



ILLAWARRA
WOMEN'S
HEALTH
CENTRE



ANNUAL REPORT
2019 - 2020

Acknowledgement Of Country

Our Centre is situated on land of the Wodi Wodi people of Warilla, part of the Dharawal Nation.

We acknowledge the traditional custodians of this land, where the Aboriginal people have performed age-old ceremonies of storytelling, music, dance and celebration.

We acknowledge and pay respect to Elders past, present and those of the future, for they hold the memories, traditions and hopes of Aboriginal Australia.

We must always remember that under the concrete and asphalt, this land is, was, and always will be traditional Aboriginal land.

We acknowledge that we work in the context of generations of resilient, strengths-based, holistic resistance to violence in Aboriginal and Torres Strait Islander communities. We commit to actively supporting and promoting the voices of Aboriginal people and organisations in our work.



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ILLAWARRA WOMEN'S HEALTH CENTRE

We are an independent community-based feminist health care centre for women only. We provide a safe place for **women to access specialised and trauma informed medical and health care services**. We are run by women for women and girls and are a nationally accredited organisation.

OUR VISION

Women and girls are respected, safe and healthy and experience full participation and equality in their lives.

OUR PURPOSE

We work to improve the physical, mental and social health and wellbeing of women and girls and advocate for positive change for women in the community and the health system.

OUR ROLE

We achieve our purpose by focusing on sexual and reproductive health, domestic and family violence, and mental health and wellbeing, by providing:

- Free or low-cost individual and group health care services:
 - Medical, mental health, and domestic and family violence therapy and support services.
 - Complementary therapies, social and wellness workshops and programs.
- A safe and woman-centred space for social support, community activities and groups.
- Primary prevention and early intervention programs and health education.
- Community development, activism and advocacy to address the underlying causes of poor health for women and girls, and improve policy and services.

OUR VALUES

Illawarra Women's Health Centre is guided by values grounded in feminist philosophy and the proud legacy of women's health centres. Our values are lived out in the way we understand women's experiences and health needs, in our practice and action and in the way the Centre is managed and governed.

Respect

Women involved with our Centre are treated with respect and dignity.

Equity

We focus on women and girls who are at high risk or have special needs, and we stand with women in their struggle for justice, safety and equality.

Compassion

We provide a caring, non-judgemental and person-centred approach to service delivery that responds to each woman's individual circumstances.

Integrity

Honesty, transparency and trustworthiness are foundational to the professionalism of our board, staff and volunteers and our relationships with clients, other services and donors.

Diversity

We value and respect women's racial, cultural and sexual diversity and strive for excellence in being a culturally competent and inclusive service provider.

Recognition And Reconciliation

We value and recognise the heritage and history of Aboriginal and Torres Strait Islander peoples and are committed to advancing healing, reconciliation and justice for Indigenous Australians.

Established in 1986, we provide woman-centred, safe, high quality health services and programs. Since then we have evolved in response to the needs of women and girls in the region, shaped by evidence of effective practice and local, state and national policy contexts.

Despite the significant gains in accessing appropriate, quality health services made by women and girls over the last 30 years, gender inequality remains a major challenge in our society, and with it, discrimination, marginalisation and violence continues to occur to women and girls – across all aspects of our lives. With young women experiencing mental health rates twice as high as young men, rising rates of domestic and family violence, crisis levels of violence against women with disabilities, the pervasive and increasing objectification, sexualisation and abuse of (ever younger girls) and women online, and older women being the most rapidly increasing demographic for homelessness, we are as relevant to women's wellbeing as when we began. In this context, the provision of women centred services, the presence of a safe and inclusive community and a voice that argues for equitable access to employment, housing, justice and health is critical.

That is what we do, that is why we are here.

Our strategic direction for 2017-2022 focuses on three key health issues that adversely affect women: **sexual and reproductive health, domestic and family violence, and mental health and wellbeing.**

The NSW Women's Health Framework 2019

Revised and updated in 2019, the NSW Women's Health Framework, a key policy document for the NSW Government has as its Guiding Principles:

- Taking a holistic view of the health and wellbeing of women and girls
- Recognising the social determinants of health and wellbeing
- Taking a gendered approach and promoting health equity for all women
- Adopting a life course approach
- Empowering women and girls to play an active role in their health and wellbeing
- Improving access and engagement in health services and programs for all women

These principles align to, and reinforce our foundational approach to health which is: a strategic focus on the key current health issues for women, a social determinants and public health perspective to understanding health and wellbeing, a feminist approach to gender equity and women's right to self-determination, and a community-based role within the public health care system.

The National Women's Health Strategy 2020-2030

Our strategic focus areas, identified groups of women in vulnerable and marginalised circumstances and our approach to health and wellbeing are also central to the National Women's Health Strategy, released in April 2019. The five priority areas of the Strategy are:

- **Maternal, sexual and reproductive health** – increase access to information, diagnosis, treatment and services for sexual and reproductive health; enhance and support health promotion and service delivery for preconception, perinatal and maternal health. Recognising the social determinants of health and wellbeing.
- **Healthy ageing** – adopt a life course approach to healthy ageing; address key risk factors that reduce quality of life and better manage the varied needs of women as they age.
- **Chronic conditions and preventive health** – increase awareness and prevention of chronic conditions, symptoms and risk factors; invest in targeted prevention, early detection and intervention; tailor health services for women and girls.
- **Mental health** – enhance gender-specific mental health awareness, education and prevention; focus on early-intervention; invest in service delivery and multi-faceted care.
- **Health impacts of violence against women and girls** – raise awareness about, and address the health and related impacts of violence against women and girls; co-design and deliver safe and accessible services.

The outcomes we work for:

1. Women of all ages coming to the Centre:
 - have choice and control in how their health needs are met at different life stages;
 - can access timely, woman-centred clinical, allied and complementary health services in a safe community setting;
 - feel connected, validated and strong through participation in learning, social support and wellbeing programs; and
 - get timely information, advice and support – directly and through referral to other services – on issues related to housing, legal matters, financial management and access to community services.
2. Women experiencing domestic and family violence and sexual assault, get the information, guided referral and advocacy needed to ensure their safety and a specialised, holistic response to their needs.
3. Girls can access appropriate information that empowers them to make healthy life choices and helps them access safe and personal support when they need it.
4. The health and community service system in the Illawarra is more accessible, cohesive and effective for women and girls who are at risk of poor physical and mental health.

OUR ACHIEVEMENTS

Three years into our five-year 2017-2022 strategic framework and blindsided like everyone else with the impact of COVID-19, we continue most of our goals, as outlined in the following table. Maintaining strategic focus whilst pivoting to respond to the pandemic demonstrated the alacrity, flexibility, resilience and professionalism of our staff, Management and Board – a great team, working together.

In the table, 'achieved' does not mean we stop working on this strategy – we are always seeking to improve the quality of our services and identify and respond to the growing or new needs of our community. Our monitoring and evaluation systems underpin a dynamic, reflective and continuous improvement cycle.

Goals	Strategies	Progress
<p>Strengthen current offerings.</p> <p>Maintain and improve the current range of health care and wellness services and activities and grow our capacity to assist more women.</p>	<ol style="list-style-type: none"> 1. Build capacity to offer the Centre's suite of health care services and group activities for more hours and after hours. 2. Offer services off site and in partnership with other service providers to achieve wider geographic reach. 3. Develop new services and programs that are flexible and responsive to the needs of our priority populations. 4. Develop an evidence base that demonstrates the effectiveness of our services and programs and supports learning and continuous improvement. 	<ol style="list-style-type: none"> 1. Achieved. More varied medical appointments and new after-hours counselling appointments. 2. Achieved. A key focus on services for women with disabilities and women experiencing domestic and family violence. 3. In progress. Broadened our range of community group activities, developed new early intervention and long-term programs. 4. In progress. Working with WHNSW to improve outcome reporting.
<p>Research, advocacy and activism</p> <p>Strengthen the Centre's positioning as a respected expert in women's health matters and expand our efforts in advocacy and community activism to improve women's access to health and justice.</p>	<ol style="list-style-type: none"> 1. Partner with the University of Wollongong and other research institutions to conduct and access research on community needs, service gaps and design and evaluation of services and programs. 2. Advocate for accessible and affordable termination services in the Illawarra, as part of a more comprehensive response to women's sexual and reproductive health needs. 3. Foster networks and partnerships to raise awareness and advocate the need for a more integrated, safe and timely service response to women experiencing domestic violence and sexual assault. 4. Participate in awareness raising and activism that challenges the increased objectification and sexualisation of women and girls. 5. Advocate for improved access to health and community services across the Illawarra, including the need for better public and community transport. 	<ol style="list-style-type: none"> 1. Achieved. Primary partnerships with UOW on two research projects and contributing partners on two community-based grants. 2. Achieved. Strong local media coverage and social media engagement. 3. In progress. Women's Trauma Recovery Centre, Illawarra Committee against Domestic Violence, and direct relationships with key stakeholders, including UOW, to develop a more strategic regional approach. 4. In progress. Through social media, limited by time and resources. 5. Not yet achieved.

Goals	Strategies	Progress
<p>Community engagement and outreach programs</p> <p>Develop community networks and activities with a prevention, early intervention and health education focus targeting high risk populations of women and girls.</p>	<ol style="list-style-type: none"> 1. Expand community outreach and support for women with disabilities at risk of domestic violence and sexual assault. 2. Expand our young women and girls program focused on empowerment, resilience and self-protection (targets young women experiencing family violence, mental health and sexual and reproductive health issues). 3. Raise awareness among young women and girls of the risks and high rates of mental illness and suicide and how to address barriers, get support and maintain good mental health. 4. Develop outreach and support programs for older women who are socially isolated and financially disadvantaged. 	<p>1. Achieved. But with much progress to be made: structural and cultural barriers make accessing women with disabilities extremely difficult.</p> <p>2. Achieved. Working with ten schools, our program now includes a boys stream teaching respectful relationships and consent.</p> <p>3. Achieved. Through the school outreach program and specialised young women's counselling.</p> <p>4. Partly achieved. E-literacy program developed and implemented.</p>
<p>Organisational development</p> <p>Develop the organisational capacities critical to our success – governance, visibility, a professional and committed staff team and a predictable funding base.</p>	<ol style="list-style-type: none"> 1. Strengthen Centre governance by building board stability and investing in board development. 2. Put in place a strategy to achieve stability of funding and growth in untied funding. 3. Ensure the Centre's management, structure and staff competencies are in line with our goals and priorities, including: <ul style="list-style-type: none"> • Increased capacity in fundraising, public relations, advocacy and community mobilisation and outreach. • A workable balance of full time and part time staff, and continued investment in staff learning and development. 4. Maintain strategic relationships with Women's Health NSW, the Illawarra and Shoalhaven Local Health District, other women's health centres and key stakeholders in our priority focus areas. 	<p>1. Achieved.</p> <p>2. In progress. Untied funding is increasing stability still varied and dependent upon government commitment. COVID funding allowed short term boost of services, and a safety net.</p> <p>3. In progress. Strategic restructure undertaken, professional development increased, diversification of targeted staff positions undertaken.</p> <p>4. Achieved. Relationships maintained and developed, and new ones established.</p>



Council of Women Members



Judy Daunt Chairwoman
(2015 – current)



Vi Blazevska Treasurer
(2016 – current)



Tanya Sainty Secretary
(2018 – current)



Susan Brown
(2018 – current)



Dimitria Papavassiliou
(2018 – current)



Pavla Stupkova
(Oct 2019 – current)



Jessica Koot
(Oct 2019 – current)



Rachel Dyer
(Oct 2019 – current)



Christine Donayre
(May 2019 – current)

Dr Mary Papakosmas
(2016 – Mar 2020)

Nyan Thit Tieu
(2018 – Oct 2019)

Natalie Croker
(2018 – Oct 2019)

Visiting Practitioners

Dr Caroline Lade

Women's Health
Medical practitioner

Dr Elspeth Holbrook

Women's Health
Medical practitioner

Dr Eniko Ujvary

Women's Health
Medical practitioner

Jeannette Hindmarsh

Clinical
Psychologist

Dr Melissa Brown

Women's Health
Medical practitioner

Robyn Craigie

Clinical
Psychologist

Stacey Fuller

Dietitian

Special Advisors

Dr Karen Williams

Mental Health, focus on
DFV related trauma.

