



ILLAWARRA  
WOMEN'S  
HEALTH  
CENTRE

ANNUAL REPORT  
2020 - 2021

### **Acknowledgement Of Country**

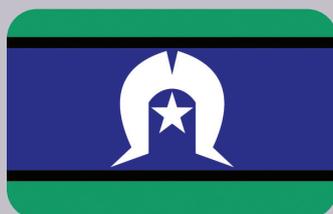
Our Centre is situated on land of the Wodi Wodi people of Warilla, part of the Dharawal Nation.

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

# OUR STRATEGIC DIRECTION

ABOUT US

Established in 1986, we provide woman-centred, safe, high quality health and wellbeing services to all women of the Illawarra. Our response to the needs of women and girls in the region is shaped by evidence of effective practice and local, state and national policy contexts and by listening to our clients and our community.

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 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.

## 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 which identified groups of women in vulnerable and marginalised circumstances and the domains health and wellbeing concentrate on 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.
- **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.

# OUR ACHIEVEMENTS

ABOUT US

Four years into our five-year 2017-2022 strategic framework and despite the impact of COVID-19, we have met most of our goals, as outlined in the following table. Maintaining strategic focus whilst pivoting to respond to the pandemic over the past 18 months demonstrates the alacrity, flexibility, resilience and professionalism of our staff, Management and Council of Women – 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><b>Strengthen current offerings.</b></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"> <li>1. Build capacity to offer the Centre's suite of health care services and group activities for more hours and after hours.</li> <li>2. Offer services off site and in partnership with other service providers to achieve wider geographic reach.</li> <li>3. Develop new services and programs that are flexible and responsive to the needs of our priority populations.</li> <li>4. Develop an evidence base that demonstrates the effectiveness of our services and programs and supports learning and continuous improvement.</li> </ol>	<p><b>1. Achieved.</b> More varied medical appointments and new after-hours counselling appointments. To note: the number of group activities and individual appointments have been limited by COVID-19 restrictions.</p> <p><b>2. Achieved.</b> A key focus on services for women with disabilities and women experiencing domestic and family violence. Establishment of the Outreach Room at Stockland Shellharbour. New service partnerships established, including Multicultural Communities Council Illawarra.</p> <p><b>3. In progress.</b> Broadening our range of community group activities, developed new early intervention and long-term programs.</p> <p><b>4. In progress.</b> Working with WHNSW to improve outcome reporting.</p>
<p><b>Community engagement and outreach programs</b></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"> <li>1. Expand community outreach and support for women with disabilities at risk of domestic violence and sexual assault.</li> <li>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).</li> <li>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.</li> <li>4. Develop outreach and support programs for older women who are socially isolated and financially disadvantaged.</li> </ol>	<p><b>1. Achieved.</b> But with much progress to be made: structural and cultural barriers make accessing women with disabilities extremely difficult.</p> <p><b>2. Achieved.</b> Working with ten schools, our program now includes a boys stream teaching respectful relationships and consent.</p> <p><b>3. Achieved.</b> Through the school outreach program and specialised young women's counselling.</p> <p><b>4. Partly achieved.</b> E-literacy program developed and implemented. Social support provided during COVID-19.</p>

Goals	Strategies	Progress
<p><b>Research, advocacy and activism</b></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"> <li>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.</li> <li>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.</li> <li>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.</li> <li>Participate in awareness raising and activism that challenges the increased objectification and sexualisation of women and girls.</li> <li>Advocate for improved access to health and community services across the Illawarra, including the need for better public and community transport.</li> </ol>	<ol style="list-style-type: none"> <li><b>Achieved.</b> Primary partnerships with UOW, UNSW and University of Newcastle.</li> <li><b>Achieved.</b> Ongoing, with good local and national media coverage and social media engagement.</li> <li><b>In progress.</b> 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.</li> <li><b>In progress.</b> Through social media, limited by time and resources.</li> <li><b>Not yet achieved.</b></li> </ol>

<p><b>Organisational development</b></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"> <li>Strengthen Centre governance by building board stability and investing in board development.</li> <li>Put in place a strategy to achieve stability of funding and growth in untied funding.</li> <li>Ensure the Centre's management, structure and staff competencies are in line with our goals and priorities, including: <ul style="list-style-type: none"> <li>Increased capacity in fundraising, public relations, advocacy and community mobilisation and outreach.</li> <li>A workable balance of full time and part time staff, and continued investment in staff learning and development.</li> </ul> </li> <li>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.</li> </ol>	<ol style="list-style-type: none"> <li><b>Achieved.</b></li> <li><b>In progress.</b> Untied funding is increasing stability still varied and dependent upon government commitment. COVID funding allowed short term boost of services, and a safety net.</li> <li><b>In progress.</b> Strategic restructure undertaken, professional development increased, diversification of targeted staff positions undertaken. Staff advocacy capacity increasing.</li> <li><b>Achieved.</b> Relationships maintained and developed, and new ones established.</li> </ol>
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## Council of Women Members



**Judy Daunt** Chairwoman  
(2015 – current)



**Vi Blazevska** Treasurer  
(2016 – current)



**Tanya Sainty** Secretary  
(2018 – current)



**Pavla Stupkova**  
(Oct 2019 – current)



**Jessica Koot**  
(Oct 2019 – current)



**Rachel Dyer**  
(Oct 2019 – current)



**Christine Donayre**  
(May 2019 – current)

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**Dimitria Papavassiliou**  
(2018 – resigned Jan 2021)

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# OUR PEOPLE

ABOUT US

## Staff



**Sally Stevenson AM**  
General  
Manager



**Sue Ilievski**  
Operations  
Manager



**Therese Wolfe**  
Administration  
Support



**Denika Thomas**  
Senior Counsellor / Team  
Leader Mental Health Team



**Miranda Batchelor**  
Community Liaison and  
Client Support Manager



**Kim Sattler**  
Women with Disabilities and  
Domestic Violence Officer



**Katrina Dick**  
Domestic and Family  
Violence Caseworker



**Georgie Igoe**  
Young Women's  
Program Coordinator



**Isobel Georges**  
Young Women's  
Specialist Counsellor



**Linda Bradshaw**  
Massage  
Therapist



**Alice Martin**  
Business  
Manager

**Staff**

**Visiting Practitioners**

**Special Advisors**

**Editt Melgarejo**  
Women's Health  
Nurse Practitioner

**Dr Caroline Lade**  
Women's Health  
Medical Practitioner

**Dr Karen Williams**  
Mental Health

**Tina Bell**  
Telephone  
Counsellor

**Dr Elspeth Holbrook**  
Women's Health  
Medical Practitioner

**Geraldine Bilston**  
Domestic and  
Family Violence

**Laura Clark**  
Massage  
Therapist

**Dr Melissa Brown**  
Women's Health  
Medical Practitioner

**Sue Dignan**  
Domestic and  
Family Violence

**Rachael Humphris**  
Social  
Worker

**Robyn Craigie**  
Clinical  
Psychologist

**Maggie Menagh**  
Assistant  
Receptionist

**Stacey Fuller**  
Dietitian



## CHAIRWOMAN'S REPORT

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 our Annual General Meeting held in October 2020 we accepted nominations and welcomed returning Council members Vi Blazevska, Tanya Sainty, Pavla Stupkova, Rachel Dyer, Jessica Koot, Christine Donayre, Dimi Papavassiliou and myself - thus eight Council member positions with one vacancy remaining. During the reporting period Dimi resigned and Emma Rodrigues and Virginia Williams joined as ex-officio Council members.

July 2020 – June 2021: what a 12 months we've had. I believed like so many that although 2020 was really hard we could look forward to a much brighter 2021. Instead, it was one of the same, if not worse in some instances. Reading my report from last year, I started by commending General Manager Sally Stevenson for her strong leadership and management as COVID-19 struck. Now, I start this report by commending Sally for her perseverance and ability to continue leading the team at the Centre. The unwavering resilience, dedication and endurance demonstrated by the entire team has been outstanding, and this meant that everyone was best placed to ensure their own professional and personal safety, while providing essential services to women who needed it the most.

As predicted, the impact of the pandemic meant the demand for support by women experiencing

domestic and family violence escalated, as did the need for mental health services, and sexual and reproductive health assistance. The team was faced with increasing demand, lengthy wait lists and waiting times between appointments growing rapidly as the issues for women were becoming more intense and more complex. As an essential service, our Centre's continued operations have never been more important or more needed.

In addition to the COVID-19 response and ongoing management, the Centre continued to undertake important business. We identified several key initiatives requiring focus in this reporting period – national accreditation towards the end of 2021, increasing our Aboriginal community engagement commitment, continuing the campaign to establish the Women's Trauma Recovery Centre, pursuit of financial stability for the Centre and an increased focus on the Older Women.

Momentum continues regarding the Centre's coordinated campaign to seek funding for Australia's first Women's Trauma Recovery Centre. The Ministry of Health provided a one-off grant to fund the development of the Business Case for the Centre. This was underpinned by the co-design research to establish the operational framework of the Centre, led by Dr Patricia Cullen from the University of NSW. During the past 12 months there was a Federal Inquiry into Sexual, Domestic and Family Violence to which we made a detailed and passionate submission on the need to have a Women's Trauma Recovery Centre. The official report published and submitted to the Commonwealth Government included #77 recommendation: to establish the Women's Trauma Recovery Centre, a huge success for the campaign.

This past year has been particularly busy regarding lobbying for the introduction of coercive control legislation. We hosted the launch of the Sisters-in-Law project raising awareness and demanding change in the Family Law Court as it relates to child safety concerns. The Centre supported the March4Justice this year with Sally Stevenson speaking in Wollongong rally and Centre staff joining the busloads of supporters to attend the

rally in Canberra. Making submissions to various government departments, inquiries, and peak organisations is work that never stops or shows any signs of slowing down.

There are a few standout activities for me I would like to highlight in more detail.

1. The Women's Trauma Recovery Centre – the campaign to establish Australia's first Women's Trauma Recovery Centre continues to gain momentum as our lobbying, advocacy and partner coordination has not wavered. However, it was the launch of the campaign with the Resistance Resilience Recovery photo exhibition held on 25th November 2020, the International Day for Elimination of Violence Against Women, which captured so much attention. The photographs by Illawarra Mercury photographer Sylvia Liber, one of which won this year's Walkley Award, were amazing and very powerful. It was an honour to welcome guest speaker Tarang Chawla to the Illawarra and to hear his story in person. The media coverage was beyond our expectations going from local to national.

2. Media relationships and advocacy work - the Centre has established even stronger media partnerships with the Illawarra Mercury, ABC Illawarra and WIN NEWS Illawarra. Women's health and wellbeing issues are constantly being highlighted. In particular the opportunity for us to have a full page Opinion Editorial in the Illawarra Mercury every six weeks has been very successful in highlighting women's issues through mainstream media.

3. Government and corporate stakeholder relationships – we have always fostered productive relationships with State and Federal Members of Parliament, and during this last reporting period has advised and supported Member for Shellharbour Anna Watson with proposed changes to legislation on coercive control. Relationships within the corporate sector also continue to expand – in particular with Stockland Shellharbour, which established a fully refurbished outreach room for us.

