

## CAMP P.10-11



Photo: Nicola Harte

## A WORD FROM THE CEO **Melissa Afentoulis**

Welcome to the second edition of *WHW News* 2007. I hope you will enjoy reading this fantastic edition, which presents and profiles some key WHW initiatives as well as showcasing work being done by other agencies and organisations that's complementary to our objectives or goes beyond our current work. We thank those contributors and encourage others to send us your articles in future.

The content of this edition is diverse, informative and rich in substance.

With the commencement of the service integration and planning project, we are set to undertake exciting and challenging work in the region towards family violence service integration. WHW is committed to this goal, both as a significant service provider and also as a key partner in the process with the many other organisations involved. With the establishment of the Western Integrated Family Violence Committee (WIFVC), the service sector is set to build on a broadly-based collaborative process of communication, service integration and service development that will have as a common goal "the timely, effective responses to women and children dealing with family violence and to facilitate the engagement of men who use violence in programs that support behaviour change".

Women's Health West continues to deliver services in the most responsive and sensitive

ways that are suited to women's needs, situations and aspirations. We were particularly pleased with the recent success of a seaside family camp for women and children, supported by the ER Ross Trust, which gave women and children an opportunity to be part of this recreational event. Our staff are to be congratulated for this initiative.

The whole of school health promotion initiative has moved from its planning phase to implementation through the selection of a school – Laverton Secondary College – and is a credit to the staff and partners involved. A key feature is the long term nature of our commitment, to a leadership project and we look forward to the positive outcomes of this initiative, for the young people and the school community.

A number of other finished projects that are presented in this edition give the reader a good sense of the diverse areas of work that is undertaken by WHW at any time.

Capacity building is amongst the range of methodologies and effort that WHW prioritises in disseminating the work that we do and the way that we do it. Our staff therefore make it a priority to document their work and to showcase work methods, frameworks and approaches and to share those through a range of ways including presentations at conferences, seminars and other presenting opportunities.

We were very pleased with the response to

*Continued p.2*



## INSIDE:

### AIDS + ACCUSATION P.8-9



### GRASSROOTS ACTIVISM P.12-13



the poster presentations at the recently attended Australian Health Promotion Association Conference. These posters may also be viewed on our website.

As part of our on-going aspiration to promote WHW News as a communication and information sharing tool, we have introduced a section for profiling special women, whose activism, professional success or community achievements and life stories help to showcase the diversity of women living and working in the western region. Professor Vasso Apostolopoulos is one such woman. She has achieved much in her field and is also a role model for young women. We continue to invite articles and contributions to help us fulfil this role of demonstrating the richness of talent in our community.

In this edition we welcome new staff – Ana, Leah, Kate and Reem and say good bye to Jess, Giselle, Kate, Christie, Leah, Suzanne, Sarah and Jade. We thank those outgoing staff for their contributions to the work of Women's Health West.

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Sincere apologies to Sue Armstrong for the omission of her credit on the fantastic postcard artwork raising awareness of women's experience in mixed-sex psychiatric wards featured in the last edition of WHW News.

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**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 mission statement. Short items are preferred. Contributor's name, address and phone number should be attached so that we can contact you.

Lack of publication of material bears no reflection on the merit of submissions. WHW reserves the right to copy edit any contribution. Contributors will be contacted in the event of a structural edit being required.

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Deadline for next edition is Monday 15 October 2007

Email contributions to [info@whwest.org.au](mailto:info@whwest.org.au)

# BEHIND THE SCENES

## Ana, Children's Counsellor

Ana is very interested in families and particularly children. She has a masters degree in clinical family therapy and believes that early intervention and prevention are crucial when working with children. Ana sees her role as making noises with children to encourage them to be heard and seen.

Ana's clearly drawn to humanitarian work, with experience as a senior family counsellor with Children Protection Society and at the Ecumenical Migration Centre where she worked with refugees and people seeking asylum in Australia. She also revealed that nine and a half years ago she worked as a family violence outreach worker here at WHW!

Outside of work Ana's fundraising for the burns unit of the only children's hospital in El Salvador. Each year they get 300 critically burnt children and they only have two ICU beds and urgently need all the help they can get.

Great to have you back at WHW Ana.

## Communities in Control Conference 2007

### FROM ADVOCACY TO POLICY - COMMUNITIES DRIVING CHANGE

**Lisa Field**, WHW Board member

I attended this gathering of community sector workers, volunteers and supporters, and was inspired by the presentations from leading Australian and international speakers and thinkers, as well as delighted with the opportunity to network with so many diverse people.

The conference highlighted the need for critical debate, advocacy, social policy development, activism and partnerships with the three types of organisation: business, government and non-government. There was much discussion about cross-sector collaborations to create a more ethical society with examples of little gems, and to quote Paul Kelly and Kev Carmody who performed at the conference 'From Little Things Big Things Grow'. I believe it is imperative for WHW to be environmentally and ethically responsible, technologically innovative and proactive in promoting women leaders to ensure they are well represented now and the in future.



**Caption: L-R Kirsten Campbell, Lindy Corbett and Lisa Field at the conference.**



**Lindy and Lisa share a joke at the Communities in Control conference in June.**



Left: Students involved in a trust exercise.

Below: Cutting the umbilical cord during the 'Core of Life' session.



## A Health Promoting Schools Project

**Lucy Forwood**, Health Promotion Worker

Women's Health West has recently developed a proactive and integrated approach to working in schools with young people. Girls Talk – Guys Talk is a year nine sexuality education program combined with a whole-school approach. Following a comprehensive selection process, Laverton Secondary College (LSC) was chosen in May 2007 as the school that would most benefit from the project.

As outlined in our previous newsletter, the project is guided by a three-pronged framework: first drawing from the World Health Organisation whole-school sexuality education program, focussing on curriculum and teaching, school organisation and environment and community links, and partnerships and services. Second, we use existing health promotion frameworks for planning a range of interventions. Third, we are guided by a gender framework to incorporate into planning a recognition of the structural factors that affect young people's health and wellbeing.

Every step of the project has involved close collaboration between the LSC school nurse, Alison Webb and the WHW project worker, Lucy Forwood. Lucy and Alison are engaging with

students, staff and parents to explore the range of factors that face young people regarding their sexual and reproductive health. We are establishing two working groups: one is comprised of relevant teachers, school leaders, school nurse and welfare staff and the other is a year nine student working group. Over 14 students have already volunteered their time and are showing terrific enthusiasm for the project.

The research phase will involve qualitative and quantitative methods that will assist the school in their planning for future years and is followed by a sexuality education program. Teachers will participate in program delivery to increase the sustainability of this work over time.

Parents will be invited to participate via letters, afternoon tea discussions, regular articles in the school newsletter and an evening seminar discussing how to talk to your child about sexual and reproductive health matters.

The project is off to a great start with excellent co-operation from the school, in particular the nurse, the school leaders and the wonderfully enthusiastic team of the year nine working group members.

## Client feedback kit – an online resource

**Nicola Harte**,  
Communications Coordinator



Feedback and complaints kits are now available online at [www.whwest.org.au](http://www.whwest.org.au)

Women's Health West developed this family violence feedback kit with funding from the Office of Housing 'Promoting Excellence' grants scheme to encourage continual quality improvement and client participation. The strategy was specifically developed to be responsive to the needs of culturally and linguistically diverse women in the west and is available in Vietnamese and Arabic as well as English.

The kit consists of a selection of resources for use by both our clients and other service providers and includes information on involving clients in developing feedback mechanisms, feedback tools and to evaluate them, informal and verbal feedback, service improvement, as well as copies of the feedback and complaints brochures and surveys.

## GIRLS SPEAK UP!

**N'Deane Helajzen**, Sexual & Reproductive Health Coordinator

Women's Health West has been successful in securing a \$5000 grant from the Department for Victorian Communities, through the Office for Youth. "Girls speak up!" is a project aimed at increasing the awareness of positive body image to young people attending Laverton Secondary College. It aims to provide an opportunity for young

people to better understand the barriers to positive body image and to devise and promote strategies for communicating issues surrounding positive body image and self esteem to other young people. The project will facilitate the development of an audiovisual resource that will enable key messages to be disseminated more widely.