Helen Volk

Legal

Sue Dignan

Domestic and
Family Violence

Staff



Sally Stevenson AM
General
Manager



Sue Ilievski
Operations
Manager



Therese Wolfe
Administration
Support



Denika Thomas
Social Worker, Young
Women's Program



Grace Jennings
Student Social Worker,
Young Women's Program



Kim Sattler
Women with Disabilities and
Domestic Violence Officer



Miranda Batchelor
Community Liaison and
Client Support Manager



Isobel Georges
Young Womens
Specialist Counsellor



Fran Colville
Practice
Nurse



Linda Bradshaw
Massage
Therapist



Alice Martin
Business
Manager



Heather McCarron
Generalist
Counsellor

Tina Bell
Telephone
Counsellor

Editt Melgarejo
Nurse
Practitioner

Jennifer Ridge
Young Women's
Program

CHAIRWOMAN'S REPORT

ABOUT US



This annual report highlights the many fantastic achievements, and some of the challenges, of all those involved with the Illawarra Women's Health Centre in the past 12 months.

At the Annual General Meeting held October 2019 we accepted nominations and welcomed the returning Council members Vi Blazevska, Tanya Sainty, Dimi Papavassiliou, Pavla Stupkova, and me, plus new members Rachel Dyer and Jessica Koot, thus seven Council member positions with two vacancies remaining. During the reporting period we accepted a nomination and welcomed Christine Donayre, whilst Sue Brown returned after

12 months away. During the past 12 months we farewelled Mary Papakosmas and we thank her for her formidable contribution during the three years she was on the Council. What a year! (I'm sure every annual report will start this same way).

Firstly, I must highly commend General Manager Sally Stevenson for her strong leadership and management as COVID-19 struck mid-March this year. Sally's initial assessment of the situation and calculated response ensured the team at the Illawarra Women's Health Centre were best placed to ensure their own professional and personal safety, while providing essential services to women who needed it the most. The whole team worked very hard and continue to do so, as their commitment has not wavered.

As predicted, COVID-19 and the subsequent restrictions meant the demand for and access to support for women experiencing domestic and family violence escalated, as it did for mental health services, and sexual and reproductive health assistance. As an essential service, the Centre's continuing operations have never been more important or more needed. The team were continually faced with increasing demand as the number of women increased, waiting lists and waiting time between appointments grew and the issues for women becoming more complex than ever seen before.

Other than the COVID-19 response and ongoing management, there has been other important business undertaken by the Centre. I've listed some of the highlights below, and there is more detail in the report.

1. The Women's Trauma Recovery Centre – momentum continues, with the coordination of the Consultative Working Group and ongoing lobbying and advocacy maintained through the year. In partnership with the University of NSW, we were successful in securing a \$50,000 grant from the Ministry of Health for research to co-design the Centre's service delivery framework. In addition, we have developed the brand of the Women's Trauma Recovery Centre, as well as a webpage and social media platforms.

2. We have established even stronger media partnerships with the Illawarra Mercury, ABC Illawarra radio and WIN Illawarra. Through these partnerships, women's health and wellbeing issues are consistently being highlighted, especially issues relating to domestic and family violence, lack of funding and limited understanding of what is needed.

3. We undertook our midterm accreditation review and received very favourable and positive results. We also undertook the midterm review of our Strategic Intent Framework. It found we were well on track, highlighting the strategic direction and initiatives undertaken to be appropriate and responsive to community and funding requirements.

4. We upgraded our outdoor area with the support of the Federal Stronger Communities Program and the Illawarra Shoalhaven Local Health District.

Expert financial leadership by Sally and supported by Council Treasurer Vi, saw the Centre in a strong financial situation. Due to COVID-19 restrictions we were unable to hold the annual gala dinner,

the major fundraising event we heavily rely on, so additional support through JobKeeper was most welcome. Even in these difficult times, we were supported by generous community donations – which was wonderfully encouraging and demonstrated the regard the community has for our Centre.

The demand for services and programs at the Centre has never been higher than it is now and unfortunately, we can predict the demand will continue to increase. However, as I take a moment to reflect on the past 12 months, I can honestly say the Centre can just about cope and manage anything! A highly competent, dedicated, and visionary General Manager Sally, expert professional and passionate Centre staff, a sound financial situation (although that's due to good management rather than the appropriate levels of funding), an excellent working Strategic Plan and increased community reputation and recognition are all significant factors.

However, the future is not without challenges. We must continue to work hard, remain vigilant and advocate for young girls and women so all have the opportunity to improve and maintain their physical, mental and social health and well-being.

Finally, a big thanks and congratulations on a great year to all Council Members, Sally and Centre Staff. Please join me in sharing the Vision of the Illawarra Women's Health Centre, a future where 'women and girls are respected, safe and healthy, and experience full participation and equality in their lives.'

Judy Daunt | Chairwoman

"I would be lost without it. It is just a nice place for a woman to go to."

GENERAL MANAGER'S REPORT

ABOUT US



2019-2020 was a year to remember: we were, as a community and as a service, challenged to respond to fundamental global issues: structural racism, as exposed by the Black Lives Matters campaign; climate change, as so brutally experienced by so many during the bushfire catastrophes; the epidemic of violence against women and girls, the sickening prevalence of which we are reminded of weekly, with every new murder of a woman in Australia; and finally the pandemic of COVID-19.

It was, on any measure, a grim year. But we also had some wins. The Reproductive Health Care Reform Bill 2019 was passed which, after 118 years decriminalised abortion, and we secured funding for the co-design of the Women's Trauma Recovery Centre.

And, as is so often the case, we were sustained and uplifted by our community: our clients, union representatives, political representatives, local media and the huge number of concerned community members who all wrapped their arms around our Centre, and made sure we were able to continue providing services to those women and girls who found themselves in need of support, services or a friend. We thank you all.

And at the core of this year, and the delivery of our services, is the dedication, compassion, hard work, forward thinking and wonderful humour of our staff and volunteers. I'd tackle anything with this team. Working from the small patch of Dharawal land we are privileged to be on, this team is truly world class.

Our Centre provides a unique and critical service in the Illawarra, welcoming all women who walk through our door, regardless of age, ethnicity, sexuality or disability. We offer safe, accessible and cost-effective support to women. The Centre is also a place of integrity, where women are treated with respect, dignity and kindness. Nothing changed during the pandemic. As an essential service we remained open, offering women a place of safety and understanding, a place of professional expertise and experience, a place of feminism and empowerment, a place for women in need of critical support due to domestic and family abuse, mental health challenges, or an urgent abortion. The demand for all these services significantly increased during the pandemic – and we know that demand will continue. The pandemic may finish – the cost to women and children in a deeply inequitable world will continue for years.

As a vital and dynamic component of the primary health care system in the Illawarra, we supported 1,382 individual clients, down 3% on last year. This translated to 4,508 (up 4% on last year) occasions of service, covering 11,396 presenting issues (an increase of 8%) reflecting our integrated care 'one stop shop' approach to services and support, and the increasing complexity of health issues for the women who come to see us. The number of women contacting us for information, support or referrals continues to increase with almost 10,080 telephone and walk in contacts at reception, an increase of 17% over last year. We facilitated and/or implemented 782 group sessions, a decrease of 26% on last year, due to suspension of groups in March. These numbers are reflected on in more detail further in the report, where we show the dramatic increase in women in crisis and seeking support due to COVID-19.

Despite the challenges this year, we remained on our clear strategic path and exceeded both our operational and financial goals. We launched new initiatives, secured new funding, increased our advocacy and public profile, and strengthened our services in all three strategic focus areas - sexual and reproductive health, domestic and family violence, and mental health and wellbeing. Even as we pivoted quickly in our response to COVID-19, we achieved the following highlights:

- **Advocating** for the decriminalisation of abortion, in the mainstream media and across our social media platforms, at rallies and by community letter writing campaign.
- **Completing** our research with University of Wollongong into community attitudes towards domestic and family violence in the Shellharbour LGA and local high schools.
- **Partnering** with DVNSW to implement the ground-breaking Voices of Change advocacy program with domestic and family violence victims/survivor in the Illawarra.
- **Building** the campaign for a Women's Trauma Recovery Centre, developing new strategic partnerships and allies as well as securing funding for the co-design of the Centre.
- **Increasing** our media presence primarily on abortion, domestic and family abuse, especially in the context of COVID-19, and the Women's Trauma Recovery Centre, with great support from local media outlets and growing reach on social media.
- **Launching** our community-based advocacy project which includes letter writing afternoon teas at the Centre.
- **Creating** a wonderfully successful live 'You Can't Ask That' event with Voices of Change advocates, who always speak so powerfully about the reality their experiences as women who have suffered sexualised, domestic or family violence.
- **Appreciating** and so very much enjoying the fundraisers by Ayse Goknur Shanal, world class soprano who presented a concert of feminist songs by Clara Schumann and Jules Mitry, owner of Balinese Spice Magic who held a beautiful Balinese traditional 'soup kitchen' evening supporting our Centre. Two gorgeous and generous women.
- **Renewing** 30% of our IT hardware and upgrading the Centre to be COVID safe and ready renovating the backyard with Federal Department of Infrastructure funding matched by ISLHD.

"When you walk through the door, there is a sense of warmth and kindness in the centre and also lots of activities. There is great camaraderie with all of the staff."

The Centre this year was funded (62.5%) by the NSW Ministry of Health, through the NGO Health Partnerships grant program, distributed and monitored by the Illawarra Shoalhaven Local Health District. Our financial situation is healthy, with a surplus of just under \$56,000, reflecting the injection of JobKeeper funds. However, our medical practice remains financially challenging given lack of access to doctors and the Medicare financing structure. This year we subsidised the practice by approximately \$21,000.

Our major challenges remain funding, space, unmet demand and recruitment of doctors.

