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THE MOMENTUM OF INTERNATIONAL WOMEN'S DAY



Early in March, Women's Health West hosted community members, partners, colleagues and friends at the Newport Substation to celebrate International Women's Day and to discuss the current climate of the #metoo movement.

Above: L-R: Mimmie Ngum Chi Watts (WHW board director), Cuc Lam (Department of Human Services), Elly Taylor (Women's Health West), Maria DiGregorio (WHW chair), Catherine Harding (WHW board director)

Gert Geyer Communications Worker

This year's International Women's Day event was entitled 'Momentum for change: supporting women's voices in 2018' and featured CEO Dr Robyn Gregory, writer Kristine Ziwick and activist Tasneem Chopra.

According to the recent 2017 Global Gender Gap Report by the World Economic Forum, the gender gap will most likely take over 200 years to close. Prompted by this information, the International Women's Day organisation announced 'Press for Progress' as the theme of this year's International Women's Day.

Press for Progress acknowledges that there has never been a more important time to push

forward and continue the global momentum striving for gender equity. The International Women's Day organisation hopes to use this theme to motivate and unite, and each year aims to prompt colleagues and whole communities into thinking, acting and being gender inclusive.

Women's Health West hoped to build on this call-to-action by inviting panellists to reflect on how the #metoo and #timesup movements have demonstrated the widespread prevalence of workplace sexual harassment. We asked our speakers to share insights and perspectives on where to from here, how we can build on recent events to

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A WORD FROM THE CEO



An ambitious and bold strategy to improve sexual and reproductive health

Dr Robyn Gregory CEO, Women's Health West

Sexual and reproductive health forms the central theme of this edition of the WHW newsletter (our first issue for 2018!). This theme is a timely one: on 26 April, the second iteration of our regional sexual and reproductive health strategy for Melbourne's west, Action for Equity, was launched by the Minister for Health, Jill Hennessy MP.

People, and in particular women, in the western region of Melbourne have poorer sexual and reproductive health outcomes when compared to other regions in Victoria. This is particularly the case in relation to sexually transmitted infections, teenage fertility, and cervical screening rates. Despite this, and our rapid population growth out west, our region still lacks a dedicated sexual health clinical service.

This newly-launched strategy is designed to improve sexual and reproductive health outcomes for communities in the west in a coordinated way, to increase impact throughout the region. It was

developed by the Action for Equity partnership, led by WHW, and other key experts. The other 15 partners cover a wide range of health and community services – including community health, and local and state government, among others. The strategy has also been influenced by current state and federal policies, including Victoria's first ever sexual and reproductive health strategy, launched by Minister Hennessy last year.

We'll include a full write-up of the launch (along with some lovely photos from the event) in the next edition of our newsletter, but this seemed like an ideal moment to reflect on some of the successes of the Action for Equity partnership to date.

Action for Equity's first strategy ran from 2013-2017. It was visionary and ambitious. It was instrumental in supporting partners to align their efforts to improve sexual and

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Women's Health West acknowledge the traditional custodians of the land on which we work, the people of the Kulin Nation, and we pay our respects to Elders and community members past and present. We express solidarity with the ongoing struggle for land rights, self-determination, sovereignty and the recognition of past injustices. We express our hope for reconciliation and justice.

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Read this edition and archives of WHW NEWS online at www.whwest.org.au/news/newsletter/

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About Women's Health West

Women's Health West is one of Victoria's only organisations that provides services and programs that encompass every level of response to family violence – from primary prevention, to intervention and response.

Our work has actively contributed to improving the health, safety and wellbeing of women and their children in the western metropolitan region of Melbourne since 1988. Our work covers the local government areas of Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley and Wyndham. Our work covers:

Prevention

- Prevention of violence and discrimination
- Mental health and wellbeing
- Sexual and reproductive health

Early intervention

- 24 hour crisis response
- Risk assessments

Response

- Case management
- Housing and refuge
- Safety and security support
- Children's counselling



BEHIND THE SCENES

MEET THE STAFF



April Amosa

Team leader – quality and administration

Talofa Lava, Kia ora, hello everyone, I am Samoan born and spent my childhood in the tiny islands of Samoa and the rest in Aotearoa, New Zealand. After work and travel through Asia I resettled back in New Zealand, where I spent seven and a half years in various roles focused on student services and quality assurance for a tertiary institute, which supports second chance learners into higher education and training. I shifted with my family to Melbourne for a new adventure, and have since spent three and a half years growing my young family.