# WOMEN IN THE REGION

## Professor Vasso Apostolopoulos



Vasso with her first baby, daughter Vivian aged 12 months

**A** 36 year old Professor and Head of the Immunology and Vaccine Laboratory at Austin Research Institute, you've been described as "... one of the youngest and most successful researchers Australia has produced."<sup>1</sup> Can you explain, in simple terms, the work that you do?

We have developed a method of stimulating a special type of white blood cells, called T cells, which are specific to a protein expressed on cancer cells. To do this we have:

- (i) identified a protein which is seen mostly on cancer cells and not on normal cells, made a synthetic version of this and,
- (ii) linked it to a type of sugar, called mannan.

Mannan is used to stimulate immune cells and since it is linked to the synthetic protein, the cells that are stimulated are specific for this protein. The protein identified is expressed primarily on breast cancers but also to some extent on other cancer types, such as ovary, prostate etc. The vaccine has been injected in patients with cancer since 1994 and immunological responses have been noted. The vaccine is safe and there are no side effects. Within the next 5 years, it is anticipated that the vaccine will be marketed and available to patients with early stage breast cancer.

**With over eighty awards and honours in the last 12 years, including Woman of the Year, Victorian Young Australian of the Year, Order of Brigadier General Medal by the Greek President, and torchbearer for the Melbourne leg of the International Athens 2004 Olympic Torch Relay... which of your achievements are you most proud?**

All the awards that I have received are special in their own way. It is a recognition of all the hard work and time

spent in the laboratory. Whether small or big, they are all special.

**You grew up here in the western suburbs and are now a world renowned cancer researcher, what do you feel were the motivators behind your success?**

My family upbringing. It is important to have parents who care and encourage you to succeed and motivate you to get an education. No matter where you live, you can achieve.

**Lead On Again is a leadership program that Women's Health West runs for young women from culturally and linguistically diverse backgrounds. The young women talked about their experiences of cultural transition between Australia and the country they came from. Can you describe your experience of coming from a migrant family?**

Coming from a migrant family whose main aim was to provide the children (us) with the best they could, I could not have asked for a better upbringing, education and lots of love. Primary school in the 70s and high school in the 80s was a little difficult: being called various names by other school children because of my background (e.g. wog) and teased about the long and unusual name... Other than these minor issues, I have adapted well to Australian life with a Greek upbringing.

**Who influenced or inspired you when you were younger?**

My father and mother. I also admired Einstein.

**What do you want to have accomplished by the time you're eighty?**

I hope I make it to 80... if I do, I would like to pass on my knowledge, experiences and love to my children.



### DEFINING HEALTH PROMOTION

#### "Women's Empowerment"

A 'bottom-up' process of transforming gender power relations, through individuals or groups developing awareness of women's subordination and building their capacity to challenge it.

Understanding Health Promotion, Edited by Helen Keleher, Colin MacDougall, Berni Murphy (Oxford University Press, Melbourne, 2007)

<sup>1</sup> <http://www.women.vic.gov.au/>

# BOSNIAN WOMEN ARE DOING IT FOR THEMSELVES

Sally Camilleri, Health Promotion Worker

Women's Health West aims to encourage women to build their skills and confidence to optimise their own health. The first important step in our health promotion work is to understand the specific cultural context of the group that we're working with in order to facilitate shifts in power between health workers and women. More than three years ago we began working with a group of Bosnian women in the Melbourne's west who shared their horrific experiences of war. They told us about many ways that they continued to experience the effects of their trauma, grief, and resettlement. When I asked, "How do you survive?" women talked about being together, laughing and celebrating. "There's never enough dancing," one woman said. Sharing food and talking to one another is an important part of Bosnian life so a health festival day seemed like the perfect way to promote health with this community. The dancing and laughter experienced at the inaugural Bosnian women's health day set the scene for a second and now a third women's health festival.

In the first year, the Bosnian women's group, Ostanimo Zajedno (Let's Stay Together) seemed unsure about this 'festival' idea. I asked the group about every aspect of the event and focused on building opportunities for getting women to attend. They answered my questions but didn't seem to understand what I was 'on about'. Once the day got underway, women loved the festival! They were surprised and delighted at the influence they had over how things happened. "It was so Bosnian". In the second year Women's Health West's role was a much more consultative one. Women asked me for resources, information and support to organise their event.

Sanelia of the Australian Bosnian Association organised the third event. We had a conversation about having another festival and I was delighted to receive an invitation to the event many months later. Sanelia organised an amazing day where volunteers worked together to provide a traditional

meal of bread and delicious cavapi (Bosnian skinless sausages) and for the Behar Choir entertain the group. She summed up the success of the day when Sanelia said, "We had around 100 people attend, the community were happy to hear Dr Nermana and Renata. The lunch was also very exciting part of this fantastic day. Hope to have something similar in the future."

Dr Nermana Gradisic addressed the group in Bosnian language: together they explored mental health, specifically depression and issues associated with isolation, and the health impacts of smoking and osteoporosis. Renata Lacevic from the Institute for Cancer Research discussed healthy eating and ways of preventing bowel and colon cancer. Women were also treated to a light exercise session by the St Albans fitness Centre, who let everyone know about their women-only sessions.

Bosnian women are engaging in community health promotion in a very real way.



The third Bosnian Women's Health Festival was held in the grounds of Victoria University at St Albans on Saturday 28th of April 2007.



Selma, who participated in the event said "It's great that this is organised, especially for the older women, it's hard for them to learn English - so getting health information in our own language is great".

# UPDATE

## INTEGRATED FAMILY VIOLENCE SERVICE SYSTEM

The implementation of the Integrated Family Violence Services System (IFVSS) is part of the State Government strategy to reduce the incidence of family violence, the leading contributor to death, disability and illness in Victorian women aged 15-44. The Western Integrated Family Violence Partnership (WIFVP) seeks to link and coordinate the responses of judicial, police and community services to family violence in Melbourne's west.

### WESTERN REGION HEALTH CENTRE

**Mercedes Martinez Cruz**, Family Violence Counsellor

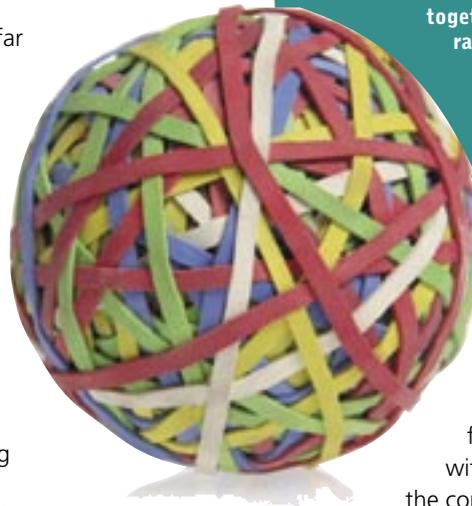
**O**n the 1st of July 2007, the Family Violence Counselling and Support Service under the Western Region Health Centre celebrates its first year of being part of the most recent collective endeavour to address the problem of family violence in the state of Victoria. As part of the Western Integrated Family Violence Partnership for Women and Children, our role has been to offer medium to long term counselling and support to women and their accompanying children who have been subjected to violence in their families. The focus of our work is on the period surrounding the so called "crisis" and our aim is to support people in addressing the effects of living with violence whether they are still involved in the relationship or have already left it.