As I said in last year's report, and I will continue to say until there is change, there has been no real increase in funding for women's health centres across the state since 1986. This is a disgrace, especially in the context of: increased demands on governance, administration, management and for services; increased demands on financial and organisational compliance; population growth and increased complexity and number of clients and their presenting issues. Inadequate funding results in undue stress on our physical and human resources, and it means we have little capacity to meet additional needs – try as we might.

An urgent increase in funding levels is required to meet current and growing governance and community service needs.

And this was before the impact of the pandemic where, for example, our wait list for counselling blew out between April-June from 2-3 weeks to 3 months. At the time of writing we have received no additional health funding to respond to this demand, despite the impact being highly predictable and a request for additional support lodged in March. We are angry and frustrated that women cannot access their human right to health in a timely and efficient way.

As we look towards a calmer year in 2020-21, I thank our networks and partners for their support and commitment to the needs of our shared clients. I thank our Council of Women and staff for creating a women's health centre that we can all be proud of.

And most of all I thank our clients who continue to put their faith in us, often under the most awful circumstances. Their quiet strength, remarkable resilience and perseverance, humour and humility are, without question, inspiring. It is our privilege to support them.

Sally Stevenson AM | General Manager



OUR WORK

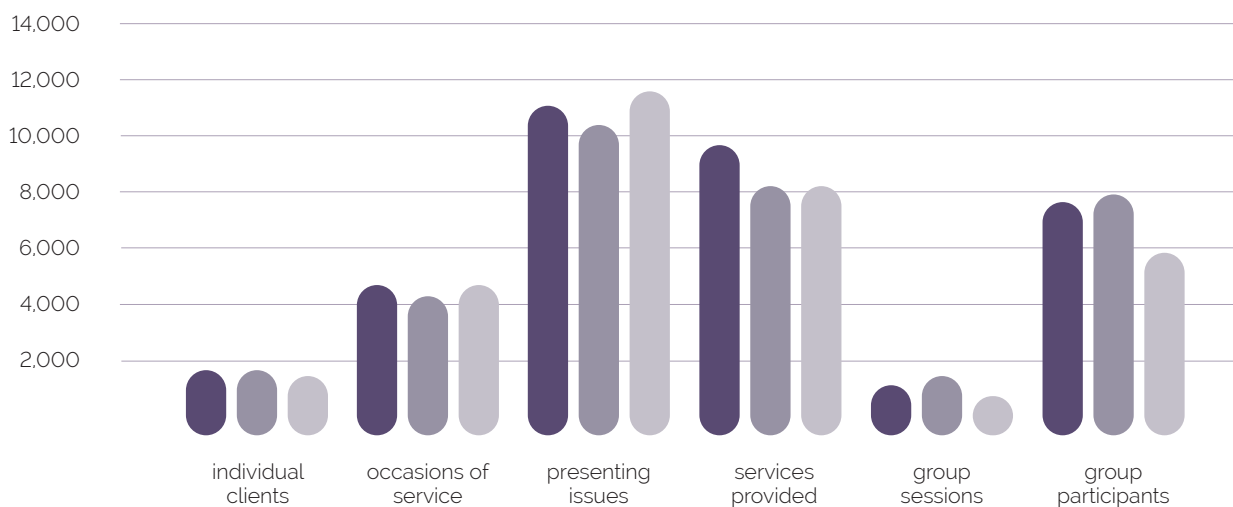
We address key health issues for women using a variety of strategies, including clinical and allied health services, therapeutic and information workshops on mental and physical health and healthy relationships, as well as financial and legal services, outreach and community group activities.

The range and availability our health practitioners enables us to provide continuity of care under one roof, particularly important for women who are in vulnerable and marginalised situations.

Our focus is on mental health, sexual and reproductive health and the "shadow pandemic" of our time, family and domestic abuse. Although we are small, we see over 3,000 women a year, with more than 20,000 client contacts. Every day we receive an average of 30-40 calls for support and information as well as referrals from police, local refuges, GPs, private mental health providers, community service organisations, Family and Community Services (FACs), NSW Housing, and local health services.

CLIENT ACTIVITY SNAPSHOT

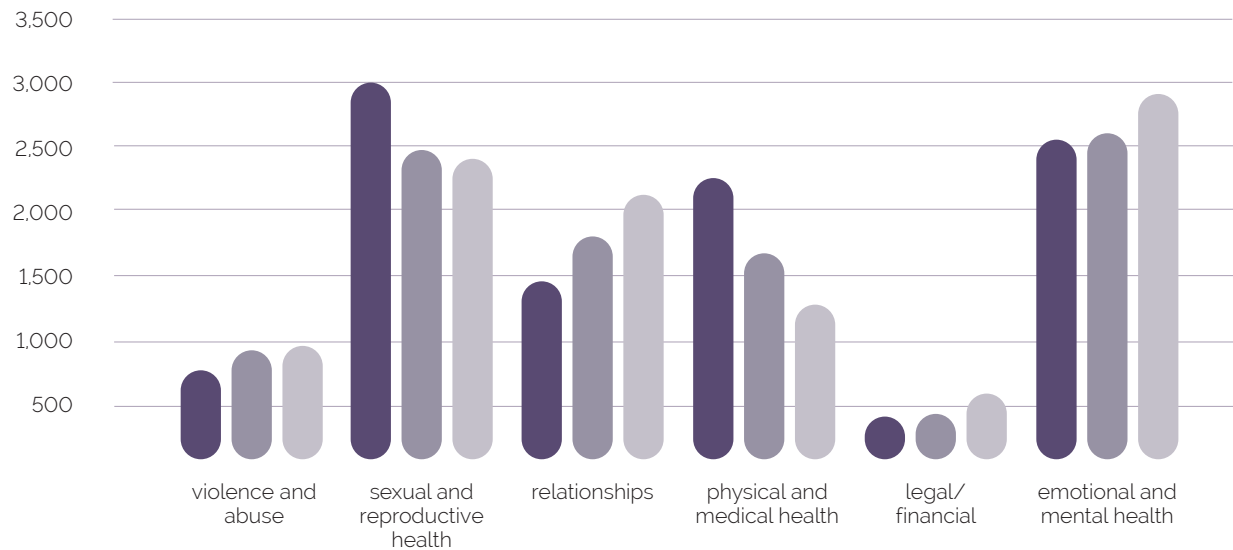
● 2018 ● 2019 ● 2020



The COVID-19 pandemic had a significant impact on what services we could offer. As an essential service we always remained open, continuing to offer face to face support for women experiencing domestic and family violence, mental health issues and those needing abortions. We also offered Telehealth and other remote support options. Despite the obstacles and challenges, individual client contacts decreased by only 4%. All group activities were, however, suspended and so these numbers dropped significantly, by 26%.

PRESENTING ISSUES

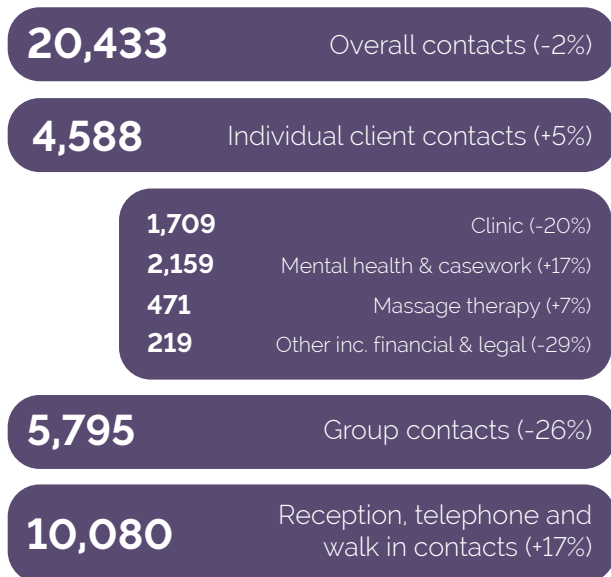
● 2018 ● 2019 ● 2020



INDIVIDUAL CLIENTS



CLIENT CONTACTS



OUR PARTNERS

Delivering free of charge, individual services at the Centre:

Illawarra Legal Centre
 Shellharbour Legal Solutions
 Mission Australia
 Centrelink
 Violence Abuse & Neglect Team, ISLHD

OUR RESPONSE

In mid-March, with our Nurse Practitioner Editt Melgarejo in the Clinical Lead, we reacted decisively and professionally to the threat of COVID-19. As an essential service, we remained open to crisis support, with strict hygiene and physical distancing protocols in place. We saw a significant and concerning increase in the number of clients needing mental health and domestic and family abuse support, as well as a dramatic rise in the demand for abortions.

The most difficult change for many of our clients was the early suspension of group activities. Social isolation, particularly for older women, and women experiencing or recovering from domestic and family abuse has a significant impact on their health and wellbeing. We developed new approaches and strategies to ensure delivery of as many of our services as possible.

These included:

- **Offering** remote counselling support and telehealth options by the end of March.
- **Launching** our telephone social support line, with incredible volunteers Sue Brown, Sue Dignan and Therese Wolfe calling all our clients in the last 18 months who were 60+ years old to 'check in' and provide social support if requested. Over 300 calls were made.
- **Proactively** calling our more vulnerable clients to ensure they were 'OK' during shutdown.
- **Supporting** many women who were safe but had previously been in abusive relationships to manage the mental health issues the shutdown measures triggered.
- **Redoubling** our efforts to raise awareness that we remain open. We established new partnerships with Stockland Shellharbour and Aldi, displaying our posters advertising we were open, and it was legal to travel to the Centre.
- **Partnering** with production company Cocoa and Butter to hold a special 'She'll be Right' on-line Mother's Day show. Over 90 people tuned in.

Telephone social support available

Maintaining our social well-being through these unusual times. Connecting friendly staff to those in self-isolation or impacted by the social gathering restrictions during COVID-19.

Contact Illawarra Women's Centre for referral.
Existing telephone counselling service available.

📞 4255 6800 ✉ info@womenshealthcentre.com.au



Physical distancing not solitude

THE IMPACT ON OUR CENTRE

OUR WORK

As predicted by experience and research, the pandemic had a significant impact on women seeing support for mental health, domestic and family abuse issues and abortions. With domestic and family abuse, women were reporting more intense, frequent and complex violence as well as the increasing impact of delayed Family Law matters due to the courts being closed.

Evidence shows that as with all disasters and times of social crisis, the COVID-19 pandemic disproportionately affected women. Results from a University of Melbourne study indicated that for households with children, social isolation and school closures have added an extra six hours a day to care or supervision. Of those six hours, for heterosexual nuclear families, around four hours are being done by women, and two by their male partners. Housework, meanwhile, is up around an hour and 10 minutes every day for women, but less than half an hour for men.

Women are over-represented in the fields most affected by an economic shutdown. According to the McKinsey Global Institute, women's jobs were 1.8 times more vulnerable to this crisis than men's.



Miranda Batchelor, Community Liaison and Client Support Manager with masks for clients.

Women make up 39% of global employment but account for 54% of overall job losses. The hardest hit sector, food and accommodation services,

employs significant numbers of women and has shed a third of its workforce since March, according to the latest data from the ABS.