Christie

Case manager, client and residency management

Before joining Women's Health West, I completed a Bachelor of Youth Work and then worked in the homelessness and housing sector for two years. One of my previous roles involved working with people experiencing homelessness in a crisis context, and in another I worked with young people to secure stable accommodation. Outside work, I hang out with as many dogs as possible, as well as travelling and volunteering. I have been lucky enough to teach

English in Cambodia and spent some time volunteering in a disability-friendly camp in Rome, which were awesome experiences.



Jenny Den Hollander

Team leader – counselling

Hi, my name is Jenny, pronounced Yeni. I am originally from the Netherlands and I have been living in Oz since 1997. I have a partner and three children, a 21 year old daughter and two sons, aged 17 and 19. I am a family therapist and my work life has included family support and child and family counselling, as well as senior roles in family services. It has always been important to me to make gendered imbalances within families more visible and to support women and children to have a voice.

I once did a bike trip from Amsterdam to Istanbul. I like camping and reading by the camp fire.

Jess W

Family violence outreach case manager

I completed a Bachelor of Arts majoring in literature and political sciences in 2012, then went on to study a Masters of social work which I completed in 2015. Through my education I have developed an interest in radical feminism and violence against women, so I am very excited to work

in a feminist organisation with such amazing women. After university I worked as an intake coordinator at Doncare Community Services for about two years, as well as doing some research work at Maroondah City Council Youth Services.

Joanna

Youth counsellor and group facilitator

I previously worked for the Child and Family Agency in Ireland as an art therapist and outreach worker, providing support to young people and their families.

I am delighted to be part of Women's Health West and eager to gain more knowledge in this area. I am new to Australia (just 8 months) and I'm still trying to get my head around the lingo and abbreviations (arvo, quals, to name but a few), and the ever changing weather in Melbourne. I love art, music, road trips, my family and yummy food!



Monnete Ruaya

Quality coordinator

I joined Women's Health West in November 2017, and am passionate about process improvement and business process reengineering. I previously worked with quality systems in engineering and aged care sectors. I also worked for almost two decades as a professional librarian across a number of sectors

including local government, and universities.

I am originally from the Philippines and moved to Australia in 2007. I lived in Perth for 10 years before moving to Melbourne in 2017. Outside work, I love spending time with my husband and two kids. I enjoy documentaries on social issues, biographies, galleries, live music, dancing and trying out recipes from different cuisines.

Shikha

Intensive case manager, family violence outreach

Before joining Women's Health West, I worked as a community rehabilitation and support worker at a community mental health organisation, supporting people living with mental illness. After completing my Master's in social work from RMIT University in 2016, I worked as an emergency relief program supervisor and case worker for an organisation delivering services for low income residents suffering from financial stress. Prior to social work, I was a teacher in India and worked as secondary school teacher for six years. I am a NAATI accredited interpreter (Level 2) in Hindi language and also speak Punjabi. I was interested to work with Women's Health West because I am passionate about supporting and empowering women and children to live a life free from violence. I am passionate about social justice and gender equality, and am excited to continue learning and growing through being part of Women's Health West.

A WORD FROM THE CEO

An ambitious and bold strategy to improve sexual and reproductive health

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reproductive health in Melbourne's west under a common agenda. And it enabled them to identify shared measures of success, drawing on the diverse expertise of a range of sectors.

The partnership has seen organisations deliver over 17 new sexual and reproductive health programs to thousands of community members across the region.

One of these programs, designed to increase access to and awareness of medical termination of pregnancy, is outlined in detail on pages 6 and 7.

Alongside delivering programs to improve sexual and reproductive health in the community, the partnership has also successfully influenced policy and law reform, commissioned research, undertaken sector and workforce development,

implemented organisational strategies and plans, and delivered successful social marketing initiatives.

The new strategy, Action for Equity 2018-2022, is as bold and impressive as the first, and we are looking forward to it having an even greater impact on our community across the next four years. Melbourne's west is one of Victoria's most vibrant and diverse regions, and our goal is to achieve the highest standard

of sexual and reproductive health for everyone in our community.

The strategy can be downloaded from our website at www.whwest.org.au. ■

BEHIND THE SCENES

MEET THE STAFF

Continued from page 2

Tarryn

Case manager, family violence outreach

Before joining Women's Health West at the end of 2017, I worked in case management and with not-for-profit organisations in the education sector. I have studied social work and Indonesian studies, and volunteered with people with refugee experiences, and in community development.