We've tried to make our service as accessible as possible for the people who would otherwise find it hard to get support, that is, for women and children from Indigenous, culturally and linguistically diverse backgrounds or other marginalised groups; this effort is reflected in our reports which explain that over 40% of the people that we work with belong to one of the aforementioned groups. We've also tried to make our service geographically accessible by working from different sites: Western Region Health Centre at Footscray and Braybrook and ISIS Primary Care at Hoppers Crossing. Arrangements are currently being made for our co-location with Dousta Galla Community Health Service at one of their sites in the

Moonee Valley. So far we've encountered a high demand for our service and we've felt very privileged to provide assistance for women and their accompanying children to find their preferred ways of re-engaging with their lives and of reconnecting with aspects important to them which had been jeopardized by the violence they experienced.

There are other areas that we want to focus on even more such as attempting to shape our service delivery in ways that are more responsive to particular groups for example, Indigenous Australians or some recently arrived refugee communities for whom the idea of counselling is culturally alien. This is just one of the directions that we want to follow up on in the coming future. It is all work in progress and we're excited to be part of its unfolding and evolution.

Alongside the direct work with women and children, a major task this year has been to work out, in conjunction with other services, how we all fit and connect to each other in the puzzle that constitutes this integrated approach. There are many levels. However, what has been crucial in this process for us,



The women and children's consortium in the west comprises Women's Health West, Western Region Health Centre, MacKillop Family Services and Elizabeth Hoffman House working together to provide a range of support services, counselling and group work programs.

as workers, is having the opportunity to meet with our colleagues from other agencies, within and outside the consortium, in the understanding that, while we all have our particular areas of expertise, we all support each other's work in one way or another and can always find further ways of working collaboratively.

It's important to acknowledge that in the context of community health settings, generalist counselling teams have historically provided counselling and support to people affected by different issues including family violence and this is still the case today. We are, therefore, in the fortunate position of having access to the knowledge of specialised services such as Women's Health West or programs like Victims Assistance and Counselling Program, and the same time have access to the wealth of experience of the generalist counsellors of Western Region Health Centre and other community centres in the western suburbs. There's no doubt we're in good company!

## PARTNERSHIPS AND PLANNING

Nicola Harte, Communications Coordinator

Attendance was high at the foundation meeting of the western integrated family violence initiative at the start of June. Speakers discussed contextual Victorian government reforms including strategies around homelessness, women's safety, Indigenous family violence; as well as codes of practice for specialist family violence services for women and children and for Police response and investigation of family violence; all of which affect the integration of family violence services. Expressions of interest were sought and a date set to convene the western integrated family violence committee (WIFVC): a broadly-based whole-of-sector reference group whose members will guide the IFV reform process in the west.

Joan Eddy (pictured) was elected chairperson at the inaugural

meeting of the WIFVC. The key aims of the committee include engaging groups that deal with family violence to develop inclusive, participatory processes that encourage and support membership from providers of services to the diverse communities.

The primary aim of this process is to ensure timely, effective responses to women and children dealing with family violence and to facilitate the engagement of men who use violence in counselling and group processes that support behaviour change.



L-R Joan Eddy [DJHS], Sharon Read [WRHC], Jess Porter (encumbent WIFV Co-ordinator), Melissa Afentoulis [WHW], Rhonda Cumberland [DVC]



## RESPECT, RESPONSIBILITY AND EQUALITY

Kirsten Campbell, Health Promotion Worker

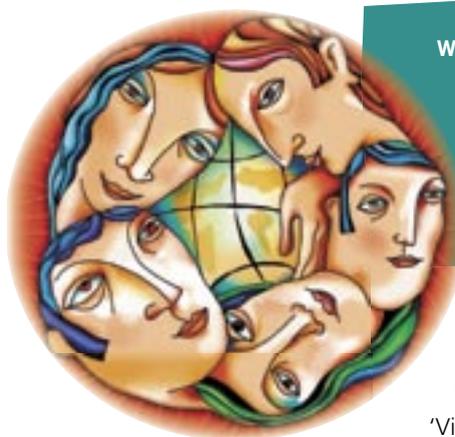
Women's Health West (WHW) has recently been funded under VicHealth's *Respect, Responsibility and Equality: Preventing Violence Against Women* grant to run a year-long action research-based project, *'Building the capacity of organisations in the western region to prevent violence against women: A guide to health promotion action'*. As part of the project WHW will work with a small sample of agencies in the western region to develop their capacity to embark on integrated health promotion projects aimed at primary prevention of violence against women.

The project will involve the development of a step-by-step action guide to planning and implementing projects. A key part of our research method is to work with agencies to develop a series of projects that they can then implement. Our aim is to provide a resource that can be implemented by agencies, initially with the assistance of the project team, but in the long term by leaders within each of the agencies. The project will be resourced by an 'Expert Advisory Group' of various experts from key agencies and academic fields. Kirsten Campbell,

Health Promotion Worker at WHW will be the project worker.

A range of other projects (29 in total) are also being supported by VicHealth, including, in the west, "Wyndham Says NO to Violence" Schools Art Project 2007 (Wyndham Council); a schools project run by Melton Council, 'Melton Says NO!'; and the 'Gender, Local Governance and Violence Prevention' project run by Maribyrnong City Council.

Part of WHW core business is to complete the *Family Violence Intervention and Prevention of Violence Against Women Training Package*, for delivery of training by WHW to organisations in the west around family violence and violence against women. The training package comprises various interactive learning modules, including



Women's Health West has secured funding from VicHealth as one of 29 projects aimed at prevention of violence against women.

'Understanding Violence Against Women' and 'Violence Against Women with a Disability'.

For further information about either the *Building the capacity of organisations in the western region to prevent violence against women: A guide to health promotion action project*, or the *Family Violence Intervention and Prevention of Violence Against Women Training Package*, please contact Kirsten Campbell on **9689 9588** or email [kirsten@whwest.org.au](mailto:kirsten@whwest.org.au). More information on the VicHealth *Respect, Responsibility and Equality: Preventing Violence Against Women Program* can be found at <http://www.vichealth.vic.gov.au/assets/contentFiles/vhp%20framework-print.pdf>

# AIDS AND ACCUSATION

**N'Deane Helajzen**, Sexual and Reproductive Health Coordinator

The global spread of AIDS is triggering dangerous epidemics of blame and racial prejudice. AIDS is blamed on gays, on drug addicts, or on blacks. Britain has blamed African students, the United States has blamed Haitians, Africa has blamed Europeans, Japan has blamed foreigners, the French right has blamed Arab immigrants, India has blamed African students and Australia has blamed migrants.



**AIDS is triggering dangerous epidemics of blame and racial prejudice**

**I**n the 13th of April 2007 Prime Minister, Mr John Howard told a Melbourne radio station that HIV-positive people should be denied entry to Australia as migrants or refugees, "I would like to get more counsel and advice but my initial reaction is, no. I think we should have the most stringent possible conditions in relation to that nationwide and I know the health minister is concerned about that and is examining ways of tightening things up."

While the number of people infected with the HIV virus in Victoria has quadrupled during the past 2 years and some of these new HIV cases involved immigrants, most of these cases were due to internal migration. It is thought that either the Prime Minister confused internal migration with immigration, or that his comments were a political move, designed to underline his anti-immigration stance, in advance of the federal election later this year.

Of the 334 new HIV cases reported in Victoria last year, 50 were diagnosed interstate and 20 were diagnosed overseas. "But of those 20, 11 of them were born in Australia or New Zealand and have an automatic right of entry, so the biggest number (of migrants) we're talking about here is nine," Victorian AIDS Council spokesman Michael Kennedy told a news conference. This is an incredibly low number. Most of the people who acquire HIV acquire it here, and most of those are born here.

Women's Health West is interested in monitoring Australia's response because gender inequalities as well as biological factors, social, cultural, economic and political inequalities make women more vulnerable to HIV and to the impact of AIDS. The different attributes and roles societies assign to males and females profoundly affect their ability to protect themselves against HIV/AIDS and cope with its impact. In most societies, girls and women face heavier risks of HIV infection than men because their diminished economic and social status compromises their ability to choose safer and healthier life strategies.

higher infection rates among young women compared to young men. To support this claim, the 2006 UNAIDS Global Report states that 4.3% of young women aged between 15-24 years are living with HIV in Sub-Saharan Africa in contrast to 1.5% of young men in the same age bracket. The proportion of women living with HIV/AIDS has risen steadily in recent years. In sub-Saharan Africa alone, an estimated 12.6 million women carry the virus, compared to 9 million men (UNAIDS, 2006:507).