4. Our Annual Fundraising dinner – due to COVID-19 restrictions we were unable to hold a dinner in 2020, however the timing couldn't have been more perfect this year, just weeks before the lockdown. It certainly was a celebration and so much fun, and being able to dance again proved to be a great energiser! This year the event exceeded our fundraising expectations and was the most successful to date.

Whilst there are so many highlights and so much important work being achieved by the Centre the future will be challenging. The demand for services and programs has never been more important than now and unfortunately, we can predict the demand will continue to increase. However, as I take a moment to reflect on the past year, I can honestly say the Centre can just about cope and manage anything! We are so fortunate to have a highly competent, dedicated, and visionary General Manager Sally, expert professional and passionate Centre staff, be in a sound financial situation, have an excellent working Strategic Plan, and importantly, a positive community reputation which continues to increase. These are all significant factors for the future of the Centre.

I would like to specifically mention the Council of Women. Council members have a differing skill set, plus professional and personal experience which they bring to this organisation, all so valuable and greatly appreciated. As a group we have shown excellent governance and leadership; all pitching in, making a strong commitment and a valuable contribution to this organisation

We must continue to work hard, remain vigilant and advocate for 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 Centre staff and the Council of Women. 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



## GENERAL MANAGER'S REPORT

Looking back on 2020-2021, it was to us at the Illawarra Women's Health Centre as it was to many, a strange year. Through the COVID-19 fog, time seemed elastic and confused, and we often felt as though we were wading through quicksand. Strange indeed.

It was also a devastating year for many women, as the impact of COVID-19 resulted in increasing rates of violence, mental health issues and financial insecurity. As a result, the demand on our service continued to grow rapidly, which required us to be agile, creative, persistent and optimistic in order to manage the challenges this presented. And yet, I am pleased to report, we did have some wins.

Our campaign to establish Australia's first Women's Trauma Recovery Centre continued to gain strength and allies. Of particular importance, our submission to the Federal Inquiry into Sexual Domestic and Family Violence resulted in the Inquiry Committee recommending we are funded to establish the Centre, due to its 'national significance'. Our submission to NSW Joint Select Committee on coercive control, with many others, led to the Committee recommending criminalising this central and insidious form of domestic and family violence. We Marched4Justice. We welcomed four wonderful new team members, enabling us to better respond to the increasing demand for mental health and domestic and family violence support. We held a wonderfully uplifting annual fundraising dinner.

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, they are 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 has 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. Even when the pandemic finishes – 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 1,758 individual clients, an increase of 28% on last year, reflecting the new domestic and family violence support positions largely enabled by (short term) COVID funding. This translated to 4,327 occasions of service, covering 12,823 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 via phone for information, support or referrals remained stable at approximately 10,000. We facilitated and/or implemented 901 group sessions, an increase of 15% on last year, indicating the return of limited number groups in July after we suspended them in March.

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.**

This year the Centre received core funding (49%) from the NSW Ministry of Health, through the NGO Health Partnerships grant program, which was distributed and monitored by the Illawarra Shoalhaven Local Health District. Our financial situation is healthy, with a surplus of just over \$106,084, primarily reflecting the injection of JobKeeper funds, the COVID DFV grant, several smaller grants, the successful fundraising dinner and a number of very generous private donations. Our medical practice remains financially

challenging, given the lack of access to doctors as well as the Medicare financing structure. This year we subsidised the practice by just under \$24,000.

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

Whilst we can't know what 2021-22 will hold, we are ready to manage as we have for the last two years, both an unpredictable environment and the growing need for our services. And as we renew our five-year strategic framework (2023-2027), our thinking will be informed by the unstoppable momentum for change this year has galvanised and shown to be possible when our collective voices are raised in solidarity against injustice. When we shout #EnoughisEnough.

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** | Chairwoman

# 2021 - 2022 HIGHLIGHTS

ABOUT US

- **Increased** our mental health and domestic and family violence team by 25% and improved intake efficiency and overall therapeutic impact through a restructure.
  - **Launched** the Resistance Resilience Recovery photo exhibition by Walkley Award winning photographer Sylvia Liber in partnership with the Illawarra Mercury, DVNSW and Waples Marketing.
  - **Advocated** for the criminalisation of coercive control, in the mainstream media and across our social media platforms, in writing and in person to the NSW Joint Select Committee on Coercive Control.
  - **Collaborated** with research partners University of NSW, Newcastle University and the University of Sydney on a number of women's health and domestic and family violence projects.
  - **Built** the campaign for a Women's Trauma Recovery Centre, developing new strategic partnerships, delivering the Business Case and co-design research report to the NSW Government, and meeting with the Prime Minister's Office and Commonwealth Minister for Human Services representatives to explain and promote the concept.
  - **Supported** the 'Sister's in Law' Project which is raising awareness and driving much needed change in the Family Law and domestic and family violence sector.
  - **Increased** our media presence with a focus on gender equity, domestic and family abuse, and the adverse impact of COVID-19 virus and government policy responses on women.
  - **Held** three highly successful events, connecting and supporting women across the community: a Christmas market, International Women's Day Country Fair and our record-breaking Annual Fundraising Dinner with proud Gunai Woman Kirli Saunders as keynote speaker and local acts Cinnamon Twist and Ruido Flamenco.
  - **Successfully** applied for COVID-19 domestic and family violence grant funding worth \$150,000 as well as received funding from local supporters Community Bank Oak Flats and Shellharbour and IWD Illawarra.
  - **Grew** our partnership with Stockland Shellharbour, which included Stockland providing fully refurbished rooms for our Outreach services, free of charge.
  - **Developed** a partnership with Médecins Sans Frontières (MSF) to fund a part time Counsellor for six months as COVID-DFV 'surge capacity' and to provide advocacy support.
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## OUR WORK

We address key health issues for women using a variety of strategies, including clinical, allied and mental health services, casework support, therapeutic programs, information workshops, financial and legal services, outreach, and community groups and events. The range and availability of these services enables us to provide continuity of care under one roof, particularly important for women who are in vulnerable and marginalised situations.

# OUR CLIENTS

OUR WORK

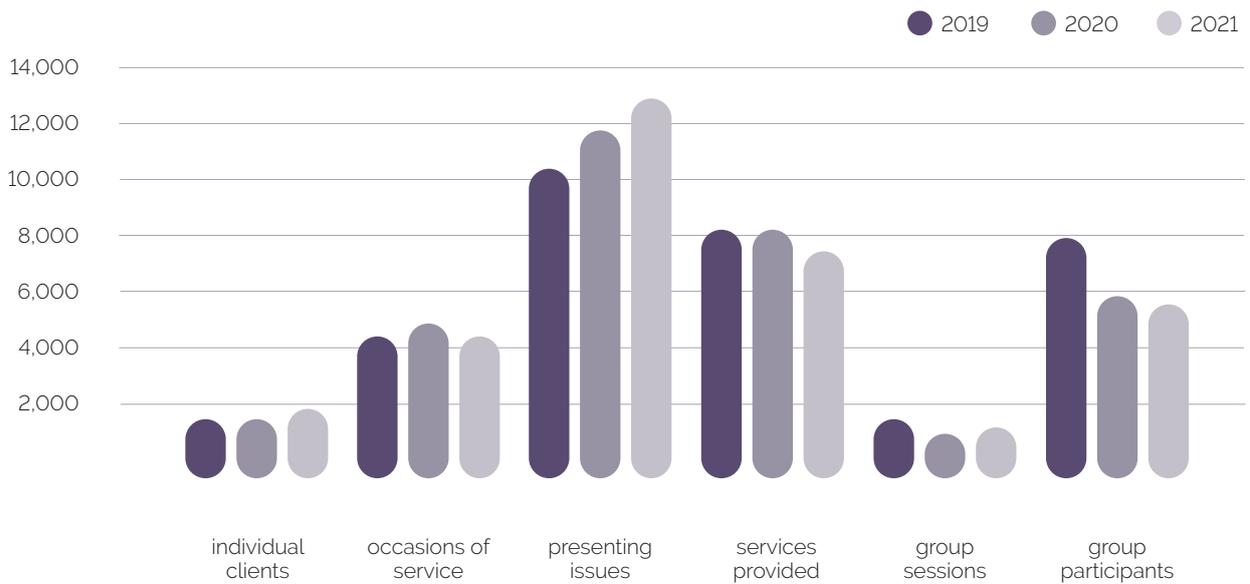
We also work through public advocacy, political engagement and community development strategies to address the social, structural, cultural and legislative determinants that undermine or prevent progress on women's health.

Our strategic focus is on mental health, sexual and reproductive health and the "shadow pandemic" of our time: sexual, domestic and family violence. 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, NSW Housing, and local health services.