I like that my job involves ongoing learning, and the opportunity to meet new people. I grew up on a fruit farm in a small town, so being part of the Footscray community is a different and wonderful experience. Outside work, I like to get out of the city to the beach or bush, and spend time with friends, family and dogs.



Tricia Wild

Senior advisor – people and culture

I have been employed for over 15 years as an executive human resource professional, within the for profit and not-for-profit industry and sector. I enjoy human resources, as it acts as a conduit between what is happening now and what is needed in the future. It also supports the organisation and its employees to achieve and be their best within the workplace. I am a big animal and environmental rights

advocate and activist. I am currently finishing research subjects in Zoology, working towards a masters in evolution ecology/genetic conservation. I have worked in Africa with cheetahs and lions, both in the wild and within rehab, they are big lap cats. I have also volunteered for grizzly bear and wolf conservation programs in Yellowstone and Glacier national parks in the USA. I own and operate a small cat rescue, getting cats off the streets and into loving homes. I have many timid cats and kittens that need adoption. For fun I ride motorbikes, go to the gym, play (or try to play) banjo, chase cats and kittens through the streets, and try to do something new and challenging every month.

Zanetta

Specialist family violence advisor - mental health

I come from a gender and women's studies background, and have spent most of my professional career working for feminist organisations in Australia and abroad. In 2017 I was the Committee Coordinator for the Walk Against Family Violence at Federation Square, which I really enjoyed. I hold a special interest in women's equality in the work place and increasing women's representation in leadership positions. I am originally from New Zealand and moved to Melbourne in 2011. I enjoy spending my time with my wire-haired dachshund, Bruiser, and indulging in all that Melbourne has to offer.

WHW'S 2017 AGM AND CONVERSATION



On a swelteringly hot day in November, Women's Health West's members, staff, subscribers and supporters came together for our Annual General Meeting.

Kelly Ventress Manager – Communications

The AGM was held on 29 November at Footscray Community Arts Centre. We opened with the business part of the AGM, which presented a great opportunity to reflect on and to celebrate the year that was for Women's Health West.

The wonderful Nelly Thomas acted as MC throughout, and was sharper and more hilarious than ever. We celebrated the hard work and dedication of our staff through the presentation of awards, and heard from our treasurer, Maria DiGregorio,

about our financial position. Maria noted that Women's Health West had benefitted from new funding received in 2016-17, and highlighted that we had continued to maintain financial stability.

Members also voted for a small but important change to our constitution: to include an additional definition, as follows: 'the words 'woman' or 'women' are inclusive of females, or people who identify as females'. The constitution has since been changed, and this represents a small but important step towards becoming even more LGBTI+ inclusive as an organisation.

Following the business part of the AGM, we moved on to the annual conversation. This year we had an incredible line up of women, speaking on the topic 'why be happy when you could be normal? Perspectives on feminism and disability'.

Keran Howe, executive director of Women with Disabilities Victoria chaired the discussion. Other speakers were disability and queer rights activist, Jax Jacki Brown, writer and appearance activist Carly Findlay, and manager of the youth disability advocacy service, Leah Van Poppel. Together they brought some home truths, plenty of laughs, and some eye-opening insights into the world of being a feminist with a disability. Women's Health West were absolutely delighted to have had the opportunity to bring together such a talented bunch of women.

The AGM conversation is available to watch on YouTube – it can be viewed at <http://bit.ly/whwagmvid>. ■



Above: L-R: Leah Van Poppel, Carly Findlay, Jax Jacki Brown and Keran Howe

Right: Comedian Nelly Thomas on MC duty

Below: Attendees in the Footscray Community Arts Centre foyer



MEDICAL TERMINATION OF PREGNANCY

RAISING AWARENESS, ACCESS AND UNDERSTANDING



Women's Health West have been working to increase awareness of, and access to, medical termination of pregnancy in Melbourne's west. Sara Elzahbi outlines how the program has worked to date, what we've achieved, and what's next.

Sara Elzahbi Health Promotion Project Coordinator

Medical termination of pregnancy (MTO) is a medication-based alternative to surgical abortion, which can be accessed up to nine weeks gestation. MTO has been widely available internationally for over two decades, and can be prescribed by GPs in primary care settings, as well as in public or private hospitals and clinics.

Provision of MTO within general practice and community health settings provides numerous benefits. It means women do not have to travel long distances to access a termination, lessens the financial burden on women, and decreases pressure on the public health system. Local and international studies have shown MTO to be an option that is widely accepted by women, and it is considered to be reliable and trustworthy.