The government will consider further legislative changes to stop HIV-positive migrants from settling in Australia.

The current legislation already serves to protect Australians from public health risks, minimises any apparent burden upon the Australian public health purse, and permits monitoring of HIV positive migrants and refugees after their arrival.

Under current requirements, all permanent resident applicants over the age of 15 are tested for HIV and tuberculosis but are

not automatically rejected. The system allows HIV positive people entry to Australia with a medical waiver at the immigration department's discretion in a very limited number of cases where there are compassionate and compelling reasons. In 2005-2006, 64 HIV-positive people applied for permanent residency in Australia. It is not known how many were successful.

The Prime Minister has likened his proposed blanket ban to the ban

**Our Prime Minister says HIV-positive people should be denied entry to Australia as migrants or refugees**



Research has shown that in up to 80% of cases where women in long-term stable relationships are HIV-positive, they acquired the virus from their partners (who had become infected through their sexual activities outside the relationship or through drug use). In many places, gender norms allow men to have more sexual partners than women, and encourage older men to have sexual relations with much younger women. This contributes to



## Australia has an obligation to shelter asylum seekers despite their HIV status

already imposed on people suffering from tuberculosis. The medical officer of the Commonwealth does not, however, consider HIV to be a public safety concern rendering the claim unfounded. Immigration and health departments have advised that while HIV is transmissible, it is not contagious, like TB, and therefore has no safety concerns attached.

Public health experts throughout the world agree that attempts to reduce HIV transmission by controlling the movement of people living with HIV are both impractical and ineffective. HIV/AIDS related travel restrictions have no public health justification. The US has had these sorts of strict entry restrictions on HIV for many years and has been completely unsuccessful at limiting HIV transmission; in fact, the US has the highest HIV prevalence in the developed world. Further, this type of legislation increases stigma and discrimination which drives the epidemic underground and makes the response to HIV all the more difficult. We should be worried about people saying, "If I don't get tested, I don't have to tell anyone and then the police can't arrest me". If you don't know someone is HIV positive, then you can't manage them. The logical consequence of that is more HIV.

Experts continue to voice strong opposition to such moves stating that any link between migration and increasing infection rates is unfounded. Regardless, Australia has an obligation to shelter asylum seekers despite their HIV status. "To not allow people to come on the basis of any health condition is immoral, unethical and it's impractical to enforce" (Dr Chris Lemoh, April

2007). Outraged AIDS activists feel the Prime Minister's comments should be withdrawn, claiming that such a ban only serves to demonise HIV-positive people and compound or undo many years of work in the area of public health. In addition, it further stigmatises HIV-positive people demonstrating a blatant disregard of basic human rights.

communities on issues relating to BBV and STI. The working group, of which the writer is a member, was established as a forum for mainstream and ethno-specific workers and agencies to inform and discuss program initiatives, raise pertinent issues, needs and concerns, and to facilitate the possibilities for collaborative ventures to improve the support available to CALD

communities. Naomi Ngo, the Manager of MHSS and chair of both the Multicultural BBV/STI working group and the Women's Health West board explains that, "Our working group's strategy is to identify key individuals and institutions and influence their thinking and understanding of the key issues. The message we want to convey is that the focus

**If you want to avoid HIV/AIDS – wear a condom**

In response to negative media coverage and the PM's comments on HIV and migrants, the Multicultural Blood Borne Virus (BBV) and Sexually Transmissible Infections (STI) working group is developing a strategy to combat the fear campaign surrounding HIV and migration, as well as prevent a change in Commonwealth immigration policy that would make HIV status a reason to bar migration or entry to Australia. The working group is co-ordinated by the Multicultural Health & Support Service (MHSS), a state-wide program of North Richmond Community Health Centre that works with and empowers CALD

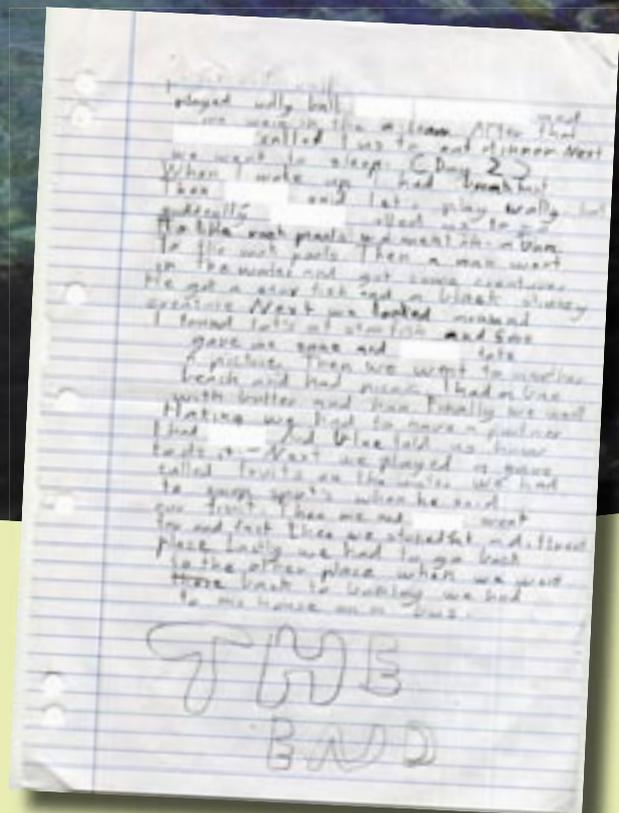
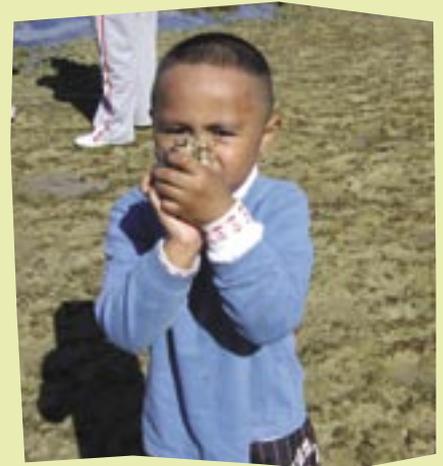
should be on addressing the problems of HIV/AIDS rather than problematise people with HIV/AIDS".

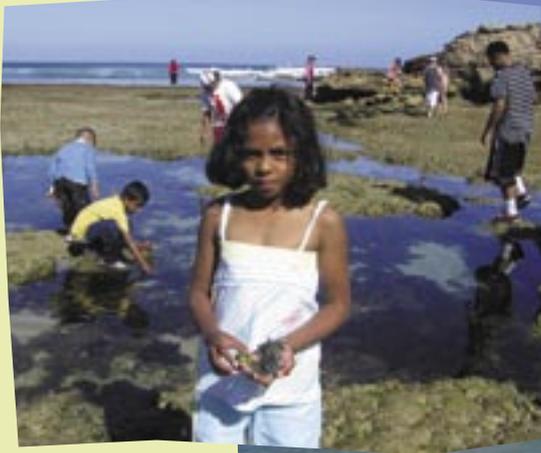
The fight against HIV already poses enormous challenges worldwide without generating fear in the public or increasing the stigma and discrimination already associated with the disease. Reversing the spread of HIV therefore demands that women's rights are realized and that women are empowered in all spheres of life. Instead of vilifying the "other", we need to take responsibility for our own bodies, if you want to avoid HIV/AIDS – WEAR A CONDOM.

# CLIENTS CAST OFF WORRIES AT CAMP

Women's Health West Crisis Accommodation Services (CAS) organised for women to enjoy quality time with their children and other families at a seaside camp away from refuges or transitional properties. We wanted CAS clients to meet other women and children and socialise with others who have been in family violence situations to help alleviate feelings of isolation. We wanted to minimise the stressors that are sometimes involved when going away on holidays so we pre-arranged the transportation, meals and activities with no cost to the attendees.

