Marginalised and Isolated Women in the Australian Capital Territory

Risk, Prevalence, and Service Provision

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About Women's Centre for Health Matters

Women's Centre for Health Matters (WCHM) is a non-profit organisation that works to improve the health and wellbeing of all women in the ACT and surrounding region by providing innovative, appropriate and accessible services to support women in their pursuit of health and wellbeing, and by encouraging the health system and other services to be more responsive to the needs of women.

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CONTENTS

EXECUTIVE SUMMARY

This report presents a range of data aimed at exploring the nature of women's marginalisation and isolation in the Australian Capital Territory (ACT). Women's Centre for Health Matters Inc. (WCHM) commissioned this research with the specific purpose of facilitating greater understanding of women's marginalisation and isolation in the ACT, and working towards improved support for women within this target group.

The first section of the report examines the concepts of marginalisation and isolation, and the risk factors that have been identified as prevalent amongst marginalised and isolated ACT women. It also provides estimates of the number of ACT women who are at risk of, or are experiencing marginalisation and isolation. Homelessness, poverty, drug and alcohol misuse, mental health issues, disabilities, violence, age, culturally and linguistically diverse backgrounds, and Indigenous and Torres Strait Islander backgrounds are all identified as risk factors that may result in ACT women's marginalisation and isolation. In addition, women who are primary carers, have been institutionalised, or have gambling problems have also been identified as being at risk.

Often women experience these risk factors concurrently, increasing the risk of their marginalisation and isolation. Due to a lack of accurate, gender-disaggregated data available for the ACT, and the concurrent experience of many risk factors, it is difficult to quantify the total number of women who are experiencing marginalisation and isolation. While this report provides some estimates, it is imperative that further research is undertaken.

The second section of this report provides an overview of the work WCHM is currently undertaking to support marginalised and isolated ACT women. In the ACT, women's services and the community sector at large have instituted numerous programs to support marginalised women in the ACT and reduce their social isolation. WCHM's current role within this framework is advocating for ACT women's health and wellbeing needs, as well as providing skills and social groups, secretariat and governance support

for organisations that support marginalised and isolated women, and information on women's health and wellbeing.

Groups including Pearce Older Women's Group, Sew and Needle Club, Supporting Asian Mothers, Multicultural Mothers Group, Women's Wellbeing Group, WCHM Pamper Evenings, and Having a Baby in Canberra (HABIC) provide information, services, and support to marginalised and isolated women in the ACT to varying degrees. Similarly, WCHM performs a secretariat and/or governance role to organisations that support the interests of women who are at risk of marginalisation and isolation. These organisations include ACT Women and Mental Health Working Group, ACT Women and Prisons Group, Domestic Violence Interagency, and ACT Women's Services Network. While WCHM aims to support ACT women's health and wellbeing, it currently runs very few programs that specifically target ACT women who are at risk of, or are experiencing marginalisation and isolation.

The third section examines current gaps in service provision and policy that exist with relation to marginalised and isolated ACT women. Inadequate housing, transport, access to health care, and other services that support marginalised and isolated groups have all been identified as key areas that need to be addressed within the ACT. Similarly, difficulty in supporting women with complex needs, access to affordable health and wellbeing professionals, and the provision of information on health and wellbeing for marginalised and isolated women are identified as areas that require policy development and further services. Working to address the latter is within the scope of WCHM's objectives.

The report recommends that WCHM commissions further research on marginalised and isolated women in the ACT with a focus on health, and lobbies research institutions to do the same in order to increase evidenced-based policy development and service provision to ACT women who are at risk. The report also recommends that WCHM increases its capacity to support marginalised and isolated women by improving its gathering and dissemination of health and wellbeing information, providing information sessions and skills-based groups on health and wellbeing issues in collaboration with other services, and providing opportunities for skill acquisition and community development through the Centre, assisting women to make informed decisions about their own health and wellbeing.

INTRODUCTION

In 2002, *The Status of Women in the ACT* report noted that the marginalisation and isolation of women in the ACT remains a significant issue.[1] As a result of this enquiry, isolated and marginalised women in the ACT have been made a priority of the select committee, and are identified as in need of the most attention of policy makers and researchers.

In line with this priority, the Women's Centre for Health Matters (WCHM) commissioned research into the prevalence of marginalisation and isolation of ACT women. The specific purpose of this research is to facilitate greater understanding of ACT women at risk of marginalisation and isolation, with view to WCHM more actively supporting ACT women at risk.

The first section of the report examines the concepts of marginalisation and isolation, and the risk factors that have been identified as prevalent amongst marginalised and isolated ACT women. It also draws on statistical and anecdotal sources to provide estimates of the number of ACT women who are at risk of, or are experiencing marginalisation and isolation.

The second section of this report provides an overview of the work WCHM is currently undertaking to support marginalised and isolated ACT women. By extension, the third section examines current gaps in service provision and policy that exist with relation to marginalised and isolated ACT women, focusing on the work WCHM can do to further support at-risk women and their health and wellbeing needs. Sections two and three received input from ACT community service providers, WCHM Board of Directors, and WCHM staff.

[1] Select Committee on the Status of Women in the ACT, *The Status of Women in the ACT*, (Canberra: Legislative Assembly for the Australian Capital Territory 2002), 3.

WOMEN AND SOCIAL INEQUALITY IN THE ACT

From the time of Federation, Australia as a nation has imagined itself as progressive, and "leading the world community towards social and political equality".[2] To a fair extent, however, this idea of Australia being socially, politically, and even economically equal is only a myth of egalitarianism and fairness. Despite the rhetoric of 'a fair go', Australia's history is one in which Indigenous Australians were denied citizenship, where non-Europeans were denied entry through restrictive immigration laws, and where Australian women were denied the same industrial rights as men.[3]

In the contemporary Australian cultural imaginary, the ACT is the pinnacle of middle-class Australia. The Territory is constructed as equal, socially inclusive, without poverty, and without marginalisation. However, while the ACT does experience the highest average income, lowest unemployment rate, and highest secondary education rate of all Australian states and territories, these figures hide an underclass of ACT residents who are extremely marginalised and isolated. In 2007, 13.6% (around 16,000) of ACT households were in the bottom Australian equivalised income quintile,[4] 17.9% of ACT residents had difficulty accessing services,[5] and 1,229 of the ACT population were homeless.[6]

The problem with this myth of egalitarianism and fairness that persists in contemporary Australian society is that it prevents an acknowledgement of the social, political, and economic inequality that is a reality for many, and further prevents adequate support for the people in our society who experience disadvantage, marginalisation and isolation.

[2] Alastair Greig, Frank Lewins, and Kevin White, *Inequality in Australia*, (Cambridge: Cambridge University Press, 2003), 160.
[3] Ibid.
[4] Rebecca Cassells, Quoc Ngu Vu, and Justine McNamara, *Characteristics of Low Income ACT Households*, (Canberra: National Centre for Social and Economic Modelling, 2007), 8.
[5] Australian Bureau of Statistics, *General Social Survey: Australian Capital Territory 2006*, ABS Cat. No. 4159.855.001, (Canberra: Australian Bureau of Statistics, 2006), table 2.
[6] Australian Bureau of Statistics, *Australian Census Analytic Program: Counting the Homeless*, ABS Cat. No. 2050.0, (Canberra: Australian Bureau of Statistics, 2001), 68.

With view of the conspicuous silence around social inequality, marginalisation and isolation in Australia and its capital territory, it is important that we clearly define what these ideas mean, and how women in the ACT experience them.

DEFINING MARGINALISATION

Marginalisation is a process of social exclusion that results in individuals and/or groups experiencing deprivation, either of resources or social links. A key aspect of marginalisation is the economic, religious, social, and/or political disempowerment that a person may experience within a society on the grounds that they are lacking in social recognition and value.[7] Typically, marginalisation occurs concurrent with income poverty and reduced wellbeing. It manifests in limited access to housing, education, employment, healthcare, and social networks, and also in reduced social participation, access, and support dimensions.[8]

Due to the complexity of marginalisation, and its variety of causes and manifestations, there is currently no total measure of the number of ACT women who experience marginalisation.

DEFINING ISOLATION

Social isolation is an aspect of marginalisation, and refers specifically to a lack of social networks, limited social participation, and limited access to services and support dimensions. Women's social needs are often primarily met through family and friendship networks, and membership of various groups. For some women, however, these informal systems are inadequate or non-existent. As women often rely on more informal systems of support, a breakdown in this system can be devastating. Social isolation can result in feelings of aloneness, detachment, and can contribute to emotional, behavioural, and physical disorders, including (but not limited to) anxiety, depression, and dependencies such as substance abuse.

Women's social isolation in the ACT is difficult to accurately quantify, but an estimate of the total number of ACT women affected can be gained through the reported figures on social support and contact. In 2006, *General Social Survey* reported that the percentage of women in the ACT who had contact with family or friends living outside the household in the last week was 83.3%. If social contact is considered as a key indicator of social inclusion, then 16.7% of women in the ACT experience social isolation.[9] This survey also reports on the percentage of women in the ACT who could ask small favours from people living outside the household, and the percentage of women who could ask someone outside the household for support in a crisis. In 2006, 96.5% of women responded that they were able to ask small favours from family and friends outside their

[7] Gordon Marshall, ed., *Dictionary of Sociology* (Oxford: Oxford University Press, 1998), 385.
[8] Social Inclusion Unit, *Social Inclusion Indicators*, (Adelaide: Department of Premier and Cabinet, 2004), 8.
[9] Australian Bureau of Statistics, *General Social Survey: Australian Capital Territory 2006*, table 4.

household, while 95.6% of women could ask someone outside the household for support in a crisis.[10] If an ability to ask small favours or seek support in a crisis from outside the household are understood as indicators of social inclusion, around 4% of women in the ACT are experiencing social isolation.