## Individual Clients



## Client Activity Snapshot

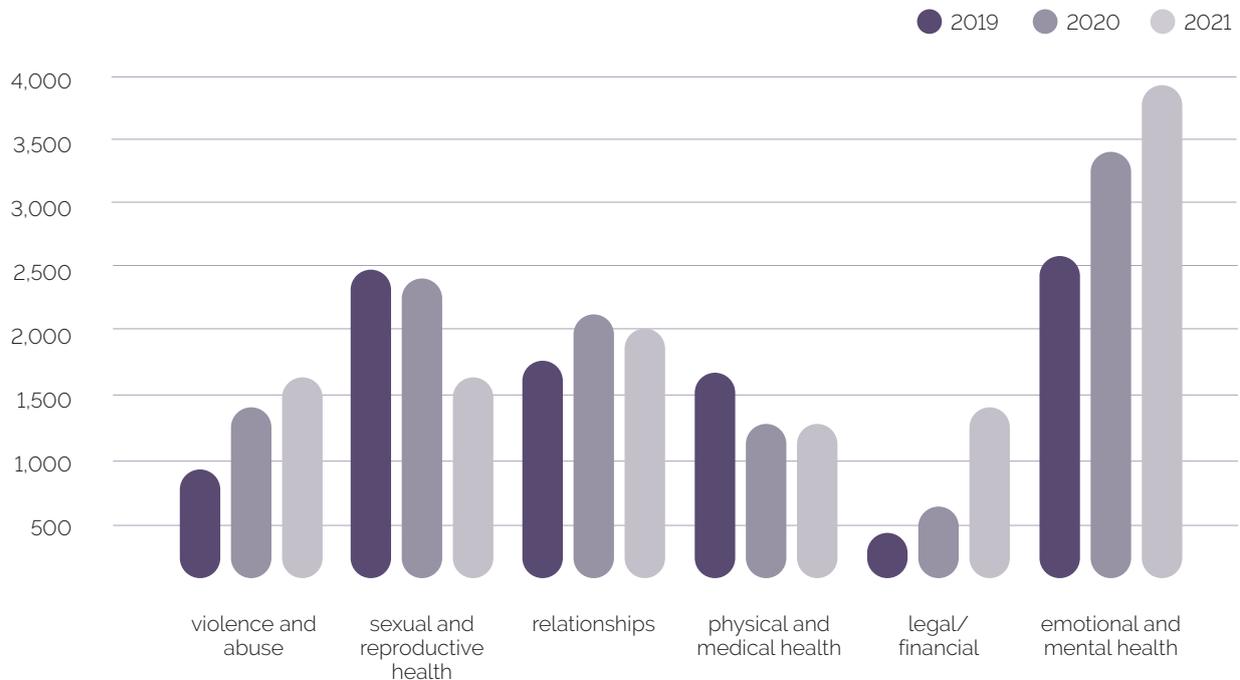


## COVID - 19

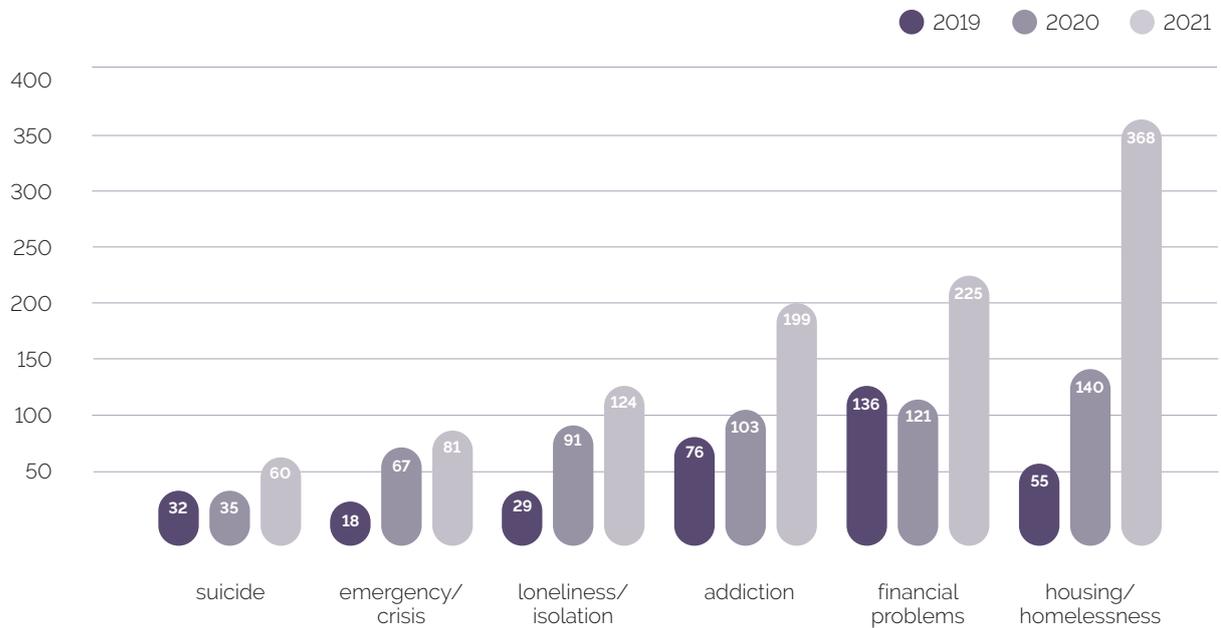
The COVID-19 pandemic is not only having an impact on the number of women seeking support from the Centre, it is also having a significant ongoing impact on what services we can offer. As an essential service we have always remained open, continuing to offer face to face support (as well as Telehealth and other remote support options) for women experiencing domestic and family violence, mental health issues and those needing urgent sexual and reproductive care. However, whilst there were no lockdowns during this financial year, physical distancing protocols meant that group activities were limited and so these numbers dropped significantly, by 26%.

Although we did not have a doctor for six months of the year, individual client contacts decreased by only 4%, reflecting an increase in the number of clients seeking our support including a dramatic surge in the number of clients requiring casework support for housing and homelessness and financial issues.

## Presenting Issues



### Areas Of Concern



### Client Overview

**20,433** Overall contacts (-2%)

**4,327** Individual client contacts (+5%)

**1,203** Clinic (-30%)

**2,779** Mental health & casework (+30%)

**345** Massage therapy (-27%)

**5,795** Group contacts (-6%)

**10,300** Reception, telephone and walk in contacts (+2%)



### Our Partners

**Delivering free of charge, individual services at the Centre:**

Illawarra Legal Centre  
Mission Australia  
Centrelink

# STRATEGIC FOCUS AREA 1:

## Sexual, Domestic And Family Violence

### Centre Support

The mental and physical health consequences of domestic and family violence and abuse are significant, long lasting, and evidence based - impacting women, children, future generations, our community, Government services, and our economy. At a population level, the consequences of domestic and family violence include increased rates of heart disease, cervical cancer, brain injury, anxiety, depression, PTSD, and suicidality.

The complexity of domestic and family abuse demands integrated, high quality, flexible and safe services and referral pathways. We have 36 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 casework, trauma counselling, priority access to doctor and nurse consultations and a range of therapeutic, educational and support programs.

1618

Client contacts with violence and abuse as a presenting issue

"You know they are in crisis, you know that they need help, so when they make that brave move and reach out, and then for us to be really limited in how much we can respond, it is heartbreaking, it is horrible."

**Katrina Dick, Caseworker**  
ABC August 2020

## The Shadow Pandemic

As predicted in March 2020, the impact of the COVID-19 pandemic critically exacerbated this health emergency, and simultaneously threw into stark relief the lack of services available to women seeking support for domestic, family, and sexual violence. We experienced this national crisis acutely at our Centre during the last financial year.

"We are seeing older women like we have never seen before trying to flee domestic violence and the level of violence the women are experiencing is more extreme than we have seen before,"

**Kim Sattler, Disability and Domestic Violence Project Officer**  
ABC August 2020

From July to December 2020, our Centre experienced a dramatic rise in women seeking support for mental health, domestic and family violence and abortions. With domestic and family violence, women were reporting more intense, frequent and complex violence as well as the devastating impact of delayed Family Law matters due to the courts being closed.

By the end of the year, we were at capacity with a wait list of over 90 women and a waiting time of 4 months.

In early August 2020, our General Manager Sally Stevenson tweeted:

*"Things are getting desperate here @IWHCwomen-health re DFV. 17 new clients this week alone, wait list 2+mnths, staff overwhelmed & at risk of vicarious trauma & burnout. What do we tell women who call us for help? What?? We have 1.2 FTE caseworker/client support, 0.8FTE counsellor".*

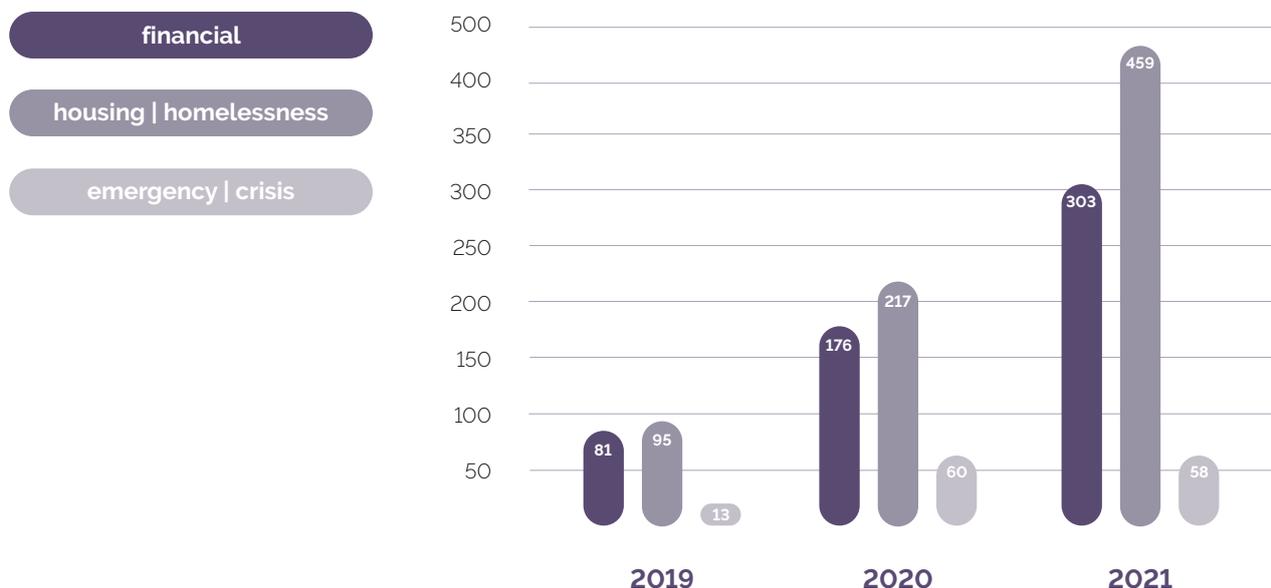
This incredible pressure on staff created a very real, and unacceptably high risk of burn out and vicarious trauma. To manage this risk, we initiated a package of support strategies, including additional COVID leave, work from home flexibility, increased supervision, a daily debrief drop-in option, extra staff meetings to connect office and home, staff care packages, opt in joint activities such as secret Santa and collective canvas, special celebration days, and walk and talk meetings.

We knew the worst was to come after September, when much of the government financial support for individuals was removed or reduced, and we were heading into Christmas, a time when violence and abuse traditionally escalates. With our service full and no new funding to help us cope with the increased demand, we were looking at a perfect storm by end of the year.

We finally received additional Government support mid-December, although this was limited to \$150,000, the equivalent of 1.5 FTE staff for one year. Fortunately, in addition to the government support, which eventually came into effect in February 2021 we were able to use JobKeeper funds to employ a caseworker and we established a partnership with international aid agency Médecins sans Frontières, which funded a part-time counsellor. We were also generously supported by Oakflats and Shellharbour Community bank (Bendigo Bank) as well as private donors that enabled us to provide critical legal casework support to clients. We have also been extremely grateful to ABC Illawarra, the Illawarra Mercury and WIN News for ensuring the domestic and family violence impact on women from COVID-19 was kept in the public eye.

By June 2021 with an additional 25% staff, a restructured mental health team and revised intake process, we had stabilised our service with a wait list for counselling of 30-40 women and no more than a week for those needing casework. However, the additional funding that has allowed us to do this is all short-term and unless we are able to secure sustained ongoing funding, this level of service will be temporary.

### Presenting Issues Related To Domestic And Family Violence



As illustrated by the graph, financial and housing are stressors for women experiencing domestic and family violence and for approximately 60 clients. This escalated to a crisis in 2020 and 2021.

In addition to providing individual support, we deliver the following unique programs.

### 1. Women With Disabilities And Domestic And Family Violence Program



The Flagstaff Group with Kim Sattler who delivered a workshop on Cyber Safety

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

This year, the complexity of our clients' challenges continued to increase in high levels of homelessness, mental health issues and poverty. More women have been seeking help to apply for NDIS support, finding the process extremely difficult if not impossible without our help. Whilst we have succeeded in getting more women onto the NDIS but have also seen a growing number rejected, needing support to appeal. More and more women are arriving in the Illawarra from Sydney who have no GP and have none of their medical records, making applications for NDIS or the Disability Support Pension extremely difficult and stressful.