E.R. Ross Trust provided funding specifically for children's development and recovery from experiences of domestic violence through interactive opportunities such as fostering trust of self and others including re-bonding with significant others such as mum and siblings. Activities included beach rumble in Portsea, lunch at Sorrento, kayaking, mums massages back and a beach walk. Everyone had fun and interacted positively with each other – a great success!





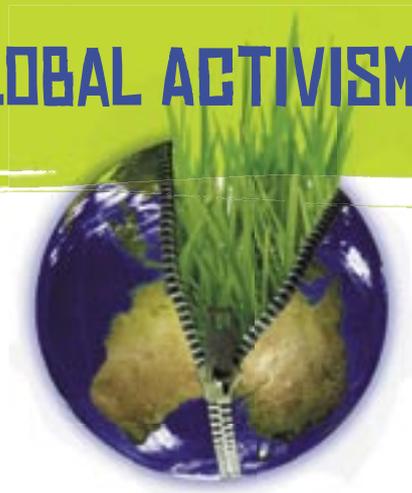
**CAMPING**  
 On the School holidays I went to camp at Bayplay with my family and other families. We got to go to the beach and we got to look at sea creatures. My favorite part was going kooking with workers and other kids and my mummy had a massage. When I got back from kooking I went to the swimming pool with other kids. At night I got to play with my friends and watch TV. I had fun with my family and to meet other families.

(Day 2)  
 Bayplay Lodge camp 20050  
 On the 17 and 18 of April over the refuge staff's with were look for junkies that were in the refuge. To a camp at Port Phillip Bay near Healesville. It took like three hours to get to Port Phillip Bay. When we got there we got our bags out of the bus and had a meal, after a lady came and told us our rooms and a man named [unclear] took us to the rooms for us to sleep in and there was a kitchen and a big TV and also lots of games to play. After a while we decided to have a short swim at the beach because it was the ocean water and it was called the Rye ocean beach. It was a lovely beach so when we got to the beach all the kids got into their bathes and went in the water. Then we started to swim after some of them were collecting shells. It got abit boring so we started going man deep in the water and suddenly when I was playing with [unclear] found a sting ray. [unclear] was chasing us with it. But then [unclear] said that it wasn't an octopus and it was a sting ray. [unclear] pulled out their suddenly [unclear] said we had to get him because it is getting a bit wild. So we quickly got changed and went back home. So when we got home we played with the games and then the staff told us that the kids can have chance now because it was really bit of more very funny and we are. After that we played.



# FROM GRASS ROOTS ACTION TO GLOBAL ACTIVISM

Joy Free, Researcher WHW



**Act on anger.**

**Don't be disempowered.**

**Ask questions about power.**

**Challenge the Powers that Be.**

**Optimism is a political action.**

These were the key messages from the Australian Health Promotion Association Conference held in Adelaide recently. The theme of the conference was Grass Roots to Global Action: Health Promotion in Challenging Environments. The conference challenged us to consider the unprecedented global changes that are introducing new dimensions of population health to the agenda including climate change, food security, housing and transport. The conference identified how local action can contribute to global activism by identifying the inequalities of access to information and opportunities and the structural impediments to making healthy choices.

Three staff from Women's Health West presented posters on our programs and research including Sally Camilleri, N'Deane Helajzen and Joy Free. The posters shared a common theme that many layers of action are required to promote health. Women's Health West's work spans many of these layers. These include building evidence on women's health status and the structural factors that affect that status; providing resources and opportunities for self-advocacy and capacity building, and making submissions for policy and legal reform. Women's Health West is unique in its breadth of work because it provides both direct service and health promotion. Our grass roots work with women enables us to help resource and create opportunities to enrich women's life experience, access their wisdom and represent this knowledge in the social and political agenda. The conference provided an opportunity for us to reflect on our work and how it contributes to challenging the status quo.

## Building Evidence

**"There needs to be more community ownership of health. Not just telling me what to do, but rather listening to my problem, how I feel or what I need.**

Woman involved in Beyond Symptoms consultation

Respect for women's lived experience, knowledge and wisdom in conjunction with gendered population data is integral to better understanding and improving women's health. One example of Women's Health West's work in this area is Beyond Symptoms: A Women's Health Needs Analysis for the Western Region of Melbourne. This work involved consultations with over 130 women and 50 service providers, complemented by quantitative data. Its aim was to identify the impact of gender and structural inequalities on women's health. This resource is used as a long term strategic tool in program planning and to support regional action to redress health inequities.

## Self-advocacy

**"Having opportunities to have a voice, to know that someone is listening and that your opinions are valuable is so important."**

Young mothers who worked on Young Mum's Rock!

Women's Health West's work explores and resources opportunities for women to have more power over the social, economic and political circumstances that influence their health. One example of this is the Young Mums Rock! action research project which worked with a group of young mothers to promote mental health. The women wanted more peer support and better service access

for young mothers in their area. They produced a pamphlet on what it is really like to be a young mum, hosted two events with young mums and service providers, and successfully lobbied for a new young mother's support group in their community. A poster and postcard is now being produced to promote methods that young mothers can use to help themselves and support other young mothers. These resources will be distributed throughout the region.

## Capacity building

**"...In order to empower women, we would attempt to maintain a positive approach offering ideas, skills and resources that could improve women's situation."**

Project worker for Power On, a peer education health promotion program for women experiencing mental illness

Women-centred research inputs into building the capacity of organisations to be more responsive to the needs of women through workforce development, organisational development and training materials. An example of Women's Health West's work helping to build regional capacity is A Gender Agenda: Planning for a Diverse and Inclusive Community. This is a resource kit for health professionals to enhance gender sensitive practices in community health planning, service delivery and evaluation. Other workforce training resources provided by Women's Health West deal with supporting peer education for women with disabilities, working to prevent violence against women, leadership strategies for young women from culturally and linguistic diverse backgrounds, and a whole of school approach to sexual and reproductive health education.



L-R Sally Camilleri, Joy Free, Nicola Harte, N'Deane Helajzen.

## Policy and legal reform

**“Industrial relations attacks: Bad for All. Worse for Women.”**

Banner used in industrial relations protest rally

The work of Women’s Health West addresses structural elements of gender inequity by contributing to policy and legal reform. Recent actions undertaken include rallying against the Federal industrial relations laws, a submission to the Victoria Law Reform Commission’s Papers on ‘Assisted Reproductive Technology and Adoption: Should the Current Eligibility Criteria in Victoria be Changed?; and a response to the Department of Human Services Victoria recommending that equity and social justice and sexual and reproductive health be included as priorities for health promotion in 2007-2012 planning.

Women’s Health West’s submissions to affect structural reform use our expertise in grass roots work with women to illustrate how policy or legal reform could improve women’s and children’s lives. For example, the submission to the Victorian Government’s community consultation on human rights incorporated case studies of women’s experiences of violence to highlight our belief that economic and social rights are as important as civil and political rights for women in achieving freedom and equality.

For more information contact Joy on 8379 9027 or email [joy@whwest.org.au](mailto:joy@whwest.org.au).

**THE DYNAMIC USE OF WOMAN-CENTRED RESEARCH IN HEALTH PROMOTION**

**Capacity building**

Woman-centred research inputs into building the capacity of organisations to be more responsive to the needs of women through workforce development, organisational development and training materials.

A Gender Agenda: Planning for a Diverse and Inclusive Community is a resource kit for health professionals to assist and enhance gender sensitive practices in community health planning, service delivery and evaluation. Other workforce training resources provided by Women’s Health West deal with violence against women, supporting peer education for women with disabilities, and a whole school approach to sexual and reproductive health education.