RISK FACTORS FOR MARGINALISATION AND ISOLATION OF WOMEN IN THE ACT

Women's marginalisation and isolation is often complex and self-perpetuating. Invariably it is the result of a combination of factors, and as such can be difficult to rectify. It may occur on a temporary or permanent basis, as a result of different risk factors as circumstances change, or may not clearly relate to these defined risk factors at all. Despite these complexities, however, looking at the risk factors that result in marginalisation and isolation can be useful in identifying groups that require support in the ACT, providing they are considered as a guide only.

Two key reports explore marginalisation and isolation of women in the ACT: *The Status of Women in the ACT*, and *Isolation of Women in the ACT*. *The Status of Women in the ACT* report lists the following as risk factors for the marginalisation and isolation of ACT women:

- homelessness;
- poverty;
- drug and alcohol misuse;
- mental health issues;
- disabilities;
- violence;
- children;
- age;
- Indigenous and Torres Strait Islander backgrounds; and
- culturally and linguistically diverse backgrounds.[11]

The *Isolation of Women in the ACT* report is more specific in its approach, and identifies five key groups of women as most commonly at risk of social isolation in the ACT. These include:

- aged women;
- women who are carers;
- women at home with children;
- low income women without their own transport; and
- women from culturally and linguistically diverse backgrounds.[12]

[10] Ibid.
[11] Select Committee on the Status of Women in the ACT, *The Status of Women in the ACT*, 3.
[12] Libby Warren, *Isolated Women in the ACT*, (Canberra: ACT Women's Consultative Council, 2000), 4.

The report also identifies multiple smaller groups of women in the ACT at risk of social isolation and marginalisation that are often overlooked. These include:

- post-institutionalised women;
- independently-living young women;
- aged women who are newcomers to Canberra;
- women with Borderline Personality Disorder diagnosis, Agoraphobia, and Dual-Diagnosis;
- mothers with drug and dependency issues, young mothers, indigenous mothers, homeless mothers with child protection involvement, mothers of children with disabilities, mothers of child sexual assault survivors;
- young women with a mild brain injury or acquired brain injury; and
- women with gambling problems.[13]

Both of these reports contribute to the picture of ACT women's marginalisation and isolation. As such, this report will use a combination of these risk factors to examine the prevalence of the issue. Using the risk factors mentioned in *The Status of Women in the ACT* report as a basis, this report also includes post-institutionalised women, women with gambling problems, and carers in accordance with *Isolation of Women in the ACT*.

PREVALENCE OF MARGINALISATION AND ISOLATION OF WOMEN IN THE ACT

Quantifying the prevalence of the marginalisation and isolation of ACT women is difficult due to the lack of gender-disaggregated data currently available, and further, the lack of data available with relation to marginalised and isolated groups. As such, this report uses a combination of quantitative and qualitative research, including statistical data collect by the Australian Bureau Statistics (ABS), Australian Institute of Health and Welfare (AIHW), other research institutions, service access statistics, and more anecdotal information from ACT community service providers, in order to obtain the fullest picture of marginalised and isolated ACT women available.

Homelessness

The homeless are among the most marginal and isolated in our society, and their profile has been evolving of late from predominately single older men, to more women, youth, and families.[14] In 2001 it was estimated that around 100,000 people nationally were homeless, of which women comprised around 42%.[15] While the ACT had the lowest rate of homelessness nationally, around 47% of the people who experience homelessness in the ACT each year are women.[16]

[13] Ibid., 5-8.
[14] Australian Bureau of Statistics, *Australian Social Trends*, ABS Cat. No. 4102.0, (Canberra: Australian Bureau of Statistics, 2004), 157.
[15] Australian Bureau of Statistics, *Counting the Homeless*, 38.
[16] See Figure 1.

Currently, the most reliable statistics on homelessness come from the ABS, and the most up-to-date figures on homelessness come from the *2001 Census*. The ABS uses the cultural Community Standard definition of homelessness, which is based on the premise that the notion of inadequate housing is socio-culturally and historically specific. Namely, in Australia, home is more than a shelter; it is a place for "cooking and self-care, privacy, and a secure base from which to establish routines of living".[17] This definition recognises that while people 'sleeping rough' are the most visible homeless, other groups are of concern. Using this definition, the ABS identifies three segments in the homeless population: the primary, secondary, and tertiary homeless.[18]

Primary homelessness refers to people without conventional accommodation, such as people living on the streets, sleeping in parks, squats, cars, or makeshift dwellings for temporary shelter.[19] This group is by far the most difficult to quantify, as the primary homeless are highly mobile and are therefore often undercounted. The *2001 Census* count recorded that 14,158 people in Australia were experiencing primarily homelessness, and of these, 74 were living in the ACT.[20] This figure makes up 6% of the total ACT homeless.[21] The data published on a state-by-state basis is not gender-disaggregated. However, the ABS reported that 39% of women make up the primary homeless.[22] From this we can estimate that 29 or 2.3% of the total ACT homeless are women experiencing primary homelessness.

Secondary homelessness refers to people who move frequently between various forms of temporary shelter, such as friends, emergency accommodation, hostels, and boarding houses.[23] For counting purposes, this classification includes all Supported Accommodation Assistance Program (SAAP) clients, and people who are staying with friends or relatives. The *2001 Census* figure of secondary homelessness was 62,865 nationally.[24] In the ACT, 1,094 people experienced secondary homelessness, accounting for 89% of the ACT total homeless.[25] Again, the data published on a state-by-state basis is not gender-disaggregated. However, the report recorded that 53% people who accessed SAAP services were women, and 47% of people who stayed with friends or relatives were women.[26] Taking this into account, it can be estimated that 532 or 48.6% of the total homeless in the ACT are women experiencing secondary homelessness. The ACT *SAAP National Data Collection Report* for the same period reflects similar figures.[27]

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[17] Australian Bureau of Statistics, *Australian Social Trends*, 157.
[18] Australian Bureau of Statistics, *Counting the Homeless*, 1.
[19] Ibid.
[20] Ibid., 21, 48.
[21] Ibid., 48.
[22] Ibid., 38.
[23] Ibid., 1-2.
[24] Ibid., 32.
[25] Ibid., 45.
[26] Ibid., 38.
[27] Australian Institute of Health and Welfare, *SAAP National Data Collection Annual Report 2000-01: Australian Capital Territory Supplementary Tables*, AIHW Cat. No. HOU 68, (Canberra: Australian Institute of Health and Welfare, 2001), 10.

Tertiary homelessness refers to people in marginal accommodation by the community standard. This includes people residing in single rooms in private boarding houses, without their own kitchen, bathroom facilities, or the security of tenure, on a medium or long-term basis.[28] The *2001 Census* reported 22,877 people nationally are experiencing tertiary homelessness, of which around 61 lived in the ACT. This figure represents 5% of the total homeless in the ACT. Again, the data published on a state-by-state basis is not gender disaggregated. However, the report recorded that nationally women comprise 28% of the tertiary homeless. From this we can estimate that around 17 or 1.4% of the total homeless in the ACT are women experiencing tertiary homelessness.

Figure 1: ACT Women's Homelessness as a proportion of Total ACT Homelessness

Homelessness Category	**% Total ACT Homelessness**	**% Women's ACT Homelessness**
Primary	6 (n=74)	2.3 (n=29)
Secondary	89 (n=1094)	48.6 (n=532)
Tertiary	5 (n=61)	1.4 (n=17)
Total	100 (n=1229)	47 (n=578)

The percentage of ACT women who experience homelessness was estimated using total ACT homelessness statistics and the national statistics for women homelessness.

Risk factors that contribute to women's homelessness are complex and diverse. The *ACT SAAP National Data Collection Report for 2005-06* indicates that 83.5% of women who access SAAP services are Australian-born, 11.4% of whom were from an Aboriginal or Torres Strait Islander background, and 13.4% of women who accessed SAAP services were from a non-English speaking background.[29] These statistics indicate that women from an Aboriginal or Torres Strait Islander background are at a higher risk of homelessness than the rest of the ACT population. Interpersonal relationship problems and violence were a primary cause of ACT women accessing SAAP services, with 53.4% of women with children accessing SAAP services to escape domestic violence, family breakdown, and/or sexual abuse.[30] This figure was 55.3% for women alone under 25 years, and 55.2% for women alone over 25 years.[31] Other notable risk factors included issues with accommodation, and health.

Poverty

Poverty is a key risk factor that can result in marginalisation and isolation, particularly of women. Poverty, is in a sense, 'feminised' in the ACT (and more broadly), in that

[28] Australian Bureau of Statistics, *Counting the Homeless*, 2.
[29] Australian Institute of Health and Welfare, *SAAP National Data Collection Annual Report 2005-06: Australian Capital Territory Supplementary Tables*, AIHW Cat. No. HOU 160, (Canberra: Australian Institute of Health and Welfare, 2006), 15.
[30] Ibid., 20.
[31] Ibid.

women experience higher rates of poverty than men, women's poverty is more severe, and women-headed households are more at risk.[32] Australians generally do not suffer the absolute deprivation that is associated with poverty in developing nations. However, like homelessness, poverty is a socially relative concept. In Australia we define poverty using the Henderson Half–Average Poverty Line, by which a household is experiencing poverty if its income is below half the average person's equivalent disposable household income. Women's poverty in the ACT is complex and difficult to accurately calculate, but can be examined from four viewpoints: total women's poverty, poverty in women-headed households, women's unemployment or unpaid labour, and women's access to resources within the household.

