



Celebrating 30 years!

1991–2021

the voice for women's health and wellbeing in the ACT

The history of the Women's Centre for Health Matters ***Celebrating 30 years!***

In 1990 the Women's Centre for Health Matters Inc. (WCHM) was established as a community based not for profit organisation to work in the ACT and surrounding region to improve women's health and wellbeing. The Centre opened in April 1991.

WCHM's work is based on the belief that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the "social determinants of health".

We acknowledge that the environment and life circumstances which each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage.

For these reasons, WCHM is committed to taking a whole-of-life and social approach to women's health that is also firmly situated within a human rights framework.

WCHM has focussed on groups of women and areas of possible disadvantage, and uses social research, community development, advocacy and health promotion to influence change in health-related services and policies to ensure responsiveness to ACT women's needs - especially for groups of women who experience disadvantage, and to provide women with access to reliable and broad ranging health-related information which allows them to make informed choices about their own health and wellbeing.

At the opening of the Centre, Dorothy Broom stated:

...our distinctive needs include reproductive and gynecological concerns, but to limit "women's health" to such concerns is a kind of medicalised version of the tabloid newspaper's page 2 photograph....our health needs as women can never be restricted to "complaints and conditions unique to women" without

fragmenting us into a collection of unrelated organ systems, tissues, and body parts to be repaired, replaced, or removed like the elements of a faulty machine. So it is revolutionary when we move to reintegrate the fragmented parts, and to devise ways of placing ourselves back in the healing relationship as responsible agents...

This is the story of the Centre's first 30 years!

1991–2021

Dorothy's words were significant, and at the time revolutionary, paving the way forward for WCHM's many years of work relating to ACT women's health and wellbeing.

Over the past 30 years, there have been significant changes to the way the Centre works and the focus of the Centre's work.,

And the Centre has constantly evolved to meet the changing needs of women in the ACT. With this change the Centre has focussed on identifying and advocating about the unmet health needs of ACT women through our social research, capacity building, advocacy and health promotion.

The Beginnings

International and Australian developments in women's health policy

As the women's movement in Australia gathered momentum in the 1970s, the General Assembly's declaration of 1975 as the International Women's Year marked a turning point in the approach towards women's health. It led to a focus on a range of issues including equal pay, child care, women's health status and social equity. Internationally, the United Nations Decade for Women 1976-85 also addressed issues of concern to women including health. The Decade culminated in the UN Third World Conference on Women held in Nairobi in 1985, which reviewed the achievements of the previous decade and created a ten year action plan for the advancement of women.

National Women's conference

A national women's health conference in 1985 saw the beginning of discussions on the need for a national policy concerning women's health and increase in interest from federal and state governments. Over 700 women attended the conference, and in November of that year,

following pressure from the women's health movement, Prime Minister Bob Hawke announced the Government's commitment to a national women's health policy "which would provide a framework and planned strategy to improve the health of women in Australia and to meet their health care needs to the year 2000" (National Women's Health Policy: Advancing Women's Health in Australia, Commonwealth of Australia, 1989). This fulfilled Australia's international obligations following the Nairobi conference.

The first National Women's Health Policy

Thanks to the tireless efforts of the women's health movement a special advisor was appointed to assist in the development of a national women's health policy for Australia. Consultations with one million women formed the basis for the development of the *National Women's Health Policy* in March 1989.

Having placed women's health squarely on the political agenda for the Commonwealth and all states was a major accomplishment for the women's health movement. (Dorothy Broome, Keynote address to the 4th Australian Women's

Health Conference in WCHM Newsletter, Winter 2001).

The Policy identified seven “priority areas”: reproductive health and sexuality; the health of aging women; women’s emotional and mental health; violence against women, occupational health and safety; the health needs of women as carers; and the health effects of sex role stereotyping.

A major recommendation of the Policy was the *National Women’s Health Program* (NWHP), which allocated funds to implement the Policy. Funding for the NWHP was announced by the Commonwealth in the 1989/90 Budget in August 1989, with the Commonwealth committing \$16.86 million over four years, which was matched by the states and territories.

In 1990 ACT consultations, convened by the Women’s Health Advisor with the involvement of the community based ACT Women’s Health Network, were held to discuss and prioritise women’s health needs in the ACT and to recommend to the ACT Government a project

which would meet the guidelines for funding under the NWHP.

Based on these consultations, it was decided that, among other initiatives, the ACT would establish “a community based health centre, initially operating as an information and education resource centre....”(Department of Health, Housing and Community Services, NWHP: 1991 – Where is it now?). This evolved to become the Canberra Women’s Health Centre (and later the Women’s Centre for Health Matters), which was funded in a cost sharing arrangement between the ACT and Commonwealth Governments.

There has been a strong lobby in Canberra for such a project for 15 years. (Sue Andrews, Community Times, 23 June 1990)

The aims of the Centre originated from the proposals made by women in the community and included:

- Providing a resource centre for services, groups and individual women
- Providing health education and training

- Fostering health services for which there is a high demand, and
- Encouraging cooperation and coordination among existing health services.

Funding

In June 1990 a grant was received from ACT Community and Health Service for the NWHP project in the ACT—the Canberra Women’s Health Centre. The 1989/90 grant money was rolled over to 1991, to be acquitted by 31 March 1991.

The Founders – the Interim Management Committee

An interim committee representing government and non government services and women from the community was elected in April 1990 to do the initial ground work in establishing the Canberra Women’s Health Centre. This included drafting the aims and objectives, management structure and constitution; getting the Centre incorporated; finding premises and beginning to buy equipment and furnishings; and developing a duty statement and selection criteria for the Centre Coordinator.

In September 1990, a research officer was employed for three months to research and

develop an information data base on women’s health needs in the ACT, to research, develop and recommend an appropriate computer system for the information collected and to examine and make recommendations on data collection requirements in the women’s health area for the ACT.

The Committee worked on the basis of consensus decision making which made for some long and sometimes agonising meetings as the women worked out the early details, including where to locate the Centre. The City was out of the question as the cost was too high, but they needed somewhere accessible. In November 1990 a shop front in Dundas Court, Phillip was eventually found, which wasn’t ideal...but it was cheap. The premises were leased for 12 months and renovations commenced. The Committee renovated the space to make it as “women-friendly” as possible and made sure they had information to give people who dropped in.

The Committee convened a widely publicised public meeting on 22 November, several weeks before the Centre became incorporated; so that Canberra women and organisations could:

- Become members of the Centre

- Nominate to be on the management committee
- Elect the first management committee who will then take over the running of the Centre, including appointing a coordinator.

The first Management Committee

The first Management Committee was elected at the community meeting held at Gorman House, and comprised of local women from government and non government women's health services and from community.



This meeting was officially the first Annual General Meeting.



The Incorporation

In December 1990 the Centre became an incorporated body.

Advisory Council

As a way of ensuring the broadest possible representation of women and issues for a community based service, the Centre also had an Advisory Council which was made up of CWHC members from a range of backgrounds who had expertise in one of the areas identified in the National Women's Health Program. The Council met several times a year and enabled the Centre "to keep in touch with the needs 'out there' in the community". (CWHC Newsletter, March 1992)

Despite initial enthusiasm, the Council struggled to define a role for itself and was discontinued in 1992. It was decided that a register of interested women would be a better mechanism for the Centre to seek counsel on important issues.

Establishing the Canberra Women's Health Centre (CWHC)

From February to April 1991 the first Coordinator, Leanne Webster, and a part time Administration Officer, Lorraine Slee, commenced working at the Centre and an accounting system was established.

In line with the priorities of the NWHP for the ACT and goals of the Centre, CWCH was established as a resource hub and drop-in Centre for women. Computers, photocopiers, meeting rooms and other equipment were available for individual women and groups to use. The CWHC library was stocked with an ever-growing collection of books, magazines, pamphlets and audiovisual material on everything from menopause to gay and lesbian parenting. CWHC provided a comfortable, safe space where women could come together to discuss ideas, share experiences and source valuable information related to their health.

Liaison with community groups was commenced and the Centre began to be used as a meeting place for women and groups including:

- The Endometriosis Association
- ACT Women's Health Network
- Older Women's Network
- Nursing Mothers Association
- Physiotherapy Association Women's Health Group
- Homebirth Midwives
- Women's Information Referral Centre's Assertion Course
- Menopause workshop

The Official Opening

On a rather cool afternoon, the 23 April, much warmth was generated when around 230 women collectively opened our new Canberra Women's Health Centre. (CWHC Newsletter, August 1991)



The Canberra Women's Health Centre was officially opened on 23 April 1991 in the green space opposite the Centre in the middle of Colbee Court. The occasion commenced with a welcome from the Coordinator of the Centre. Carol Gilbert, Convenor of CWHC's Management Committee, was emphatic in encouraging women to make the Centre their own.

Dorothy Broome spoke about the "revolutionary nature" of a feminist health service—CWHC was the first in Australia to be funded by the first National Women's Health Policy.

She said

As the women of this Centre go quietly about the Centre's business, fulfilling its aims and objectives, we will be part of a revolution of cataclysmic proportions. It is the business of this Centre to facilitate us, as women, to reclaim knowledge of and responsibility for our own bodies and our own health.

The then Minister for Health, Education and the Arts, Gary Humphries, attended to demonstrate the ACT Government's support for the Centre.



Thus the Canberra Women's Centre was opened, and the elation felt was appropriately marked by ... sending bunches of helium filled balloons on their way upwards. (WCHM Newsletter, August 1991)

Jane Ingall, Julie Rickwood and Mabelle Gardiol then led all the women present in a chant which reflected the spirit of feminism at the time:

*Women of Canberra, we open our Centre
With great joy, we open our Centre
Healing our lives, we open our Centre
Together, together, together*



The cake was ceremoniously cut by Leanne Webster and Lorraine Slee, and women were entertained with songs by Mereana.



The opening included the signing of a document by the women attending to record and signify their participation.



From the moment the doors were opened in Dundas Court Phillip, women were coming in and wanting to know all they could about their health and services available to them. Despite the small space, quite a few groups were using the meeting room. We must have seemed quite incongruous, a women's health centre in the middle of the Phillip car yards, lawn mower repairs shops and second hand dealers! We shared a building with an all night pub and many of the meetings and groups were disturbed by incredibly loud renditions of 'working class man' at the amateur nights. (Leanne Webster, CWHC Coordinator 1991-94, CWHC Newsletter, May 1994)



The Challenge

Not all members of the ACT community were as elated at the establishment of a women's health service as those who attended the Official Opening.

In July 1991, a senior bureaucrat, Dr Alex Proudfoot, complained to the Human Rights Equal Opportunity Commission (HREOC) claiming that the Canberra Women's Health Centre discriminated against men and was in breach of the Sex Discrimination Act (1984). Ironically, Dr Proudfoot was employed by the Commonwealth Department of Community Services and Health Department, the very Department that was involved in creating the NWHP.

The Human Rights Commissioner, Quentin Bryce, endorsed a decision by HREOC to reject Dr Proudfoot's complaint without an inquiry on the basis that it was government policy to promote women's health services and because of the 'Special Measures' section in the Act, which allowed for discrimination to take place where affirmative action steps are seen to be necessary. Dr Proudfoot challenged this decision in the

Federal Court which ordered HREOC to formally deal with the matter.

In the meantime, Dr Proudfoot made a separate complaint of sexual discrimination to HREOC for refusing to accept his original complaint. He drew attention to the leaked memo handwritten by Ms. Bryce which read, "Another example of a male wasting our time with trivia". This second complaint was heard by the Commission and rejected as "Dr Proudfoot had failed to provide evidence that she [Ms Bryce] had treated him less favourably than she would have treated a woman". (Rod Campbell, 'HRC rejects doctor's sexual-bias complaint', *Canberra Times*, 15 April 1994).

As the Federal Court had ordered HREOC to investigate Dr Proudfoot's complaint, four days of hearings were held in November 1991 and February 1992 and were heard by the Commissioner, Sir Ronald Wilson.