**“Gender factors can be protective or risk enhancing in relation to health and must be considered to develop effective health promotion.”**

*Excerpt from A Gender Agenda*

**Policy and legal reform**

Woman-centred research can contribute to policy and legal reform. Recent actions undertaken by Women’s Health West include rallying against the Federal industrial relations laws, a submission to the Victorian Law Reform Commission’s Position Papers on ‘Assisted Reproductive Technology and Adoption: Should the Current Eligibility Criteria in Victoria be Changed?’, and a response to the Department of Human Services Victoria recommending health promotion priorities for 2007-2012.

Women’s Health West’s submissions to the Victorian Government’s Community Consultation on Human Rights incorporated case studies of women’s experiences of violence to highlight that economic and social rights are as important as civil and political rights for women in achieving freedom and equality.

**“All women have the right to appropriate information, accessible services, financial and housing security and social support.”**

*Excerpt from Submission on Victorian Government’s Community Consultation on Human Rights*

For further information go to [www.whwest.org.au](http://www.whwest.org.au)  
women’s health west – active, effective and leading the region in advancing women’s health, safety and wellbeing

**EXPLORING THE ROLE AND VALUE OF APPLIED RESEARCH IN GRASS ROOTS HEALTH PROMOTION**

**JOY FREE, RESEARCHER**

**Building evidence**

Respect for women’s lived experience, knowledge and wisdom in conjunction with gendered population data is integral to better understanding and improving women’s health.

Beyond Symptoms: a Women’s Health Needs Analysis for the Western Region of Melbourne involved consultations with over 100 women and 50 service providers and stakeholders, complemented by quantitative data, to identify the impact of gender and structural inequalities on women’s health. This resource is used as a strategic tool to facilitate regional collaborative action to redress health inequities.

**“There needs to be more community ownership of health. Not just telling me what to do, but rather listening to my problem, how I feel or what I need.”**

*Women involved in Beyond Symptoms consultation*

**Self-advocacy**

Participatory action research explores and resources opportunities for women to have more power over the social, economic and political circumstances that influence their health.

The Young Mums Rock! action research project worked with a group of young mothers to promote mental health. The women wanted more peer support and better service access for young mothers. They produced a pamphlet on what it is really like to be a young mum, hosted two events with young mums and service providers, and successfully lobbied for a new young mother’s support group in their community.

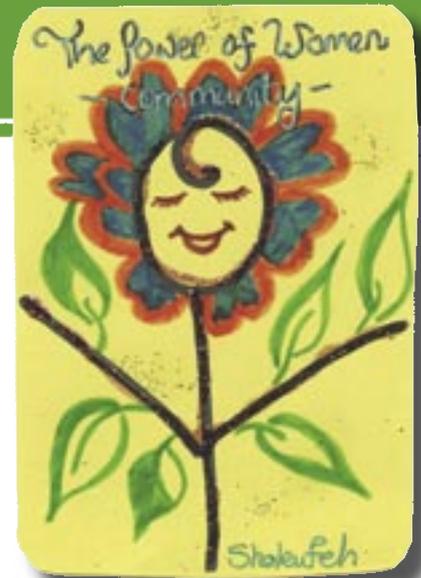
**“Having opportunities to have a voice, to know that someone is listening and that your opinions are valuable is so important.”**

*Young mother who worked on Young Mums Rock!*

# SHARING WOMEN'S WISDOM + EXPERIENCES OF POWER

## A WOMEN'S POWER CARD SET BY WOMEN FOR WOMEN

Joy Free, Researcher WHW



**“...when we gather as women, we all generate and co-create a new energy, which goes out into the world to create healing and positive change. I encourage you to shine brightly my sisters, and be the change you want to see.”**

Anique Radiant Heart

The annual Women and Depression Conference offers a very special and unique feminist space for women to meet and reflect on the social and political dimensions which influence women's experiences of depression. Researchers, health professionals, non-medical professionals, artists and women with depression are all invited to validate, honour and share practical strategies in the management and healing of women's depression.

**“Let us unravel. Let us shed our skins in peace.”**

Message on an individual women's power card

It was in this inspiring and creative space that I started developing the women's power card set. The aim of these cards was to explore the different ways that women exercise their power - as an individual, as a group or organisation, as part of the community, and as part of a society. I use many different card sets in my work as a researcher for stimulating thought, sharing ideas, identifying emotions and reflecting on possible actions or choices. I wanted a card set that was made by women for women based on their own experiences and thoughts about power.

**“Support women to speak out their needs and truths.”**

Message on an organisational women's power card

The women's power cards recognise that every woman has lived experience and wisdom about how women can act powerfully. This knowledge and these skills can be shared to provide women with ideas and strategies to be more powerful in their daily lives.

**“Be curious. Find people to share your interests and visions with.”**

Message on a community women's power card

I prepared the cards for presenting a workshop to women at the conference by cutting different coloured cards for each level of power - yellow for individual acts of power; blue for organisation, green for community and pink for society. I then drew the symbol for women on each of the cards.

The aim of this design was to be able to give women some structure as a base for their messages and drawings. The symbol also would work in terms of displaying the cards by linking the 'arms' on each card together representing shared power.

**“Let our laws have integrity. Revolutionise our laws to truly reflect women's needs and rights.”**

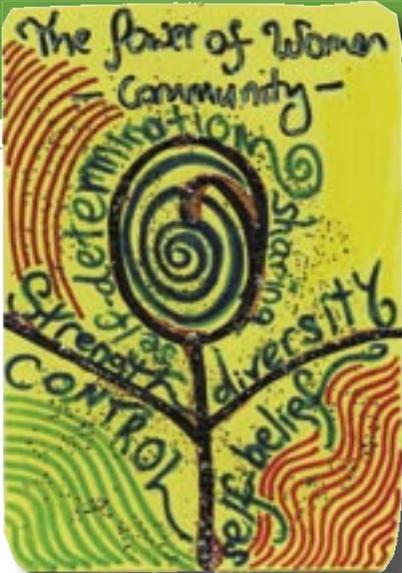
Message on a society women's power card

During the workshop I presented ideas on women's experiences of depression and the value of a strengths based approach to explore powerful actions to challenge gendered disadvantage. I distributed cards and textas for women to design their message. They discussed their ideas on power and I displayed examples of each power category.

**“Make time for yourself. If you don't, no one else will.”**

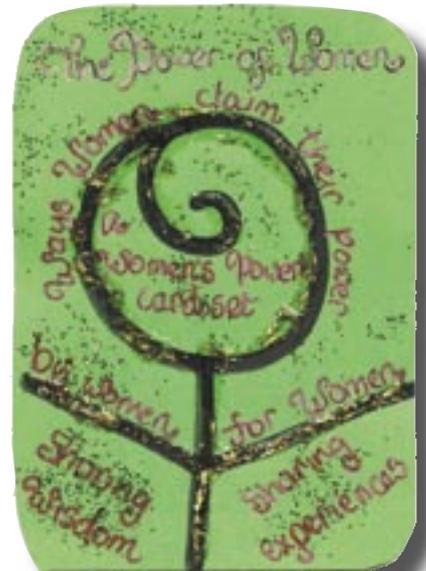
Message on an individual women's power card

I was very excited to see the women's enthusiasm and energy whilst making their power cards. The resulting 70 cards are beautiful with colourful and imaginative pictures, symbols and messages representing a wealth of knowledge and skills to inspire women to act with power. The women then shared their ideas at the conference and the cards were displayed. Everyone agreed that the workshop was energising and inspiring resulting in a gorgeous and valuable resource.