In 2002, the National Centre for Social and Economic Modelling (NATSEM) released a report that examined the extent of financial disadvantage in ACT, and the characteristics of financially disadvantaged households. This report estimated that 8.6% or 24,446 ACT residents in 1999 were living in poverty, a figure comprised of 15,177 (7.1%) adults and 9,276 (11.2%) children.[33] According to this report, financially disadvantaged Canberrans are likely to be young, in receipt of government cash benefits, residing in public housing, part of a sole parent or single person household, not in the labour force or unemployed, and they are likely to be women.[34] Specifically, the report indicates that 56.9% of the ACT population who experience poverty are women.[35] This figure equates to approximately 4.9% or 13,910 women in the ACT who experience poverty.

NATSEM also reported that ACT women are more likely to head low-income households than men, and further, women were significantly less likely to head a household in any other quintile.[36] For 2006, women headed 87% of one-parent families in Australia, leaving women and their families at a significant risk of marginalisation.[37] For the same year, lone-mother families accounted for 18.7% of the total families in the ACT, which is higher than the national average of 18.0%.[38] The ABS reported that statistically one-parent families are at higher risk of disadvantage in terms of income, employment, housing, and social participation.[39] With this in mind, single mothers in the ACT and their families are at high risk of poverty and the marginalisation and isolation that can result.

One of the primary reasons women are vulnerable to poverty is their employment status. Welfare states like Australia reinforce women's economic dependency and vulnerability

[32] Institute of Development Studies, *Briefing Paper on the 'Feminisation of Poverty'*, (Brighton: University of Sussex, 2001), 1.
[33] Anthea Bill, Rachel Lloyd, and Ann Harding, *Locating Poverty in the ACT*, (Canberra: The National Centre for Social and Economic Modelling, 2002), 1.
[34] Ibid., 21.
[35] Ibid., 22.
[36] Cassells, Vu, and McNamara, *Characteristics of Low Income ACT Households*, 30.
[37] Australian Bureau of Statistics, *Australian Social Trends*, ABS Cat. No. 4102.0 (Canberra: Australian Bureau of Statistics, 2007), 49.
[38] Ibid., 37.
[39] Ibid., 48.

to poverty through systems of women's unpaid labour.[40] Women are more likely to be employed part-time, their employment is more often in more informal or lower-paying sectors, and they are significantly more likely to engage in unpaid labour as a result of their responsibilities within the household. In 2006, women comprised 47.8% of the total ACT labour force, had a participation rate of 67.2% (men's participation rate was 77.3%), and were twice as likely to be employed on a part-time basis, leaving them more susceptible to income poverty.[41]

A key aspect of the feminisation of poverty is women's limited access to resources with the household. Most often poverty levels are measured using total household income, and it is assumed that the household's resources are equally shared. However, anecdotal research indicates that women are more likely to experience severe poverty as a result of the unequal distribution of resources with the household.[42] Further, policies and services that aim to reduce poverty are more often targeted towards men, and as such, once women are experiencing poverty, they have less options of escape.[43] Further research needs to be undertaken into women's access to resources within the household to better understand the issues, the number of women's affected, and to alleviate women's experience of poverty.

Both NATSEM reports found that poverty is not overwhelmingly concentrated in specific areas of the ACT.[44] This finding has significant implications for service delivery, as targeting resources to a few suburbs will not assist the majority of the ACT's poor.

Alcohol and Other Drug Dependencies

Alcohol and other drug dependencies are a considerable risk factor for women in the ACT that may lead to marginalisation and isolation. Drug and alcohol dependencies are associated with adverse effects on both physical and mental health, and often occur concurrently, or as a result of social isolation, experiences of violence, and mental health issues.[45] There is no direct measurement for the total number of ACT women with drug and alcohol dependencies, or their characteristics. However, there are a range of data sources that point to the prevalence and patterns of drug and alcohol dependencies that can be used to form a picture of the problem, including drug and alcohol treatment services access statistics, alcohol consumption statistics, and statistics on SAAP service users who present with drug and alcohol related issues.

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[40] Julia O'Connor, Ann Shola Orloff, and Sheila Shaver, "Gendering Theories and Comparisons of Welfare States," in *States, Markets, Families: Gender, Liberalism, and Social Policy in Australia, Canada, Great Britain, and the United States* (Cambridge: Cambridge University Press, 1999), 25.
[41] Australian Bureau of Statistics, *Australian Social Trends*, 120.
[42] Institute of Development Studies, *Briefing Paper on the 'Feminisation of Poverty'*, 1.
[43] Ibid., 6.
[44] Cassells, Vu, and McNamara, *Characteristics of Low Income ACT Households*, 30. Bill, Lloyd, and Harding, *Locating Poverty in the ACT*, 40.
[45] Australian Bureau of Statistics, *Illicit Drug Use*, ABS Cat. No. 4808.0 (Canberra: Australian Bureau of Statistics, 2001), 14.

In 2005–06, women accessed drug and alcohol treatment services in the ACT 1529 times, accounting for 33% of total service access.[46] The median age of ACT residents accessing treatment for their own drug use was 31 years. Almost all of people seeking treatment listed their preferred language as English, while 89% of services users were Australian born.[47] Service users who identified as from an Aboriginal and/or Torres Strait Islander background were over represented, comprising 8% of all service users, significantly higher than the overall proportion of Aboriginal or Torres Strait Islanders in the ACT population.[48] These figures are not gender-disaggregated, but anecdotal evidence from women's services in the ACT indicates that these statistics accurately represent the women who access their service.

Statistical evidence suggests that alcohol dependency is a significant issue for women in the ACT. For 2006, alcohol consumption in the ACT population was higher than the national average. *Australian Social Trends* recorded that 12.7% of women in the ACT identified as risky/high-risk drinkers.[49] This is above the national average for women of 11.7%.[50] Unfortunately, demographic information on risky/high-risk drinkers in the ACT has not been released, so it is not clear whether this issue is concentrated in certain populations, or evenly distributed across all ACT women. Further research into women's alcohol dependency in the ACT is required to gain a clearly picture of the issue, and to identify and support women appropriately.

Statistically drug and alcohol dependency has high prevalence amongst women who are also experiencing homelessness. However, dependency is not necessarily recorded as the primary cause for homelessness. The *ACT SAAP National Data Collection Report* for 2005-06 recorded that less than 1% of SAAP service users were women who accessed the service because of drug or alcohol misuse.[51] For the same year, however, 63% of women who accessed one women's ACT SAAP service identified drug and alcohol dependency as an issue. These findings point to a high prevalence of drug ad alcohol dependency amongst homeless women in the ACT, but suggest that this issue is most often a secondary issue for women, or co-exists with other issues.

Mental Health Issues

People with mental health issues are among the most vulnerable and disadvantaged in Australian society, and are subject to stigma and discrimination in many aspects of their lives. Despite this reported vulnerability to disadvantage and discrimination, our commitment to research into the prevalence of mental illness in Australia is lacking. The

[46] Australian Institute of Health and Welfare, *Alcohol and Other Drug Treatment Services in the Australian Capital Territory: Findings from the National Minimum Data Set 2005-06*, Cat. No. HSE 53, (Canberra: Australian Institute of Health and Welfare, 2006), 2.
[47] Ibid.
[48] Ibid.
[49] Australian Bureau of Statistics, *Australian Social Trends*, 65.
[50] Ibid. Statistics refer to the financial year 2004–2005.
[51] Australian Institute of Health and Welfare, *SAAP National Data Collection Annual Report 2005-06: Australian Capital Territory Supplementary Tables*, 20.

National Survey of Mental Health and Wellbeing of Adults (NSMHW) conducted in 1997 remains the most commonly quoted source for the prevalence of mental health issues (despite being conducted over ten years ago), and gives no indication of mental illness prevalence on a state and gender-disaggregated basis.[52] This indicates the strong need for further research into the area. Although there is a deficit in the available data, it is possible to gain a picture of mental health in the ACT from the statistics on ACT Mental Health Service usage, ABS research into the prevalence of 'psychological distress' in the ACT, ABS and AIWH research into mental health in Australia, and other scholarly research into mental health risk factors.

One of the indicators that the ABS regularly reports against on a state and gender disaggregated basis is 'levels of psychological distress'. This measure is based on the Kessler Psychological Distress Scale, and measures non-specific psychological distress based on ten questions about negative emotional states in the four weeks prior to interview. Based on research from other population studies, a high or very high level of psychological distress may indicate a need for professional help. In 2001, the *National Health Survey* reported that 3.5% of women in the ACT reported high levels of psychological distress.[53] This figure is significantly higher than the 1.6% of women nationally who reported high levels of psychological distress.[54]

Another indicator of the prevalence of mental health issues in the ACT is service access statistics. According to ACT Mental Health, around 6000 people (around 1.8% of the ACT population) access services each year, and around 2000-2500 people are actively engaged in services at any particular time. Close to 50% of service users are women, and 80% are aged between 18-65 years. From this, it can be deduced that in a given year, around 3000 women have contact with ACT Mental Health services, with between 1000 and 1250 having some ongoing involvement. Between 800-1000 of these women are aged between 18-65 years. ACT Mental Health also reported that, anecdotally, up to 1% of women are living alone with minimal to low levels of social support. That is, for 2006, 100 women who accessed ACT Mental Health services were deemed to be socially isolated, 33% of whom were aged over 65 years.

