAY VIC 3011
Order by fax	03 9689 3861
Order by email	veronica@whwest.org.au
Order by phone	03 9689 9588
Payment	Please send payment with your order or we can invoice you. Cheques payable to: Women's Health West

DELIVERY DETAILS

Name:	
Organisation:	
Postal Address:	
Postcode:	
Phone:	Fax:
Email:	

A range of brochures and fact sheets are available from our web site www.whwest.org.au

NEWSLETTER SURVEY

My favourite part of this newsletter was:

The part I liked least was:

You should include more articles about:

Overall, in terms of clear language, reporting of Women's Health West activities and projects, design, feminist analysis of current issues and interest and relevance of articles, I rate this newsletter out of ten.

Warm regards,

Your name

Your email address



Not 1 More, Remembering Victims of Family Violence Event
Thursday 25 November 2010
Federation Square

Each year in Australia, at least 60 women and 20 children will die as a result of family violence.

Their stories sometimes make the news.

Many others are never heard.

Women and children who live with physical and emotional abuse every day.

Women and children who leave their abusive partners and start a new life.

All affected. All preventable.

All someone's daughter, sister, aunt, mother or friend. All loved.

All our responsibility.

Not 1 More is a public event to raise awareness about family violence and to remember all those women and children who have been killed.

Family and friends are invited to join survivors, workers from the violence against women sector, the White Ribbon campaign, VicHealth, Victoria Police, the Metropolitan Fire Brigade, the Australian Services Union and the Electrical Trades Union to say 'Not One More' and to demand a future free from family violence.



women's health west

WHW Annual General Meeting
Wednesday 24 November 2010
317-319 Barkly Street, Footscray

Come to WHW at 4pm for a 4.30pm start for an early evening feast of comedy, music and thought-provoking speakers.

www.whwest.org.au

EVENTS + NOTICES

16 Days of Activism Against Violence Against Women
25 November – 10 December 2010

The **16 Days of Activism** is an annual world-wide event to raise awareness of all forms of violence against women. November 25 marks the International Day for the Elimination of Violence Against Women and December 10 is International Human Rights Day.

SUPPORTING WHITE RIBBON

White Ribbon Day
Thursday 25 November 2010

Wearing a white ribbon is a personal pledge not to commit, condone or remain silent about violence against women and children. The White Ribbon Foundation of Australia aims to eliminate violence against women by promoting culture-change.

www.whiteribbonday.org.au



World AIDS Day
Wednesday 1 December 2010

This year is the 21st Anniversary of World AIDS Day. World AIDS Day and AIDS Awareness Week aims to raise awareness in the community about HIV/AIDS issues, including the need for support and understanding for people living with HIV/AIDS, and the need for the development of education and prevention initiatives.

www.vicaids.asn.au
www.worldaidsday.org.au



Midsumma Festival - Melbourne's gay and lesbian festival
16 January – 6 February 2011

Melbourne's annual gay and lesbian festival is a federation of arts and cultural events spread over six municipalities and over 60 venues across Melbourne. This year the **Midsumma Carnival** is moving to the northern side of the river into one of Melbourne's newest event spaces, Birrarung Marr.

www.midsumma.org.au



Pride March
Sunday 6 February 2011

Albert Park – Fitzroy Street and Lakeside Drive

Pride March is a public march down Fitzroy Street, St Kilda to celebrate the courage, solidarity, pride, diversity and strong sense of community of Victoria's gay, lesbian, bisexual, intersex and transgender people.

www.pridemarch.com.au

International Women's Day
Tuesday 8 March 2011

International Women's Day is a major day of global celebration for the political and social achievements of women. The first IWD was held on 19 March 1911 when over a million European women united calling for the right of women to vote, work and hold public office. The rally was motivated by a protest held in New York in 1908, organised by the Women's Social and Political Union to rebel against poor working conditions and child labour. The women wore the colours of green (hope and new life), violet (dignity and self respect) and white (purity). In 1910 an international conference of women voted to hold an annual International Women's Day.

www.women.vic.gov.au for events in your area closer to the date

WOMEN'S HEALTH WEST IN THE NEWS

Star Footscray, Yarraville, Braybrook
INCORPORATING WESTERN STAR
A Star News Group publication phone: 9633 8800

Tuesday 29 June 2010

Authorities say more family violence reported

When home hurts

BY CHARLENE GAIT

"The prevalence hasn't changed, but the reporting has, which is actually quite a positive thing. Lower numbers don't necessarily mean that it's not happening, it's just that there are being reported."