In addition to supporting individual clients, we work 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. Mothers and Sons Program

This innovative primary prevention program, developed by the Centre is delivered over six weekly sessions, and supports the mother and son relationship through new skills, techniques and strategies that foster the development of boys into respectful young men. Designed and implemented by a female social worker and a male clinical psychologist, community interest in this program has been overwhelming. This year the program has received significant private funding from Daniele Dobson, who very generously donates 10% of global sales of her ground-breaking book *Breaking the Gender Code* to support the program.

## 3. ...'a little bird told... '

*...'a little bird told... '* is 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 3,000 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 fact that 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.

"It is clear that coercive control is a factor and red flag for the horrific and preventable murder deaths of Australian women and children – some 29 murders in 2020 alone in NSW."

**NSW Joint Select Committee  
on Coercive Control,**

## Coersive Control

Working day to day in the domestic and family violence sector is grim, relentless, and very often unrewarding. Daily we hear women's horror stories of abuse, by both their intimate partners and the systems that are meant to support them.

We have learnt to be cynical of the 'shock' and 'heart felt' promises for change when another woman is brutally murdered. Indeed, we are shocked that anyone is shocked by these murders: they have been happening for decades, every week. Men's violence against women is an endemic public health crisis.

Therefore, equally important to us as providing high quality care to clients, is to fight against these injustices through advocacy and lobbying on a local, state and Commonwealth level. To do this we must confront both the deeply entrenched cultural indifference to women's experiences of violence, and structural barriers that prevent women from escaping or recovering from violence.

An important example of our advocacy this year was working with our Shellharbour representative Anna Watson MP to introduce legislation that would criminalise coercive control in NSW. Coercive control refers to a pattern of dominating and controlling behaviour that essentially strips away the victim's freedoms and sense of self and is

increasingly recognised as at the core of the most destructive of domestic and family violence behaviours. As part of a collective effort of victim/survivor and domestic and family violence advocates as well as domestic and family violence and women's organisations we, through mainstream media, social media, a written submission and in-person testimony to the NSW Joint Select Committee on Coercive Control, argued our case.

On 30 June 2021, the Committee tabled a report with 23 recommendations relating to domestic abuse and coercive control.

*"The pandemic of domestic abuse evidenced through statistics cannot be ignored,"* the report states. *"It is clear that coercive control is a factor and red flag for the horrific and preventable murder deaths of Australian women and children – some 29 murders in 2020 alone in NSW."* The Committee has recommended that coercive control be criminalised [after] a considerable program of education, training and consultation with police, stakeholders and the frontline sector is delivered.

## Coersive Control

Transcript from General Manager Sally Stevenson testimony to the *NSW Joint Select Committee on Coercive Control* March 2021.

I acknowledge that I am on Gadigal land and I pay my respects to Aboriginal Elders past and present and all Aboriginal and Torres Strait Islander people in the room. This land was never ceded; it always was and always will be Aboriginal land. I thank the Committee for having me here today and I thank everyone in the room who has been working on improving the lives of women and children in New South Wales by reducing the rates and impact of domestic, family and sexual violence. I particularly thank the Illawarra Women's Health Centre local member, Anna Watson, for her relentless work in this area and especially for bringing the bill, known as Preethi's Law, to the New South Wales Parliament—an act of leadership and compassion. I would also like to thank Abigail Boyd for her typically comprehensive and thoughtful work presenting to the Legislative Council her Crimes (Domestic and Personal Violence) Amendment (Coercive and Controlling Behaviour) Bill.

Our submission has comprehensively laid out our arguments for why we believe coercive control should be criminalised. The evidence is unequivocal. The health impacts of coercive control are very real, can be catastrophic for the victim and her children, and can last a lifetime. The evidence is in the research but, more importantly, it is in the consistent, clear and undeniable voices of victim-survivors. Coercive control is a breach of a woman's human rights. As the Attorney General, Mark Speakman, has said, *"it amounts to a form of slavery. We all have a duty of care to use all means available, including and especially the law, to protect women and children from this deliberate and vile form of violence and abuse."* To be truthful, I would rather be anywhere else than here today

arguing again for women's safety. I would rather not have spent last night trying to craft a statement, deliberating on the right words to construct an argument that would persuade this Committee and this Government that criminalising coercive control is essential to women's safety and health.

I felt the responsibility heavily, for presenting a compelling case on behalf of the many, many hundreds of victim-survivors who have walked through the doors of our centre over the past three decades and who continue to walk through those doors. They trust us with their stories of abuse, of coercive control, of intimate terrorism and of torture. They trust us to support them out of this psychological and emotional hellscape and not to judge them but to fully understand their experiences, including their silence and shame. That trust is well placed, for we see each of these women as extraordinary. If their psychological wounds and scars were to manifest physically, if they were laid bare in the flesh for us to see, our immediate action would be to look away. I doubt any of us in the room who is not a survivor could bear the pain, because that pain, they tell us, is unbearable, and for too long we have looked away. I feel the responsibility of standing with incredible victim-survivor advocates such as Geraldine Bilston, domestic and family violence policy adviser, who fearlessly advocates for criminalising coercive control because that very behaviour *"shattered her brain"*.

It was not the same for young men who were coward-punched. No—that law took three weeks in the making. Certainly, we should be discussing how and not whether we enact this law and what

critical protections, exemptions and processes must be in place, especially for Aboriginal women and children. This situation is made more visible by what has happened in Australia over the past month—the palpable rage and grief felt and demonstrated across this country by women who are so sick and tired of the abuse and injustice that we suffer. We are sick and tired of our voices not being heard, sick and tired of our safety and health being incidental to governments, sick and tired of the culture of disregard for women's safety, and the culture of impunity towards perpetrators.

"We want it criminalised for two reasons. One, it tells society that this behaviour is not acceptable and that if you are a perpetrator there are consequences: you will be held to account. More importantly, it allows women—victim-survivors—to be seen and heard. "

This is a moment in history now. A tectonic cultural shift is taking place that demands women's voices will no longer be silenced, dismissed, disregarded, ignored, mocked or ridiculed. It is a moment that is real and powerful and that says our experience must drive change. What we hear, if we so wish, in the submissions and presentations before this Committee are the voices of women—loud and clear and steeped in experience— saying that victim-survivors want coercive controlling behaviour, the behaviour that sits at the very core of domestic and family violence, to be criminalised.

We want it criminalised for two reasons. One, it tells society that this behaviour is not acceptable and that if you are a perpetrator there are consequences: you will be held to account. More importantly, it allows women—victim-survivors—to be seen and heard. Women will recognise themselves in this legislation and this will empower and equip them to understand their experiences and hopefully escape from

this relationship before the damage is indeed too painful to bear. What we hear, if we choose to radically and authentically listen and to truly centralise women's voices, is that Aboriginal women—as represented by organisations such as Wirringa Baiya—must also be heard with their voices centralised and amplified.

The very real fear, deeply based in contemporary and historical reality, regarding incarceration and child removal, must be honoured in this legislation. Special co-designed protections must be in place that recognise the unique position of Aboriginal

and Torres Strait Islander people in our country, the history of dispossession and the brutal and traumatic relationship with the criminal justice system. If we get it right for Aboriginal women, we get it right, in principle, for all women.

I will close by saying that cultural change is happening in Australia. Women are speaking up and demanding to be saved. They are demanding justice. With other jurisdictions around Australia committed to change and enacting coercive control legislation, we can criminalise it now or later, but it will happen. It is my view that the decision this Committee needs to make is whether New South Wales will be a leader or a follower.

**Sally Stevenson AM** | General Manager

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**1. Women's Trauma Recovery Centre**

The campaign to establish the Illawarra Women's Trauma Recovery Centre is one of our key initiatives. The Women's Trauma Recovery Centre is an innovative and evidence-based model of care, that has been co-designed with women with lived experience, professional experts and service providers. As a world first, when operating it will transform response and recovery services for victim/survivors of sexual, domestic and family violence.

By investing in the safety, health, and healing of women, the Centre will address the longer-term impacts of trauma, and work toward breaking the pervasive cycles of violence and abuse, preventing intergenerational transmission of trauma. The Centre is a financially attractive, economically feasible, and strategic investment. Supporting women's recovery reduces overall costs to the public health system, across the criminal justice system, and in the education and community services sector.

Our campaign to establish this unique Centre achieved several milestones this year, including:

**A. 'Resistance Resilience Recovery' – A Community Call To Action**

In November, as part of the international campaign '16 Days of Activism to Eliminate Violence against Women' we launched the 'Resistance Resilience Recovery' photographic exhibition in partnership with Domestic Violence NSW, the Illawarra Mercury and Waples Marketing. The exhibition was used as the platform for our community 'call to action' to support the establishment of an Illawarra Women's Trauma Recovery Centre. With extraordinary photographs of domestic and family violence victim/survivors by Walkley Award winning photographer Sylvia Liber, and key note speakers Melissa Edwards and Tarang Chawla who spoke of their lived experience of men's violence and outlined the unequivocal argument for a Women's Trauma Recovery Centre, the exhibition was an amazing success.

Following the main showing, the exhibition travelled to Shellharbour Village, Shellharbour Stockland and GPT Group's Crown Central.



## B. Submission To The Federal Inquiry Into Sexual, Domestic And Family Violence

In partnership with the University of NSW, our submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Family, Domestic and Sexual Violence, argued the compelling and evidence-based case for the inclusion of the Women's Trauma Recovery Centre in the next ten-year National Plan to Eliminate Violence against Women and Children. It also called for the Commonwealth Government to fund the pilot of this Centre because of its national significance. Following this, we were invited to provide in-person testimony in October 2020.

We were thrilled when the bi partisan Committee released its report in April and recommended an **'investment in the establishment of a Women's Trauma Recovery Centre** – as a pioneering and evidence-based response to the health impacts of family, domestic and sexual violence'.

### Recommendation 77

- 8.181 The Committee recommends that the Australian Government, in partnership with the New South Wales Government fund a trial program of the Illawarra Women's Health Centre's, Women's Trauma Recovery Centre. This funding could be part of a pilot program over a five-year period with a view, subject to positive evaluation, to rolling out similar services around the country.

## C. Women's Trauma Recovery Centre: A new model of care for women experiencing trauma from domestic, family and sexual violence - A Business Case And Research Report

Funded by the Ministry of Health, we submitted to the NSW Government the high-level Business Case, including the co-design research for the operational framework of the Centre. Dr Patricia Cullen from the University of NSW led the research and delivered the ground-breaking report which included guiding principles, goals and core components. Developed with victim-survivors' voices and experiences at its centre and in collaboration with service providers and policy experts the report describes an innovative community-based model of care that reflects what women say they want and need.

As detailed in the Business Case, the operational cost of the Centre will be \$25 million over five years. This equates to approximately \$25,000 per woman recovered, based on an average three-year engagement with the Centre. At present, for each woman who experiences domestic and family violence it currently costs the NSW economy at least \$31,000 per woman per three years. If this trauma is left untreated and unsupported, these costs will accumulate over a lifetime. Over twenty years that equates to at least \$200,000 – per woman.