Mental illness is often bound to one or more other risk factors thereby increasing the risk of marginalisation or isolation. Often women's mental illness occurs concurrently with trauma, disability, age, poverty, and/or homelessness. Recent research on homeless men and women of inner Sydney reported that 81% of women met the criteria for at least one mental illness, and the prevalence of mental illnesses in homeless populations was four times higher than within the Australian population at large.[55]

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[52] Australian Institute of Health and Welfare, *Australia's Health 2006*, (Canberra: Australian Institute of Health and Welfare, 2006), 97.
[53] Australian Bureau of Statistics, *National Health Survey: Mental Health*, ABS Cat. No. 4811.0, (Canberra: Australian Bureau of Statistics, 2001).
[54] Ibid.
[55] Maree Teesson, Tracey Hodder, and Neil Buhrich, "Psychiatric Disorders in Homeless Men and Women in Inner Sydney," *Australian and New Zealand Journal of Psychiatry* 38 (2004), 164.

While this research has not been conducted in the ACT, it was conducted on an urban Australian population, and can contribute to the picture of mental health issues and the risk of marginalisation and isolation for women in the ACT. The ACT service presentation statistics suggest the prevalence of mental health issues may be slightly lower amongst homeless populations in the ACT. One ACT Women's SAAP service recorded that 64% of women who accessed the service presented with mental health issues. While this figure is lower than was recorded in Sydney, mental health issues certainly have a high prevalence amongst ACT women who are experiencing homelessness.

Similarly, research into psychological health in midlife among Australian women who have ever lived with a violent partner indicates that women are more likely to experience depression and anxiety if they have experienced domestic violence. This study utilised data collected as part of the *Australian Longitudinal Study of Women's Health*, and reports that women who have experienced domestic violence are three time more likely to be single, twice as likely to have been diagnosed with mental illness, and were more likely to have income management difficulties.[56]

Congruent with these findings, anecdotal evidence suggests that a history of women being subjected to violence is a primary reason for why women access mental health support services in the ACT. The Women's Health Service provided 4050 occasions of counselling to women in 2006-07. Anecdotal evidence suggests that around 80% of the women who accessed this service had experienced violence.

Disabilities

Statistically, people with disabilities are at high risk of marginalisation, and experience lower levels of social inclusion than the total population. The most reliable figures on disability in Australia come from the ABS, and the most up-to-date figures are the 2003 *Disability, Ageing and Carers* report. The ABS defines disability as a limitation, restriction or impairment that restricts everyday activities and has lasted, or is likely to last at least six months. Disability is broken down into four categories – mild, moderate, severe, and profound – to best understand the profile of disability in Australia. The continuum expresses the range of people's experience of disability, from a mild disability where a person requires no assistance and has no difficulty with core-tasks, to a profound disability where a person is unable to do, or always requires assistance with core-tasks, including communication, mobility, and self-care. For the purpose of simplicity, this report will either discuss disability in terms of severe or profound, or the population with a disability at large.

Statistically, people living in Australia with a disability, particularly a severe or profound disability, are at great risk of income poverty, reduced access to services, inadequate

[56] Deborah Loxton, Margot Schofield, and Rafat Hussain, "Psychological Health in Midlife Among Women Who Have Ever Lived With a Violent Partner or Spouse," *Journal of Interpersonal Violence* 21, no. 8 (2006), 1098-1099.

health care, reduced education and employment outcomes, and social isolation in our society. Reportedly, 1 in 5 people in Australia experience disability, and 1 in 16 Australians experience severe or profound core-limitation.[57] While Australia-wide, women and men are equally represented in the overall figures of disability, the age at which severe or profound disability occurs is gender specific, and as such women have different support needs. Rates of severe or profound disability for young males aged 5-14 years are 6.5%, while the disability rate for young females of the same age is 3.3%.[58] However, while males were doubly represented in this group, females aged over 80 years were twice as likely to experience severe or profound disability as males of that age.[59] The ACT had the lowest rates of disability nationally, 16.9% of women in the ACT had a disability, of which 6% had a disability that resulted in profound or severe core–activity limitation.[60] In the ACT, 75% of women with a disability that results in core-activity limitation are over 45 years of age.[61]

The statistics that relate to the income of people with a disability are not gender-disaggregated, either on a state-by-state or national basis. Further, as the *Disability, Ageing and Carers* survey is sample-based, the state figures for income are too small to be accurate. Nationally, however, the gross personal income of persons 15-64 years with a disability living in a household is $255.00, compared to $501.00 for those without a disability.[62] The median gross personal income decreased with increasing severity of the disability, and was lowest at $200.00 per week for those with a profound core-activity limitation.[63] These figures point to an experience of extreme income poverty for Australians with a disability, and shows people with a severe or profound disability to be most at risk.

In addition to income poverty, social isolation and service access are key problem areas for ACT women with disabilities. In 2006, the *General Social Survey* reported that 19.9% of people in the ACT with a core-activity limitation had contact with family or friends living outside the household everyday, and 7.4% did not feel they could get support from persons outside the household in a time of crisis.[64] In terms of service access, 8.4% of people with a core-activity limitation could not, or had difficulty getting to the places they needed to go, compared with 1.4% of the population without a disability, and 29.3% of people with a core-activity limitation had problems accessing service providers, while this figure was only 14.2% for ACT residents without a disability or long-term health condition.[65]

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[57] Australian Bureau of Statistics, *Disability, Ageing and Carers: Summary of Findings*, ABS Cat. No. 4430.0, (Canberra: Australian Bureau of Statistics, 2003), 3.
[58] Ibid., 18.
[59] Ibid.
[60] Ibid., 19.
[61] Australian Bureau of Statistics, *Disability, Ageing and Carers: Australian Capital Territory*, ABS Cat. No. 4430.0, (Canberra: Australian Bureau of Statistics, 2003), table 2.
[62] Australian Bureau of Statistics, *Disability, Ageing and Carers: Summary of Findings*, 3.
[63] Ibid.
[64] Australian Bureau of Statistics, *General Social Survey: Australian Capital Territory 2006*, table 13-14.
[65] Ibid.

These statistics relating to the prevalence of social isolation and service access are not gender-disaggregated. However, a service provider for women with disabilities in the ACT indicated a prevalence of similar problems with the women she worked with, and also indicated that only a very small proportion of women accessed services due to both difficulties accessing services and a lack of appropriate services. Congruent with the ABS data, anecdotal evidence suggests that the majority of women with disabilities are extremely socially isolated, have problems accessing services, and often would only see their carer on any given day.

Carers and Mothers

Statistically, carers are at high risk of income poverty, reduced wellbeing and social isolation. The ABS defines carers as those who support the aged and people with disabilities in their daily living.[66] Using this definition, in 2003 10.8% of the ACT population performed a carer role, while 1.2% of the ACT population were identified as primary carers. Consistent with the national average, just over half of all carers in the ACT were women. Importantly, however, women were significantly more likely to perform the primary carer role. The number of women who are primary carers is not reported on a state-by-state basis, but nationally women comprise 71% of this group. With view to the consistency of the available data and anecdotal evidence from ACT service providers, it is highly likely that the nationally reported proportion of women in primary carer roles is also true for the ACT.

In addition to the carers identified by the ABS, it is also important to recognise that the provision of care and support is not restricted to the aged and people with disabilities. *Isolation of Women in the ACT* report recognises women who care for members of marginal and stigmatised groups such as alcohol and other drug users, people with Human Immunodeficiency Virus (HIV), and people with mental health issues as carers, and as women who are themselves particularly at risk of marginalisation and isolation.[67] This report identifies that carers for these groups are less likely to seek support and respite than carers of the elderly and people with disabilities due to the social stigma attached to the person they care for, the their own marginal status as carers. There are not conclusive statistics available on the number of women carers in the ACT that support these more marginal groups. However, AIWH reported that in 2005-06 2% of ACT people who accessed drug and alcohol services did so on behalf of someone else, and 73% of clients who accessed services in this capacity were women who were on average 44 years of age.[68] This information may provide some indication of the number of women supporting more marginal groups, and their characteristics.

Carers in the ACT are particularly susceptible to income poverty. The median weekly income for primary carers in the ACT is $333.00, while the median weekly income for

[66] See Australian Bureau of Statistics, *Disability, Ageing and Carers: Summary of Findings*, 3.
[67] Warren, *Isolated Women in the ACT*, 5.
[68] Australian Institute of Health and Welfare, *Alcohol and Other Drug Treatment Services in the Australian Capital Territory*, 2.

non-carer-givers is over double at $673.00.[69] This income places primary carers in the lowest income quintile. As it is largely women who perform this role, the poverty of carers is very much a feminised poverty.

Similarly, single-mothers are at high risk of social isolation and marginalisation. As mentioned previously, women-headed households are at high risk of income poverty and are more likely to experience deprivation within the household than other members. Often the marginalisation and social isolation of single mothers is made more complex by the presence of other factors, including drug and dependency issues, youth, indigenous backgrounds, homelessness, disability, and violence. Accurate statistics on this group of women are not available. However, *Isolation of Women in the ACT* report and anecdotal evidence from ACT women's services providers identifies women with these issues as extremely marginalised.[70]

Transport is a key factor for women's social isolation, and has a strong prevalence amongst single-mothers and carers experiencing income poverty. In 2006, *General Social Survey* reported that 89.4% of women in the ACT have access to a motor vehicle, while 2.8% of women do not have easy access to transport, and often have difficulty getting to places needed.[71] For single parent families, 8% did not have easy access to transport, and often have difficulty getting to places needed,[72] and this figure was 6% of people in the lowest income bracket.[73] From this it can be gathered that transport is an issue for women in the ACT, and the most vulnerable women are women who are carers, who head single parent families, and/or are in the lowest income bracket.