On one side was Dr Alexander Proudfoot, a senior officer in the Department of Community Services and Health, and Mr Jack Smith, a Canberra computer manager, who bought a legal test case against women-only health

services in Canberra, and in particular the Canberra Women's Health Centre Incorporated. On the other side were the legal representatives of the Canberra Women's Health Centre, the ACT Board of Health, the ACT Government and the Commonwealth of Australia – all challenging the men's allegation of sexual discrimination against them and defending the premise that women's health needs are not met in the mainstream medical field. Backing them was a virtually all female crowd that packed the room to overflowing rendering it standing, crouching, squeezing room only until the word went out that a larger room had been found on the floor above in the AMP building. The crowd, including a few be-suited token exceptions to the norm, traipsed upstairs, packing the fire stairs and lifts. (Canberra Times, 5 February 1992).

CWHC staff and other observers were well aware of the significant implications for women's-specific health services all around Australia as well as the operation of relevant sections of the Sex Discrimination Act. The Challenge forced targeted services and women's health centres to justify their position and a decision in favour of Dr Proudfoot

threatened the continuation of funding and resources.

The fundamental impulses that motivated Australian women to establish women's health centres nearly 20 years ago were being abruptly and ignorantly called into question. (Dorothy Broom, Adding Insult to Injury: The discrimination case against women's health centres, Refractory Girl, April: 62-65, 1992)

Dr Proudfoot's arguments related to the provision of special services for women to prevent conditions not specific to women (he had no problem with services dealing with obstetrics) when no such services were available to men. He asserted that the health status of women was already superior to men and that they used services more and in summing up he noted that feminist advocates shouted for resources and got them while men got sick, felt embarrassed, and died.

The arguments by the Centre focused on establishing the differences between men and women, materially and socially; the historical exclusion of women from mainstream research into health; and the need for targeted health services to

address issues of appropriateness and access. Witnesses from all around the country were called to give evidence.

Among the people giving evidence was Dr Penny Kane, a world renowned demographer, whose book, *Women's Health; From Womb to Tomb*, was published earlier that year. She dismissed as “*too simplistic*” a correlation by Dr Proudfoot between the availability of specialised health care for women and the fact that men died younger. “Simplistic comparisons of life expectations, for example, ignore recent findings in several Western countries comparable with Australia that despite women’s longer lives, men live a greater proportion of their lives free from disability,” Dr Kane said.

Also called on the Commonwealth’s behalf was Dr Dorothy Howard Broom, a senior research fellow at the National Centre for Epidemiology and Population Health at the ANU, who had devoted almost 20 years to sociological research on women’s health and health care. Dr Broom’s book, *Damned If We Do: Contradictions In Women’s Health Care*, a history of women’s health services in Australia had been published earlier in the year

and Sir Ronald Wilson asked Dr Broom if she would autograph his copy.

Dr Neville Hicks, reader in Community Medicine at the University of Adelaide, told the Commission that medical education failed to equip doctors to deal with the particular needs of women. He said that even if medical education changed immediately it would take eight years to begin to change medical practice and 25 to 30 years before half of all practitioners in the country would be expected to have undergone change. Figures were presented that showed that 72% of Canberra doctors were male; that of the 385 consultants employed in the ACT hospital system 363 were male; and that just 17% of the medical staff at Woden Valley Hospital were female.

CWHC eventually “won” the case and the decision was handed down in mid-March 1992. Sir Ronald Wilson concluded that:

while the services of the Centre are of a nature that they can only be provided to women, and therefore do discriminate, the Centre was exempt under Section 33 of the Act so long as lack of equal opportunity continues and

affirmative action is needed.” (CWHC, Annual Plan, 1991)

The Commissioner stated that the ‘evidence satisfies me that the distinctive health concerns of women extend beyond conditions exclusively suffered by women as a result of differing physiology to conditions capable of being suffered by both genders, but are most commonly caused by women by particular circumstances which call for special treatment. The special sensitivity needed in treating the physical injuries inflicted by domestic violence and the desirability of complementary counseling services are obvious examples...’

He argued that ‘I accept that a case might be made for more attention to be given by Governments to the provision of health care services designed specifically to alleviate the pressures that circumstances particular to men can place upon them. But I cannot accept that the needs of men in this regard are comparable to the needs of women. One reason for this is the ‘macho society’ of which Dr Henderson wrote as obliging men to internalize their emotions may also have the effect of shielding men from many of the pressures of life that

otherwise might affect them... Furthermore the evidence satisfies me that existing generalist services are more likely to provide a sensitive response that some men’s needs sometimes require because the male model is dominant in medical education and in practice.’

All the publicity surrounding the case had a positive impact in that it raised the profile of the Centre and got the public talking about the issues. It did, however, sap a huge amount of resources when the Centre had only just begun operating and caused rifts in the Management Committee over the best way to handle the case.

1990–1995

Growing up and moving out

By the end of 1991 CWHC had outgrown its first office in Dundas Court, Phillip and the Centre moved to its current location: Building 1, Pearce Community Centre, Pearce—the ACT Government was closing schools and offered the large space to the Management Committee at an affordable rate. A little less accessible by public transport, the new premises was much more appropriate for a

growing community organisation than a small office in heart of Woden's commercial district.

More space allowed the Centre to begin thinking about expanding activities. In 1992 the Management Committee and staff decided to broaden the Centre's role to provide personal health care services to women, which included an information line, generalist counselling and a therapeutic massage service.

Women's Health Matters Information Line

Initially phone enquiries about women's health were answered by the Centre's permanent employees, but it soon became obvious; however, that there were gaps in knowledge, especially in areas of illness, and the increasing number of calls were preventing staff from attending to other duties. The Management Committee agreed to set up an information line and hire an Information Worker.

The information hotline was opened by Roberta McRae MLA prior to the annual general meeting in 1992. The service was initially staffed from Monday to Friday by two women, Jane McKee and Marisa Sartore, in a job-share arrangement.

Women were encouraged to call the number with questions, requests for information or for support, counselling and referral.

So women, over to you. Bring out your questions – agonising or trivial, complicated or the 'just wondering' type. Pass on the number to your friends, daughters, mothers, neighbours. (CWHC Newsletter, October 1992)

The line became an integral part of the Centre's personality and, in the days before the Internet, was widely used by women and professionals alike. During the 1993-94 financial year calls doubled from 1082 to 2315.

It is not unusual to receive calls from women wanting to know where to have a pap smear or to discuss counselling options, GPs wanting information about referral options, and school counsellors inquiring about resources on eating disorders. No two days are the same and the variety of calls is definitely challenging. (Marisa Sartore, CWHC Annual Report 1993-94)

Massage Therapy

CWHC began offering therapeutic massage to women in 1993. The service was accepted as an innovative and creative way of providing counselling and was targeted at women with physical or emotional health issues who were not able to access private services. Marion Grimshaw was appointed as the Centre's massage therapist.

A massage therapist, Mrs Grimshaw believes women who have experienced physical, emotional and psychological violence can overcome some of the long-term scarring through 'good touch'. (Jacqueline Fuller, The Canberra Times, 11 April 1995)

Despite the high demand and obvious benefits, finding the resources to keep the massage service operating after the initial funding ran out was a constant challenge for the Centre. The service was discontinued in 1994 while awaiting the outcome of grant applications and lobbying efforts.

Thank you to all of you who helped in lobbying of the ministers by writing letters of support for the funding submission. We now need your

support to be able to keep these services going in their "second life"!

These efforts were rewarded in February 1995, when, as a result of a successful joint tender with the Women's Health Service, CWHC secured funding from the ACT Government for three years. This funding, which aimed to increase services for women with experience of violence, allowed the massage service to re-open—albeit with a slightly different focus.

In April, *Honouring the Body*— the revamped massage service specifically targeted at women with experience of violence—was officially launched by the then Chief Minister.



The service had three components: in-house massage; an outreach program for women who preferred the safe surroundings of a service they were already using; and community education. An evaluation conducted by the Centre revealed that over a 12 month period a total of 442 sessions were offered to women and the service was held in high regard by clients and other agencies.

The death knell sounded for the massage service in June 1996 when a letter arrived out of the blue from the Department of Health and Community Care. The letter signaled their intention to cut funding to *Honouring the Body*, despite the original tender, which indicated the funding was until the end of the 1997-98 financial year. This came as a shock to the Centre and much anger and effort went into disputing the decision.

We have not been sitting around, wringing our hands since then, but have put great pressure on the Government, though a campaign of letters, the action of supportive politicians, women's services and the media, to reverse its decision. (Newsletter, August 1996, p 7)

CWHC's legal advice, which suggested that a breach of contract had occurred, was disputed by the Department. Negotiations ensued, but to no avail. Due to the tight financial environment of the time and a desire by both parties to avoid court, *Honouring the Body* was closed in mid-October after only 18 months of operation.

This was a sad time for the Centre as they had put up a "good fight" and staff had seen first-hand the skill and commitment of the massage therapist and the gains made by her many clients.

What's in a name?

Discussions about changing the Centre's name began in 1995. CWHC's name was a continuing point of confusion for Canberra women, many of whom called the Centre in search of a clinical health service.

It was thought that a new name might better reflect the Centre's activities. Members were consulted through the newsletter and voted for the name "Women's Centre for Health Matters" at the AGM.

Newsletters

The Centre's newsletter, called Women's Health Matters, contained the latest news from the Centre and other health related information. The publication was initially distributed to approximately 230 women each quarter and was the principle means of communicating with members, who were also encouraged to contribute.

To make Women's Health Matters truly a community based newsletter, we want to hear from you! (WCHM Newsletter, May 1994)

Cosmetic and more substantive changes were made to the newsletter in 1994 with a new, more sophisticated format and in-depth, informative articles on current issues and health problems common to women. Regular columns were introduced including *Marion's Home Health Remedies*, which provided information on a "range of ailments and how to overcome them by raiding the kitchen cupboard" and a calendar of events called *Keeping Abreast*.

The arrival of the Internet meant that the WCHM could start communicating with the community online; the Centre stopped producing newsletters

in 2006 and starting providing members with regular updates through the WCHM website.

Community Development and Project Support

A list of CWHC goals for the 1993-94 financial year included a "higher profile for the organisation and greater links with the community and members" (CWHC Annual Report, 1993-94). Providing financial assistance to a number of un-funded or under-funded community groups was one of the strategies used by the Centre to achieve this goal. This was made possible due to the availability of "roll-over" funds from the initial establishment money the Centre received. CWHC supported groups such as Homebirth Canberra to print pamphlets; Deaf Women Awake to organise signing interpreters; and Majura Women's Group to run self-defense classes for women.

Key Issues for the Women's Centre for Health Matters in 1990-95 included the following.

Violence Against Women

Violence against women has been an ongoing focus area for WCHM and a range of projects were undertaken by staff in the first five years of the Centre's life.

Bruises on the Heart was a two-day workshop and one-day train the trainer day on children and domestic violence. Fifty health and community workers attended the workshop which covered topics such as identifying the effects of domestic violence on children, intervention options, and legal and child protection issues.

In 1993 a number of women approached WCHM about the lack of affordable, long-term counselling available for women survivors of sexual and ritual abuse. After consultations with service providers, the Centre embarked on its first major research project in an effort to substantiate these claims. The project was implemented over a 12 month period and culminated in the launch of a final report, entitled *Many Paths for Healing*.

The research was informed by feminist and community development principles and placed a high value on women's own experiences. Key activities for the project included surveys of a selection of counselling services; an ACT phone-in and two focus groups for survivors; and a questionnaire and needs analysis workshop for counsellors and support services.

In writing this report we have tried to allow the voices of participants to speak for themselves. For us, the heart of this research lies in the experiences and ideas expressed so clearly by counsellors and survivors of childhood sexual abuse and ritual abuse. (Lisa Williams and Joanne Courtney, CWHC, Many Paths for Healing, September 1995)

The report found that the level of service provision for adult survivors of childhood sexual and ritual abuse in the ACT was insufficient to meet demand. A number of recommendations were made including that the Department of Health and Community Care fund long-term, affordable counselling and establish a specialist 24 hour residential facility. It concluded that "the paucity of the resources currently available to this area may reflect the fact that governments have not yet come to terms with the needs of adult survivors of childhood sexual abuse or ritual abuse." (WCHM Newsletter, November 1995)

The release of the report generated media attention and a debate played out, largely in the Letters to the Editor section of *The Canberra*

Times, over the credibility of the research. Critics (including none other than Dr Proudfoot) questioned the feminist methodology used by the researchers and the focus on women's lived experience.