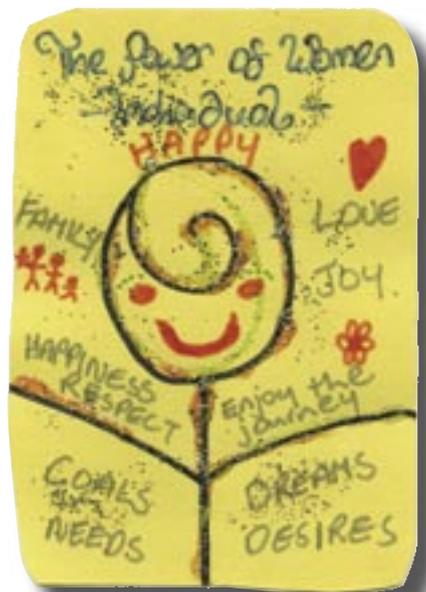
**“Embrace and be challenged by workers emerging needs. Be an example of a true family friendly workplace.”**  
 Message on an organisational women’s power card

I am hoping to add to the women’s power card set from women across the western region. If you are part of or know of a group of women who might be interested in participating in the project, please contact Joy Free, researcher on **8379 9027**. The cards will be available soon via our website [www.whwest.org.au](http://www.whwest.org.au) and displayed in our training room. I am also hoping that the cards will be part of a display for International Women’s Day March 2008. For more information on the Women and Depression conference, see <http://www.womenanddepression.herwill.net/modules/wfchannel/>.



**Women wrote or drew a message of power according to four levels of action: individual, organisational, community or society.**

**“Take time to process how you think, feel, act. Learn to love who you are as a person and be gentle always. Listen to yourself.”**  
 Message on an individual women’s power card



# EXPLORING THE EXPERIENCES OF OLDER NON-HETEROSEXUALS IN AGED CARE



## Portrait of Val as a young woman

**Portrait of Val as a young woman by Veni Stephens (photo by History Inverted). Val's coffee lounge at 123 Swanton Street, Melbourne was a popular gay and straight meeting place in the early 1950's. (Val recalls) "People used to get dressed up just to come to the coffee lounge. They could be themselves and felt as if they were at home. People would say: 'Oh my god, I'm not the only one in the world'. We were outrageous back then. We rebelled against the dreariness of Melbourne. Val's outrageousness was a means of encouraging others to be out. Her adoption of masculine dress was politically charged to evoke pride in homosexual identity. Her flamboyant dress and outrageous behaviour gave people the courage to be themselves, regardless of what was expected of them by Melbourne society.**

Extracts from Melbourne – Queen City of the south: Melbourne Gay & Lesbian History series – Val's coffee shop and Byrne-Soper (2007). Courtesy of The Australian Lesbian and Gay Archives, PO Box 124 Parkville 3052. [algarchives@hotmail.com](mailto:algarchives@hotmail.com) [www.alga.org.au](http://www.alga.org.au)

**Catherine Barrett**, Researcher, Matrix Guild/Vintage Men

**M**y name is Catherine Barrett. In March this year I was employed by the Matrix Guild as a Project Researcher for the Matrix Guild/Vintage Men Project: *Exploring the Experiences of Older Non-heterosexuals in Aged Care*.

My background is in aged care and sexual/sensual health. I have worked as a unit manager in nursing homes, a researcher with the National Ageing Research Institute and a quality assessor with the Aged Care Standards and Accreditation Agency. I recently completed my PhD exploring quality improvement in health care. My interest in sexual health in aged care developed over a decade of managing nursing homes. During this period I noted that older people were perceived as asexual and that sexual expression was often perceived by staff as a 'problem'. Working with a group of colleagues, I assisted in the development and implementation of Australia's first sexual health policy for residential aged care and conducted a number of studies exploring: the needs of residents; the attitudes of staff and the processes involved in changing practice. These experiences and skills have assisted in the current project.

The project responds to growing concerns about the needs of non-heterosexual recipients of aged care services. These concerns are highlighted in publications by Dr. Jo Harrison (2004)\*. In her evaluation of the issues, Harrison notes that the past two decades in Australia has seen widespread socio-political reforms challenging the general perspective of heterosexual experience as the only view of the world. Despite these reforms there remains an assumption of heterosexuality in aged care. Such an assumption fails to create a climate in which older non-heterosexuals are prepared to disclose sexual or gender identity, life history or care needs. This failure to disclose results

is a cycle in which health professionals are unaware of their non-heterosexual clients and their particular needs.

To achieve appropriate change in the provision of services to older people, in line with the general changes in society, the Matrix Guild and Vintage Men have outlined a four-stage program. The current project is the first stage of the program. The project will explore the experiences of non-heterosexuals in aged care in order to create an in-depth understanding of the issues affecting this group. Further stages include responding to the research findings and lobbying for change.

To facilitate an in-depth understanding of the issues, 20 non-heterosexual recipients of aged care services were interviewed. These interviewees included recipients of aged care services in nursing homes, hostels, in their own homes and in many other locations, such as a community or day care centre or medical service. We advertised widely for interview participants and had a limited response (with three people interviewed at the time of writing this article). However, we were also contacted by a number of lesbian and gay male health professionals who wanted to share stories about the experiences (both positive and discriminatory) of older non-heterosexuals in aged care. These health professionals report that the aged care recipients are too disempowered to share their own stories.

The project report is available from the Matrix Guild website, please read these first hand accounts and keep watch on WHW and Matrix Guild web sites for more information about how you can get involved to make positive changes for all.

\*Harrison, J (2004). Towards the recognition of gay, lesbian, bisexual, transgender and intersex ageing in Australian gerontology. PhD Thesis. School of Health Sciences, Division of Health Sciences, The University of South Australia.

The report outlining types of discrimination experienced by older non-heterosexuals in aged care services will be available on the Matrix website from September [www.matrixguildvic.org.au](http://www.matrixguildvic.org.au)

# MOTHER'S DAY CLASSIC

Sally Camilleri and Kirsten Campbell

**S**unday 13th of May this year marked the 10th anniversary of the Mother's Day Classic, the annual walk/run to raise awareness of, and money for, the National Breast Cancer Foundation. Women's Health West was ably represented amid the crowd of 22,000 by two of our health promotion team, Sally Camilleri and Kirsten Campbell. Sally raised \$165 (\$95 from WHW), Kirsten raised \$95.



**Sally and Kirsten after the race – not even sweating!**

Kirsten described the experience as frustrating at the start because there were hundreds of people and seemed to take AGES (about 2 minutes) for everyone to start running but once it got going it was really fun. Coming down the home stretch though, Kirsten huffed and puffed and imagined she was in the Olympics doing a super good time in a marathon and everyone was cheering for her!

Sally said, "I felt hundreds of people passing me like they were on a faster escalator, 'This isn't a competition,' I told myself. Everyone else seemed relaxed and social, just chatting and jogging with their dogs; while I concentrated on breathing, running and staying alive. I was not sure just how far 8km was, I didn't go as hard as I could and came 2045th out of 2088 people! The fantastic thing was that I never dreamt that my body could run that far. I am so proud of myself. Next year I will go stronger and harder and faster!"

## SING OUT SPANISH-SPEAKING SISTERS!

Victoria, Outreach worker, Women's Health West



**3**CR 855 AM community radio station was established in 1976 to give media access to those traditionally denied a voice. The Mafalda program was created in 1992 by a group of Spanish-speaking women concerned about family violence issues. The program also promotes health, human/ women's rights, social justice, housing issues and current

affairs. I have been broadcasting Mafalda for 10 years and raised close to \$600 in this last Radiothon as my contribution to the \$200 thousand needed to keep the station on air for another year.

The breadth of women's programming on 3CR is impressive and includes shows by and about women from culturally and linguistically diverse backgrounds, women who love women, information on issues as they concern women in the world today, women's hip hop, mothers and grandmothers, any art form that is girly plus absurd and humorous topics, acoustic eclectic and eccentric music and talk.

You can donate to the station at any time online, by phone, fax or email! Just contact Loretta O'Brien on **03 9419 8377** or email **admin@3cr.org.au** or visit the website and sample the streaming sounds at **www.3cr.org.au**

**Delivery Address:**  
317-319 Barkly St  
FOOTSCRAY VIC 3011

Women's Health West  
Reply Paid 84523  
FOOTSCRAY VIC 3011



No stamp required  
if posted in Australia

Cut form along dotted line and fold here.  
Tape end to create envelope.