Age

Older women in the ACT community, particularly those who are new to the territory and are without social networks are particularly susceptible to marginalisation and social isolation. The most recent report released by NATSEM identifies a number of characteristics that have high prevalence in low-income households. These characteristics include (but are not limited to) households where the reference person is over 65 years of age, female, not in the labour force, and/or heavily reliant on government cash benefits.

With view to the prevalence of each of these risk factors individually when measuring income poverty, it is not hard to imagine the marginalisation and isolation of older women who are no longer in the work force, and are reliant on a government pension. The *2006 Census* recorded 17,433 women aged over 65 years in the ACT on Census night, accounting for 5.4% of the ACT population.[74] Of these women, 5,755 or 33% has

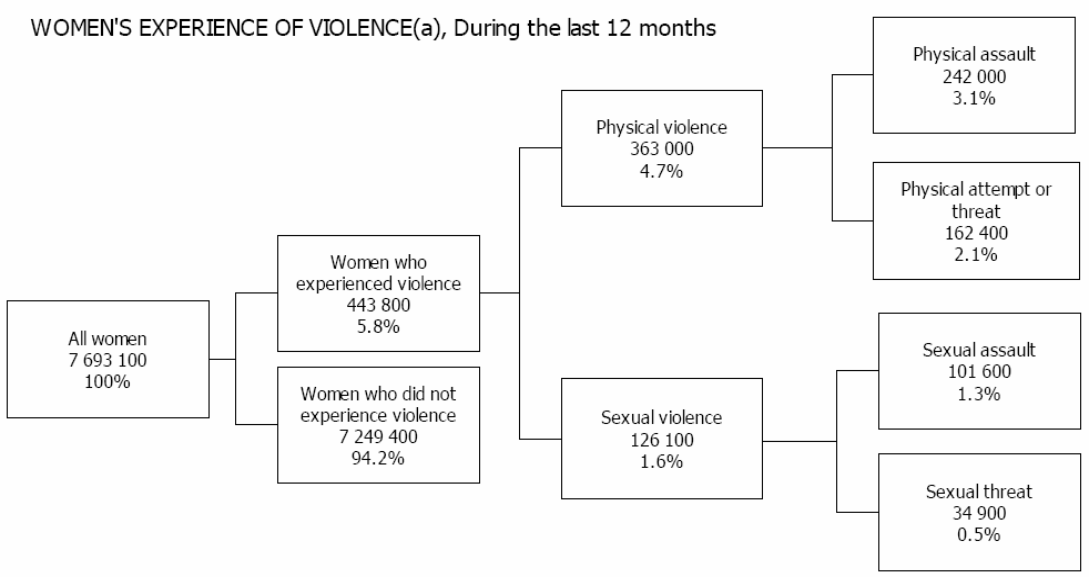
[69] Australian Bureau of Statistics, *Disability, Ageing and Carers: Australian Capital Territory*, table 29.
[70] Warren, *Isolated Women in the ACT*, 5-8.
[71] Australian Bureau of Statistics, *General Social Survey: Australian Capital Territory 2006*, table 4.
[72] Ibid., table 8.
[73] Ibid., table 9.
[74] Australian Bureau of Statistics, *2006 Census Community Profile Series: Basic Community Profile*, ABS Cat. No. 2001.0, (Canberra: Australian Bureau of Statistics, 2007), table B01a.

a weekly gross personal income of less than $250.00.[75] As such, older ACT women account for a large proportion of those at risk of marginalisation and isolation.

Violence

Domestic violence and sexual assault are key risk factors that contribute to women's marginalisation and isolation. Women's experience of violence can have long term health and wellbeing impacts, including physical injuries, feelings of fear, and changes to employment status and community involvement.[76] As previously indicated, statistical and anecdotal evidence both point to violence as an experience that contributes to homelessness, poverty, mental health issues, and drug and alcohol dependencies. Currently, the most reliable statistics on violence against women are collected by the ABS. However, these figures are to be used with caution, as often women do not report incidence of violence.

The ABS defines violence as "any incident involving the occurrence, attempt or threat of either physical or sexual assault."[77] Using this definition, 5.8% of women in Australia have experienced physical or sexual violence in the last 12 months (see table below).[78] Unfortunately, the data is not disaggregated on a state-by-state basis, and due to the nature of the information and the need for privacy, data specifically on ACT women's experiences of violence is not publicly available.



(a) Women who experienced violence during the last 12 months could have experienced violence more than once. The components when added may therefore be larger than the total.

[75] Ibid., table B16.
[76] Australian Bureau of Statistics, *Women's Safety Australia*, ABS Cat. No. 4128.0, (Canberra: Australian Bureau of Statistics, 1996), 42-44.
[77] Australian Bureau of Statistics, *Personal Safety Survey*, ABS Cat. No. 4906.0, (Canberra: Australian Bureau of Statistics, 2005), 5.
[78] Ibid.

In 1996, *Women's Safety Australia* survey collected data on Australian women's experience of violence in their lifetime. Since the age of 15 years, 2.6 million (38%) of women had experienced one or more incidence of violence.[79] Of these women, 2.2 million (33%) experience physical violence, and 1.2 million (18%) experienced sexual violence.[80] These statistics are not disaggregated on a state-by-state basis; however, they provide a strong indication of the number of women affected by violence in the ACT.

The national data of women's safety indicates that young women are at higher risk of violence, and that women are likely to know the perpetrator. Young women aged 18–24 years comprised 12% (117,000) of women who experienced at least one incident of violence, compared to 6.5% (97,900) of women aged 35–44 years and 1.7% (42,100) of women aged 55 years and over.[81] Statistically, women are likely to know the perpetrator. For example, in 78% of cases of sexual violence against women, the perpetrator was a partner, previous partner, family member, friend, or another person known to the woman.[82]

Women's feelings of safety in their home and local area after dark is another measure that the ABS uses to report on perceptions of crime levels in their vicinity, previous experience as a victim of assault or household break-in, relationships with people living nearby, sense of their own strength and capacity to be in control, and their level of trust in their local community. In 2006, *General Social Survey* recorded that 7.9% of all women in the ACT reported feeling unsafe or very unsafe in their home after dark, and 30.1% of all ACT women reported feeling unsafe or very unsafe in their local area after dark.[83] These figures were highest for women under 25 with 10.7% reported feeling unsafe or very unsafe at home after dark, and 37.0% reported feeling unsafe or very unsafe in their local area after dark.[84]

This research found that nationally, people were more likely to feel unsafe at home alone after dark if they were women, lived in cities, lived in accommodation rented from state or territory housing authorities, were not in the labour force, were born in a non-English speaking nation and were not proficient in spoken English, had fair to poor health, and/or were a member of a low income household. Each of these identified characteristics are factors that can result in marginalisation and isolation, leaving women who are experiencing disadvantage at high risk.

Culturally and Linguistically Diverse Backgrounds

Women from culturally and linguistically diverse backgrounds including (but not limited to) women who have migrated to Australia, or are refugees, are at risk of marginalisation and isolation socially, culturally, politically, and economically. At the *2006 Census*, 7.6%

[79] Australian Bureau of Statistics, *Women's Safety Australia*, 12.
[80] Ibid.
[81] Australian Bureau of Statistics, *Personal Safety Survey*, 6.
[82] Ibid., 11.
[83] Australian Bureau of Statistics, *General Social Survey: Australian Capital Territory 2006*, table 6.
[84] Ibid.

of women in the ACT population did not speak English at home.[85] Unfortunately, however, there is very little data on culturally and linguistically diverse women in the ACT, as figures pertaining to this group are not gender-disaggregated on a state-by-state basis.

ACT residents who were not proficient in English reported significantly poorer health than residents who were English speakers. In 2006, 10.1% of Australian born ACT residents born reported fair or poor health status, while 36.0% of ACT residents not proficient in English reported fair or poor health status.[86] Similarly, while 90.4% of ACT residents reported that they could easily get to the places that they needed, this figure was only 57.5% for ACT residents not proficient in English.[87] As an example of restrictions in service access, 11.8% ACT residents who had arrived within the last 10 years reported that they had accessed a General Practitioner (GP) or medical specialist within the previous two weeks, while this figure was 19.4% for ACT residents born in Australia.[88] These figures are not gender-disaggregated, but anecdotal evidence and data trends suggest that these figures would only be higher for culturally and linguistically diverse women.

Statistical and anecdotal research suggests that general health and wellbeing levels are lower for women from a culturally and linguistically diverse background, than for the population at large. Research into the experiences of maternal depression for culturally and linguistically diverse women in Melbourne, for example, indicates that there is significant prevalence of maternal depression for women who are under 25 years of age, have been resident in Australia for a short period, speak little or no English, have migrated for marriage, have no relatives in the area or no friends to confide in, have physical health problems, and/or baby feeding problems.[89] The research also showed that socio-economic status was not a factor for women's experience of maternal depression, and the biggest identified problem for these women was social isolation. While this study has not been conducted in the ACT, it is a useful indicator of possible health and wellbeing concerns for ACT women from culturally and linguistically diverse backgrounds.