When I took a statistics course one of the chief goals was objectivity. Now we are told that we have 'feminist methodology' which 'rejects the distinction between objective research and subjective research' — how convenient. (Sue Jones, 'Feminist betray their own cause', Canberra Times, 3 April 1996)

The Centre passionately defended the research against these attacks, which it called “anti-feminist rhetoric.” (WCHM Newsletter, August 1996)

Consistent with this [feminist methodology], several processes of accountability were established to ensure that the research was ethical, relevant and rigorous. These were: a reference group which met though out the project, a research supervisor from the University of Canberra...(Lisa Williams and Joanne Courtney, 'Women really are victims', Canberra Times, 3 April 1996)

The attacks appear to be all about scientific method and statistical evidence and nothing about real people. I invite those men to spend just one day in a women's service to deal with trauma associated with violence inflicted on any one client, to a more realistic grasp of the matter. (WCHM Newsletter, August 1996)

Women and Tranquillisers

By the late 70s, benzodiazepine, a minor tranquilliser commonly prescribed for conditions such as insomnia and anxiety, had become the most widely prescribed of all drugs. By the early 80s; however, there were serious concerns about the negative side-effects of the drug, which included addiction and neuropsychological impairment. When used in the short-term, benzodiazepines induced a “mild sedation and sense of wellbeing”, but in the long-term they tended to “suppress the whole personality”.

The tragedy of benzodiazepines for women is that they cut women off from fully experiencing their lives, whilst at the same time undermining a women's capacity to draw on her own resources to cope with adversity. (Genelle Walters, WCHM Annual report, 1992-93)

At the time, tranquilliser use was considered a feminist issue and taken up by women's organisations as women were much more likely to be prescribed the drug than men.

The prescribing of benzodiazepines to women is yet another expression of a pathological response to women's health concerns that coincides precisely with the maintenance and perpetuation of women's oppression. (Genelle Walters, WCHM Annual report, 1992-93)

Women's chemical dependency was one of the Centre's priorities for 1991-92. Tranquillisers were identified as an issue at the *Women, Alcohol and Other Drugs* forum hosted by CWHC. As a response, the Centre employed a Project Officer to design and implement four, one-day training workshops for ACT community workers and health professionals to increase their capacity to support women who had become dependent.

1996–2000

1996 to 2000 was an exciting period for WCHM. The Centre connected to the Internet, developed a website and experimented with new models of service delivery with an increased outreach focus.

WCHM staff channeled their energies into working with specific at risk groups, including women from non-English speaking backgrounds (NESB) and older women, and campaigned on key political issues of significance to ACT women. Inter-agency collaboration remained a priority as did writing submissions and contributing to Government consultations.

The funding environment was uncertain for a short-time as the second round of the National Women's Health Program came to an end and women's health initiatives became the responsibility of the states and territories. This was happening in a context of changing government priorities and what seemed like a loss of momentum for women's health.

Nationally there is doubt about the continuation of the NWHP and about security of women-centre initiatives. Locally it seems we are being pushed towards mergers, towards user-pays, towards genericism, towards customers compared to clients, towards a concept of level playing fields compared to operating from an understanding of the in-built disproportion of power and opportunity in our society. (Convenors, WCHM Annual Report, 1996-97)

In June 1999 the Centre secured three year funding from ACT Health and Community Care which meant security to plan short and long term projects and provide services to a growing number of women. The end of the *National Women's Health Policy and Program* meant that there was no longer an “overarching policy for women's health” (WCHM Annual Plan, 1999-2000).

While there was no national cohesiveness at this time, in 1998 the Chief Minister announced the development of an Action Plan for Women in the ACT the ACT Government which was released as the *ACT Women's Action Plan 2000-2001*—this was a first step towards achieving a framework for

women's health in the ACT. The plan was based around a range of new and continuing initiatives across government aimed at improving the status of women. An audit of government programs to see how well they are meeting the needs of women in the ACT was conducted to provide important information and direction for the development of the Women's Action Plan. The auditing process highlighted the government policies and programs which were providing good outcomes for women as well as the areas which would require further attention, thus providing a benchmark for future assessment and action.

WCHM embraces technological change

The 1990's saw the popularisation of the Internet as more and more institutions, organisations and individuals connected to the network.

WCHM, determined not to be left behind, jumped on board the “information superhighway” in March 1997.

It's finally happened! WCHM has moved into the world of high technology and has been connected to the Net! (WCHM Newsletter, May 1997)

Staff attended a training session to learn about e-mail and “Netiquette” and an article in the WCHM Newsletter explained key concepts and terms to members.

With its focus on disadvantaged groups, WCHM was concerned about accessibility and the potential “digital divide” that would come from the emergence of the Internet as a means of communicating and accessing information.

If only people with access to the medium are the well-educated, affluent techno-literate elite, it won't be sufficiently inclusive to represent all points of view...(WCHM Newsletter, May 1997)

As part of its role in efficiently disseminating information to as many women as possible, WCHM developed its very first website in 1998. The website, called Women’s Health Online, included information on the Centre and an extensive collection of women’s health resources.

Kathy Bail, the former editor of HQ magazine, surfed the new site and made the following comments:

It's easy to find health and medical information online. While some of it can help, other sites can drive you crazy. Women's Health Online is one of the good ones – it's friendly and reliable...I'll be taking weekly doses of this excellent new website. (WCHM Newsletter, May 1998)

By 2003, the website had replaced the newsletter as WCHM’s primary means of communication with the general public and members.

No bleedin’ tax – the personal is political for WCHM

During the ‘90s, WCHM was particularly active on the political front. The Centre took a firm stand on important issues that impacted on women’s health and represented the views of women to the wider public and elected representatives.

The implementation of the GST and its application to sanitary products was an issue that concerned the Centre“. These products are already a considerable expense for many women, and there are many households where more than one woman needs these products. The Government is talking about the need to ‘draw the line’ on the

GST, but in this case they are doing so to the detriment of the health and wellbeing of women. Managing menstruation is an important health issue for women.” (WCHM Newsletter, February 2000)

The abortion issue was another concern for WCHM in 1998. The Centre was at the forefront of action working hard to try to convince political representatives in the ACT Legislative Assembly of the legitimate right of women to make decisions about their own health and wellbeing, including choice about termination of pregnancy in a medically safe and legal environment.

This action was in response to an amendment tabled in the Assembly to the Health Regulation (Abortion) Bill, which proposed to place restrictions no abortion, including an “extremely narrow test for abortion limiting it to ‘grave medical’ or ‘grave psychiatric’ risk in the first 12 weeks of pregnancy...” WCHM condemned the “regressive piece of legislation...”

Many in the Canberra community are outraged at the draconian changes the Bill proposes. Community organisations were immediately

galvanised into action with an immediate media blitz, forming an action group and organising public rallies. (Tania Browne, WCHM Newsletter, November 1998)

Female Genital Mutilation

The ACT Department of Health and Community Care participated in the National Education Program on Female Genital Mutilation (FGM). FGM had become a reality for authorities and health workers as refugees from a number of countries where FGM was commonplace had made Australia home. Legislative changes were happening at a state and federal level as a result of Australia’s international obligations. Before any changes were made to the ACT Crimes Act to outlaw the practice, the Department funded a community worker at WCHM to conduct a Community Education Program for all those affected. (WCHM Newsletter, August 1996)

...the main focus of the program is to work in partnership with communities and individuals which are likely to practice or experience any form of FGM. (Vesna Cvjeticanin, Newsletter, August 1996)

Multicultural Women's Health

In 1996, WCHM began to address the needs of women from non-English speaking backgrounds (NESB). This was in line with the National Non English Speaking Background Women's Health Strategy (1991), which argued that health provision must be modified to better cater to NESB women.

The barriers to accessing health services that faced migrant communities in the nineties, including ethnocentric services, a lack of information in community languages and targeted health promotion programs and information, are similar to those recently identified by WCHM in research involving new and emerging groups in the ACT.

The Centre embarked on a *Multicultural Women's Health Project*. Sixteen Bilingual Community Educators were provided with the skills to run preventative health education programs in their own communities and in their own languages. At the project's completion, groups were run for eight communities, including for Thai, Italian, and Bosnian women.

The Centre went on to implement a *Community Leadership Training Program* with the aim of encouraging more women from NESB backgrounds to participate in consultations with the ACT and Federal Governments. The women who participated came from range of backgrounds and many were highly educated in their home countries but lacked the confidence and local knowledge to participate in public life.

My confidence has increased 100 fold. I believe we have a better understanding of the sources of policy and the influences on the policy process. (Marienoëlle Hill, WCHM Newsletter, August 1997)

Outreach

In 1996, instead of waiting for women to come to the Centre, WCHM staff took health information to the people with an increased outreach function, including a lunch program for women living in high-density government accommodation. These monthly luncheons for residents at the Bega, Allawah and Currong Flats provided health information and life skills to women.

Having a Baby in Canberra

The first *Having a Baby in Canberra* pamphlet was developed and printed in 1997. The Centre distributed 8000 copies of the resource, which included Canberra-specific information about pregnancy, birthing and early parenting.

The process had taken about a year, with numerous stakeholders consulted, umpteen drafts produced, gorgeous graphic design work done, all culminating in a successful public launch which gave the pamphlet and the Centre great exposure in the media. (Marisa Sartore, WCHM Annual Report, 1997-98)

The pamphlet, which was updated every few years, was so popular with Canberra women and health professionals that the Centre introduced regular information sessions for women, and their partners, who were planning a pregnancy to assist them in making informed choices.

WCHM continued to receive a steady stream of requests for the pamphlet, until it was made downloadable from the website.



Older Women

The needs of older women have continued to be addressed by the Centre. WCHM collaborated with Woden Community Service in 1997 to facilitate *Health Matters for Women over 60*, a series of workshops for older women on health issues. The program was a resounding success and participants continued to meet on a regular basis for discussion, outings, and to hear guest speakers...and the Pearce Older Women's Group (POWG) was born!

I really do enjoy my days there [at POWG]. I met Sandra at the first group when it was near the library. If nothing else I have a very dear friend and we are growing old together. (WCHM Annual Report 1999-2000)

Over 10 years later, POWG still met at WCHM.



The New Millennium 2001–2005

Two reports were released in 2002 which contributed to the picture of women's marginalisation and isolation. *The Status of Women in the ACT* by the Select Committee on the Status of Women in the ACT report noted that the marginalisation and isolation of women in the ACT was a significant issue. The risk factors were identified as 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. As a result disadvantaged groups were made a priority of the Committee and were identified as in need of the most attention of policy makers and researchers. The second report, *Isolation of Women in the ACT*, was more specific in its approach, and identified five key groups of women as most commonly at risk of social isolation in the ACT.

The new strategic plan of 2003-05 refocused WCHM as a health information and referral service targeted to *all* women, as opposed to just disadvantaged groups. This decision stemmed from the reality of the demographic of the women who were accessing WCHM services. This change in direction for the organisation aimed to “*target health and wellbeing milestones in women’s lives and to see their needs as a complete and cyclical process.*” (WCHM Annual report 2002-2003)

The information line was closed at the end of 2005 due to a decline in the number of calls but the library remained open for business.

The Centre made its mark in the areas of maternal health, with heavy involvement in the Inquiry into maternity services, and gambling with a pilot project that explored this “hidden” and “feminised” problem, which had not yet been recognised as an issue by the ACT Government.

The Centre’s community development also made great strides with a number of successful eating and body issues support groups and *Well and Able*, an exercise and lifestyle program for women with disabilities.

All the hard work paid off when, in November 2005, WCHM won the Rhodium Chief Minister’s Overall Award for Excellence in Inclusion and the Koomari Inclusion in the Community Organisation Award. These awards were won for the work on the *Well and Able* project.