It is important to note that stakeholder pro bono contributions to the development of the proposal, are approximately \$500,000 to date, reflecting strong community support.

### What is a Women's Trauma Recovery Centre?

Domestic, family and sexual violence and abuse against women is a public health emergency and occurs in epidemic proportions in Australia. The mental and physical health consequences of this violence and abuse are significant, long lasting and evidence based - impacting women, children, future generations, our community, Government services and our economy.

Childhood exposure to violence increases a child's risk of mental health, behavioural difficulties, learning difficulties, and poor educational outcomes in the short-term, and later in life. Indeed, childhood adversities including family violence, physical abuse, and neglect, are the strongest correlates of onset of adult psychiatric disorder. Children who have experienced domestic and family violence are also at higher risk of perpetrating or becoming a victim of violence, which continues intergenerational cycles of violence.

Nationally commissioned research by Australian National Research Office for Women's Safety shows our public health system does not offer adequate or appropriate support to women who experience domestic and family violence, severely limiting their ability to recover from the trauma that results from this abuse.

**Evidence-based practical solutions such as the Women's Trauma Recovery Centre are urgently needed.**

As an innovative and evidence-based model of care, the Women's Trauma Recovery Centre will be a world first, transforming response and recovery services for victim/survivors of sexual, domestic and family violence.

The Centre is a financially attractive, economically feasible, and strategic investment. The economic and social return on investment will be substantial and long-term, demonstrating a well calculated and considered decision to invest in women's health.

Underpinned by the research from UNSW, it is community-led and co-designed with women with lived experience, professional experts and service providers. It will:

- Be an integrated, specialised, and dedicated service, offering individualised multidisciplinary and multisectoral wrap-around support to women, as needed over their lifespan.
- Comprehensively address the impacts of domestic and family violence, to improve long-term health and psychosocial outcomes for women and families, including breaking the cycles of ongoing exposure to violence, and intergenerational trauma.
- Provide opportunities for research partnerships to lead recovery responses to domestic and family violence.
- Be an evidence-based model of care that can be replicated and scaled up across Australia.

The Centre has multi partisan political support with endorsement from organisations such as the Royal Australian and New Zealand College of Psychiatrists, Blue Knot Foundation, Domestic Violence NSW and Women's Health Victoria.

It is also supported by a broad range of key national and state-based agencies and organisations, including NSW Police, NSW Legal Aid, Brain Injury Australia and White Ribbon Australia, and has widespread private sector and community support. Stakeholder contribution has been significant, representing approximately \$520,000 in pro bono support to date.

It is estimated the Centre will cost just over \$5 million per year when fully operational. This equates to approximately \$25,000 per woman recovered, based on an average three-year engagement with the Centre. At present, for each woman who experiences domestic and family violence it currently costs the Government at least \$31,000 per woman per three years. If this trauma is left untreated and unsupported, these costs will accumulate over a lifetime.

The Women's Trauma Recovery Centre responds to a critical and urgent service gap for women who have experienced trauma through sexual, domestic and family violence. An investment in recovery will reduce overall costs to the public health system, across the criminal justice system, education sector and community services, noting that recovery is also a key component of prevention.

Equally important, this new model of care was co-designed with women who have experienced domestic and family violence – it is exactly what women are saying will treat their trauma and limit further traumatising by the systems that are meant to support them.

We need bold, focused and courageous action to achieve change in one of the most intractable social problems of our time. The establishment of a Women's Trauma Recovery Centre is just that.

"We believe our role in the community is broader than just servicing retail needs; that it extends to helping those who are vulnerable and need support."

**Daniel Buchanan**

## **2. A Safe Outreach Room – In Partnership With Stockland Shellharbour**

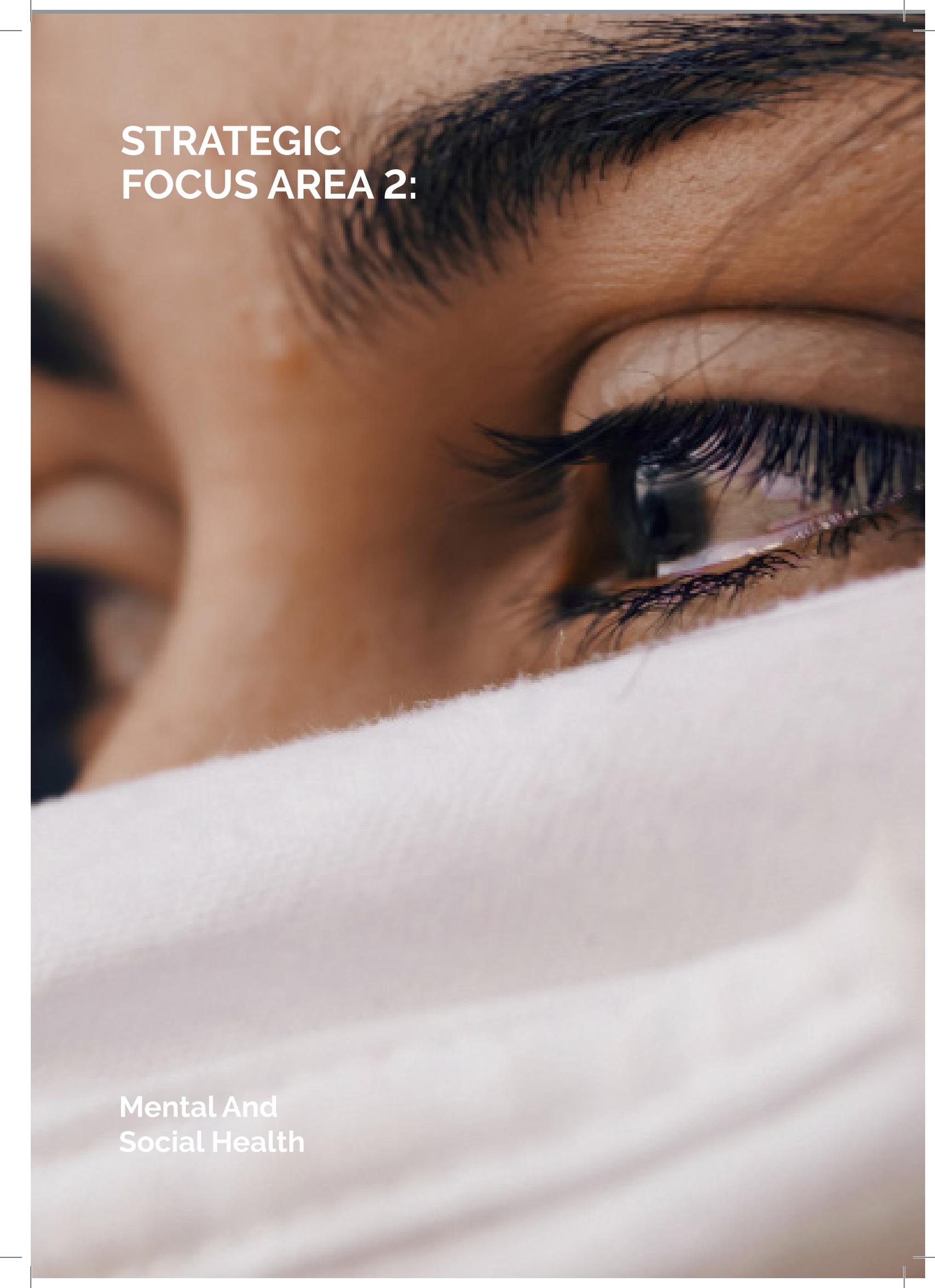
In late 2020, Stockland Shellharbour General Manager Daniel Buchanan offered to provide rooms at the shopping centre for us to meet women as an alternative place to our Centre.

As stalking and surveillance continues to increase as a domestic and family violence strategy, many women are unable to plan their escape without raising suspicion. Meeting at a discreet and confidential location in a shopping centre can mean support can be accessed more safely. Indeed, during lockdown supermarkets were also one of the few areas of respite women could go, to get time away from their partner.

Stockland Shellharbour has generously provided us three rooms rent free and beautifully refurbished. The Outreach Room is modelled on the Lisa Harnum Foundation safe rooms, which were set up in shopping centres in Sydney's Hills district three years ago.



Illawarra Women's Health Centre  
General Manager Sally Stevenson  
and Stockland Shellharbour General  
Manager Daniel Buchanan.

A close-up photograph of a person's face, focusing on the eyes and upper half. The person has dark, well-defined eyebrows and long, dark eyelashes. Their eyes are looking slightly to the right. The lower half of the face is obscured by a white, textured fabric, possibly a medical drape or a towel, which is draped over the nose and mouth. The lighting is soft and natural, highlighting the skin's texture and the intensity of the gaze.

**STRATEGIC  
FOCUS AREA 2:**

**Mental And  
Social Health**

## Mental Health

Mental health increasingly dominates the disease burden for women and the impact of the pandemic contributed to a growing number of our clients seeking mental health support.

17.3% of women in NSW experience high or very high psychological distress [NSW Health]. One international study led by researchers from the University of Queensland estimated anxiety disorders grew by more than 25 per cent worldwide in 2020. Over the past decade, researchers have noted young people being affected in unprecedented numbers.

It is particularly impacting on young people. A 2020 University of Melbourne study reveals more than a quarter of women (27 per cent) and about 15 per cent of men under 35 now report they are living with a diagnosed depression or anxiety condition – and this reflects a near doubling in reported diagnosed depression and anxiety amongst people under the age of 35.

The Seven Year Youth Mental Health Report, 2012-2018 (Mission Australia and Black Dog Institute) notes 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.

Between our 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 chose, part of a supportive community.