Women are over-represented in casual employment, and thus more likely to lose their jobs during the COVID-19 contraction and be ineligible for the government's JobKeeper package. Women are hugely dominant in the (often low-paid) fields which during this crisis have qualified as "essential services". More than 75% of "health professionals" - which includes everyone from pharmacists to social workers and medical scientists, according to the Workplace Gender Equality Agency - are women. This group, like teachers, is more likely to be called upon to keep working through the crisis, often putting their own health at risk, while simultaneously being obliged to shoulder the previously discussed increase in domestic work.

As Annabelle Crabb put it, "women right now are more likely to lose work that is paid and more likely to pick up work that is unpaid." Additionally, the gender superannuation gap is widening. AMP reports show that women are withdrawing a greater proportion of their super balance as part of the government's early superannuation release scheme.

Evidence shows that as with all disasters and times of social crisis, the COVID-19 pandemic disproportionately affected women.

The consequent mental health impacts on women from this financial and workload stress are critical and significant. In April, UN Secretary-General Antonio Guterres noted that "COVID-19 could reverse the limited progress that has been made on gender equality and women's rights". With the pandemic set to stretch into 2021, his words are looking less like a warning and more like a certainty.

To add to this, domestic and family abuse rates have risen across all socioeconomic groupings, and in all contexts - as was widely and publicly predicated in March. The Australian Institute of Criminology's findings about women's experiences of domestic abuse during the early stages of the pandemic show that of the 15,000 Australian women surveyed, 11.6 per cent (1 in 10) reported experiencing emotionally abusive, harassing or controlling behaviour. Additionally, 5.8 per cent reported experiencing coercive control, often alongside physical or sexual violence. These incidents of abuse frequently began or escalated during the pandemic. Of those women experiencing physical or sexual violence, two-thirds reported abuse for the first time or an escalation in abuse. Of those women experiencing coercive control, over half reported that the behaviours started or escalated during the pandemic.

Will Alstergren, Chief Justice of the Family Court, said the prevalence of household abuse was higher now than he's witnessed at any time, during a career that spans three decades.

We were at the front line of this "shadow" pandemic.

She continues, "Some women are preparing to leave, trying to get their finances in order with Centrelink, for example. Some have left and are trying to navigate a range of services. Many need housing, mental health support because of the abuse, or help with the criminal justice system, including applying for Apprehended Violence Orders. Some need help accessing victims' services compensation, support for distressing family law matters or support for abortion due to reproductive coercion. Some need support for all or a number of these issues".

This is what our client support, caseworkers, and social workers are doing.

Every day.



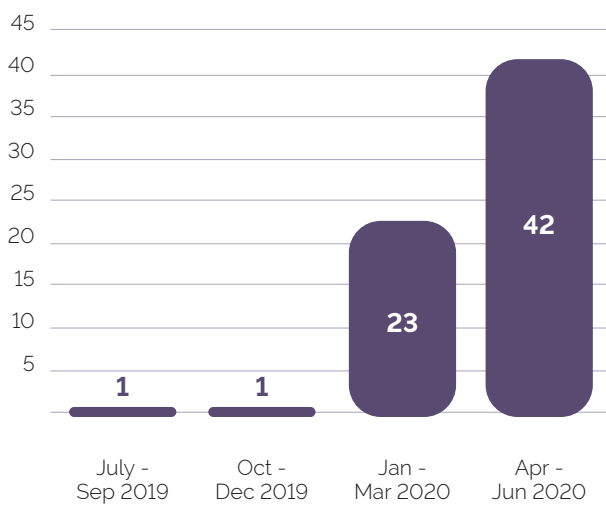
Jas Lenartowicz, a Voices for Change advocate, profiled in the Illawarra Mercury, regarding the impact of COVID-19 domestic violence survivors.

„At the same time, we know the worst is to come after September, when much of the government financial support is removed or reduced, and we head into Christmas, a time when abuse and abuse traditionally escalates. Services such as ours are full. And we have no new funding to help us cope with the increased demand. We are looking at a perfect storm.

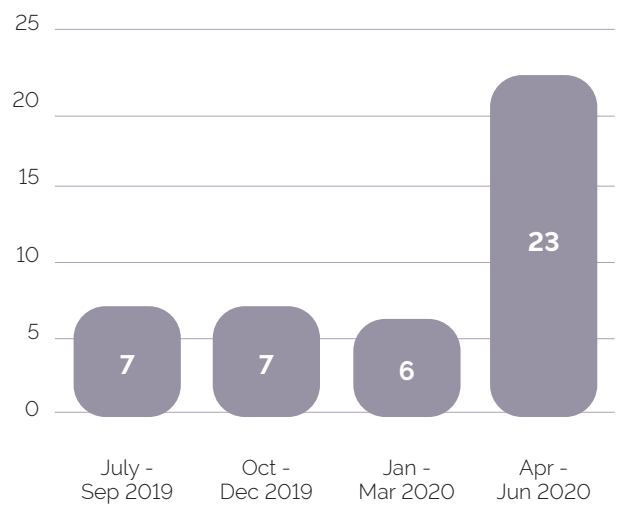
THE IMPACT ON OUR CENTRE

OUR WORK

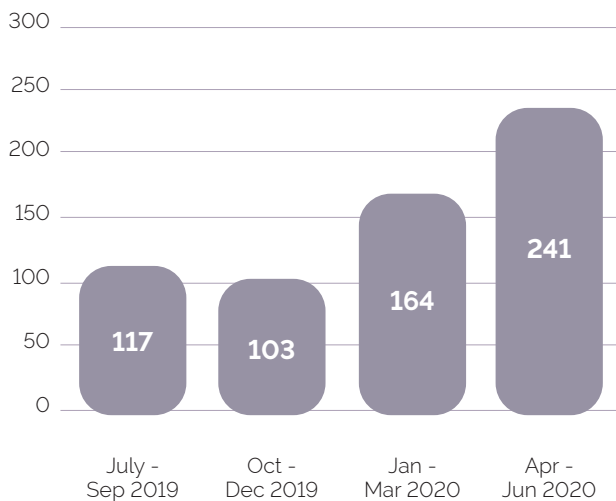
Emergency/Crisis walk-ins



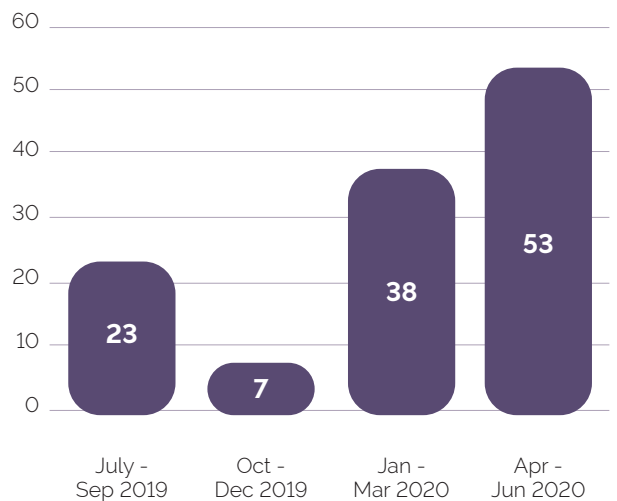
Women over the age of 55 presenting with domestic and family abuse



Client Contacts: Legal Issues (AVO, Child Custody, Divorce, Family Law, Victims Compensation)