Maternity Services

WCHM took up the issue of maternity services in 2003 once again in an attempt to improve access and choice for women in the ACT.

WCHM hosted two consumer consultations to give women the opportunity to provide input into an

inquiry into maternity services. The Inquiry, conducted by the Standing Committee on Health, was a response to concerns expressed by women about the models of care and the high rate of birth interventions as well as the insurance crisis precluding independent midwives from the workforce. WCHM also wrote a submission which was quoted multiple times in the Standing Committee’s report titled, *A Pregnant Pause: the Future of Maternity Services in the ACT*.

Body Image and Eating Issues

A focus on community development work involving women with body image and eating issues was formally acknowledged as a key area of the Centre’s focus in 2000/01 Strategic Plan. Four groups were run by WCHM staff: *Enjoying Being Me*, *Nourishing Ourselves* and *Nourishing Ourselves for New Mothers*, and *Living Large*. Centre staff adopted a narrative therapy approach to group facilitation and witnessed real changes in the lives of the women who participated:

I’ve learnt that dieting does more damage than not dieting. I’ve learnt to start trusting my body more, at least I’ve started to. (Participant, WCHM Annual Report, 2000-01)

Living Large, a project developed by WCHM in 2000, emphasised a non-diet approach to weight issues with a twelve-week program of physical activities such as yoga, aqua-aerobics accompanied by discussion and support. After the program finished, group members continued to meet socially and then later began to develop ideas around challenging negative perceptions and treatment of large women.

This project was particularly innovative in its exploration of weight and “fat discrimination” issues and many other individuals and organisations were interested in hearing from the women involved. Representatives of the *Living Large* group presented at the Fourth Narrative Therapy and Community Work Conference and the Group’s facilitator, Fiona Tito, presented her paper “Large and in charge – the politics of health, fat and women” at the Fourth Australian Women’s Health Conference.

Calendar Girls – Celebrating Women’s Wellness

In the spirit of combating negative body image and celebrating women’s bodies, ACT women were invited to submit pieces of visual art about what

wellness means to them as part of WCHM’s Calendar Girl campaign. WCHM received 150 entries which were mounted and included in a travelling exhibition. Fourteen pieces were chosen for the community calendar, *Calendar Girls– Celebrating Women’s Wellness*.

In an era when we are continually presented with unrealistic, “airbrushed” images of women, media hysteria about obesity and a bombardment of weight-loss programs, Calendar Girls has provided women with the opportunity for some authentic expression of their own that consciously celebrates women’s diversity. (Adrienne Rutherford, WCHM Newsletter)

Groups for Multicultural Women

WCHM continued to provide support to multicultural women through two new support groups. The Sew and Needle Women’s Club targeted multicultural women interested in craft and Support Asian Mothers Friendship Group (SAMs) provided friendship and support to mothers from the Asian region. With the support of WCHM, SAMs incorporated and became the Supporting Asian Women’s Friendship Association Inc.

(SAWS). The Group continues to meet at the Pearce Centre.

Through meetings we seek to encourage and empower women to explore their creativity and spin their life stories into a communion quilt, while meeting other women from diverse backgrounds. (Prillisia Duignan, WCHM Annual Report 2006)

Women and Gambling

WCHM took an interest in problem gambling following Australia's first inquiry into the issue by the Productivity Commission. The inquiry identified the rise of gambling among females which it attributed to the introduction of gaming machines. As a first step in addressing this hidden problem and the lack of gender analysis in the research and lack of local data, the Centre embarked on a project to examine the nature and scale of the problem amongst ACT women. The project report suggests that "the issue of gambling amongst ACT women is a major health and social issue that has yet to be fully acknowledged and addressed in our territory" (WCHM Annual Report 2001-02) and that women experience gambling addiction and seek help differently to men.

Well, Able and Mobile project

WCHM took the lead in a collaborative project for women with disabilities in 2005. The *Well and Able* project assisted women with impaired mobility to get active and stay healthy by participating in community-based exercise classes and weekly social activities with the support of a YMCA instructor and other volunteers. It aimed to promote the health and wellbeing of women with disabilities in the ACT, women who were extremely marginalised and isolated in our society.

The *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.

The *Well and Able* project continued to evolve over time from project funding with the long-term goal of the project being self-sufficiency and transition into mainstream fitness facilities. The project recognised that there are significant barriers to women with disabilities gaining access to health and fitness programs. Costs and access to

transport proved prohibitive, and similarly, gyms and fitness programs were most often designed for people without disabilities, and as such, women's specific needs in terms of equipment, assistance, and program were not met.

While the program was a “resounding success” and “participants reported notable changes in health, wellbeing, self confidence and alleviation of social isolation” (WCHM Annual Report, 2006), it became clear that commercial fitness facilities still had a long way to go before they were inclusive of women with disabilities.



2006–2010

A New Strategic Plan

During the 2006-07 financial year the WCHM Board reviewed the Centre's activities and commissioned several reports to identify current and emerging issues for ACT women. This information allowed the Board to begin the strategic planning process.

A new 2008-2012 Strategic Plan focused the Centre's work on three key areas – unmet need, social isolation and social connectedness, and increasing women's access to gender-sensitive health and wellbeing information.

This represented a new direction for the Centre and formalised the move away from direct service delivery to research, project work, advocacy and capacity building. The unmet needs of disadvantaged groups (women with disabilities, women with mental health issues, CALD women, institutionalised women, and later older women), as opposed to all women, became a priority for the Centre again.

WCHM Library Closure

In 2007 a decision was made by the Centre to donate all the resources of the library to other services that were more centrally located and had a higher demand for services. While the library had remained popular with Canberra women for many years, this was a response to a decline in the number of women using the library due to WCHM's move away from direct service delivery and the growth of the Internet, which meant women were increasingly accessing health information online.

Collecting Local Evidence and Listening to Women's Stories

In 2008 WCHM began to invest time and resources into commissioning research projects to gather local evidence on the specific issues related to women's health. WCHM's research combined reliable data with the personal stories of women with the purpose of identifying gaps in service provision and policy. By doing this WCHM was able to develop a better understanding of the community and assist government and the community to better meet the needs of women.

Despite national statistics portraying Canberrans as being relatively privileged (with high incomes

and levels of home ownership etc.), the localised research conducted by WCHM revealed pockets of disadvantage and groups of women at risk of social isolation.

The local evidence gave WCHM a reputation as a key agency in the collection and provision of reliable information on women's health and wellbeing in the ACT and surrounding region.

Women of the ACT – working together to improve our health and wellbeing forum

WCHM held a forum on 1 May 2008, to discuss issues impacting on ACT women's health and wellbeing. More than 50 women attended, and following overviews on each of the reports, two workshop discussions were facilitated.

Major issues identified as priorities in health and wellbeing by ACT women were:

- Mental health and wellbeing
- Community based health centres
- More collaboration
- Access to general practitioners (transport, bulk billing).

WCHM's social research publications in this period:

February 2008 – *Marginalised and Isolated Women in the ACT* – WCHM commissioned this research with the specific purpose of facilitating greater understanding of women's marginalisation and isolation in the ACT and the report presented a range of data aimed at exploring the nature of women's marginalisation and isolation in the Australian Capital Territory.

September 2008 – *Social Determinants of Women's Health in the Australian Capital Territory* – This report presented a range of data previously not made publically available from the Australian Bureau of Statistics *National Health Survey 2004-05*. The focus of the report was on women's health in the ACT, particularly for women who were socially and economically disadvantaged. WCHM commissioned this research with the specific purpose of responding to the knowledge deficit on the health and wellbeing of ACT women, in order to support government and community to make evidenced based policy and service provision decisions.

April 2009 – *Culturally and Linguistically Diverse Women in the Australian Capital Territory – Enablers and Barriers to Achieving Social Connectedness*

This report aimed to develop a profile of CALD women in the ACT, and to determine the factors that were contributing to their levels of social connectedness and wellbeing (or lack thereof). In addition to the limited existing literature on the topic, this report sought to provide services in the ACT with an evidence base from which to work with women of CALD backgrounds, and to shape the development of appropriate social policy.

May 2009 – *Invisible Bars: The stories behind the Stats*

The information gathered in this paper provided significant insight into the impact that imprisonment and institutionalisation has had on these women's lives. This paper presented the stories of six ACT women with a variety of lived prison experiences. Its release occurred at a pivotal time in the ACT with the Alexander Maconochie Centre, the first prison in the ACT to accommodate women, having recently opened.

June 2010 – *Out of Reach - Women living with mental health issues in the ACT: What hinders their access to legal service?*

This report, commissioned by WCHM and the ACT Women and Mental Health Working Group (WMHWG), aimed to identify and document the lived experience of women with mental health issues in accessing legal advice, support, representation, and advocacy in the ACT.

The report captured the personal stories of women living with mental health issues in the ACT, and the feedback from legal and non-legal services providers and community based organisations that provide support and/or advocacy.

July 2010 – *It goes with the Territory – ACT Women's Views about Health and Wellbeing Information*

This report was the first in a series to provide evidence on how ACT women accessed and preferred to access information about their health, and it presented the 'lived experience' of women in the ACT in accessing that information.

It also documented their views on different sources of information including GPs and the internet, and

explores the views of different groups of women including older women, younger women and women with disabilities.

The report findings confirmed the need to provide access in the ACT to health and wellbeing information that is *accessible, affordable, available and appropriate*.

September 2010 – *Women mental health carers in the ACT: Preliminary Survey Results*

This online publication *Women mental health carers in the ACT: Preliminary Survey Results*, presented the preliminary findings of a survey, targeting women mental health carers in the ACT.

The aim of the survey was to establish a quantitative and qualitative data set related to women mental health carer health and wellbeing, their social and support networks and their involvement in their local community and decision making processes. This data was used to inform a more expansive report on ACT women mental health carers to be published in 2011.

Influencing Policy

WCHM was directly involved in influencing policy and new developments in women's health at a national and ACT level through consultations, meetings and submissions and developed into a significant player in the health and women's sectors.

For example, the Centre completed a submission to the consultation on the new *National Women's Health Policy* (the first since the original policy in 1989 that led to the establishment of the Centre) and gave evidence at the House Of Representatives Employment and Workplace Relations Committee Inquiry into Pay Equity and Associated Issues relating to Increasing Female Participation in the Workforce.

At an ACT level, WCHM advocated for a greater inclusion of gender sensitive policies, practices and infrastructure in the development of mental health services and policy and the *ACT Women's Health Plan*.

It also participated in the independent review of the ACT's first prison (the Alexander Maconachie Centre) with a focus specifically on the issues

relating to women prisoners, and in the consultation process for the development of the ACT Prevention of Violence Against Women and their Children Strategy.

Support for Peer-led Groups

WCHM assumed a role in resourcing and supporting small agencies and support groups with the aim of addressing marginalisation and promoting social inclusion. The Centre moved away from the long term administrative support of earlier years, to a more proactive capacity building approach with a focus on self-determination and sustainability.

WCHM auspiced the ACT Women and Prisons (WAP) Group and Women with Disabilities ACT (WWDACT). Both were peer support and advocacy groups that were unique in that their membership was comprised of women with *lived experience* of the criminal justice system (WAP) and of living with a disability (WWDACT). They provided a mechanism through which the views of these women could inform government policy and influence service delivery provision and design.

My life today is really different; I am with the same partner, I have two beautiful children, and I do not do drugs or crime anymore. I am a member of a women's prison group, WAP; I get my strength from them and I love being a part of it. I get to share my experience and hopefully change things for other women in prison. (WAP Member)

The development of the report, *Invisible Bars: The stories behind the stats*, was one of WAP's most notable and influential achievements.

Women from New and Emerging Communities

WCHM was involved in a number of initiatives to develop a profile of Culturally and Linguistically Diverse (CALD) communities in the ACT and increase awareness of the issues they face. CALD women in the ACT who entered under the Humanitarian Program were of particular concern for WCHM due to their limited English skills and experiences of trauma.