## COVID-19

### COVID-19: The Impact On Mental Health And The 'Triple Load'

Evidence has shown 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:

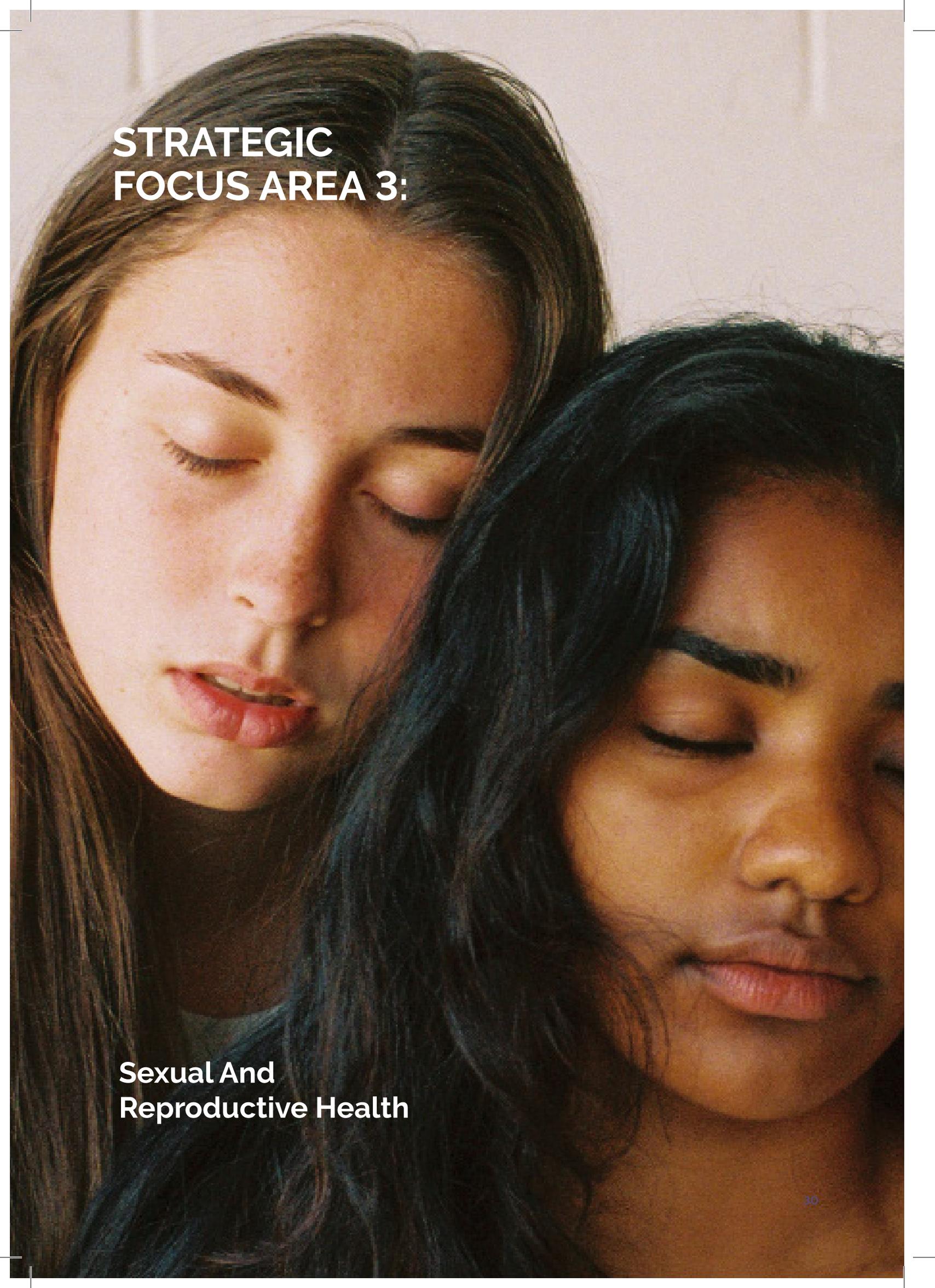
- The over-representation of women in casual and insecure employment means they are more likely to have lost their jobs.
- Women already make up the majority of unpaid carers and have taken on a greater share of additional care responsibilities for children, other family members and at-risk community 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.

This is a summary of 'COVID-19 and mental health impacts: Women are at greater risk' from [thepowertopursuade.org.au](http://thepowertopursuade.org.au)



**STRATEGIC  
FOCUS AREA 3:**

**Sexual And  
Reproductive Health**

In 2020-2021 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 for 6 months, 2 doctors (0.5 days per week).

"It's not hard saying no,  
it's hard to be listened to."

**Soraya Briereley,**  
Five Islands Secondary College

## 'Bringing It All Together'

### Our Young Women's Program

The Young Women's Program holistically supports the needs of girls and women and empowers them to make informed choices about their lives, bodies and relationships. Through our in-school-program, one-on-one specialist counselling, confidential sexual and reproductive health consultations, and safe referrals to community and government services, we support young women to make informed choices about their lives today, and into the future, as they continue to grow into independent and resilient women.

The Young Women's Program achieved its plans for growth in our in-school program which was evidenced in its delivery across eight institutions: local high schools, alternative education settings, community centres and an inpatient facility. Importantly, our program has also continued to work with boys in these settings through the facilitation of conversations about healthy relationships, sexual violence, respect and consent.

The landscape of this year for our program was heavily influenced by the tireless efforts of women amplifying issues about consent, respectful relationships and sexual violence. The work of Dhanya Mani, Grace Tame and Brittany Higgins and the staggering exposure of sexual violence in the media, Parliament and across the community, inspired conversations in our in-school program and one-on-one counselling streams about justice and safety from harm on such an endemic level.

The participatory led format of our delivery illustrates the uniqueness of our approach: we validate and celebrate what the young women tell us is important in their world. With the program's therapeutic, trauma-informed and educational lens, we understand that strong engagement with young women, schools and their families are pivotal to being able to facilitate these conversations. We are focussed on building relationships over time so that young women feel that what they have to say is held with trust and respect. Our long-standing partnerships with educational settings where we provide weekly and term-based sessions emphasise how integral this relationship-building is to the work.

We have received ongoing feedback from the community around our consistently positive impact. Specifically, our ability to provide safe and open places for young women to reflect on their experiences, express their needs and desires for the future, to connect with other young women,



and to receive critical information about their health and well-being. This feedback is evidenced in our current inability to meet the demand for our service.

"I love how open we can be in the group and talk about how we feel"

This year we also partnered with the Multicultural Communities Council of the Illawarra (MCCI) to support young women from multicultural backgrounds. Our program facilitated important conversations about inclusion and resilience as well as provided information about women's health, sexual and reproductive health, healthy and harmful relationships, self-care and mental health. The strength of our engagement has motivated our continuing partnership with MCCI into 2022.

Our Special Advisor Max Fraser, from Five Islands Secondary College, has provided a young women's

specific lens, and supported the development of content for our program. Our University of Wollongong Social Work student placement program has also played a key role in maintaining the program by ensuring our content and delivery is youth centred, empowering and current.

We are inspired and motivated by the engagement we have been able to foster and maintain in the Illawarra, and the critical, powerful ways that young women have offered powerful insights into a range of important conversations, such as sexual violence, consent and gender equality.

The messages are resounding, both within one-on-one counselling and in group settings: young women want honest and open conversations about sex and healthy relationships, and want to feel safe and free from harm in their communities to be and say what they want for themselves and their futures.

## Social and Community 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, this year we had to limit both the number of participants in groups as well as the number of workshops, events and social gatherings due to COVID protocols and physical distancing restrictions.

We did however manage to hold three particularly wonderful community events during the year: A Christmas Market, and International Womens Day Outdoor Market and our annual fundraising dinner – and we thank all the women who attended bringing with them a such an uplifting sense of community, joy and delight.

At the IWD Market we were thrilled when Kim Sattler was presented with her Shellharbour Woman of the Year Award by Anna Watson MP - Member for Shellharbour. Kim is our Women with Disabilities and Domestic and Family Violence Project Officer. But she is also so so much more. Her commitment to community, to women, to refugees, to young people and to workers is unparalleled. A lifetime of dedicated and powerful support, Kim is always so incredibly generous with her time, her networks, and her cooking! The award could not have gone to a better woman!

**Fiona Stephens**

Singing, Music Notation  
& Musical Moments

**Elena Bellinato**

Drumming

**Lorraine McKew**

Gathering of Women

**Kim Sattler**

Aromatherapy  
& Playing with Colour

**June Morris**

Carers Support  
& Social Group

**Lyn Young**

Craft

**Tamara Carmody**

Strengthening & Conditioning  
Exercise Classes

**Tracey James & Lisa Morey**

Yoga

**Marta Venegas**

Tai Chi

**Myra Such**

Qigong

**Elizabeth Brandis**

Meditation

**Deb Sykes**

Belly Dancing

# ADVOCACY

The process of advocacy includes any action that speaks in favour of, recommends, argues for a cause, supports, or defends, or pleads on behalf of others. We do this. We advocate for individual clients, and we advocate for systemic change in our society.

Advocacy is central to our work as feminists. If women are to have equality within the health system, and within our society we must work to change the patriarchy. We must work to ensure equity, inclusivity, diversity and safety for all. We must demand change in our political, economic, cultural, social and legal and health systems. We must demand change so women can lead full, functional and joyful lives unimpeded by inequity, violence and abuse.

Central to our advocacy are the voices of women who come to our centre, who seek our support, who are entitled to a community and society that values them. We work to provide a platform for their voices. By ensuring our clients are heard, that voices of victim's survivors of domestic and family violence are amplified we can be sure we are heading in the right direction.

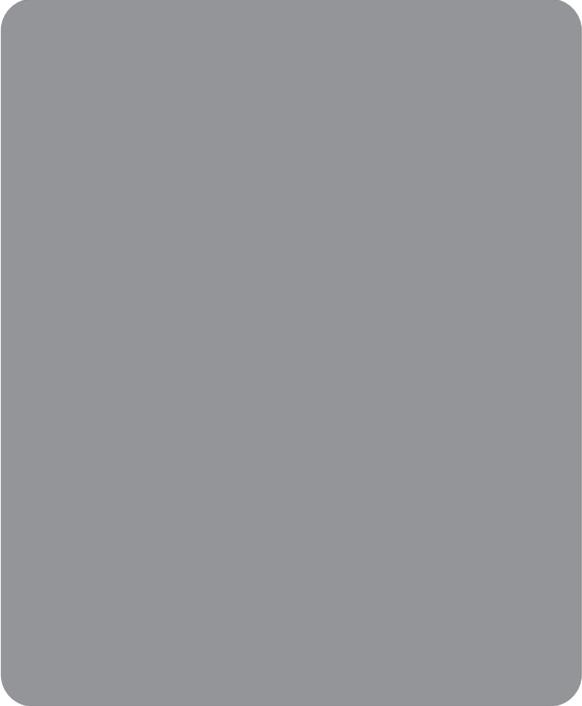
We work with mainstream media, through social media, by building relationships with community, service providers and with our political representatives. Our advocacy also extends to supporting women and women's groups or organisations that are working to drive change in our social, health and justice systems so women are not faced with awful inequities. One such organisation is the extraordinary 'Sisters in Law Project', established by Illawarra Women's Health Centre legal caseworker Jane Matts and VOCAL CEO Kerrie Thompson.

'What happening now in the Family Court is not just heartbreaking it is a terrible abrogation of our responsibility to provide safety to children, and women'

## Sister-in-Law Project

The 'Sisters in Law' project was launched at our Centre in March and calls for urgent reform to the legal system. The women who are part of project have had direct experience of the Federal Court overriding child protection orders (even when abuse is substantiated) and placing their children back in the hands of perpetrators. This incredibly dangerous, abusive and heartbreaking practice happens systematically today. At the launch we heard some of the most disgraceful, unfathomable, and heartbreaking stories from the mothers that formed Sisters in Law.

The children are suffering. The mothers are suffering.



'There is a disconnect between the state system, which makes evaluations about child protection, and the Federal or Family Court, which make decisions about custody matters. This disconnect is failing to keep women and children safe. I've worked on matters where one parent has been identified by child protection as posing a risk of significant harm to the child. Then, when they get to the Family Court, that risk is not put before the court. In these worst cases there are instances of the Federal Court putting aside protection orders made by the State Court, and awarding custody of the children to the perpetrator'.