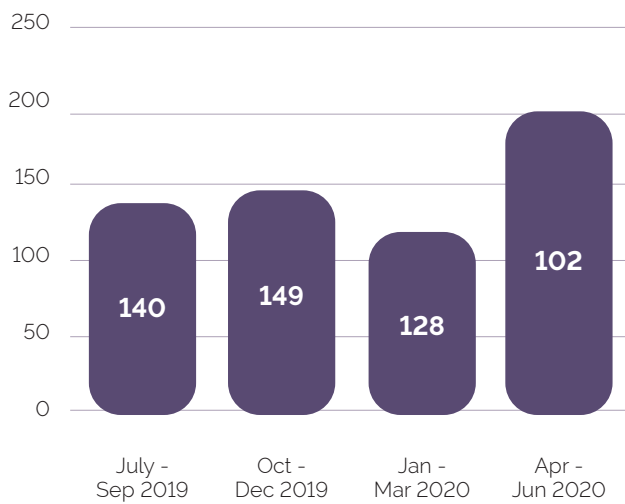
Client Contacts: Financial Stress



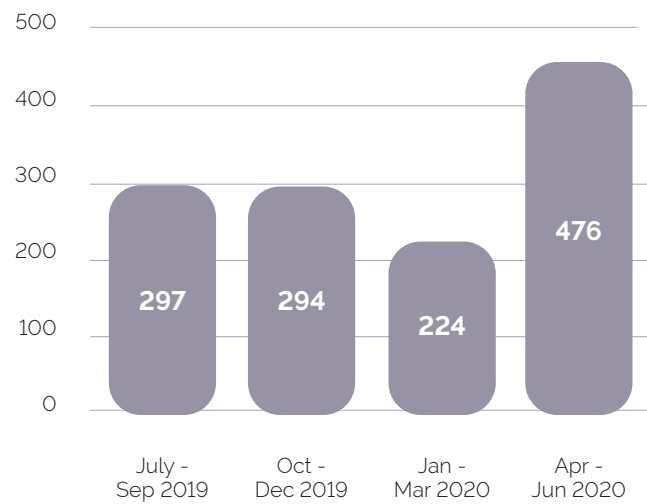
THE IMPACT ON OUR CENTRE

OUR WORK

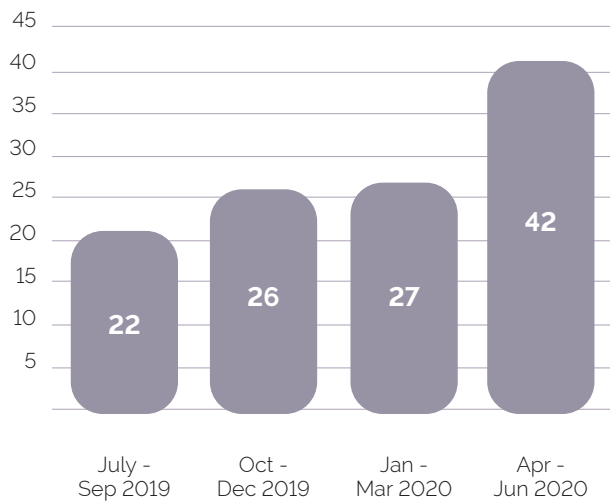
**Client Contacts:
Mental Health**



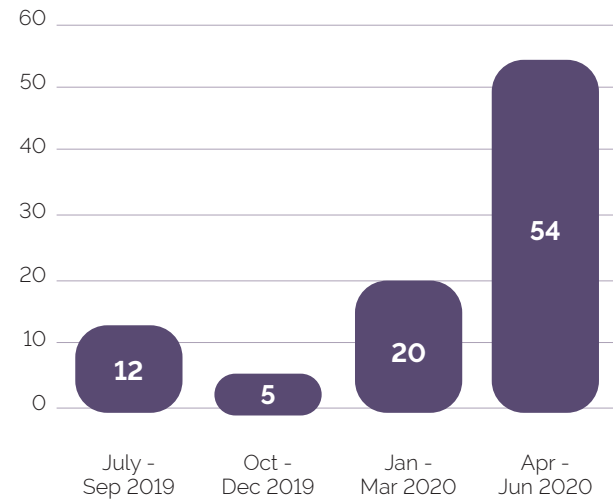
**Centre Telephone
Contacts:**



**Client Contacts:
Housing**

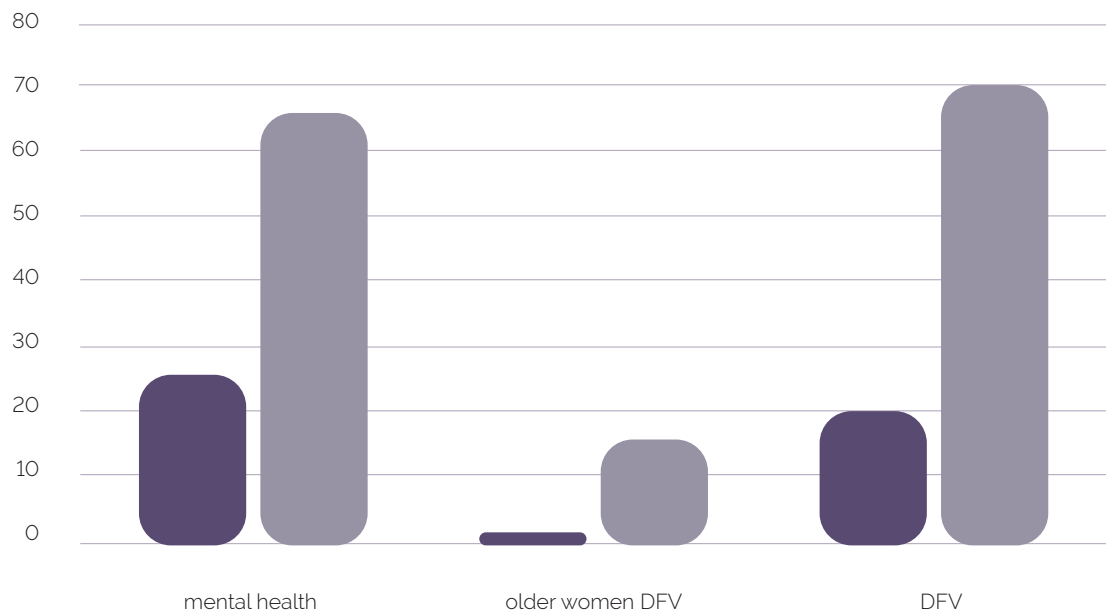


**Client Contacts:
Loneliness/Isolation**



**Contacts with Client Support Manager
January - June 2020**

● January - March ● April - June



Domestic and family violence contacts for Quarter 2 were 3.5 times as much as Quarter 1

Mental Health contacts for Quarter 2 were 2.6 times as much as Quarter 1

We are at absolute capacity.

DOMESTIC AND FAMILY ABUSE

The complexity of domestic and family abuse demands integrated, high quality, flexible and safe services and referral pathways. We have 32 years experience in addressing the impacts of domestic and family abuse, and provide wrap-around support services that address the multiple physical, psychological, economic and social needs of women. This includes, medical assessment, safety planning and referral, trauma counselling, priority access to doctor and nurse consultations and a range of therapeutic, educational and support programs.

We also deliver the following unique programs:

1. **Women with disabilities and domestic and family violence program:** 90% of women with disabilities experience DFV, often with multiple experiences and multiple perpetrators. We are the only service in the Illawarra to provide specialised and dedicated support to these women. In addition to one on one support, we work in partnership with a wide range of disability service providers to provide individualised support and advocacy and deliver appropriate domestic and family violence and healthy relationships training to men and women.

We actively worked to raise the profile of women with a disability experiencing violence and are now regularly asked to present at local conferences and panels on this issue.

2. **TeensTALK outreach program:** this program is a simple but innovative approach to delivering health education messages, improving health behaviours and building and enabling health seeking strategies in young people – it builds understanding of gender equity and healthy relationships (including the gender-based drivers of violence), positive mental health and sexual and reproductive health. It has been tested and refined over the last three years. This year we delivered it to eight Illawarra High Schools (500 students), on a fee for service basis.

There are two streams:

a. **'Talk like a Girl'**, which also develops the skills, knowledge and confidence of girls to understand and protect themselves against domestic and family violence, manage their sexual and reproductive health and build mental health resilience.

b. **'BoysTalk'**, which works with boys to develop an understanding of positive masculinity and respectful relationships.



"My daughter and I attended the puberty workshop with Denika it was brilliant. It was great to spend time with other Mums and the girls all seemed to get along great. It opened communication lines with my daughter and I."

3. **Mothers and Sons Program:** 90% of women with disabilities experience DFV, often with multiple experiences and multiple perpetrators. We are the only service in the Illawarra to provide specialised and dedicated support to these women. In addition to one on one support, we work in partnership with a wide range of disability service providers to provide individualised support and advocacy and deliver appropriate domestic and family violence and healthy relationships training to men and women.

This year the program has received significant private funding from IWD Illawarra Committee and Daniele Dobson, who is very generously donating 10% of global sales of her groundbreaking book *Breaking the Gender Code*, to support the program.



4. **'...a little bird told...'** This awareness campaign is designed to reach out to women who may be experiencing violence and control in their relationships - but don't know where to seek help in the Illawarra. We distributed over 2,000 small 'a little bird told me' cards with our contact details. Women can keep these cards discreetly in their purses, handbags, or at home. It is critical that information does not alert a perpetrator to the act a woman may be seeking help, or planning to leave, as this can be one of the most dangerous times for a victim of violence. These cards are available in places that are primarily used by women, such as hairdressing salons and women's gyms. Women are encouraged to take the cards, and even if they can't or don't want to use the information immediately - we suggest they keep them in their purse or handbag, for when they or a friend or family member may need them. Research shows that 2 out of 5 women who experience domestic and family violence do not know where to seek help.

Each year we report on growing numbers of women who seek support for domestic and family abuse.

But we cannot stand by while rates continue to increase, and women continue to suffer - and governments do not invest anywhere near enough resources to address this epidemic, at the primary, secondary or tertiary levels. We have learnt to be cynical of the 'shock' and 'heart felt' promises for change when another woman is brutally murdered. We are shocked that anyone is shocked by these murders: they have been happening for decades, every week. You just need to pay attention, and to care. It's not a surprise - it is a public health crisis. We provide excellent services and support, but it is not enough. Change must happen and we must demand that it does. And this year we have done exactly that.

Our advocacy has substantially increased as we seek the criminalisation of coercive control, appropriate and sustained levels of funding for both the immediate impact of COVID-19 and its long-term consequences, and support for a Women's Trauma Recovery Centre. Our exposure has been through national, state and local media, on mainstream and social media platforms- we have raised our voice and very intentionally are taking a 'speak truth to power' position. We will not be grateful for crumbs: we will demand women receive quality health care - it is after all their human right to do so.

PREETHI REDDY AND HANNAH CLARKE:

AN INCREASING AWARENESS AND UNDERSTANDING OF COERCIVE CONTROL AND WHY WE SHOULD CRIMINALISE.

The data is very clear. In 99 per cent of domestic violence-related homicides in NSW, the relationship was characterised by the male abuser's use of coercive controlling behaviours towards the victim. Also known as "intimate terrorism", coercive control is both a predictor of murder and an insidious and private form of violence, which has long-lasting and extremely damaging health and wellbeing consequences.

For decades, survivors have been reporting the most difficult thing about domestic abuse is not necessarily the physical violence, the bruised ribs, chipped teeth or broken bones. The worst part, many survivors say, is the psychological abuse - the manipulation and surveillance, the gradual isolation from friends and family, the rigid rules, degrading put-downs, humiliation and threats - the insidious 'system' of behaviours perpetrators use to dominate and entrap their victims known as coercive control.

And yet, this form of violence is not illegal in NSW. It is not a crime. If it was, the deaths of 35 women this year might well have been prevented. As might the significant and long-term psychological emotional injury it causes women and children.

The Coercive Control legislation being developed by our local representative Anna Watson MP, to be introduced into NSW Parliament as a Private Members Bill seeks to make coercive control illegal. If successfully passed and appropriately funded, this Bill will save lives. It will prevent lifelong injury and pain to women and children.

Understanding coercive control is not easy. It is defined by sociologist Professor Evan Stark from Rutgers University as a "malign pattern of domination" that can include "emotional abuse, historical abuse, isolation, sexual coercion, financial abuse, cyber-stalking, and other distal forms of intimidation". In other words, it describes a wide range of controlling behaviours that one person (usually a man) commits against another person (usually a woman, and usually a current or former intimate partner). These behaviours collectively strip the other person of their autonomy and sense of self-worth.

And yet, this form of violence is not illegal in NSW. It is not a crime. If it was, the deaths of 35 women this year might well have been prevented.

Unlike traditionally understood family violence offences, coercive control involves a pattern of behaviour rather than an individual incident.

The United Kingdom and Ireland have introduced legislation making it a crime to engage in what's known as "coercive control" towards an intimate partner. In April 2019 Scotland introduced the ground-breaking Domestic Abuse Act, which creates a "course of conduct" offence allowing physical, psychological and coercive behaviours to be prosecuted at the same time.

Since 2015, tracking of cases in England and Wales where offenders were convicted of controlling or coercive behaviour revealed a range of deplorable behaviours. For example, some offenders threatened to expose private intimate photographs of their partner or ex-partner, prevented their partner from ending the relationship by threatening to, or actually engaging in self-harm, threatened to or actually harmed their partner's pets, demanded that their partner eat or not eat certain foods, demanded their partner sleep on the floor, prohibited their partner from seeking or continuing employment, controlled their partner's finances, with one giving his partner an allowance out of her own income, and conducted regular inspections of their partner's home or body for evidence of infidelity.

"So, his first act of physical violence had to be his final act of control."

The Final Act of Control

Dr Nithya Reddy, sister of Preethi Reddy, a dentist working in Dapto who was murdered by her former partner, has said that she had never liked her sister's former partner, but did not think he was capable of murder. "I knew that he had controlling tendencies in other ways - there'd be that coercively controlling behaviour - but it was never threatening, violent or aggressive," Dr Reddy said. "What I'm realising now is that he had never perpetrated physically violent acts towards her in the past because he knew that he would lose control of her that way. So, his first act of physical violence had to be his final act of control."

Domestic and family abuse has received considerable attention in Australia in recent years and yet for all the work that has been done, it is perhaps surprising to note that most of the above behaviours - with the exception of actual or threatened physical violence and stalking - are not criminal. Indeed, these only become criminal if they are a breach of an intervention order.

What does this say to women? What does it say to children when we know especially for children, being in a coercive controlling household can create the same lasting harms as direct physical or sexual abuse? That such abuse is OK?

It is not.

We want coercive control to be a criminal offence in its own right. As our General Manager Sally Stevenson says "Criminalising coercive control is vital, but it must be part of wider reforms to address the current unacceptable reality in Australia, that a current or former partner murders a woman every week, and millions of Australian women experience abuse by an intimate partner at some stage in their lives. Millions."