Mwanangwa Mpasu, a Masters student from the University of Canberra, worked with WCHM to undertake research on the access and utilisation of health services by Southern Sudanese women in

the ACT. This research helped WCHM to understand the nature of the challenges and issues southern Sudanese women may face when seeking health care and help propose health care, service delivery and policy solutions that would respect the specific needs of Southern Sudanese women.

As a response to this and other research, WCHM developed culture-specific awareness training for ACT service providers in 2010 to address the lack of understanding about the new and emerging humanitarian refugee groups in the ACT and to build the capacity of CALD women to take on leadership roles.

WCHM worked with identified women leaders from the Southern Sudanese and Mon Burmese communities to develop the training modules and deliver the training to ACT community service workers.

Women and Mental Health

WCHM's work in this area aimed to identify issues affecting women living with mental health issues in the ACT. WCHM conducted research on the usefulness of peer support on the mental health,

wellbeing and social connectedness of women. The Project began in 2009 and collected data from two local groups.

In addition, WCHM established the ACT Women and Mental Health Working Group (WMHWG) in October 2007 as a result of consultations on how to better work together as a sector to meet the needs of women. The Group met regularly and had over 50 members. It focused on advocating for gender sensitive improvements at the Psychiatric Services Unit, researching issues for mental health carers, and providing expert advice and direction in the development of position papers on mental health by WCHM.

Women with Disabilities

WCHM worked with women with disabilities to address the inequities in access to services including to crisis services and transport.

In 2010 WCHM employed a full-time project worker who, along with a group of three women with disabilities, carried out accessibility 'audits' of domestic violence crisis services in the ACT. A wide range of research showed that women with disabilities were more likely to experience domestic

violence than women in the broader community, yet the number of women with disabilities accessing crisis services remained low. The accessibility audits observed physical barriers, policies and practices, communication issues, and information barriers, and also produced recommendations as to how services could better meet the needs of women with disabilities.

WCHM continued to support a Consortium of organisations representing people with disabilities to contribute to and influence the ACT review of wheelchair accessible taxis to better cater for people who are not able to access other transport options.

Improving Access to Health Information

As part of its work in improving women's access to gender sensitive health information WCHM used the results from its report *It goes with the Territory – ACT Women's Views about Health and Wellbeing Information* in July 2010 to develop responses.

One of the major recommendations from the report was for WCHM to develop its website to provide assistance to ACT women as health consumers in

navigating and accessing information obtained from the Internet.

As a response to this recommendation, WCHM developed the Women's Health and Wellbeing Hub, an online information portal that provided information and links to trusted and accurate information about women's health and wellbeing, and services specific to women in the ACT. It was a central source of already existing information that was trustworthy, and initially focussed on the gaps identified by ACT women in the report: menopause, sex and sexual health for older women; having a baby in Canberra; and eating disorders and body image.

Students

Students from the Australian Catholic University, the University of Canberra and the Australian National University greatly increased the capacity of the Centre by taking on research projects into specific areas related to women's health. WCHM worked with five students in 2010 and embarked upon five fascinating and topical research projects, ranging from older women's social connectedness to medical school students' knowledge of gender sensitive health service delivery.

2011–2015



2015 Pre-AGM Forum with Minister Yvette Berry

Supporting women's groups

Canberra Endometriosis Network and Pearce Older Women's Group regularly met at the Centre.

ACT Women and Mental Health Working Group

The ACT Women and Mental Health Working Group continued to provide a regular forum for women living with mental health issues and

supportive service providers to come together to consider current issues and voice their concerns.

WCHM also supported the Group's participation in decision-making processes about policy and ensures that women's concerns are raised in existing networks, organisations and government processes.

Influencing the ACT mental health system's response to women

WCHM worked closely over this period with the three ACT mental health community sector peak bodies—the ACT Mental Health Consumer Network, the Mental Health Community Coalition of the ACT and Carers ACT—to ensure inter-sectoral collaboration and co-ordination in the planning, provision and evaluation of women's mental health services and programs.

The focus of this collaboration was on developing, improving and maintaining a full range of women friendly mental health services. Our hope was that this would assist women with mental health issues to voice their concerns and facilitate women's participation in decision making on health policy.

In addition to collaboration with these three organisations, WCHM advocated for women sensitive responses in the mental health system through representation on committees and submissions to consultations.

Gender awareness in a medical curriculum

Throughout 2011, WCHM worked with the Australian National University Medical School (ANUMS) on gender sensitivity. WCHM set out to evaluate the effect that the Women's Health rotation had on final year students' level of gender awareness and whether storytelling was an effective way of teaching first-year medical school students about gender sensitive health service delivery.

The interventions which were put in place included an audio-visual resource featuring women telling their story about a consultation with a medical doctor who demonstrated gender sensitivity or gender insensitivity and a lecture. The studies showed a positive impact on gender sensitivity.

eMpower: Leadership training for multicultural and mature women

In 2011 WCHM received funding from the ACT Office for Women to deliver eMpower—a leadership training program tailored to the needs of mature women and women from multicultural backgrounds. eMpower aimed to give women from these groups the skills, knowledge, and confidence they needed in order to take up community leadership and decision-making positions. This grew out of previous WCHM research that found older women and women from CALD backgrounds face a number of barriers to assuming decision-making or leadership roles in the community. The training was delivered in partnership with the Health Care Consumers' Association of the ACT.

Older women's safety audits

In 2011 WCHM worked with older women to conduct several safety audits of public spaces around the ACT. The purpose was to mobilise older women in the ACT to discuss their safety concerns and come up with ideas about how to make public spaces safer and thus more frequently used by older women. The project findings revealed that older women had unique safety concerns and may feel vulnerable in their homes and in public spaces,

which impacted on their ability to participate in community life. The women's safety audit also aimed to give value to the personal perspectives of older women, shed light on the ways that physical environment and planning decisions affected older women, and provide age and gender sensitive solutions.

Women's Safety Matters

Safety assessments were used by WCHM to identify public places in the ACT where women felt unsafe, and to understand problems and what elements contributed to their safety concerns. WCHM used this feedback to inform ACT Government, and to influence the future design of urban spaces, facilities and public events in the ACT. In 2013 WCHM received funding from the ACT Women's Grants to further develop an online women's safety assessment titled *Women's Safety Matters*.

Reclaim the Night

WCHM was actively involved in the planning of Reclaim The Night during this period. Each year the theme changed and WCHM worked collaboratively with Canberra Rape Crisis Centre

and other community organisations to make the event happen.

Reclaim What? Forum

In August 2011, WCHM – on behalf of the ACT Women’s Services Network – in conjunction with the ANU Women’s Collective hosted a discussion forum on the ideological tensions between Reclaim The Night and SlutWalk. An important outcome from the event was the consensus that it’s okay for anti-sexual violence campaigning to be varied, take different forms and deal with number of different issues.

Summer of Respect

In 2011 WCHM partnered with Canberra Rape Crisis Centre to design and run *Summer of Respect*, a summer-long anti-sexual violence campaign. This continued through the years and the campaign began in late October on Reclaim The Night and continued until International Women’s Day on March 8.

The overall aims of Summer of Respect were to raise awareness about sexual violence and start conversations about consent, communication and respect.



Over the years the Summer of Respect conducted numerous outreach initiatives, and created key awareness raising resources such as the animation *S**t guys say when they need to say something* and posters that call men to not be a passive bystander to sexual violence.

The Summer of Respect received a Certificate of Merit in the November 2014 Australian Crime and Violence Prevention Awards for this initiative.

In 2013 the website www.whattosay.org.au was developed by WCHM to give individuals the information they need to identify sexual violence and empower them to call it out. It included advice

on safe ways to intervene when you witness and experience sexual violence.

CASA House's Sexual Assault Prevention Program

WCHM helped support Canberra Rape Crisis Centre deliver this 5-week program about sex, relationships and sexual assault for high schoolers during 2011. The program was considered to be best practice in prevention of sexual assault and used a whole of school approach to educate teachers and students about the importance of issues such as 'negotiating consent' and 'being the bystander.'

Disability inclusion and awareness training for ACT women's services

In 2011 WCHM received funding through an ACT Health Promotion grant to deliver a project in partnership with Advocacy for Inclusion and Women With Disabilities ACT. The need for this project emerged out of previous WCHM research, which found that women with disabilities experienced numerous barriers to accessing domestic violence services and crisis refuges.

The project delivered four training sessions from December 2011 to June 2012 to ACT domestic violence services and disability sector organisations about the needs of women with disabilities escaping violence.

Second anniversary of the national apology to the Forgotten Australians

On November 16th 2011 WCHM supported a local group of women who were Forgotten Australians to hold an event to celebrate the 2nd anniversary of what was a very emotional and significant event—the Apology by the Australian Parliament to the Forgotten Australians in 2009. The event was also supported by Woden Community Services and the ACT Women and Prisons (WAP) group.

Public forum: Exploring sexual violence and institutionalisation in the ACT

In February 2012 WCHM, with a range of partner organisations, hosted a public forum at the National Library of Australia exploring sexual violence and institutionalisation in the ACT. The guest speakers were touching, articulate and knowledgeable, and included: Wilma, a Forgotten Australian; Kathy from the ACT Women And Prisons (WAP) Group; a women who had

experienced sexual violence in an acute mental health facility; a speaker from the Women's Health Service; Sue Salthouse from Women With Disabilities ACT (WWDACT), and Meredith Hunter ACT Greens MLA.

This was very powerful for the audience, who were privileged to learn about their experiences and how important it was to prevent trauma from sexual violence in institutions occurring in the future.



Left: Quilt donated by the Brindabella Women's Group on Wednesday 13th of June 2012

WCHM ASSURED: Guide to searching for health and wellbeing information online

The WCHM ASSURED guide was created in 2012 to support women to be able to quickly assess the credibility and trustworthiness of online health and wellbeing information, assisting women to make informed health and wellbeing decisions.

Health promotion events

In collaboration with various local organisations and the Jean Hailes for Women's Health, WCHM hosted a number of women's health information events during this time. These included *Sex, health and your life: What women 40+ should know* (2012), *Midlife: Mood, Menopause and more* (2013) and *Women's Health at Every Stage! Information event* (2014). Events were well attended and provide holistic information in a safe, empowering and informative environment.

Playback theatre events

In October 2012, WCHM partnered with local transgender and intersex support organisation A Gender Agenda to host an event at the Street Theatre for Mental Health Week. The aim was partly to highlight the disproportionate rates of mental illness experienced by transgender and

intersex people, but also to bring diverse members of ACT's community together to have conversations about gender as an important aspect of everyone's lives. *Re Think Man Woman* provided members of the ACT community with the opportunity to explore and celebrate gender identities, in all their diversity.

Following the success of the Re Think Man Women event, WCHM partnered with the Women and Prisons group to host another event with Playback Theatre about Women, mental health and the law in October 2013.



Women's health and wellbeing information hub

The Women's Health and Wellbeing Hub was developed in 2013 as a central portal that could provide links for ACT women to already-existing, credible and trustworthy information about health and wellbeing online, as well as services in the ACT. The Hub was a direct response to the needs expressed by ACT women in WCHM's research report *It goes with the Territory!* ACT women's views about health and wellbeing information.

Respectful Reporting on violence against Women: Guidelines for ACT Media

WCHM received funding in the 2013-14 ACT Women's Grants round to develop a set of tools to support ACT media to report more accurately, appropriately and respectfully on violence against women. The tools focussed on four key issues: domestic violence; sexual violence; Indigenous family violence; and child sexual assault.

In developing these resources, WCHM partnered with other local community sector experts Canberra Rape Crisis Centre, Beryl Women Inc. and Domestic Violence Crisis Service.

The University of Canberra piloted the materials as part of the curriculum for the Bachelor of Communication in Journalism, for which they received an ACT 2013 Partners in Prevention Media Award.

These guides were then adapted and published by the national body Our Watch in 2014.

Living with Endometriosis

WCHM supported the Canberra Endometriosis Network by hosting an information evening exploring the impacts of living with endometriosis on Tuesday August 2014.