**Jane Matts**

## Geraldine Bilston - Victim-Survivor Advocate and Special Advisor to the Illawarra Women's Health Centre.

The University of NSW and the Illawarra Women's Health Centre released its report on a new Model of Care for women recovering from domestic, family and sexual violence yesterday.

At the centre of this report which provides the framework for the proposed Women's Trauma Recovery Centre are the voice of victim survivors. This is why.

In 2021 women across Australia have made one thing very clear - the personal is political.

This year many of us have loudly demanded justice - sharing more openly than ever before our lived experiences of sexual harassment and assault, domestic abuse, violence, and rape.

My name is Geraldine Bilston. I am a victim-survivor of intimate partner violence. I have openly shared aspects of my story publicly many times. As a victim-survivor, I have wanted to highlight the problems, but I also want to contribute to creating the solutions. I am more than just my story.

In Australia, the family violence sector has a rich history of experience that has been built on the expertise, insights, and motivation of the lived experience of victim-survivors. Since the refuge movement in the 1970s, the sector has grown, developed, and evolved to where it is today - a workforce that brings with it valued professionalism.

However, the evolution of the professionalism of this sector has also seen the unintended consequence of our lived experiences that shape who

we are, and the motivation of our work become hidden. Lived experience has become separated and silenced from professionalism in a way that often feels like a replication of our society's historical view of family violence being a private problem, one that is dealt with in hushed tones under the cover of shame.

Of course, we must continue to consider the balance between celebrating the strength of a survivor's public sharing and respecting the agency of those who choose for valid and real reasons to keep their experiences private.

We live in a society where institutional western education systems that credit participants with degrees are valued above all other forms of learning... but there are many ways of knowing.

While consumer participation is rapidly growing in other spaces the incorporation and utilisation of lived experience remains in its infancy in the family violence space. While professionals are valued as content experts, it is the experience and insights of victim-survivors that place them as context experts.

It is impossible to have a full picture of the problem, nor a fully appropriate solution, without both perspectives. We must move away from a traditional hierarchy of knowledge.

Collaboration is key and survivors continue to insist that government and this sector work with us, not for us. We have a responsibility to understand those we seek to serve.

"Placing lived experience at the centre of our work requires shifts within us, not just changes to or tweaks of the systems we work within."

**Morgan Cataldo**

Valuing lived experience is not looking for a first-hand story to propel an already formed professional point of view. Victim-survivors are not a commodity for use to reinforce other people's agendas.

We are also not a homogenous group. To acknowledge and accept our diversity in experiences and opinions requires a commitment to creating solutions that centre agency, uphold our dignity, and understand intersectionality.

Curiosity is a sign of respect and I long for a time where we are driven by a genuine desire to learn from victim-survivors and purposefully work at understanding the very people we want to help.

We shouldn't ask a victim-survivor to speak unless we are ready to radically listen. For us to find our voice is one thing but an active audience is another. To radically listen requires a suspension of judgement, listening not to refute but to understand. An active audience will also be willing to act - to truly centre lived experience requires a willingness to be informed and guided by victim-survivors.

To see lived experience embedded in our work requires a sharing of power. Creating space for lived experience means people in positions of power must be reflective and collaborative and willing to share their own institutional and personal power.

Survivor advocates are people who know true pain but hold onto hope, who have the courage to stand in their story and own it, who are compelled to work persistently for change.

We may not be the same people we were before family violence impacted us and our lives. We are aware of our own fragility, and we accept that as individuals we are not invincible but we draw on our collective strength so that together we are unstoppable.

We must continue to find ways where professionalism and lived experience can work together to produce powerful and meaningful outcomes. Ensuring we have the best practice and policies relies on having victim-survivors involved in the work. We must find ways for this sector to see lived experience as a strength not a vulnerability, and a valued and imperative part of this work.

Sally Stevenson, speaking at the Wollongong *March4Justice* rally.

I acknowledge I am on Dharawal land and pay my respects to Aboriginal elders past and present and to all Aboriginal people here today. I recognise this land was never ceded; it always was and always will be Aboriginal land.

I recognise and acknowledge that the violence we women experience today – that of the white powerful man, that of western patriarchal systems and institutions, started on this land when Aboriginal nations were colonised and dispossessed, and the sexual violence against Aboriginal girls and women was perpetrated without fear or expectation of consequence. Indeed, it was perpetrated with an absolute belief by the men that they were entitled to – had a right to – violate the bodies of Aboriginal women. And that entitled belief continues today imposed on all women – throughout Australia, and as is so very clear now – in the highest positions in the land.

In these last few weeks I have been speechless with rage... and speechless with grief.

At the same time, full of a deep sadness and a boiling fury, every morning waking with the dead weight of dread hanging from my mind and in my body as I see – as we all see – that we are nowhere near where we thought we were, and we are certainly not where we should be.

Privileged white men in our most powerful institutions continue to exert power and control over us, they continue to ignore, disregard, dismiss and disbelieve us, they continue to ensure their careers are more important than our lives... they weaponise our mental health, our traumas caused by their acts of violence against us.

I am furious and I am disgusted, and I am sad.

1 in 5 women in Australia are sexually assaulted.

1 Aboriginal woman in 3 is sexually assaulted.

I am furious and disgusted and tired of the hypocrisy of Scott Morrison who says 'I will believe you' when he clearly doesn't.

I'm tired of the lies, the evasions and the pretence of Christian Porter.

I'm tired of all the Christian Porters of this world. I am tired of a government that couldn't care less about women who experience sexual, domestic and family violence.

BUT as we stand here today, heading to gather with 10,000 women in Canberra and knowing marches are happening throughout the country, I have also never felt more in solidarity with women across Australia. And I am strengthened by our solidarity.

And I am strengthened and held and encouraged by the incredible tradition of Illawarra women – who fight, who persist in their fight, and win! I draw on the strength of the Women of Steel who campaigned – and won – against Australia's most powerful company, BHP delivering the 'most important piece of discrimination litigation that has occurred in this country.

I am strengthened by the union movement who organised us here in the Illawarra – we are, after all, in unknown.

I am strengthened by the wisdom of older women and the power of the young women who will not step down or will not shut up. Women such as Saxon Mullins, Brittany Higgins, Grace Tame, Chantel Contos, and Shirleen Campbell.

I am strengthened by knowing that women resist violence every day - however they can, sometimes in the most strategic and vigilant ways, and sometimes in the simplest of ways, such as maintaining their hope for a better world.

I am strengthened because I know exactly what I am marching for...

I march because a woman in Australia is killed every week.

I march because children are living with violence.

I march because violence against women is a national crisis.

I march for the girls we talk to at our Centre, as young as year 8, who have experienced sexual violence.

I march for the women we support in our Centre, wise and beautiful women who at 80 + have endured a life of silence and shame because they were sexually assaulted.

I march because enough is enough.

I march for Lynette Daley, Kamaljeet Sidhu and Ms Rubuntja.

I march for these women - because what happened to each of them, can happen to us - and we cannot be sure of justice if it does.

I march for the women and children who have no voice.

I march for the victim whose personal and private diary was splashed across the Australian newspaper on Saturday.

I march because I want an independent investigation into the allegations against Christian Porter. I march - because I know we can make a difference.

I march for our voice, I march for equity and I march for justice

To quote June Jordan 'who will join this standing up and the ones who stood without sweet company will sing and sing back into the mountains and if necessary even under the sea... we are the ones we have been waiting for.'

So - with the powerful traditions of the Illawarra women behind us and in the words of Grace Tame - lets go and make some noise in Canberra!

We will March4justice - and we will tell them - we're not going to stop making noise until we get it!

## images from march

## images from march



## Warilla Education and Care Service

It has been a challenging and rapidly changing year for Warilla Education and Care Service. As an essential service, Warilla ECS continued to remain open for children and their families during the lockdowns and periods of uncertainty due to the pandemic. The exceptional team at the service continued to focus on the children ensuring that they had a safe place to play and be happy, enhancing the normality of childhood when there were significant complexities occurring around them.

Relationships with families were strengthened and new ways to communicate and share information were implemented. For most of the year, families were unable to come into the service, rather children were transition at the door to and from educators where small snippets of the children's days were shared. The educators utilised IT to have extended discussions with families about their children's learning and development. Educators ensured that children who were isolating at home, maintained connection with them and their friends by providing take home activities and online story and music time experiences.

Many children and their families attending the service are vulnerable and significantly disadvantaged. Support from the service for families and children has substantially increased. The funding for the Positive Partnerships project was extended by Communities for Children during this time and was very welcomed. Without the support of the Child and Family Practitioner and Key Workers (Occupational Therapist and Psychologist), the Director and educators would not have been able to provide the complex support and intervention to the children and families.

As part of the Positive Partnerships Project, educators implement the DIR approach – Development, Individual, Relational Base Program which uses the Circle of Security strategies to establish and maintain deep relationships with families and children who experience trauma. This have given educators confidence in supporting children's complex needs with positive results for children.

The service is participating in the Enriching Language through Practice Project to implement the Abecedarian Approach Australia – 3a throughout their program. 3a places priority on children's language acquisition in the early years, promoting brain development and supports success at school. The children enjoy the opportunity to read their favourite books and play learning games with educators practicing their language and communication skills. Families are provided with book bags and learning games to take home and play with their children. This supports the attachment between children and their families, whilst giving families tools to support their child's learning and development.

With the support of Jasmin an Aboriginal Educator, the children have been learning about Aboriginal culture and history. The children recite an Acknowledgement of Country each day, paying respect to the First Nations People. The service celebrated Reconciliation and NAIDOC Weeks through dance, music, games, dreamtime stories, art and craft. A favourite activity for the children was learning about the Aboriginal flag by painting their hands to print on paper.

# OUR PARTNERSHIPS

## Operational Partners

Our Centre works closely with other organisations, services and agencies to maximise the use of resources and achieve the best outcomes for our clients and the community. In 2020-21 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, Domestic Violence NSW, Women's Safety, and the Illawarra Community Industry Group
- Illawarra Shoalhaven Local Health District.
- Royal Australian and New Zealand College of Psychiatrists
- 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 and the Illawarra Shoalhaven Education Support Network
- Brain Injury Australia
- Waples Marketing Group
- Greenacres Disability Service, People with Disabilities Australia, and the Disability Trust
- Illawarra Multicultural Services, the Multicultural Communities Council of Illawarra, and the COMPACT Alliance
- Wollongong, Kiama and Shellharbour City 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
- The Universities of NSW, Sydney, Wollongong, and Newcastle
- 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.

A heartfelt thank you to our local representatives Anna Watson, Paul Scully, Ryan Park, Stephen Jones, Sharon Bird and Concetta Fierravanti-Wells for their unwavering support.

## Teaching And Research Partners

To design, develop and implement meaningful responses to the complex problems our clients face we work with a range of research institutions. As feminists, we seek to be inclusive and to centre our clients' voices and their experiences. This year we partnered with four universities to undertake the following research:

### 1. University of NSW

#### Led by Dr Patricia Cullen

This research was a co-design project to develop the operational framework for the Illawarra Women's Trauma Recovery Centre. The findings, presented in the report: Women's Trauma Recovery Centre: A new model of care for women experiencing trauma from domestic, family and sexual violence, outline the guiding principles, goals and core components of the Centre. The report will be launched late 2021.