Over and over again, we see women come into our Centre seeking support for this form of abuse. Client Support Manager Miranda Batchelor, says "this type of control includes sexual coercion, more bluntly known as rape. Other behaviours include yelling, swearing, name calling, threatening to hurt them/their children/their pets, intimidation (i.e. walking around the house with a weapon, punching the wall near their head), putting them down (making them feel worthless, hopeless, alone, isolated and ashamed), self-deprivation and financial control, including preventing them from registering with Centrelink for the aged pension.

"These women live in a constant heightened state of fear... These women are survivors and protectors of their children. The system is letting them down."

"These women live in a constant heightened state of fear. When these women find the strength and courage to leave their partners and seek help from the police, they are unable to get any sort of protection, being told 'if he hasn't hit you then there's nothing we can do'. These women are survivors and protectors of their children. The system is letting them down."

What we know about cases being prosecuted in the UK gives policymakers confidence the approach can work here, too. Criminalising the seemingly "invisible" behaviours at the heart of so many abusive relationships, we believe would completely reshape the way authorities understand and respond to gendered violence and better hold perpetrators to account.

Survivors are saying, It's about time. We couldn't agree more.



MENTAL AND SOCIAL HEALTH

Mental health increasingly dominates the disease burden for women.

The Seven Year Youth Mental Health Report, 2012 - 2018 (Mission Australia and Black Dog Institute) notes almost a quarter of young Australians are facing mental health challenges. That figure has increased from 18.7% in 2012 to 24.2% in 2018. Young females are twice as likely as young males to experience psychological distress, and this has increased from 22.5% in 2012 to 30.0% in 2018.

17.3% of women in NSW experience high or very high psychological distress [Health Stats NSW]

Between our generalist counsellors, social workers and psychologists we offer: individual counselling at the Centre, telephone counselling, crisis support, peer support groups, educative and therapeutic workshops and outreach to schools. Of utmost importance our Centre is a safe space for women to come and simply be themselves and if they choose, part of a supportive community.

Evidence also suggests that COVID-19 is having significant impacts on women's mental health, and that this is compounding existing mental health inequalities between women and men.

The ABS Household Impacts of COVID-19 Survey indicates that women are significantly more likely than men to have experienced negative mental health impacts. The escalation in mental health issues among women is due, at least in part, to intensification of pre-existing gendered social and economic inequalities:

- The over-representation of women in casual and insecure employment means they are more likely to have lost their jobs.
- Women already make up the majority of unpaid carers, and have taken on a greater share of additional care responsibilities for children, other family members and at-risk community members during self-isolation. The ABS Household Impacts of COVID-19 survey shows that women are almost three times as likely as men to have been looking after children full-time on their own (46% compared with 17%) and are more likely to have provided unpaid care or assistance to a vulnerable person outside their household (16% compared with 10%).
- The fall in the female labour force participation rate was almost 50% larger than the fall in the male participation rate in April, most likely reflecting the greater share of additional caring responsibilities that women have taken on.

Other forms of inequality and discrimination – in particular, racism, ageism and economic inequality – are compounding these mental health impacts for women. The frequency and severity of intimate partner violence also increases during and after emergencies, with confinement to the home creating additional risks.

It has been observed that women are carrying a 'triple load' during the crisis, which includes paid work, care work, and the mental labour of worrying. All these factors lead to emotional, social and financial stress and anxiety, and can exacerbate existing mental health conditions, trigger new or recurring conditions, and impede recovery. At the same time, limited availability of gender-specific or gender-responsive services means women may not be able to access the support they need.

Evidence suggests that the frequency and severity of family violence – including sexual violence – increases during emergencies, and increases are starting to be reported by services. Family and sexual violence can have significant negative impacts on women's mental health, including anxiety and depression, panic attacks, fears and phobias, and hyper vigilance, as well as alcohol and illicit drug use, and suicide.

Despite some funding injections for family violence response services, there are still limited pathways for mental health services to refer women to these expanded accommodation options.

This is a summary of a report from www.powertopersuade.org.au

DOMESTIC AND FAMILY ABUSE: THE STATISTICS

OUR WORK

1 OF 3 AUSTRALIAN
WOMEN



have experienced
physical violence since
the **age of 15**.

1 OF 5 AUSTRALIAN
WOMEN



has experienced
sexual violence

1 OF 6 AUSTRALIAN
WOMEN



has experienced **physical or sexual
violence** by a current or former **partner**

1 OF 4 AUSTRALIAN
WOMEN




has experienced **emotional abuse**
by a current or former **partner**

In Australia, on average **one woman a week** is murdered by a current or former partner.


82%
have never **contacted the police.**

1 IN 2 WOMEN
never sought advice or support, reflecting the invisible domestic and family violence burden of disease.

 Research in Victoria shows that of the **16,000 Victorians** who **attended hospital** over a decade due to family violence

40% sustained a **brain injury** (2 in every 5)

25% of the children presenting sustained a **brain injury**

 Domestic and family violence contributes more than any other **risk factor** to the burden of disease for women 18 - 44.

 Hospitalisation rates due to DFV have risen by **30%** over the last **14 years.** A woman is hospitalised **every 2 hours** in Australia. 1 in 12 is pregnant.

The cost to the Australian economy of domestic and family violence in 2015-16 was

\$2.2B
PER YEAR

2.2M
(1 IN 4 WOMEN)

has experienced at least one incident of violence by an intimate partner

NATIONALLY
72,361
children were abused in the 2016-17 financial year. The cost to NSW is estimated to be **\$11.2 billion.**

 In NSW, **domestic violence murders** doubled over the last year to 38. **7 victims were children.**

 Women who as **children witnessed** partner violence against their parent were more than **twice as likely** to be subjected to partner violence themselves.

The case for a Centre of Excellence:

THE ILLAWARRA WOMEN'S TRAUMA RECOVERY CENTRE

This year we have invested significant resources in coordinating a community driven campaign to establish an Australian first – a Women's Trauma Recovery Centre. And we are making good headway, with funding for research, an increasing public awareness of the need for the Centre as well as a growing number of partners and allies.

Domestic and family violence is a public health emergency and occurs in epidemic proportions in Australia. It is a national crisis.

The **mental and physical health** consequences of domestic and family violence are significant, long lasting and evidence based - impacting women, children, future generations, our community, our economy and ultimately, our country.

Research shows that left untreated, the traumatic consequences of domestic and family violence can have lifelong physical and mental health consequences, including increased rates of acquired brain injury, heart disease, diabetes and chronic pain. Beyond physical injury, **women who have experienced domestic and family violence have increased mental health problems including anxiety, depression, post-traumatic stress and substance use, and are over-represented in prison.** It also has a devastating impact on the development and wellbeing of children.

Domestic and family violence is a complex issue.

Whilst there are primary prevention programs and crisis intervention services, there is increasing recognition of the need for the domestic and family violence response, and support services to go beyond this and address the ongoing impact of trauma, particularly in terms of the emotional and psychosocial needs of women and their families.

Women recovering from complex trauma and PTSD caused by family or intimate partner abuse require a range of support services depending on their circumstances: counselling, social support, parenting support, financial advice and support, and/or legal support. These services are most efficiently and effectively provided in one - safe - place, from a case managed team of professionals.

There is no such service or centre available anywhere in Australia.

There is nowhere in the public health system, or across the community service sector, where women can access integrated, comprehensive long-term support to recover from the health impact of complex trauma.

In response we are campaigning to establish a **Women's Trauma Recovery Centre.**

WOMEN'S TRAUMA



This specialised Centre will offer a whole-of-organisation trauma sensitive **approach that enables recovery** from domestic and family violence **trauma** and helps to break the intergenerational cycle of violence. **A range of holistic, and free, health, legal and psychosocial services** will be provided. This model reflect recently published ground breaking Australian National Research Organisation for Women's Safety and University of NSW research on what is required to support a woman's recovery and well being in the face of trauma from violence and abuse.

The Centre represents an investment that will provide significant financial and social returns to both the Commonwealth and NSW Governments, and the community.

The proposal for the Centre is a world leading, cost effective and comprehensive response to the domestic and family violence crisis. It has wide-spread community and professional support.

Designing The Service

In partnership with the University of New South Wales School of Public Health and the University of Wollongong, and funded by the NSW Ministry of Health we are working with women with lived experience of domestic and family violence, professionals with domestic and family violence experience and expertise, and key community and policy stakeholders to design the operational framework of the Centre. This will be completed by June 2021.

As a first of its kind in Australia, it is designed to be easily replicated across the country, it will transform domestic, family and sexual violence response and recovery services.

A Community Response

The Illawarra based High Level Working Group, comprised of members including Wollongong City Council Lord Mayor Gordon Bradbury, Shellharbour City Council Mayor Marianne Saliba, ISLHD CE Margot Mains, NSW Police Superintendent Dean Smith, FACS Director Kim McMullen and Waples Director Vicki Tiegs is indicative of the broad support we have across the Illawarra.

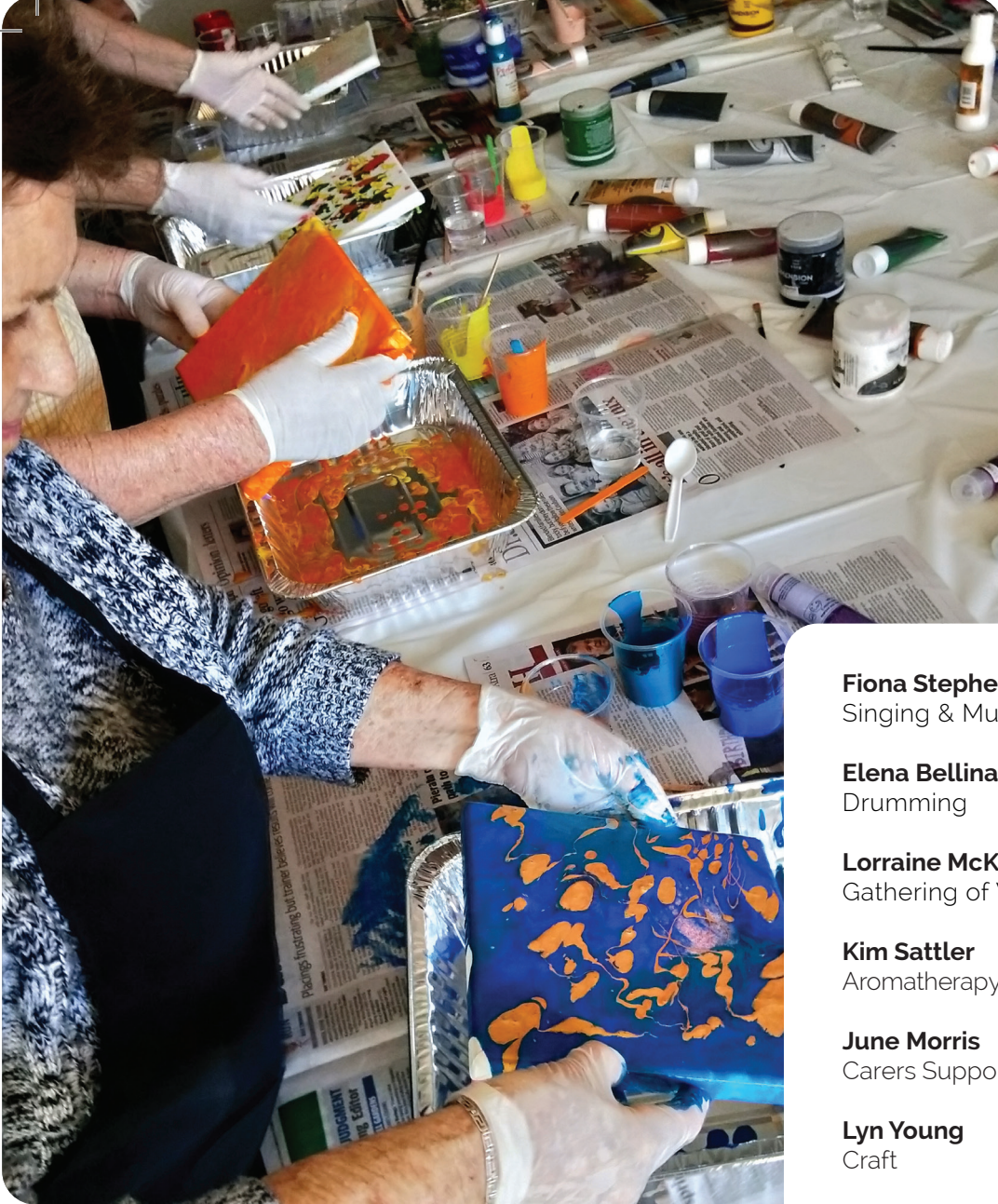
All our state and federal political representatives support the Centre, and we have formed working partnerships with King & Wood Mallesons (pro bono), Blue Knot Foundation, the Illawarra Legal Centre and Lifeline Southcoast as well as being supported by:

- Royal Australian and New Zealand College of Psychiatry
- Brain Injury Australia
- Jean Hailes, for Womens Health.
- Women's Health NSW
- DVNSW and Women's Safety NSW
- Waminda - South Coast Women's Health and Welfare Aboriginal Corporation
- Illawarra Women's Domestic Violence Court Advocacy Services
- Supported Accommodation and Homelessness Services Shoalhaven Illawarra
- Doctors Against Violence towards Women

We have gathered support across Australia with strong media coverage, including through the Illawarra Mercury, WIN Network, and ABC News, as well as nationwide social media visibility.

To follow our programs and show your support visit :

<https://womenstraumacentre.wordpress.com/>
www.facebook.com/womenstraumarc



Painting Workshop

SOCIAL HEALTH

Providing an inclusive and women's only space to meet, create and be healthy together is an important part of what we offer our community. Social isolation is a devastating driver of mental health issues, and often a consequence of domestic and family violence. As a space that welcomes the building of community, we support women in ways that are deeply important to their social and mental health. We thank all our wonderful facilitators who make such a significant contribution to our community by volunteering their time and energy to run these weekly groups.

Unfortunately, we had to suspend groups, workshops, events and social gatherings mid-March.

Fiona Stephens
Singing & Musical Moments

Elena Bellinato
Drumming

Lorraine McKew
Gathering of Women

Kim Sattler
Aromatherapy

June Morris
Carers Support & Social Group

Lyn Young
Craft

Tamara Carmody
Strengthening & Conditioning
Exercise Classes

Tracey James & Lisa Morey
Yoga

Maureen Oliver
Quit Smoking Support Group

Marta Venegas
Tai Chi

Myra Such
Qigong

Sue Reid & Elizabeth Brandis
Meditation

Sue Reid
Exercise

Deb Sykes
Belly Dancing

"The doctor and nurse I saw helped me find out about a thing that has worried me for years."

SEXUAL AND REPRODUCTIVE HEALTH

In 2019-20 our support to women for their sexual and reproductive health included:

- Screening and referral for cervical cancer.
- Provision of a wide range of contraception options, including IUD.
- Counselling, information and management of fertility, pregnancy planning and pregnancy options to women.
- Free medical termination of pregnancy.
- Screening, assessment, diagnosis, treatment and referral for women who present for sexually transmitted infections, or other sexual and reproductive issues.
- Targeted outreach services for sexual and reproductive health, and breast awareness information and community education to vulnerable populations.
- Provision of a comprehensive program to treat urinary incontinence.
- Provision of group-based workshops or programs on menopause, continence, nutrition and stress management.

Our medical team consisted of a specialised Women's Health Nurse Practitioner (4 days per week), a practice nurse (2 days per week), and two doctors (1.5 days per week).



ABORTION: DECRIMINALISED AND IN DEMAND

We were both thrilled and relieved that in September 2019, the NSW Parliament finally passed the Reproductive Health Care Reform Bill 2019, decriminalising abortion, more than a century after it was included in the state's criminal code. This was made possible by the strategic and collaborative campaign of over 70 women's organisations. The cross-party co-sponsorship of the bill was also critical, and we thank every one of the politicians that stood up and spoke up for women and their human rights during this campaign.

We campaigned using a variety of traditional strategies including letter writing to politicians, mainstream and social media advocacy and attendance at rallies.

Decriminalisation was stage one. We must now maintain pressure to ensure there is free, timely and confidential access to abortions, especially in rural and regional areas where access remains a massive barrier.

The issue of access was thrown into sharp relief when the pandemic hit.

Travel distances (up to 250km for some women), time availability, and the issue of confidentiality if asked why they were outside, all created uncertainty, stress and practical barriers to access. The cost, especially for women under increased financial stress became even more prohibitive. Average out-of-pocket costs for medical abortion (which involves taking two medications 24-48 hours apart and is available up to nine weeks gestation) is \$555.

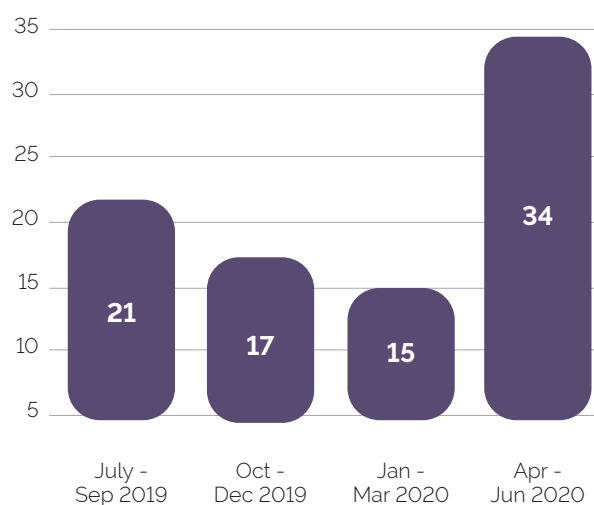
Additionally, many women are not aware that the 'morning after' pill does not require a prescription, or that they were legally allowed to visit a pharmacist during shutdown to access the medication.

Sexual assault increased by 33% from June 2019 to June 2020, and as domestic abuse increased there was an expected rise in reproductive coercion.

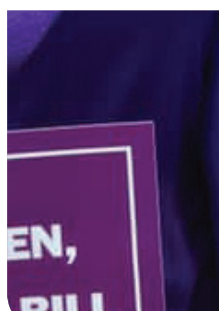
Compounding this was a lack of information available to women on what services were open for abortion, and whether it was lawful to access these services.

All these components created undue distress, showed there was an urgent need for "free, safe and confidential access to abortion" in public hospitals (currently NSW public hospitals do not provide abortions) and resulted in a dramatic increase in requests for abortions at our centre. Demand increased 45% in our Centre, where we bulk bill abortion, during shutdown. We went from an average of 15 abortions every 3 months to 54 between April and June.

Abortions at the Centre



Campaigning to decriminalise abortion



OUR PARTNERSHIPS

OUR WORK

Our Centre works closely with other agencies to maximise the use of resources and achieve the best outcomes for our clients and the community. In 2019-20 the Centre actively partnered, networked and collaborated with the following services and organisations:

- The Shoalhaven Women's Health Centre and Waminda, South Coast Women's Health and Welfare Aboriginal Corporation.
- Women's Health NSW, DVNSW and the Illawarra Industry Group.
- Illawarra Shoalhaven Local Health District.
- The Illawarra Committee Against Domestic Violence, Wollongong Women's Information Centre and SAHSSI (Supported Accommodation & Homelessness Services Shoalhaven Illawarra).
- Illawarra Legal Centre, Shellharbour Legal Solutions, Legal Aid and the Domestic Violence Court Advocacy Service and Illawarra Prevention of Older Person's Abuse Interagency.
- Family Services Illawarra, Relationships Australia, Association of Relatives and Friends of the Mentally Ill (ARAFMI), Barnardos, Salvation Army, Mission Australia, the WaterShed and Family Planning Australia.
- Five Islands College, Warilla High School, Lake Illawarra High School, Dapto High School, Woonona High School, Warrawong High School, Oak Flats High School, Albion Park High School, Koonawarra High School.
- Brain Injury Australia.
- Greenacres Disability Service, People with Disabilities Australia, and the Disability Trust.
- Waples Marketing Group, BlueScope
- Illawarra Multicultural Services and Multicultural Communities Council of Illawarra.
- Wollongong, Kiama and Shellharbour Councils.
- NSW Police - Lake Illawarra and Wollongong Local Area Commands.
- Centrelink and the Department of Human Services, and NSW Department of Family and Community Services, NSW Victims Services, and the Office of E-Safety Commissioner.
- Illawarra Women in Business and Illawarra Committee for International Women's Day.
- University of Wollongong and the University of New South Wales.
- Australian Services Union.

The value of these partnerships and relationships in significantly extending and multiplying the impact of the Centre cannot be overestimated. It is also important to acknowledge the time and resources it takes to maintain such relationships and make them both effective and efficient.

Last but not least, a thank you to our local representatives Anna Watson, Gareth Ward, Paul Scully, Ryan Park, Stephen Jones, Sharon Bird and Concetta Fierravanti-Wells for their unwavering support.



A NEW PARTNERSHIP WITH BRAIN INJURY AUSTRALIA

Every week in Australia, three women are hospitalised with a brain injury as a result of domestic and family violence.

In 2017, Brain Injury Australia was commissioned by the Victorian Department of Health and Human Services to implement Recommendation 171 of the Victorian Royal Commission into Family Violence; "The Victorian Government funded research into the prevalence of acquired brain injury among family violence victims and perpetrators." This Australian-first research was completed by a consortium led by Brain Injury Australia - comprising Monash University, Domestic Violence Victoria, No to Violence and the Centre for Excellence in Child and Family Welfare. Brain Injury Australia's report into its research was launched in May 2018 by 2015's Australian of the Year, Rosie Batty, in front of 250 people at Melbourne Town Hall. Among the research's key findings:

2 in every 5 of the 16,000 victims of domestic and family violence attending Victorian hospitals over a decade had sustained a brain injury; nearly 1 in every 3 of the victims of domestic and family violence were children, and, of those, 1 in every 4 had sustained a brain injury.