Life with Endometriosis information evening

Attendees heard from researcher Maryam Moradi, Dr Omar Adham and Melissa Parker from the Canberra Endometriosis Centre and Katie Williams from the Canberra Endometriosis Network. The event was complimented by the launch of Margaret Kalms' exhibition Life with Endometriosis. More than 100 women, partners, family members and friends attended the event.

ACT women's financial literacy guides 2014

Women going through significant life changes are particularly vulnerable when dealing with their future financial security. During these often emotional times it is important for women to receive accurate, unbiased and simple advice to inform their future financial wellbeing.

To deliver this WCHM, in collaboration with Care Inc. Financial Counselling Service, used funding from the ACT Women's Grants to research and develop appropriate and relevant resources to improve access to the financial literacy of specific marginalised groups of women in the ACT and region.

Anti-Poverty Week Research

WCHM, in partnership with the ACT Council of Social Services, produced a publication for Anti-Poverty Week in October 2014 on disadvantage and labour market trends in the ACT – *Creating Opportunity or Entrenching Disadvantage? Labour Market trends in the ACT*.

It showed that—outside of public sector employment—the industries with growing employment opportunities in the ACT that did not require degree-level qualifications were those where women were significantly over-represented, had comparatively low (full-time) wages and where part-time employment was the norm. This suggested that many women workers still struggle to earn enough to cover their costs of living, which was concerning considering that getting and keeping a full time job is the critical factor in getting out of and staying out of poverty.

What can you do? website

WCHM launched a new website which posed the question What can you do? The site was designed to give information to members of the community to enable them to identify and speak out about

domestic and sexual violence, and take action to intervene safely and confidently.

This was WCHM's contribution—in partnership with the Domestic Violence Crisis Service, the Canberra Rape Crisis Service, and the Women's Legal Centre—to instilling a sense throughout the community that responding to violence is everyone's business.

The website was launched on International Women's Day 2015 by the Minister for Women.



Screenshot of the website www.helpstopdv.org.au

Women and Borderline Personality Disorder (BPD) in the ACT

In 2014 WCHM conducted research with women diagnosed or labelled with BPD about their experiences with mental health and other support services in the ACT region. BPD is one of the most misunderstood and stigmatised mental illness diagnoses and the vast majority of people diagnosed with BPD are women. WCHM explored the experiences of ACT women relating to their BPD diagnosis; their ability to access information, services, support and treatment; and the service experience of health professionals and the mental health system. The results of the research will inform the future direction of WCHM's advocacy and awareness raising work on this issue in order to ensure the provision of appropriate services and effective treatment for individuals. During Mental Health Week 2015 WCHM shared the high-level early findings from this research.

Cyber safety resource for older women in the ACT

Through an ACT Government Participation (Senior's) Grant, WCHM developed and launched an online resource to provide accessible and specific information on cyber safety for older

women in the ACT (55+). Older women are increasingly using the internet to access information and services, manage finances and assets, and to communicate. Many utilise social networking and dating sites which are important for social inclusion/wellbeing. This resource provided accessible and targeted basic information with locally adapted resources about staying safe online.

Clearing the way for access to reproductive health services in the ACT

WCHM once again focussed on access to termination of pregnancy services in collaboration with Sexual Health and Family Planning ACT. WCHM launched the Right of Way campaign to support the Health (Patient Privacy) Amendment Bill 2015 presented by ACT Greens MLA Shane Rattenbury. This sought to create a protected area around clinics that provide termination of pregnancy services to ensure that women and their families could seek medical advice and treatment in privacy and without harassment, intimidation or humiliation.

On Thursday 29 October 2015, members of the ACT Legislative Assembly recognised the

importance of this issue as they passed the Health (Patient Privacy) Amendment Bill 2015.

Women's experiences of help-seeking for DFV in the ACT

In 2015 WCHM undertook a social research project with women in the ACT who had sought help and support for dealing with domestic and family violence in the past five years. Through documenting women's journeys of seeking help and support, WCHM gathered valuable insights into what works well and what could be improved about current responses in the ACT. These insights will enable WCHM to influence government, policy makers and service deliverers in designing future responses to DFV in the ACT.

Women's views on maternal healthcare in the ACT

In 2015 WCHM explored ACT women's experiences of maternal care. WCHM held several consultations to gather women's stories about pregnancy, birth and post-birth care in the ACT. The information gathered through this consultation will enable WCHM to inform ACT's maternal care system and will provide insight into whether and where additional research is needed in this area.

Women of Canberra

To celebrate WCHM's 25th birthday an online community arts project was commenced in March 2015 to capture the diversity and range of experiences of women in Canberra.

With the help of three volunteer photographers, WCHM collected the stories and images of 100 women who call Canberra home.

Image credit: Liz Thompson



WCHM social research publications during this period:

During 2011 WCHM produced the following 6 companion reports to the July 2010 report on overall ACT women.

February 2011 – It Goes with The Territory! The Views of ACT Women with Disabilities About Health And Wellbeing Information

April 2011 – It Goes with The Territory! The Views of Older ACT Women About Health and Wellbeing Information

April 2011 – It Goes with The Territory! The Views of Young ACT Women About Health and Wellbeing Information

April 2011 – It Goes with The Territory! The Views of ACT Women Who Are Mental Health Carers About Health and Wellbeing Information

June 2011 – It Goes with The Territory! The Views of ACT Women from CALD Backgrounds About Health And Wellbeing Information

June 2011 – It Goes with The Territory! The Views of ACT Aboriginal and Torres Strait Islander Women About Health And Wellbeing Information

September 2011 – Peer Support for Women with Mental Health Issues: The Views of ACT Women

In 2011 in the ACT an estimated 3,000 women accessed mental health services annually and approximately a third of these women had ongoing connections. This report aimed to identify and document best practice peer support models internationally, nationally and locally as well as the needs and experiences of women participating in peer support in the ACT.

October 2011 – Older women and social connectedness

In 2011, the ACT had one of the fastest-growing populations of people aged 60 years and over in Australia. This report explored the link between social isolation and disadvantage, and mental and physical health and wellbeing for older women in the ACT. The key issues impacting older women's social connectedness identified were health status,

financial status, carer responsibilities, retirement, relocation, safety, transport and volunteering.

October 2011 – *Peer support for women living with mental health issues*

From 2009-11 WCHM completed research documenting good practice peer support models and exploring the need for and experiences of peer support programs for women living with a mental health issue in the ACT.

The research found that peer support improves participant's mental health and wellbeing, increases self-esteem and confidence and increases social support networks and reduces isolation through building supportive relationships with others and connecting with the broader community through new activities. The research also found that peer support is a form of health promotion as it positively influenced participant's health and wellbeing by increasing their confidence, building skills in advocacy and communication and empowering them to 'take control' over their health. Peer support also educated members about the causes and impacts of stigma and builds knowledge about how to navigate the mental health system. This research

was a contribution to the growing body of research on the effectiveness of peer support and was unique in that it highlighted the context of mental health, the ACT and the importance of gender sensitive practice.

November 2011 – *The Experiences of Women Forgotten: Australians and Care Leavers A Literature Review*

This literature review was published to coincide with the second anniversary of the National Apology to the Forgotten Australians. The review explored existing literature about experiences of Care Leavers/Forgotten Australians, focusing on their health and wellbeing experiences and needs, and the impacts of these experiences on them in their adult lives.

March 2012 – *Strong Women, Great City: A survey for ACT's women with disabilities*

Throughout 2011-2012 WCHM partnered with Women With Disabilities ACT (WWDACT) to undertake research on women with disabilities who lived in the ACT concerning their health and wellbeing, participation in social life and participation in economic life.

The research complemented existing disability data, and highlighted areas of need where data did not currently exist, particularly ACT specific data disaggregated by sex and disability.

September 2015 – Transforming domestic violence support in the ACT: Improving accessibility for LGBTIQ clients

In 2013 WCHM received an ACT Women's Grant to undertake research into gaps in service provision for LGBTIQ people experiencing domestic violence in the ACT. This project brought together ACT domestic violence service providers, organisations that work with same-sex attracted, intersex, trans, and gender diverse people, individuals from those communities who have experienced domestic violence, and other stakeholders, with the aim of improving the accessibility of domestic violence services for LGBTIQ people.

2016–2021

This was a period where WCHM built on its reputation to build more evidence through social research which highlighted the needs and experiences of ACT women. This evidence was used to inform service delivery design and changes to policy.

And to ensure that women had access to good health and wellbeing information, WCHM expanded into developing specific websites which provided trusted and reliable advice and information on key areas for women in the ACT.

Social media became an increasingly important means for WCHM to provide regular and up-to-date information on women's health and wellbeing in the ACT and to promote more widely the work of WCHM.

With health promotion days occurring regularly and a steady flow of news, research and events relating to women's health and wellbeing WCHM was never short of items to share.

A change of name and branding

In 2020, in preparing for the Centre's 30th birthday, WCHM made a conscious change in the way it described itself in the public sphere, adopting the term *Women's Health Matters* in place of the acronym WCHM. This was complemented by a refresh of the look and feel of the Centre's brand and logo, along with a revamp of the website and Facebook page – and a new LinkedIn profile for the Centre. WCHM also adopted a new approach to describing our 'mission' and purpose.

What we want to achieve:

Our local research, evidence and data (informed by women for women) is used by decision makers to be more responsive to the needs of women and to improve the health and wellbeing of women in the ACT.

Our guidance supports ACT women to make informed health and wellbeing choices and to understand how to access appropriate gender-sensitive services and information in the ACT.

Why we are here :

We are the voice for women's health and wellbeing in the ACT.

Our values – what our core beliefs are:

Our values inform who we are:

- *Informed by women's voices*
- *Local and unique*
- *Trusted*
- *Independent*

Our values inform how we work with women:

- *Equity*
- *Inclusive*
- *Respectful*
- *Valuing lived experience*

Our values inform how we make decisions:

- *Recognising the social determinants of health*
- *Evidence based*
- *Women focussed*

Most national and local studies did not focus on local ACT data at this time, and even fewer had data about the impacts on women's health or their emerging health needs and barriers in accessing the health system.

So during this period WCHM continued to focus on building our own evidence base - including the voices of women and their lived experience as well as the collection of local ACT data on women.

And WCHM informed that data by including ACT women's stories, attitudes, lived experiences and views.

The reports released included a series that looked at the views and experiences of the health and the health needs of different groups of ACT women, with the aim of improving options and access to services for the differing needs of these groups of women.

During this time WCHM also produced reports for the first time which highlighted the 'hidden' disadvantage of some groups of women in the ACT.

WCHM's social research reports during this period

April 2016 – Hear me out: Women's experiences of seeking help for domestic violence in the ACT

Because domestic violence (DV) manifests in a range of coercive controlling behaviours, there is a need for flexibility in the responses from government and community, and a need to hear directly from women about their experiences and needs related to DV. This report presented a summary of findings from Women's Health Matters research into women's experiences of seeking help for domestic violence in the ACT.

May 2016 – Women and maternal care in the ACT consultation report

With over 5,500 women giving birth every year in the ACT, ensuring quality and accessible maternal services is essential. This report summarised the results of WCHM's consultations with women in the ACT and Queanbeyan who had given birth for the first time. The study discussed the women's feedback and stories relating to pregnancy, giving birth and post-natal care, providing an important

analysis of maternity services in the ACT and surrounding region.

June 2016 – *Not a label. More than a diagnosis – Borderline Personality Disorder: Exploring the lived experiences of act women and service providers*

This report investigated the experiences of women in the ACT who had been diagnosed or labelled with BPD and the experiences of service providers who support them. The key themes included different levels of understanding of BPD between women, service providers and health professionals; difficulties with locating information and resources; stigma; barriers to recovery; and pathways to recovery.

July 2017 – *Beyond Crisis: Working with Canberra’s professional firms and businesses to make safer choices easier for survivors of domestic violence*

This report describes the Women’s Health Matters project, supported by the Domestic Violence Crisis Service, to engage and start conversations with ACT business and industry about the impacts of domestic violence. The project focuses on the role that business and industry can play in identifying

opportunities and solutions outside the ACT Government’s crisis homelessness and/or family violence service system.