### 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 WHW activities and projects, design, feminist analysis of current issues and interest and relevance of articles, I rate this newsletter  out of ten.

**Women's Health West Publications**

- REQUIRED PUBLICATION(S)**  Lead On Again Training Resource Manual
- Tick box**  Life Without Family Violence Cards

**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](mailto:veronica@whwest.org.au)

**Order by phone** 9689 9588

**Payment** Please send payment with your order or we will invoice you. Cheques payable to:  
**Women's Health West**  
317 – 319 Barkly Street  
FOOTSCRAY VIC 3011

**DELIVERY DETAILS**

**Name:**

**Organisation:**

**Address:**

**Postcode:**

**Phone:** **Fax:**

**Email:**

**LIFE WITHOUT FAMILY VIOLENCE Cards Only**

Languages	Qty	Languages	Qty	Languages	Qty	Languages	Qty
English		Bosnian		Mandarin		Swahili	
Amharic		Cantonese		Serbian		Tigrinya	
Arabic		Filipino		Somali		Vietnamese	

A range of brochures and fact sheets are available to view and download from our web site [www.whwest.org.au](http://www.whwest.org.au)

**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**

Please send me more information about your professional development and network programs.

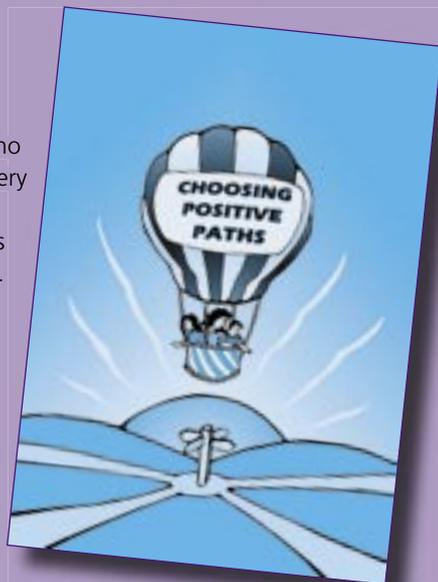
**FEATURED PUBLICATIONS**

**CHOOSING POSITIVE PATHS**

**A resource kit for parents concerned about children who have experienced domestic violence**

**CHOOSING POSITIVE PATHS** is a resource kit for parents concerned about their children who have experienced family or domestic violence. People caring for a child who has experienced violence are often very worried about how the experience will affect that child. This kit provides current information and suggestions. It is made up of ten information brochures, each of which contains information and tips.

We encourage community workers to keep a complete kit on hand, and to photocopy the relevant brochures for distribution to clients. Brochures can also be read and downloaded from the Women's Health West and Berry Street Victoria websites at [www.whwest.org.au](http://www.whwest.org.au) and [www.berrystreet.org.au](http://www.berrystreet.org.au)



**LIFE WITHOUT FAMILY VIOLENCE wallet cards**

**THIS HANDY WALLET CARD** provides a listing of family violence, crisis support and referral services in the western region and some state-wide services.

The cards are also available in 11 community languages: Arabic, Amharic, Bosnian, Cantonese, English, Filipino, Mandarin, Serbian, Somali, Swahili, Tigrinya and Vietnamese.

Please complete publications order form to place your order or email [veronica@whwest.org.au](mailto:veronica@whwest.org.au)

# EVENTS AND NOTICES

## Ovarian Cancer Research Week

3 – 9 September

Ovarian cancer is the leading cause of death of all gynaecological cancers. The Ovarian Cancer Research Foundation (OCRF) aims to develop an early detection test as readily available and habitual as a pap smear or breast mammography in every woman's regular medical.

1300 682 742



## Girls night in

22 October

Spend the night in with the girls to raise money for women's cancer.

[www.girlsnightin.com.au](http://www.girlsnightin.com.au)

[www.cancervic.org.au](http://www.cancervic.org.au)



## White Ribbon Day

25 November

Wearing a white ribbon is a personal pledge not to commit, condone or remain silent about violence against women and children.

[www.unifem.org.au](http://www.unifem.org.au)

## The Peek-A – Boo Club

1st August – 26th September  
Wednesdays (10am – 12pm)

A program for babies (0-36 months) and their mothers who have lived with family violence.

The group uses movement, singing, play and talking to strengthen the feelings of connection and enjoyment in the baby-mother relationship.

**RCH Mental Health Service 50  
Flemington Street, Flemington Vic  
3031**

Ph: 9345 6011



## FREE - African Legal Service

Every Monday and  
Wednesday 2 – 5pm

African Legal Service provides free legal advice on custody disputes, divorces, criminal law, car accidents, fines, tenancy and housing, utilities disputes, mobile phone contracts and credit debt.

**AMES Education, Level 1, 289**

**Barkly Street, Footscray**

## FREE - Group for Adult Women Survivors of Childhood Sexual Assault

11 October - 15 November

Thursdays

These groups are for women who are interested in coming together to explore growth and moving on after childhood sexual assault.

**WestCASA 9687 5811 or**

**info@westcasa.org.au**



## Women's Only Swimming

6:30 – 8:30pm

Every 2nd Sunday

Held at Maribyrnong Aquatic Centre, and opportunity for women to swim with other women and children (boys to the age of 6 years).

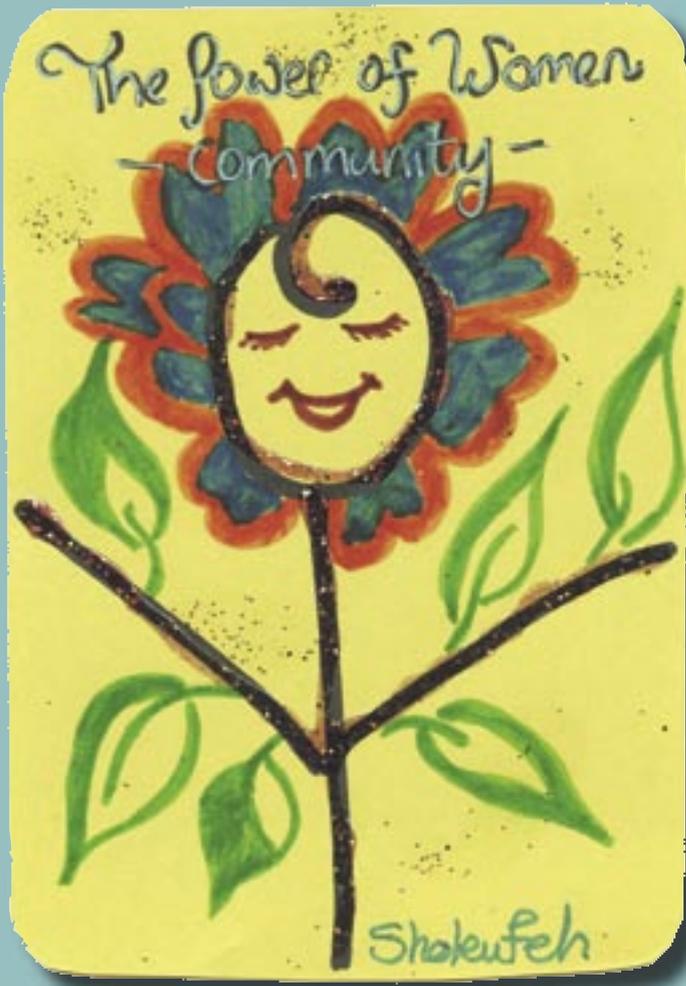
Ph: 9688 0298

## Newly arrived women's health information course

Once a month

A six week course at Western Region Health Centre in Footscray for newly arrived women including topics such as immunisation, parenting and relationships, family violence prevention and support. Contact the African Community Development Worker on **8398 4123** or the Women's Health Nurse on **8398 4144**.





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

PHONE 9689 9588

FAX 9689 3861

EMAIL [info@whwest.org.au](mailto:info@whwest.org.au)

WEBSITE [www.whwest.org.au](http://www.whwest.org.au)