Aboriginal and Torres Strait Islander Backgrounds

Aboriginal and Torres Strait Islander people experience the poorest health of all Australians and are at high risk of marginalisation and isolation, politically, economically, and socially. At the *2006 Census*, 0.6% of the ACT population were women who

[85] Australian Bureau of Statistics, *2006 Census Community Profile Series*, table B01a.
[86] Australian Bureau of Statistics, *General Social Survey: Australian Capital Territory 2006*, table 12.
[87] Australian Social Survey 2006 ACT data cube table 12.
[88] Australian Bureau of Statistics, *National Health Survey, Australian Capital Territory State Tables*, ABS Cat. No. 4362.0, (Canberra: Australian Bureau of Statistics, 2005), table 32.
[89] Rhonda Small, Judith Lumley, and Jane Yelland, "Cross-Cultural Experiences of Maternal Depression: Associations and Contributing Factors for Vietnamese, Turkish and Filipino Immigrant Women in Victoria, Australia," *Ethnicity and Health* 8, no. 3 (2003).

identified as of Aboriginal and/or Torres Strait Islander backgrounds.[90] Despite the relatively low number of ACT women who identify as of Aboriginal and/or Torres Strait Islander background, this group are significantly over-represented in statistics on drug and alcohol dependency, homelessness, poverty, incarceration, and report notably poorer health than the population at large.

One measure of Aboriginal and Torres Strait Islander women's marginalisation and isolation in the ACT is self-reported health status, which provides an indicator of overall health and wellbeing. In 2004-05, the *National Aboriginal and Torres Strait Islander Health Survey* reported that 24.0% of the Aboriginal and Torres Strait Islander population in the ACT reported their health status as 'fair' or 'poor', while this figure was only 14.1% for the non-Indigenous population.[91] These figures are not gender-disaggregated on a state-by-state or national basis, but point to significantly poorer health amongst ACT women from an Aboriginal and Torres Strait Islander background.

As a result of social and economic disadvantage, the Aboriginal and/or Torres Strait Islander population in the ACT has one of the highest rates of homelessness amongst Indigenous populations nationally. The *2001 Census* recorded that while 38 in every 10,000 people in the non-Indigenous ACT population were homeless, 151 in every 10,000 Indigenous people were homeless.[92] This is equal to a homeless rate of 4%.[93] Similarly, Indigenous households are over-represented in public housing and have below average rates of home-ownership. The often poor housing standards, inadequate facilities, and over-crowding have significant impacts on the health and wellbeing of these Aboriginal and Torres Strait Islander households. Again, the above figures are not gender-disaggregated, but do point to a significant risk of homelessness for Aboriginal and/or Torres Strait Islander women in the ACT.

Poverty is also a significant issue for Aboriginal and/or Torres Strait Islander people in the ACT. Aboriginal and/or Torres Strait Islander ACT residents are twice as likely to be unemployed,[94] and are almost three times as likely to be in the lowest income quintile as non-Aboriginal and/or Torres Strait Islander people.[95] Again, these figures are not gender-disaggregated, but certainly indicate that Aboriginal and Torres Strait Islander women in the ACT are at high risk of experiencing poverty and the poor health and wellbeing that may result.

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[90] Australian Bureau of Statistics, *2006 Census Community Profile Series*, table B01a.
[91] Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Health Survey 2004-05: Australian Capital Territory*, ABS Cat. No. 4715.8.55.005 (Canberra: Australian Bureau of Statistics, 2005), table 6.
[92] Australian Bureau of Statistics and Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, ABS Cat. No. 4704.0/AIHW Cat. No. IHW 14, (Canberra: Australian Bureau of Statistics/Australian Institute of Health and Welfare, 2005), 47.
[93] Ibid.
[94] Nerelle Poroch, *You Do The Crime, You Do The Time: Best Practice model of Holistic Heath Service Delivery for Aboriginal and Torres Strait Islander Inmates of the ACT Prison*, (Canberra: Winnunga Nimmityjah Aboriginal Health Service, 2007), 27.
[95] Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Social Survey*, ABS Cat. No. 4714.8.55.001, (Canberra: Australian Bureau of Statistics, 2002), table 4.

Institutionalised and Post-Institutionalised Women

Institutionalised and post-institutionalised women include women who are currently or have been imprisoned or detained in a detox facility, in girls' homes, or have been institutionalised for mental health reasons. Women who have been institutionalised for any reason are at high risk of social, economic, political, and legal marginalisation and isolation that extends beyond the institutionalised period. Consultation with the ACT Women and Prisons Group identified that rehabilitation, employment opportunities, and social inclusion are key issues faced for women who have been institutionalised, particularly in prisons. Mental health issues and dependencies are common problems for ACT women who have been institutionalised. Similarly, as a result of women's criminal records, women's employment opportunities are restricted primarily to low-paying positions, often causing poverty and homelessness.

The total number of women who are part of this group is unclear, and further research needs to be done into the level of prevalence and support needs. One group that has been identified as at high risk is Aboriginal and/or Torres Strait Islander women. While ACT women from an Aboriginal and Torres Strait Islander background comprise a relatively small number of the total ACT population, they are over-represented in the ACT in prisons. Specifically, the imprisonment rate is around 15 times higher for Aboriginal and/or Torres Strait Islander women than it is for non-Aboriginal and/or Torres Strait Islander women.[96]

Women with Gambling Problems

What constitutes problem gambling is currently subject to debate. Where previously it has been examined as a medical disorder or individual behavioural problem, recent research defines the issue more broadly as a social and public health issue. Excessive gambling has been identified as correlating with serious problems with physical and mental health, interpersonal relationships, and finances, all of which represent significant risks to health and wellbeing.[97]

In the ACT, 2% of the population has been identified as 'problem gamblers'.[98] Where it was previously assumed men comprised the majority of problem gamblers, recent research indicates that demographic aspects including gender, ethnicity, education, and income do not appear to directly affect the likelihood of a person experiencing gambling related problems.[99] Instead, personal stressors and social isolation often trigger excessive gambling.[100] As a result, the marginalised and isolated in our society are at high risk of problem gambling, a significant percentage of which are women. The

[96] Poroch, *You Do The Crime, You Do The Time*, xvii.
[97] Jan McMillen et al., *Help-Seeking By Problem Gamblers, Friends, and Families: A Focus on Gender and Cultural Groups*, (Canberra: Centre for Gambling Research, The Australian National University, 2004), 29.
[98] Australian Bureau of Statistics, *Australian Capital Territory Statistical Indicators*, ABS Cat. No. 1367.8, (Canberra: Australian Bureau of Statistics, 2002), 4.
[99] McMillen et al., *Help-Seeking By Problem Gamblers, Friends, and Families*, 28.
[100] Ibid.

precise numbers of women experiencing problem gambling in the ACT requires further research; however, anecdotal evidence indicates the need for gender and culturally specific support services.

CONCLUSION

ACT women are generally better educated, have higher incomes, and have higher housing standards than women nationally. However, there are a significant number of ACT women who are marginalised and isolated from their community and its standard of living, at a great cost to their health and wellbeing. Due to the lack of accurate, gender-disaggregated data on marginalised and isolated groups, it is almost impossible to quantify the number of women in the ACT that are experiencing marginalisation and isolation. It is clear, however, that most often women who are marginalised or isolated experience two or more of the outlined risk factors.

According to known social determinates of health, housing, income and its distribution, food security, education and literacy, unemployment and employment security, early life development, Aboriginal status, social safety nets, social exclusion, and health care services all contribute to the health and wellbeing outcomes of a person.[101] Key issues in the ACT, including addiction and substance abuse, transportation issues, and poor mental health all have extremely harmful impacts on health and wellbeing, and are significantly more prevalent amongst the socially and economically disadvantaged.[102] Further research needs to be undertaken into the prevalence of women's marginalisation and isolation in the ACT, and the specific health and wellbeing impacts that are being experienced in order to effectively address the issues and support all women's health.

[101] Michael Marmot and Richard Wilkinson, *Social Determinants of Health*, (Oxford: Oxford University Press, 2006).
[102] Michael Marmot and Richard Wilkinson, *Social Determinants of Health: The Solid Facts*, 2nd ed. (Denmark: World Health Organisation, 2003).

WCHM SUPPORT FOR MARGINALISED AND ISOLATED WOMEN IN THE ACT

The ACT community sector, and specifically the women's services sector, have instituted numerous programs to support marginalised ACT women and reduce their social isolation. It is beyond the scope of this report to provide a comprehensive overview of all of the services that are currently provided for ACT women who are at risk of, or who experience marginalisation and isolation. The aim of section is more to look at programs currently offered by WCHM, and how these services are accessed by marginalised and isolated women. This review is both informative and critical, with the intent that this approach will allow an examination of the effectiveness of current programs and the gaps in services and policies that still exist.

WCHM supports ACT and regional women's health and wellbeing by offering social and skills-based groups, the provision of secretariat and governance support to small Non-Government Organisations (NGOs) and groups, and by facilitating access to resources. Groups including Pearce Older Women's Group, Sew and Needle Club, Supporting Asian Mothers, Multicultural Mothers Group, Women's Wellbeing Group, WCHM Pamper Evenings, and Having a Baby in Canberra (HABIC) provide information, services, and support to marginalised and isolated women in the ACT to varying degrees. Similarly, WCHM performs a secretariat and/or governance role to organisations that support the interests of women who are at risk of marginalisation and isolation. These organisations include ACT Women and Mental Health Working Group, ACT Women and Prisons Group, Domestic Violence Interagency, and ACT Women's Services Network.