February 2018 – *ACT women’s views about their health: ACT women’s health matters!*

This report was the first in a series that looked at the views and experiences of health and health needs of ACT women, with the aim of improving options and access to services. Previously, very few studies and policies so this study aimed to remedy that by exploring ACT women’s access to services, supports, and information; and the barriers to maintaining their health.

February 2018 – *The views and experiences of younger ACT women (aged 18–50) about accessing supports and services for chronic disease: “I don’t have the spoons for that ...”*

This report was the second in a series that looked at the views and experiences of health and health needs of ACT women, with the aim of improving options and access to services. This study explored the experiences of women aged 18-50 living with chronic disease in the ACT, how they access supports and services and potential barrier to access.

June 2018 – *Hidden disadvantage among women in the ACT*

This report looked at the socioeconomic determinants of health, in the context of Canberra, where the high average income and education levels may mask hidden pockets of disadvantage. Working with data and maps from the National Centre for Social and Economic Modelling (NATSEM), Women's Health Matters identified areas of disadvantage for women in the ACT. The report aimed to highlight what work needs to be done to ensure equal access of opportunities for all ACT women.

October 2018 – *Improving choices and options: The views of ACT women about their sexual and reproductive health needs*

This report was the third in a series that looked at the views and experiences of health and health needs of ACT women, with the aim of improving options and access to services. It explored which information and services ACT women access for their sexual and reproductive health, including contraception, STIs, access to health screening and termination of pregnancy. The study identified barriers to access and determines what works and does not work for these women.

November 2018 – *Physical activity and healthy eating promotion to ACT women: A guide to getting it right*

Government and community organisations put significant resources into health promotion campaigns that encourage people in the ACT to eat healthy and exercise regularly. This report explored how life stages, life roles and the social determinants of women's lives impacted on the ability of ACT women to improve and maintain healthy behaviours such as healthy eating and physical activity. This study helped identify factors that impact the success or failure of health promotion campaigns.

January 2019 – *What makes public spaces safer for ACT women?*

Urban planning has the potential to encourage or inhibit the social participation of women as it affects the accessibility of services such as health care, education, shopping centres, banks, post offices, and public transport. This report documents the results of data entered in the Women's Health Matters Safety Mapping Tool from June 2016 to August 2018. It includes findings about where women feel safe or unsafe in public spaces in the ACT, why they feel or unsafe and how gender

effects the way individuals use and experience public spaces.

March 2019 – *The stories of ACT women in prison: 10 years after the opening of the AMC*

This report told the stories of eleven women who were imprisoned in the Alexander Maconochie Centre (AMC) and who shared their stories with Women's Health Matters. Here they were able to share not only their histories and experiences that led to imprisonment, but their hopes for the future too.

May 2019 – *What ACT women value in women's health services*

This report provided an overview of the findings from Women's Health Matters research between 1990 and 2018 looking at ACT women's experiences of accessing health services, what they look for and what they currently value in women's only health services. This study reinforced the value of women only health services in the ACT.

June 2019 – *Below the surface*

This report followed the 2018 Women's Health Matters report, *Hidden disadvantage among*

women in the ACT which was about women in low income households. This report highlighted the hidden areas of disadvantage in the ACT and focussed on middle income households.

August 2019 – *The views of same sex attracted women in the ACT about their health: "This is what the real experience is like..."*

This report was the fourth in a series that looked at the views and experiences of health and health needs of ACT women, with the aim of improving options and access to services. This study sought the views of same sex attracted ACT women (both cis and trans) about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health. The report also explored issues such as sexual health, and their experiences of violence and anti-LGBTIQ behaviour.

October 2019 – *Creating opportunity or entrenching disadvantage? 5 Years on – ACT Labour Market Update*

Women's Health Matters and the ACT Council of Social Services (ACTCOSS) produced this analysis of the ACT labour market, looking at future trends with a focus on wages, levels of qualification

and growth across major industries. This report continued a gender-based analysis begun in a 2014 ACTCOSS report titled *Creating Opportunity or Entrenching Disadvantage? – Labour Market Trends in the ACT*, to determine how these conditions effect the work opportunities and incomes earned by women in the ACT.

November 2019 – Making ACT bus stops work for women

During 2019 the ACT government made significant changes to the transport system in Canberra to accommodate the tram line from Gungahlin to the city, including the decommissioning of many bus stops. Women’s Health Matters began to hear from women that these changes had affected their feelings of safety. This report summarised the key findings after conducting bus stop audits, which identified common factors which contributed to women feeling unsafe and more vulnerable at these stops.

October 2020 – We Contribute: ACT older women’s views about their health; their health needs; their access to services, supports and

information; and the barriers to maintaining their health.

This report was the fifth in a series that looked at the views and experiences of health and the health needs of ACT women, with the aim of improving options and access to services. This study sought the views of older ACT women on: their health, their health needs, their access to services, supports and information, and the barriers to maintaining their health. The report also explored issues such as their social connectedness, their housing and living arrangements, their financial status, and their access to transport.

Work also commenced in 2020-21 on social research exploring:

- ***The views of ACT women from multicultural backgrounds about their health and wellbeing***
- ***The views of ACT women with a disability about their health and wellbeing***
- ***Women’s experiences of help seeking after a sexual assault***

Influencing policy

WCHM used the results from our social research widely in our advocacy and lobbying during this period including:

- Influencing Government on the need for improved service responses for women who experience sexual assault;
- influencing improved responses through discussions with the ACT Government about more affordable access to contraception and termination of pregnancy;
- raised awareness about the impacts on women in the AMC of their relocation to a high security building through advocacy and submissions to the Healthy Prison Review
- influencing Canberra Health Services about women's needs in the provision of services to parents after birth;
- influencing improvements to lighting and other safety aspects for women at ACT bus stops,
- Informing Urban Planning responses by using the feedback from women from our Canberra Safety Map to assist ACT planners with what makes certain urban areas safe and unsafe.
- representing the issues for women in the ACT, particularly those who are marginalised and disadvantaged, at the Women's Summit;
- engaging the Minister for Corrections and Corrective Services on the need for improved responses for women in the AMC;
- using the stories and views of women in the AMC to guide discussions on improvements needed to policy affecting their health including housing and justice responses;
- informing possible options for an ACT response for the First 1000 days; and
- informing the development of the National Obesity Strategy.

Submissions

As relevant opportunities arose, WCHM prepared submissions in response to a wide range of issues impacting on ACT women's health and wellbeing, including:

- a submission to the Inquiry into Maternity Services in the ACT;
- appearing before the public hearing for the Health, Ageing and Community Services Inquiry into Maternity Services;
- contributing three Submissions to the ACT Healthy Prison Review (from WCHM, summarising the input of Women in the AMC, and summarising input from ACT women's services);
- submissions on the Exposure Draft of the Crimes (Invasion of Privacy) Amendment Bill in 2017 and the draft Crimes (Consent) Amendment Bill 2018;
- a consultation informing the design of the ACT Office for Mental Health in 2017;
- a submission to the Standing Committee on Justice and Community Safety Inquiry into Domestic and Family Violence – Policy approaches and responses in 2017;
- a submission to the Housing Choices consultation in 2018; and
- a contribution to the establishment of a National Women's Health Strategy for 2020 to 2030.

Representing the views of ACT women on advisory bodies, reference committees, and working groups

WCHM continued to advocate through representation on committees for greater inclusion of gender sensitive policies, practices and infrastructure relating to ACT women.

These included membership of:

- the Domestic Violence Prevention Council;

- the Capital Health Network’s Community Advisory Council;
- the ACT Eating Disorders Reference Group;
- the ACTCOSS Peaks group;
- the ACTCOSS Justice Reform Group;
- the Women’s Reference Group for ACT Corrections;
- the Strengthening Health Responses to Family Violence (SHRFV) Steering Committee;
- a Women Offender Framework Reference Group;
- a National Primary Prevention Hub Stakeholder Group;
- the Steering Group for a children and young people experiences of DFV project for the Family Safety Hub;
- the Core Design Group for the Family Safety Hub;

- the First 1000 Days Reference Group;
- the Maternity Design Working Group for Canberra Hospital for Women and Children Expansion Project; and
- the Canberra Health Services Strengthening Health Responses to Family Violence Steering Committee.

WCHM also contributed to:

- a Ministerial Roundtable about the needs of women in the AMC;
- the ACT Women’s Summit to inform the ACT Women’s Plan; and
- a Justice Housing Program ACT Community Roundtable.

WCHM’s CEO was part of a delegation of 7 local ACT community members who attended the second National Summit on reducing Domestic and Family Violence with State, Territory and Federal Ministers in Adelaide in October 2018.

And WCHM was part of a co-design process with the Office for Women, YWCA Canberra, and ACTCOSS to inform the October 2019 Women's Summit which would inform the development of the Second Action Plan 2020-22 under the ACT Women's Plan 2016-26. The co-design produced a Context Analysis of ACT government and community policies, programs, and services, and their capacity to advance gender equality and respond to the needs and experiences of girls and women. Analysing data and existing policies, and engaging across government and with community organisations, the Context Analysis identified strengths and gaps across policies, programs, and services across the five focus areas.

WCHM was also involved in informing the final responses from that Summit, and we were able to ensure a specific commitment in the ACT Women's Plan for involving women in the AMC in the development of the Women Offenders Framework, and improving the response for Aboriginal and Torres Strait Islander women living with domestic and family violence.

Informing discussions on access to sexual and reproductive health services

The findings from WCHM's research into sexual and reproductive health informed ACT Health and relevant Ministers and advisers about more affordable access to contraception and termination of pregnancy for women.

This resulted in greater access to medical termination medication with new legislation which was introduced giving trained and registered GPs and pharmacists the ability to prescribe the medication in their own clinics without the requirement of a hospital setting.

This meant that women seeking medical terminations in the ACT no longer had to face the choice between going interstate or paying high costs to access private services. These new laws ensured greater access to safe, reliable and affordable termination and reinforced the right to choose for all ACT women.

Working with women in the AMC

A key area of focus for WCHM in this period has been women in prison in the ACT.

Following the sudden movement of the women in the AMC from the low security cottages to a high security wing the women in the AMC requested that we become more actively involved with them again.

As a result, since September 2018 WCHM staff have visited the women at least once a week to:

- actively engage with them about their lived experience;
- work with them to seek their input about key issues affecting them, and to get a better understanding of their needs;
- empower them to contribute their views about their need for services and supports;
- provide them with access to supports, health promotion activities and information provision (including by introducing them to

essential non-Government organisations who had not been involved with the AMC); and

- encourage the system and services to be more responsive to their needs.

We have focussed on assisting the women with lived experience in the AMC to contribute their views on issues affecting them in prison. This is because their experiences are unique:

- Women who are or have been incarcerated represent one of the most marginalised groups in our community.
- Women's offending and imprisonment is often closely related to their poverty, and they are disproportionately affected by homelessness, domestic violence, sexual assault, mental illness, substance abuse, and poverty.

- When women are released from prison they face the same barriers to re-entry as men—social stigmatisation - and few or no employment opportunities.
- Because of their gender, while in goal women prisoners have different health needs and they require care that addresses their reproductive health, histories of abuse and status as primary providers and carers of children.
- Aboriginal women are very overrepresented in prison.

We consulted with them and used their stories to guide discussions on improvements needed to policy affecting their health and wellbeing and housing and justice responses.

We also worked with the women to support them to contribute a submission from them to the ACT Healthy Prison Review. And WCHM also used this information to inform our own submission. Both these resulted in significant recommendations in

the final report to Government about the need for improvements for the women in the AMC.

Media

During this period WCHM had an increased presence in the media around the important issues for women in the ACT, with the Centre’s work covered by print media, radio, and TV. This meant we had much coverage which helped us to highlight the issues affecting ACT women and their health and wellbeing. The issues covered by the media included the impacts of the COVID lockdown on ACT women, the safety of women in public spaces, and coverage of the results from newly released WCHM research reports and information resources.