Brain Injury Australia's report can be downloaded at: www.braininjuryaustralia.org.au

The immediate impetus for Brain Injury Australia's interest in the subject of this research was twofold. Firstly, 2015's national Brain Injury Awareness Week was devoted to women, domestic and family violence and brain injury survivors, and garnered significant attention from the media, domestic and family violence services and policymakers.

Secondly, a 2012 policy paper on sports concussion prepared by Brain Injury Australia for the Australian Government drew attention to the emerging evidence for the disabling consequences of repeated concussions - "mild" TBIs. Moreover, best practice return-to-sport should now only take place after all the symptoms of a concussion have resolved. Victims of domestic and family violence rarely have the luxury of choosing when to return home. The lack of research into the prevalence of brain injury among victims of domestic and family violence was as alarming as it was surprising, given how instinctive it is to "go for the head" in pursuit of violent advantage.

Brain Injury Australia is actively seeking partners and funding for pursuit of the report's four recommendations: the development and distribution of information resources on brain injury; the addition of screening questions for brain injury in domestic and family violence risk assessments; the mapping, or development of, services and supports for both victim-survivors of domestic and family violence with a brain injury as well as those at increased risk of perpetrating of family violence as a result of their brain injury; and the piloting of an integrated brain injury and domestic and family violence service.

Brain Injury Australia and our centre are working closely, advocating for these recommendations to be implemented in the Illawarra, and on the establishment of a Women's Trauma Recovery Centre in the Illawarra. A trauma recovery centre would incorporate brain injury as a critical factor in any assessment, or support it provided to a client.

Founded in 1986, Brain Injury Australia is the nation's peak advocacy organisation representing the 700,000 people living with brain injury.

This year we completed two significant research projects with the University of Wollongong.

Research has identified that one of the key contributors to the continuation of domestic and family violence is violence-supporting attitudes: justifying, excusing, trivialising, minimising and blaming.

COMMUNITY ATTITUDES TO DOMESTIC AND FAMILY VIOLENCE WITHIN SHELLHARBOUR.

Research has identified that one of the key contributors to the continuation of domestic and family violence is violence-supporting attitudes: justifying, excusing, trivialising, minimising and blaming. If we can understand and change attitudes towards domestic and family violence, then logically this violence will decrease. Surveys show in the last 10 years there has been no significant decrease in the prevalence of domestic and family violence nationally.

To appreciate the distinctive characteristics and attitudes at our local level a community survey was distributed to 4,000 households in Lake Illawarra and Warilla. These two suburbs have the highest rates of domestic violence in Shellharbour LGA. The survey included attitudinal questions used in the National Community Attitudes towards Violence Against Women Survey as well as additional survey domains such as perceptions of the criminal justice system and beliefs about community capacity and engagement in domestic

violence issues. Interviews were undertaken with domestic and family violence service providers with the aim to understand and collate the expertise and experience of those working in the sector and providing support in the Lake Illawarra and Warilla suburbs. Finally, three community forums were held to talk about what the community strengths are, and how we can apply them to changing the attitudes identified in the survey.

With the results, we hope to create a public health campaign that will work closely with the community and its key stakeholders to significantly improve the prevalence and incidence rates of domestic violence.

The project was funded by the Illawarra Shoalhaven Local Health District, the Shellharbour Workers Club and UOW, and is actively supported by Shellharbour City Council and Lake Illawarra Police.

WHAT WE FOUND

Positive results, but significant room for improvement.

- Generally, people recognise domestic and family violence, though there were gender differences.
- Domestic and family violence is regarded as serious by most people (65%).
- Domestic and family violence is regarded as common by almost half of the participants (49%).
- Men were more likely to hold gender inequitable attitudes.
- Overall, people say they will intervene if they see domestic and family violence happening.
- People understood there are health consequences from domestic and family violence, but women were more confident about the consequences than men.
- Generally, people were not very confident about the way victim-survivors were treated by the criminal justice system.
- Community-developed work has greater community legitimacy.

The community prioritised three key focus areas of intervention:

1. Early intervention with children to promote attitudinal change.
2. Increased understanding of the different behaviours that make up domestic and family violence.
3. Communication of the health impacts of domestic and family violence.

Overall, the research revealed that community engagement, concern, capacity and will and a confidence in local organisations were strengths we could harness to address community identified concerns.



WHAT'S NEXT

The next stage is to work with our research collaborators and key organisations and services to harness community engagement and respond to community identified concerns and prioritised strategies using a community development approach. To do this, we need to determine what operational model is best suited to the goals, the community and the findings? That's our challenge for 2020-21!

Working with schools to understand young people's attitudes to domestic and family violence.

The second project was an extension of the first project: working with Oak Flats High School and Warilla High School to understand young people's attitudes to domestic and family violence. Recent research shows, disturbingly, almost one in seven young Australians believe a man would be justified in raping a woman if she initiated sex but changed her mind. Almost one-quarter of young men think women find it flattering to be persistently pursued, even if they are not interested. At the same time, 92% of youth participants agreed that it is helpful to have young people leading the learning on respectful relationships.

We wanted to work with the student leaders of Warilla and Lake Illawarra High Schools to understand student attitudes to domestic and family violence. These student leaders were on the project Steering Committee. They were smart, engaged, prepared, passionate, committed and articulate and worked closely with our research partners, the University of Wollongong, Local Police and Shellharbour City Council.

This was an Australian first project – a student led, designed and implemented family violence prevention strategy for their schools. Unfortunately, the ethics approval required in combination with the Department of Education and University of Wollongong mean that it was, in practice, impossible to gain sufficient numbers of students to opt into the research, and in the end with the additional impact of COVID-19 where no non school staff were allowed on schools grounds, we were compelled to terminate the project.

"Only by understanding and then changing attitudes to domestic and family violence can we really make an impact in breaking the cycle of violence for this generation and the next."

FINANCIAL PARTNERSHIPS

OUR FINANCES

We are funded by the NSW Ministry of Health through the Illawarra Shoalhaven Local Health District and are deeply appreciative for the support offered through grants and donations by the following organisations:



Significant in-kind support, for which we are deeply grateful, has been provided by:



A thank you to our local supporters and fundraisers who continue to provide whatever support they can, however large or small to the Centre. They are our backbone.

TREASURER'S REPORT



The Illawarra Women's Health Centre had a positive and healthy 2019 - 2020 financial year.

Judicious management, a strong focus on compliance, policy and procedure review and development, a small but crucial additional grant from the NSW Ministry of Health, and Federal COVID-19 financial support, including JobKeeper all contributed to the healthy surplus of \$55,965.

The impact of the pandemic meant a degree of finance uncertainty including additional costs, such as improving and expanding IT infrastructure so we could manage work from home arrangements and Telehealth, and; reduced income through a variety of streams (donations, fundraising opportunities, Medicare billing) Government support in the form of COVID stimulus payment, and JobKeeper were welcome and allowed us to continue to deliver essential services.

It is important to note however, our COVID-19 response and this additional money was supplementary to a budget that has not seen a real increase in over 30 years – and this remains as unacceptable as it ever was. What the Centre can achieve on a core grant of just over \$500,000 remains extraordinary. As always, the Centre operated within its projected budget and we can meet our financial responsibilities when they fall due.

We acknowledge and thank the Illawarra Shoalhaven Local Health District for our core recurrent funding, and our local organisations including Sunrise Rotary, Football South Coast Women's League, and Stockland Shellharbour and community individuals including Ayse Goknor Shanal, David Vance, and Jules Mitry who all donated their time and funds so generously. These resources together, supported us to deliver the highest quality services to women and their families in our local community.

I am confident our financial risks are well managed, with our robust internal control systems, leading accounting software, professionally qualified staff, and supported by the excellent Essential Bookkeeping Solutions.

The annual financial statements are prepared in accordance with the Australian Accounting Standards.

I thank our auditors Waldie & Co for their professionalism and support during the audit.

It has been a pleasure to be associated and work with an amazing team of diverse and dedicated women on our Board, our General Manager and the committed, passionate employees at the Centre.

I would like to take this opportunity to thank the Council, our General Manager Sally Stevenson and all the staff for their contributions which make our organisation so successful.

I look forward to the next financial year, striving to continue delivering our targeted health services for women within our local community.

Key Financial Data

Income	860 156
Expenditure	804 191
Surplus	55 965
Members Equity	117 895 (14.6% of Income)

Vi Blazevska | Treasurer

FINANCIAL STATEMENTS 2019-20

OUR FINANCES

Profit and Loss Statement

Income	2020	2019
Grants	555 170	608 386
Medical & therapeutic Services	72 534	78 551
Donations	30 817	24 293
Fundraising	5 456	38 262
Fee For Service	5 282	5 250
Other	71 916	4 2381
Membership Fees	23	32
Interest	1 768	2 624
Covid-19 Government Support	117820	
Total Income	860 156	779 779

Expenditure	2020	2019
Human Resources	684 815	566 387
Program Costs	3 925	44 036
General Operating Expenses	85 515	159 038
Equipment, Software And Maintenance	29 936	9 426
Total Expenditure	804 191	781 167

	2020	2019
Operating Surplus/Deficit	55 965	18 612
Accumulated Funds Brought Forward	61 931	43 319
Accumulated Funds Carried Forward	117 896	61 931

BALANCE SHEET JUNE 2020

OUR FINANCES

Current Assets	2020	2019
Cash And Cash Equivalent	299 982	166 700
Trade And Other Receivables	32 582	15 792
Other Current Assets	3 236	1 471
Total Current Assets	335 800	183 963

Non Current Assets	2020	2019
Property, Plant And Equipment	23 453	33 159
Total Non-Current Assets	23 453	33 159
Total Assets	359 253	217 122

Current Liabilities	2020	2019
Trade And Other Payables	13 644	15 182
Short Term Provisions	90 707	69 031
Other Current Liabilities	109 901	54 448
Total Current Liabilities	214 252	138 661

Non-Current Liabilities	2020	2019
Total Non-Current Liabilities	27 106	16 531
Total Liabilities	27 106	155 192

Net Assets	2020	2019
Net Assets	117 895	61 930
Equity		
Retained Earnings	117 895	61 930
Total Equity	117 895	61 930

"Amazing, wholistic approach to women's health."

We are a feminist women's health centre. This means we understand and value women's life experiences and recognise the continued discrimination and structural inequality we face in our communities and Australian society. It also means we see an ongoing need for a gendered analysis and approach to health, the empowerment of women and girls and strong advocacy for gender equity and women's rights.

We embrace a social view of health, as framed by the World Health Organisation, and reflected in Australian federal and state health policies. This view recognises health status is shaped by the conditions in which people are born, grow, live, work and age. Factors such as financial security, affordable housing, education, employment, disability, racism, locational disadvantage, gender inequality and discrimination based on sexual identity and preferences impact individual health outcomes and cause health inequalities.

Our feminist beliefs and social view of health shape our approach to women's health and underscore why our focus on women and girls in marginalised and disadvantaged circumstances is so important.

We are a nationally accredited community health centre and are committed to excellence in service delivery and continuous quality improvement and learning guided by national standards and research relevant to our field.





ANNUAL REPORT
2019 - 2020