Women's Health West provided 84 City of Melbourne family violence victims with case management help last financial year.

The unit did one dedicated case covering the family violence Police Station, Mansfield Street, in the Mansfield Street campaign to women.

The unit has received a grant from the Victorian Government to support the unit's work.

There's a lot of factors. The increased awareness and reporting would probably be what we'd point to being the biggest reason for higher numbers, which is a good thing," she said.

From 2008, only 84 charges (24 per cent of all reported incidents) were laid.

Family violence figures in the municipality have fluctuated in the past 18 years, with 470 cases reported in 2002 (25 to a line of 243) and 2007-08.

In December last year, former Footscray Inspector Ian Gough attributed a 15.7 per cent yearly spike in growth figures to a rise in family violence, especially among non-residents in the area.

But VicHealth from Western's Health West said the increased figures did not necessarily mean an increase in family violence.

Ms Gough believes that, while local newspapers have covered more people in need of help, it's not necessarily a bad thing.

Editorial by the public to "Report it" is a key message, it's in their own best interests.

Footscray, Yarraville, Braybrook Star, 29 June 2010



Perfect patchwork ... Motorbike riding quilter Lee Archer is looking forward to the Hobsons Bay Quiltfest. 52345
Picture: DAMJAN JANEVSKI

Reilly good quilts gifted

BY NICOLE PRECEL

WHEN Seabreeze Quilter Kim Reilly gives a handmade quilt, she's giving a part of herself.

Way through Hobsons Bay.

Seabreeze Quilters has between 70 and 100 members and will present 250 quilts at the locations.

There was a lot of quilting.

There was a lot of quilting. There was a lot of quilting.

who gets to know as down, we

know that the children are all getting one."

There will be traders selling crafts and Ms Reilly said the event would not only show off local talent, but also the area.

"We wanted to showcase places like the Newport Substation, the Altona Homestead, it's the most gorgeous place, Hobsons Bay," she said.

Budding quilters still have time to enter the challenge, where quilters will interpret an A4 magazine page into an A3 size quilt, entries close 30 September.

For more information, contact Kim on 0409 382 510 or visit www.seabreequilters.com.

Williamstown, Altona, Laverton Star, 31 August 2010

CONGRATULATIONS!

The last edition of WHW News featured an article about Linda Beilharz CEO of Women's Health Loddon Mallee, fellow women's health advocate, and now Australian Geographic Society 2010 adventurer of the year in recognition of her 55 day journey across the North Pole. What an inspiring achievement.



WOMEN'S HEALTH WEST AGM

You are invited to the women's **health west**

Annual General Meeting

Wednesday 24 November 2010

4pm for 4.30pm start

Keynote speaker: **Professor Helen Keleher**

Introducing Preventing Violence Together:

the Western Region Action Plan to Prevent Violence Against Women

Performance: **Nelly Thomas** our favourite feminist funny-woman plus a preview of Women's Health West's very own troupe of performers

RSVP: Wednesday 17 November 2010 on 9689 9588 or events@whwest.org.au

Women's Health West
317 - 319 Barkly Street
FOOTSCRAY VIC 3011

(Melways Ref. 42B4)
2 hour parking available at
Paisley Street car park
and surrounding streets.



Women's Health West
317-319 Barkly Street
Footscray 3011

PHONE 9689 9588

FAX 9689 3861

EMAIL info@whwest.org.au

WEBSITE www.whwest.org.au