While WCHM aims to support women's health and wellbeing, it currently runs very few programs that specifically target ACT women who are at risk of, or are experiencing marginalisation and isolation. Consultation with WCHM Board of Directors and staff, and data collected by the Centre suggests that while the WCHM welcomes all women who seek to access the Centre and its services, certain groups of women are significantly more likely to access the centre as a result of the types of services the Centre offers, its

location, and staff areas of expertise and links to the community. For example, due to location, the Centre is more likely to be accessed by women who live locally, or have access to transport. Similarly, as a result of staff skills and services offered, women from an Asian background (particularly a Cantonese speaking background) commonly access the Centre's groups.

WCHM GROUPS

Pearce Older Women's Group

Pearce Older Women's Group (POWG), a social group auspiced by the Centre, has been in operation for just over ten years and supports older women in the community to engage with one another, and further their knowledge. The group has 16 members, and meets fortnightly for activities including guest speakers from the ACT community, outings to places of interest, and general social activities.

Demographically, POWG is largely comprised of women who do not appear to be overwhelmingly at risk of marginalisation and isolation. With an exception, the women in the group are from an English speaking background, the majority appear to be from a middle-class background (though some women do seem to have concerns regarding money), around 60% are widowed, and their ages range from 69-85 years. An evaluation of the group in October 2007 indicated that for 67% of the group, it was the social interaction, friendship, and support from other women that they most gained from by participating in the group. For 33% of women, the speakers and outings that provide knowledge and community engagement was of greatest value. Transport was indicated as a significant issue for many of the women.

Age is a risk factor that can result in marginalisation and isolation of women in the ACT community. It is unclear whether the POWG members would be socially isolated or marginalised without access to the group, though the evaluation results do indicate that the social interaction and community engagement women receive through the group is of great importance.

Sew and Needle Club

Sew and Needle Club is a skills-based group run fortnightly. Its main objectives are to:

- facilitate the exploration and development of women's creativity;
- provide an opportunity for women to meet and learn new skills with other women regardless of income, age, or cultural background; and
- help women to build social support networks through regular meetings and shared activities.

Sew and Needle welcomes all women, but primarily attracts women who are either unemployed, or not in paid employment. Currently there are only five women attend the group, three of whom reside in Tuggeranong, and two locally in Pearce. While there are only five women in the group, these women are at high risk of marginalisation and

isolation, as in addition to low income and unemployment, some women in the group also experience mental health issues, disability, and cultural and linguistic diversity.

All of the women in Sew and Needle are members of either the Supporting Asian Mothers or Women's Wellbeing groups.

Supporting Asian Mothers

Supporting Asian Mothers (SAMs) is a partnership between the WCHM and Parentline. The group provides information, support, and social interaction to around 40 women and their children. The group welcomes all women, but primarily targets mothers and grandmothers from Asian cultural and linguistic backgrounds. Many of the women who attend the group speak English as a second, third or fourth language, or do not speak English at all. Some of the women in the group also experience mental health issues, poverty, age, and/or issues with transport and service access (particularly with regards to access to translators) to varying degrees. Approximately 40% of the women who attend this group reside in Tuggeranong, 35% in Woden, and 25% in the Inner North.

Culturally and linguistically diverse women and stay-at-home mothers are both key groups that have been identified as at risk of marginalisation and isolation in the ACT. SAMs directly supports women who are part of this group by:

- functioning multi-lingually and encouraging women to speak in their native tongue in a safe environment;
- meeting and sharing skills and experience with other women regardless of income, age, or cultural background;
- introducing women to the health and wellbeing resources and services available to them in the ACT and directly through WCHM, including access to the internet for health related searches;
- assisting women to access resources in their native language; and
- helping women to build social support networks through regular meetings and shared activities, all while providing affordable child minding.

Multicultural Mothers Group

Multicultural Mothers Group specifically targets mothers from culturally and linguistically diverse backgrounds. Like SAMs, this group directly supports ACT mothers who are at risk of marginalisation and isolation. The group currently has 13 members with varying levels of English. While women are welcome to speak their own language, this group is facilitated in English. Women who attend this group are from Vietnamese, Persian, English, Scottish, and Japanese backgrounds. This group is run from the Lanyon Community Centre, and as such, allows easier access to support services for women in the Tuggeranong area. All of its members reside in this region of the ACT.

Multicultural Mothers Group supports women through providing a space where women can:

- explore and develop their creativity;
- gain knowledge from a variety of speakers;
- meet and learn new skills with other women regardless of income, age, or cultural background; and
- build social support networks through regular meetings and shared activities, all while providing affordable child minding.

Women's Wellbeing Group

Women's Wellbeing Group is open to all women, but is primarily accessed by women who are unemployed, not in paid employment, or work part-time. The aim of this group is to build women's confidence, skills, and knowledge through encouraging women to share their skills with one another. The group provides support and social interaction to around 9 women, 40% of whom reside in Tuggeranong, and 60% reside in Woden and Weston Creek. The majority of the women who attend this group are over 40 years of age, and are from English speaking backgrounds. Many women in this group experience poverty, some women have mental health issues, disabilities, and other issues that may leave them at risk of marginalisation and isolation. Most women in the group experience difficulties with transport and service access.

Having a Baby in Canberra

Having A Baby In Canberra (HABIC) is an information session that is run monthly by the Centre to provide information on pregnancy, ante- and post-natal care, and birthing option in the ACT region. This information session is open to all women in the ACT, but is particularly targeted at women who are considering having a baby or who are pregnant, and women who are new to Canberra. This information session does not actively target at risk groups, and as such does not generally attract women who may be at risk. A challenge for HABIC would be to support and inform women who traditionally would not access WCHM services.

WCHM Pamper Evenings

WCHM Pamper Evenings promote women's health and wellbeing, and appear to be accessed by the broadest cross-section of women in the ACT of all of the Centre's groups. The evenings are run bi-monthly. Approximately 20 to 30 women from a diverse range of backgrounds attend each session. WCHM encourages ACT women's refuges to bring women, and often women from culturally and linguistically diverse backgrounds attend, as do women of different ages, socio-economic status, and/or mental health and ability.

Pamper Evenings support all women by providing an opportunity for women to meet in a safe environment, experience some alternative stress reduction strategies (such as yoga, massage and dance), and to explore resources available through the Centre. The evenings typically include a speaker on a women's health and wellbeing issue, massage, dancing, and a relaxation exercise like Yoga or Tai Chi.

Well and Able

The Well and Able project was run by the Centre in 2006, and aimed at promoting the health and wellbeing of women with disabilities in the ACT, women who are extremely marginalised and isolated in our society. The project included 32 women from all over the ACT, with nearly half of the participants being women with a disability.

The project recognised that there are significant barriers to women with disabilities gaining access to health and fitness programs. Costs and access to transport can prove prohibitive, and there is often a really strong focus on body image not general health. Similarly, gyms and fitness programs are most often designed for people without disabilities, and as such, women's specific needs in terms of equipment, assistance, and program are not met. These barriers, in addition to other forms of discrimination that women with disabilities face, can lead to their social isolation.

This program was immensely successful in its promotion of health and wellbeing for women who would otherwise be marginalised and socially isolated. Well and Able evaluation recommended that further funding be secured to continue to the program, and also that the program be adapted for appropriate delivery to women who identify as from Aboriginal and Torres Strait Islander backgrounds, and culturally and linguistically diverse backgrounds. Another possible adaptation suggested by women from the ACT Mental Health Consumer Network is that the project is repeated to also include women with mental health issues.

WCHM SECRETARIAT AND GOVERNANCE WORK

ACT Women and Prisons Group

WCHM provides secretariat and governance support for the ACT Women and Prisons Group using a peer-support model. The specific interest of the group is to examine the health and wellbeing issues that impact on incarcerated women (and women post-release), with a view to improving services and better supporting women. Institutionalised and post-institutionalised women are at high risk of marginalisation and social isolation, and ACT Women and Prisons Group are working towards increasing women's health and wellbeing, and social, economic, and political inclusion through input into policy, corrections, and women's plans.

ACT Women and Mental Health Working Group

WCHM does significant work to support women with mental health issues, both in the forms advocacy and service provision, by working alongside women with mental health issues and women's organisations to improve the lives of women, their health, and wellbeing.

The group has four target areas on which it is currently working: the Psychiatric Services Unit (PSU) at The Canberra Hospital becoming more women friendly, the creation of a mental health legal centre, issues for women with children and the treatment of women

in the legal system. The Centre provides secretariat support to this group. The Centre is also responding to ACT and Australian Government consultative processes, organising activities such as 'Celebrating Our Diversity as Women', working with women with mental health issues on the development of a peer support program and talking to community providers about running local support groups with women with mental health issues.

Domestic Violence Interagency

WCHM provides full secretariat support and co-ordination for the Domestic Violence Interagency (DVIA). DVIA is comprised of organisations that are involved in supporting women and families who are experiencing or have experienced domestic violence. These organisations include Women's Legal Centre, Canberra Fathers and Children Service Inc. (CANFACS), Women's Information and Referral Centre, Women's Health Service, Young Women's Christian Association (YWCA), Heira House, Toora House, Relationships Australia, Doris Women's Refuge, Victims Services, Centrelink, Raja, and Beryl Women Inc. The purpose of DVIA is discuss service specific, systemic, policy issues and development, and to provide an opportunity for networking, support, and information sharing within the domestic violence sector.