Domestic and family violence

Violence against women and their children was a key focus for the Centre during tis time. The CEO was the Chair of the ACT’s Domestic Violence Prevention Council, and the Centre contributed to the ACT’s Family Safety Innovation Hub and to the co-design and directions for the Hub that emerged,

in particular the focus on responses for pregnant women in relation to domestic violence, as well as sexual and reproductive coercion.

Improving awareness of domestic and family violence in the LGBTI Community

WCHM also developed and launched a campaign aimed at raising awareness in the LGBTIQ community about family and domestic violence.

The need for the campaign arose from research which the Centre conducted in late 2015, which identified gaps in local knowledge and understanding, with many local respondents identifying that they were less likely to identify domestic and family violence in their relationships.

A recommendation from the report was for the development of LGBT culturally appropriate resources and materials that would raise awareness within the ACT LGBTIQ Community about domestic violence, what it looks like and what they can do/where they can seek support.

WCHM then worked with members of the local LBGTI community to explore what would work best and what the concepts and wording for awareness

raising in the community should be. The majority of the community members who were consulted said they needed to see their relationships in a positive light, even if such a difficult and negative topic was involved.



The result was a positive campaign which shows local loving and diverse couples in the ACT but which reminds the LGBTIQ community that domestic and family violence can happen in their

relationships and that there are services which can help.

The campaign also encouraged the LGBTIQ community to find out more about domestic and family violence by directing them to more information on a website created by WCHM - - www.helpstopdv.org.au.

Business and Industry Engagement on Domestic Violence

This initiative engaged local ACT business and industry leaders to identify opportunities and solutions they could be involved in to reduce barriers for women who had experienced domestic violence and were resettling post-crisis. WCHM was supported by a Grant from ACT Government.

WCHM partnered with the Domestic Violence Crisis Service and worked with professional services firms in Canberra to facilitate forums with different business and industry groups. The professional services involved were Ernst and Young, Deloitte, KMPG, Price Waterhouse Coopers and Protiviti.

The objective of the forums was to explore what opportunities and solutions there might be for

industry and business to help meet the needs of a woman leaving violence, so that they did not tip back into crisis, or into homelessness, or financial insecurity, or return to an abusive relationship because it was too hard to keep themselves and their children safe and secure.

The forums were also about having conversations between sectors that had not previously discussed the impacts of domestic violence.



The importance for WCHM of working with business and industry was that:

- Community services and government cannot address domestic violence alone;
- The majority of Government funding in this space targets the 'crisis' services and responses – such as refuges, police, medical services, courts, specialist homelessness services;
- That means there is a large gap in domestic and family violence service delivery that occurs post-crisis, and broader support needs to be available post crisis than that provided by Government; and
- Many of the solutions to the issues lie with business and industry and they can play a vital role in identifying ACT wide opportunities and solutions.

There were seven areas of focus for the *BEYOND CRISIS: Canberra professionals making safer choices easier for victims of domestic violence*

forums. These seven areas of focus for the forums were informed by the feedback from women in the ACT gained through the research and consultations by the Women's Centre for Health Matters and the Domestic Violence Crisis Service: Housing, Finance, Legal, Insurance, Childcare, Transport and Pets.



There were over 150 participants in the forums who were overwhelmingly positive about the forums and gained insight into the challenges the community sector and survivors of domestic violence face.

The project undoubtedly raised awareness of the impacts and manifestations of domestic violence, and through the use of a powerful survivor voice and the expertise of DVCS, the project generated

practical outputs for women, including the *Assistance Beyond Crisis* microfinance facility.

The project also built on the influence, professional skills, connections and resources of the professional firms.

Development of the Assistance Beyond Crisis microfinance facility

From WCHM's work, we knew that the majority of women leaving domestic violence in the ACT stay in their homes post crisis. Many women found the courage to make the difficult decision to end a violent relationship and then found they could not afford to pay rental or mortgage payments or essential bills – even those on a reasonable income.

WCHM wanted to explore options to invest in solutions for those women who had reached a period of stability and were rebuilding their lives post-crisis - women who had made it beyond crisis but now needed a hand.

That is why WCHM and the Domestic Violence Crisis Service worked with Deloitte, the Snow Foundation, Service One and CARE Financial

Counselling to develop a local ACT response to the need.

A micro-finance facility was designed, and the viability of the business model proven. The facility was launched and offered one-off, no interest loans, primarily for providing some stability financially for a short term one-off need. The micro-finance facility relied on local community donations for the initial corpus, and there were many pledges of support including from the Snow Foundation, Deloitte, Ernst and Young, Price Waterhouse Coopers, KPMG, Beyond Bank, and many others.



The Assistance Beyond Crisis (ABC) micro loan facility was launched on 20th June 2017, and commenced on 1 July 2017.

Support for women to build their skills to independently access information on health-related issues

During this period WCHM focussed on developing digital information websites for ACT women in key areas which our research had showed a need.

Our digital platforms collated links for women to follow to access reputable and reliable information.

These digital platforms included *Having A Baby In Canberra*, *Borderline in the ACT*, the ACT Women's Health Hub, *ACTeen Choices*, *What To Say*, and *Help Stop DV*.

Having A Baby in Canberra

The information which had previously provided to women in a pamphlet or face to face was moved to an online platform. It provides comprehensive, local information all in the one place about the options and support available for ACT women (and their partners), from planning for a pregnancy through to the first six weeks at home with a baby. Information is available about birthing options, models of care and the hospitals and facilities available in the ACT and Queanbeyan, as well

breastfeeding and post-natal supports available in the community.

Understanding Borderline Personality Disorder

A major outcome of WCHM's research into the lived experiences of women with borderline personality disorder (BPD) in the ACT, and the needs of service providers who worked with them, was a dedicated BPD website developed by Women's Health Matters.

To launch WCHM's BPD website WCHM organised a workshop for service providers in the ACT who may at times work with people affected by borderline personality disorder. WCHM hosted the workshop and supported and funded Natalie Malcolmson from BPD Awareness ACT to prepare and deliver this training.

Both of these actions delivered on recommendations from the 2016 WCHM report *Borderline Personality Disorder: Exploring The Lived Experiences Of ACT Women And Service Providers* which investigated the experiences of

women with lived experiences of being diagnosed or labelled with BPD in the ACT and the experiences of service providers who helped and supported them.

Because of the very positive feedback WCHM received about the BPD training, and the requests for more, WCHM planned and organised to run 3 additional training sessions.

The topics were “*Understanding Borderline Personality Disorder to Work Effectively with Clients with BPD*”, and “*How to use dialectical behaviour skills to work more effectively with people with BPD, and look after yourself*”.

ACTeen Choices website

WCHM launched ACTeenChoices in July 2019. We developed the content with our partner Sexual Health and Family Planning ACT who are sexual and reproductive health experts.

This website built on the results of WCHM’s local research, which found that it was hard for young women (and young men) and their parents to find

trusted and local links about sexual and reproductive health (including contraception, STI prevention and treatment, and abortion), what makes a relationship healthy or unhealthy, realistic expectations about sex, the safe use of technology, normal body image, what consent looks like, and where to go for reliable trusted advice and support (local ACT services and trusted online information).

The website provided easy local access to a range of reputable and trusted information sources and resources that were targeted to younger people, and used a range of technology and methods used by younger people (including animations, images, clips etc) to spark their interest.

Maternity access consultations

WCHM supported ACT Health by designing and conducting some independent consultations with groups of women and service providers to inform a model for an ACT Public Maternity Access Strategy.

Fertility Preservation Facility Roundtable

More recently WCHM supported ACT Health by organising and facilitating a roundtable discussion with non-Government/community representatives to progress the commitment by the ACT Legislative Assembly to investigate the feasibility of establishing a Fertility Preservation service for patients with cancer or other serious illness whose fertility is impacted.

Conclusion

WCHM will continue to explore the needs of women in the ACT and advocate in the future for greater inclusion of gender sensitive policies, practices and infrastructure in the development of ACT and national health services and policy.

Our approach will continue to focus on building an evidence base that includes the voices of women and their lived experience so that we can continue to support and advocate for marginalised and disadvantaged groups of women in the ACT.

We would like to thank the large numbers of our partners who have assisted WCHM in its services, projects and research over the 30 years and for connecting us to many women in the ACT to seek and represent their views.

We also want to thank the many individual ACT women who have supported or participated in WCHM's projects and services and have shared their experiences with us — their personal stories and lived experiences will always continue to add depth to WCHM's work, reports and the discussion of their needs in the future.

The people who made it happen

Interim Committee Members

Sue Andrews, Carol Gilbert, Margaret Corden, Fran Parker, Judith Burgess, Chris Duigan, Helen Sutherland, Debbie Hanlin, Marion Christie, Annabelle Wyndham, Mary Blowes,

Board members

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1991–1992

Jacqui Pearce, Jane Ingall, Sue Kelly, Sue Andrews, Lesley Fraser, Marion Christie, Marjanne Rook, Megan Evans, Mary Cutts, Katja Mikhailovich, Beverley Ch'ng

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Jane Ingall, Sue Kelly, Megan Evans, Sue Andrews, Marion Christie, Els Wynen, Mary Cutts, Lorraine Condon, Debbie McKay, Marjanne Rook, Beverley Ch'ng, Katja Mikhailovich, Kellie Miles, Kaylene Bamblett

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1994–1995

Mary Kelsey, Els Wynen, Mary Cutts, Debbie Hanlin, Toni Brown, Janet Phillips, Jo Saccomani, Annabel Wyndham, Nasrin Lucas, Seija Talviharju

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Mary Kelsey, Mary Cutts, Annabel Wyndham, Jane Bullen, Seija Talviharju, Jan Griffiths, Ilya Lovric, Thea Gaia, Marie Jamison, Nasrin Lucas, Janet Phillips, Robyn James

1996–1997

Annabel Wyndham, Jane Bullen, Marie Jamieson, Thea Gaia, Ilya Lovric, Fiona Webb, Seija Talviharju, Nasrin Lucas, Jan Griffiths

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Jane Bullen, Annabel Wyndham, Seija Talviharju, Fiona Webb, Thea Gaia, Betty Craig, Marie Jamieson, Michele Jones, Ilya Lovric, Philia Politics, Deborah Moore, Trudy Bergman, Elizabeth Butkus, Anna Carr, Elizabeth McKenzie, Kim Werner, Jan Griffiths

1998–1999

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1999–2000

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2001–2002

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O'Ophelan, Tania McMurtry, Michele Richards,
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Sandra Lilburn, Tracey Anderson Askew,
Sascha Surgey, Amanda Graupner,
Jennifer Persi, Emily Stimson

2003–2004

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Jennifer Allen, Sarah Spiller,
Paulette Hacoheh-Neilsen

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Mandy Nearhos, Nerida Clarke, Leonie Whyte

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Ruth Hilton-Bell

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Margo Mitchell, Judith Manning, Carol Benda, Eve Burnes, Jane Dahlstrom, Nicole Hogan, Mandy Nearhos, Alison Osmand, Thi-Nha Tran, Sarah Vann Sander, Alicia Wright

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Margo Mitchell, Judith Manning, Carol Benda, Kathleen O'Sullivan, Eve Burnes, Jane Dahlstrom, Alison Osmand, Sally Kingsland, Susan Dalby, Susan Stratigos, Sarah Vann Sander, Alicia Wright, Mandy Nearhos, Thi-Nha Tran, Padma Menon

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Lauren Gale (nee Burke), Deslea Selmes, Karen McGilvery, Robyn McClelland, Helen Swift, Renee Toy, Louise Kearins, Kathy McFie, Sue Salthouse, Alyssa Shaw, Samantha Davidson Fuller, Karen McGilvery, Samantha Davidson Fuller, Kate Eisenberg, Mariluz Gonzalez, Helen Krig, Maiy Azize, Jackie Fairweather, Aodhamair Lenagh-Maguire, Ruth Webber, Alana McInerney, Beth Connolly, Alison Osmand, Judith Briscoe, Kathleen O'Sullivan, Eve Burnes, Jane Dahlstrom, Susan Dalby, Padma Menon, Brooke McKail, Marilyne Read

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Farzana Choudury, Jodie Ledbrook,
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