### 2. University of Sydney

#### Led by Associate Professor Toni Schofield

We are a member of a consortium of women's health centres and academics seeking to investigate the 'empowerment approach' of community-based, feminist women's health centres in NSW with a view to demonstrating how our approach strengthens responses to domestic and family violence in primary health service settings.

### 3. University of Newcastle

#### Led by Professor Deborah Loxton

We sit on the Advisory Committee for the research project: A life course approach to determining the prevalence and impact of sexual violence in Australia: the Australian Longitudinal Study on Women's Health. The Committee provides strategic and consumer advice to the research team and offers advice concerning interpretation of the data, dissemination of results, and strategic opportunities for policy and practice impact.

### 4. University of Wollongong.

Our connections with the University of Wollongong are many and growing. This year included:

- Completing our research project Community Attitudes to Domestic and Family Violence within Shellharbour, undertaken with Associate Professor Catherine McPhail and Dr Natalia Hanley.
- Supporting Social Work student placements each semester.

## Financial Partnerships

Our core funding is from the NSW Ministry of Health through the Illawarra Shoalhaven Local Health District. This year we have also received funding through the NSW Ministry of Communities and Justice, and the offices of Member for Whitlam Anna Watson MP and Member for Whitlam Stephen Jones. We are also deeply appreciative of 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 huge 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.

Our annual Christmas Appeal and end of financial year appeal astounded us with the generosity of our community - thank you all so much.

This year our Annual Fundraising Dinner, which aimed to celebrate local female musicians and artists was a wonderful and uplifting success. The evening was MCed by the wonderful Mel James.

We were entranced by the beautiful harp music of Yasmine Russell on arrival, and inspired by Proud Gu-nai Woman Kirli Saunders who started the evening off with beautiful and powerful readings of her poetry. During the evening we were captivated by the music and dancing of Ruido Flamenco and Cinnamon Twist and kicked up our heels on the dancefloor with the amazing Lo Roberts. We remain deeply grateful for all the incredible generous support from donors for raffle and fundraising items.

This year we'd like to make special mention of:

- **Football South Coast Women's Charity Round**, for their generosity and kindness in raising much needed funds for the Centre for the second year in a row. Many thanks to the Thistles, Woonona, Figtree and all the women's team that have donated their time and money.
- **Balinese Spice Magic**, who held a fundraiser for us by providing dinner in the Balinese tradition called 'mesoglea', where Balinese villages provide free food to their community. For us people would get a dinner and make a donation as they are able with all proceeds going to Centre. Huge thanks to the wonderful Jules Mitri (who owns the restaurant) her amazing group of volunteers for their support and generosity.
- **Kiama Golf Club, Womens Comittee**



# OUR FINANCES



## TREASURER'S REPORT

The 2020-2021 financial year has been another year marked with uncertainty, with rapidly growing demand and the need to urgently find additional resources.

Our strong focus on compliance, policy and procedure ensured we were able to navigate through these challenging times.

Fortunately, we have been able to use income received through the JobKeeper program to employ a Domestic and Family Violence Caseworker and we were successful in applying for a Covid-19 grant, receiving \$149,930 to fund an additional Counsellor and part time Intake Worker.

I'm VERY proud of the incredible team we have at the Centre. No matter what difficulties we face (work, personal or COVID-related), we keep striving to do what is right by the women in our community and to find ways to help them improve their wellbeing.

The Centre continues to be in sound financial shape, thanks to the hard work and commitment of the Council of Women and our wonderful staff. I am confident and optimistic about our Centre financially.

### Operating Result

The surplus for the year amounted to \$105,134. The Centre operated within its projected budget and we can meet our financial responsibilities when they fall due. We acknowledge the NSW Ministry of Health for our recurrent core funding and our donor community including Waples Marketing, Stockland Shellharbour, Bendigo Bank and a special mention to Anna Watson MP for her continued advocacy for increased resources to the Centre.

Our financial management is very streamlined and financial risk is managed well. The annual financial statements are prepared in accordance with the Australian Accounting Standards.

I would like to thank our Business Manager Alice Martin for all her hard work and guidance at the Centre. Her work ethic and standards are of the highest calibre, always resulting in a clear audit.

I look forward to the next financial year, striving to continue delivering our target health services for women within our local community. It is a pleasure to be associated and work the dedicated women at the Centre.

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

### Key Financial Data

<b>Income</b>	1 127 137
<b>Expenditure</b>	1 022 003
<b>Surplus</b>	105 134
<b>Members Equity</b>	223 980 (19.9% of income)

**Vi Blazevska** | Treasurer

# FINANCIAL STATEMENTS 2020-21

OUR FINANCES

## Profit and Loss Statement

Income	2021	2020
Grants	713 778	555 170
Medical & therapeutic Services	37 483	72 534
Donations	53 863	30 817
Fundraising	42 436	5 456
Fee For Service	20 277	5 282
Other	59 260	71 916
Membership Fees	32	23
Interest	887	1 768
Covid-19 Government Support	199 120	117 820
<b>Total Income</b>	<b>1 127 136</b>	<b>860 156</b>

Expenditure	2021	2020
Human Resources	794 658	684 815
Program Costs & Client Support	4 925	3 925
General Operating Expenses	201 672	85 515
Equipment, Software & Maintenance	27 754	29 936
<b>Total Expenditure</b>	<b>1 022 004</b>	<b>804 191</b>

	2021	2020
Operating Surplus/Deficit	105 134	55 965
Accumulated Funds Brought Forward	117 896	61 931
Accumulated Funds Carried Forward	223 030	117 896

# BALANCE SHEET JUNE 2021

OUR FINANCES

Current Assets	2021	2020
Cash And Cash Equivalent	557 139	299 982
Trade And Other Receivables	4 747	32 582
Other Current Assets	2 500	3 236
<b>Total Current Assets</b>	<b>564 386</b>	<b>335 800</b>
Non Current Assets	2021	2020
Property, Plant And Equipment	40 753	23 453
<b>Total Non-Current Assets</b>	<b>40 753</b>	<b>23 453</b>
<b>Total Assets</b>	<b>605 139</b>	<b>359 253</b>
Current Liabilities	2021	2020
Trade And Other Payables	35 650	13 644
Short Term Provisions	125 454	90 707
Other Current Liabilities	194 108	109 901
<b>Total Current Liabilities</b>	<b>355 212</b>	<b>214 252</b>
Non-Current Liabilities		
<b>Total Non-Current Liabilities</b>	<b>25 947</b>	<b>27 106</b>
<b>Total Liabilities</b>	<b>381 159</b>	<b>27 106</b>
Net Assets		
<b>Net Assets</b>	<b>223 980</b>	<b>117 895</b>
Equity		
<b>Retained Earnings</b>	<b>223 980</b>	<b>117 895</b>
<b>Total Equity</b>	<b>223 980</b>	<b>117 895</b>



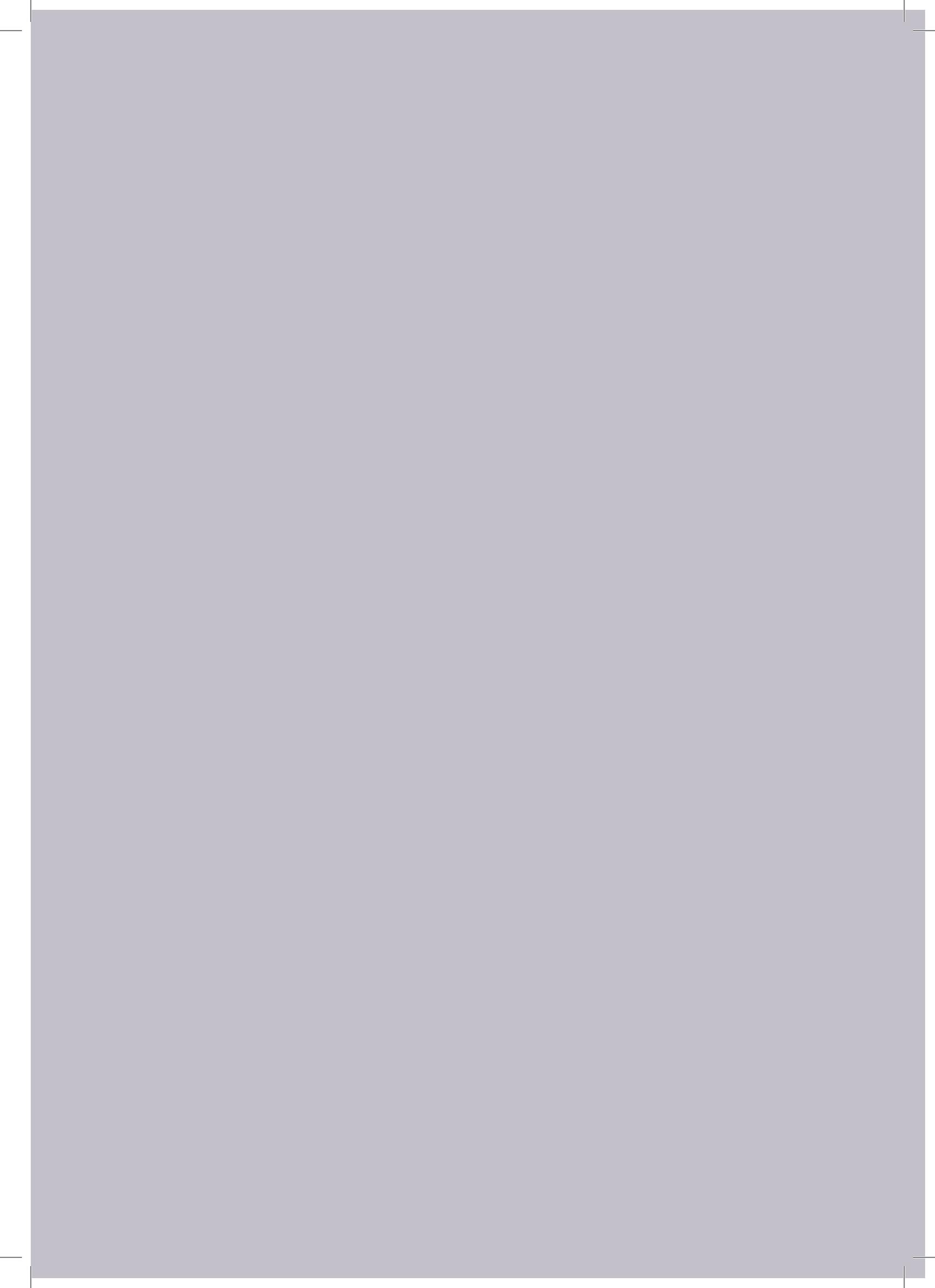
We are a feminist women's health centre. This means we understand and value women's life experiences and recognise the continued discrimination and structural inequality we face in our communities and Australian society. It also means we see an ongoing need for a gendered analysis and approach to health, 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**  
2020 - 2021