ACT Women's Services Network

WCHM provides full-secretariat support and co-ordination for the ACT Women's Services Network, which is comprised of government and non-government organisations that work to support ACT women. The organisations that are represented include Beryl Inc., Inanna Inc., Canberra Rape Crisis Centre, Doris Women's Refuge, YWCA Family Housing Outreach Service (FHOS), YWCA Families Experiencing Accommodation Transitions in Tuggeranong (FEATT), Women's Legal Centre, Women's Information and Referral Centre, ACT Office for Women, Toora Women Inc., Toora House, Heira House, and the Women's Health Service. The purpose of the Women's Services Network is to look at issues that are facing women in the ACT (and more broadly), to work collaboratively on large projects, to look at ACT women's service provision, and to support one another and women from a social determinants of health perspective. WCHM plays an important role in this network, as the majority of the organisations are involved in direct service provision for marginalised and isolated women, and do not have the capacity or resources to undertake these activities without support.

CONCLUSION

WCHM supports ACT women who are at risk of marginalisation and isolation by running skills and support groups that are, in part, accessed by women who are at risk of marginalisation and isolation. Similarly, the Centre performs an auspicing, secretariat, and governance role as appropriate for organisations that provide direct service provision to women who are experiencing homelessness, poverty, violence, drug and alcohol dependency, mental health issues, disability, cultural and linguistic diversity, and

Aboriginal and/or Torres Strait Islander backgrounds. Currently, however, WCHM does not directly support and/or provide information on women's health and wellbeing to many groups of ACT women who are experiencing or are at risk of marginalisation and isolation. A challenge for the Centre would be to explore how to better support the health and wellbeing needs of women who do not traditionally access the service.

WOMEN FALLING THROUGH THE GAPS

The previous section examined a number of existing services and policies that relate to marginalised and isolated women in the ACT. As natural extension, this section aims at critically examining these programs, and locating gaps in policy and service provision. This section has been developed in consultation with key service providers in the ACT, WCHM staff, and WCHM Board of Directors.

Gaps in service provision and policy exist with relation to all of the groups that are at risk of marginalisation and isolation. Insufficient respite for primary carers, inadequate exit points for women in refuges, not enough affordable, adequate and safe housing, transport issues, services for Aboriginal and/or Torres Strait Islander women, and support for institutionalised women with children are all issues that have repeatedly arisen. These are matters that largely do not fit within the strategic objectives of WCHM, and are more appropriately acted on by other services.

There are several other gaps that have been identified that WCHM could act on. These gaps include difficulty collaborating across sectors and services, women's mental health support services, services for culturally and linguistically diverse women, lack of access to affordable health and wellbeing professionals, support for Indigenous women's health and wellbeing, and additional provision of information on health and wellbeing for all women (particularly women who are at risk of or are experiencing marginalisation and isolation).

Difficulty Collaborating to Support Women Across Sectors

One of the most clear and pervasive gaps that has become apparent is the problem of multiple services collaborating within and across sectors to support an individual or a group of women. This gap is primarily a policy gap, in that funding patterns and conditions dictate the sector that a service works within, and often encourages autonomy. However, women who are marginalised or isolated invariably have complex

issues and support needs that require a collaborative and holistic approach, invariably across sectors.

Over the last 18 months the Women's Services Sector has been working well collaboratively. This is evidenced, for example, through the general goodwill in the sector, joint running of events, and collaborations that have been taking place throughout this period. A policy shift needs to take place, however, to ensure a more coordinated response to issues that have arisen.

Women's Mental Health

The *Needs Assessment/Analysis Framework* report (commissioned by WCHM in 2007) identified collaboration between the services that support women with mental health issues as a problem in the ACT.[103] The ACT Women and Mental Health Working Group was established in order to assist stakeholders to work together on this issue.

Gaps in policies and services identified by the ACT Women and Mental Health Working Group and WCHM staff include:

- shortage of women psychiatrists;
- need to create a human rights culture in the ACT health services;
- the lack of women friendly practices at the Psychiatric Services Unit (PSU) at The Canberra Hospital;
- poor discharge practices at PSU, and a lack of transition support;
- poor treatment of women with mental health issues in the legal system;
- lack of support for women with mental health issues who have children; and
- lack of support for women with mental health issues in local communities.

Women from Culturally and Linguistically Diverse Backgrounds

ACT Women from culturally and linguistically diverse backgrounds experience a variety issues that are often complicated as a result of limited English language. The gaps identified by WCHM staff and other services consulted include:

- inadequate services for women with unresolved immigration status through breakdown of sponsorship (usually through the woman experiencing domestic violence);
- lack of affordable legal services for culturally and linguistically diverse women;
- inadequate support services (including life skills support) for refugee women;
- isolation due to lack of English language;
- limited access to English language programs (particularly for mothers with young children);
- shortage of affordable and reliable translator services for women;
- difficulties in providing health care;

[103] Morgan Disney and Associates, *Needs Assessment/Analysis Framework: Report for Women's Centre for Health Matters*, (Canberra: Morgan Disney and Associates, 2007), 8.

- lack of culturally specific service provision;
- lack of collaboration across services to support women with complex issues.

Culturally and Linguistically Diverse Women's Network

One of the identified strategic priorities for the WCHM is the provision of support to women's networks in the ACT, particularly those who provide support services to disadvantaged and marginalised women. One such network that the WCHM proposes to re-establish is the Culturally and Linguistically Diverse Women's Network comprising of women from culturally and linguistically diverse backgrounds who work across ACT women's services.

The purpose of the network, besides providing support to workers through peer support and mentoring models, is to also be a space where ideas and experiences would be shared on issues such a culturally appropriate service delivery as well as migrant, refugee, immigration status, advocacy, translating and interpreting, health and wellbeing and other issues facing this group of women. It is hoped that this network will pinpoint gaps in service delivery in these areas and generate ideas that could lead to a project for delivering information sessions and/or groups in partnerships with services such as The Migrant Resource Centre and Companion House.

Aboriginal and/or Torres Strait Islander Women

Women who identify as from Aboriginal and/or Torres Strait Islander backgrounds are at high risk of marginalisation and isolation, and have inadequate access to culturally appropriate health services. Gaps in terms of health include support for women with alcohol and other drug issues, tobacco use, mental health issues, women who experience violence, women who have been institutionalised themselves or have been impacted by a family member who has been institutionalised, diabetes, and general health and wellbeing.

Access to Health and Wellbeing Professionals

Access to affordable health care professionals, particularly women practitioners, is a long term problem in the ACT. There are only a handful of women General Practitioners (GPs) in the ACT are taking new patients, most practice part-time, and only a tiny proportion will bulk-bill. Preliminary results from the WCHM November 2007 *Health and Wellbeing Survey* indicate that women have significant problems accessing GPs that they are happy with, particularly women GPs that bulk-bill, and often avoid seeking health care as a result. Similarly, in 2006, *General Social Survey* reported 6% of ACT women had difficulty accessing services due to the cost of the service, and while 10.9% had problems accessing services due to inadequate services in the area in which they reside.[104]

[104] Australian Bureau of Statistics, *General Social Survey: Australian Capital Territory 2006*, table 36.

In addition, in the last 3 months, a significant number of women have contacted WCHM requesting information and support groups for endometriosis. While WCHM can offer information, there are currently no support groups in the ACT for women with endometriosis. Similarly, in the last three months WCHM has received a significant number of requests for information and support groups by women with eating disorders and their families. Currently, there are limited support groups and no residential facilities specifically for women with eating disorders in the ACT. These health concerns can leave women marginalised and isolated, and the inadequate services currently available amplify their issues.

Health and Wellbeing for Women with Disabilities

The *Well and Able Project Evaluation*, discussions with women from the ACT Consumer Mental Health Network, and Women With Disabilities Australia have identified that women with disabilities, including women with mental health issues, are generally not able to access recreational and sporting fitness options in the community. There is a need in the ACT to assist women to improve their fitness, and to link in with community-based options, to both improve women's health and wellbeing and reduce social isolation.

Health Information for Marginalised and Isolated Women

Women who are marginalised and isolated often have inadequate access to information and services on their own health and wellbeing. Key gaps areas include women in poverty, Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse backgrounds, and young mothers.

CONCLUSION

Gaps in service provision exist for marginalised and isolated women, particularly women with complex support needs. Further, women who are marginalised and isolated often experience significant barriers accessing services and information to support their health and wellbeing needs. A challenge for WCHM is to strengthen its advocacy role, particularly for marginalised and isolated women's health, and to increase women's capacity to access information and services for their health and wellbeing, in possible collaboration or partnership with other services.

RECOMMENDATIONS

This section aims to take a progressive step forward and recommends future programs and policies that support marginalised and isolated women in the ACT, and their health and wellbeing. It is recommended that:

1. WCHM commissions further research on marginalised and isolated women in the ACT and surrounding regions, with a focus on health and wellbeing, services available to women in the ACT, and areas in which there are significant gaps in policy and service provision.
2. WCHM lobbies research institutions including the ABS, AIHW, NATSEM, and National Centre for Epidemiology and Population Health (NCEPH) for further research and data collection on women in the ACT and surrounding regions and their health and wellbeing needs.
3. WCHM increases its capacity and efficiency in gathering and providing high quality, evidence-based, up-to-date information to women in the ACT and surrounding regions, including marginalised and isolated women, on health and wellbeing issues.
4. WCHM explores future partnerships and collaborations to provide information sessions and skills-based groups on health and wellbeing issues to marginalised and isolated women accessing other ACT services.
5. WCHM provides opportunities for marginalised and isolated women to acquire skills from new and continuing Centre groups, with the aims of community development, increasing women's ability to access information and services, and assisting women to make informed decisions about their own health and wellbeing.
6. Any recommendations implemented as a result of this report be evaluated within six months of that implementation.

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