Access and availability in Melbourne's west, however, remains low. This is despite decriminalisation of abortion in Victoria in 2008, and MTO becoming available in 2012. Women's Health West, in partnership with The Royal Women's Hospital and the North Western Melbourne Primary Health Network (NWMPHN), have coordinated the delivery of five professional development sessions on MTO to a total of 88 health practitioners from Melbourne's west and surrounding areas since 2015.

The purpose of these sessions is to strengthen health practitioners' knowledge of MTO (including its historical use, purpose and clinical considerations), as well as outlining the registration process for GPs and

pharmacists to become providers. The sessions provide insight into potential referral pathways and real life case studies to assist health professionals to understand the potential challenges and benefits associated with the procedure.

Dr Paddy Moore, Unit Head of the Choices Clinic at the Royal Women's Hospital, facilitates the clinical component of the session. Representatives from MS Health (the pharmaceutical company licenced to distribute the medication) explain the MTO registration process and the NWMPHN explain the resourcing and referral pathways.

The professional development is tailored to the needs of GPs and pharmacists, however other participants have included practice managers, practice nurses, international medical graduates, health promotion workers and pharmacy technicians, particularly those who are practicing in the west.

Session feedback has been overwhelmingly positive. Practitioners highlighted an increased understanding of the procedures and training requirements associated with MTO, as well as increased knowledge of appropriate referral pathways. At least 15 practitioners have begun the MTO provision process in their practice or pharmacy. Some local clinics have also now expanded their women's health services through additional nurse and GP training, registering online as an MTO provider, and recommending the training to their colleagues.

A critical component to increasing MTOP provision and access is community awareness, acceptance and attitudes towards the procedure.

Some clinics have also committed to providing dedicated pregnancy options appointments, which are readily available for patients as and when they are needed.

Women's Health West is also conducting an audit of services in Melbourne's west to identify which pharmacies and GP clinics are current providers of MTOP, as well as

advocating for increased access to MTOP, and enhancing training opportunities. Information gathered through this process has contributed to a growing evidence-base and informs the ongoing work of Women's Health West.

Another critical component to increasing MTOP provision and access is community awareness, acceptance and attitudes towards the procedure. Women's Health West are about to undertake an action research project to explore women's experiences and attitudes relating to sexual and reproductive health services and pregnancy termination in Melbourne's west. This includes gaining an understanding of women's awareness of MTOP as an abortion procedure. Survey responses will provide a snapshot of current service provision enablers and barriers

for women, which will influence our future advocacy and promotional initiatives. If you would like to take part in this project, which involves a brief online survey, please visit <http://bit.ly/SRHattitudes> or contact Sara Elzahbi, Health Promotion Project Coordinator, on **9689 9588**.

Women's Health West looks forward to continuing this work, and other sexual and reproductive health primary prevention work, through 'Action for Equity 2018–2022: A sexual and reproductive health strategy for Melbourne's west'. This new strategy was launched on 26 April 2018 and is available on our website. ■

For more information on future MTOP professional development sessions, and evaluation reports from previous sessions, please visit our website at www.whwest.org.au.



A DAY IN THE LIFE

of a children's counsellor at Women's Health West

Women's Health West's children's and youth counselling program offers counselling and therapeutic groups for children who have experienced family violence. They work across the western metropolitan region of Melbourne. Here, we find out more about how they work.

Kelly Ventress Manager – Communications

Women's Health West has four children's counsellors, one youth counsellor and a team leader, who are all based in Footscray in a room decorated with little plastic dinosaurs and colourful children's artwork. They provide counselling at different locations across the west – in Wyndham and Melton as well as at our main office in Footscray.

The team offer counselling as single sessions, or as short, medium or long-term support.

The children's counsellors are skilled at communicating with children through play, art-making and using metaphors to help kids make sense of their experience.

I met with Julia, one of Women's Health West's children and youth counsellors. Julia talked me through a recent day she'd had, where she'd seen a client for a single session. In this instance, the client was a mother, attending with her two children.

Single sessions are a particular model of one-off support offered by WHW, where there are two counsellors working with the child/children and their mum or carer at the same time. Single sessions are often undertaken with clients who are on a waiting list for individual counselling, or who are unable to engage in longer term support.

Julia explained to me that the counsellors spend quite a bit of time preparing in advance for one of these single sessions. Their preparation includes speaking with the mum/caregiver on the phone. They talk

through what to expect, ask the mum about her and her children's experience of family violence, and provide advice on how to talk to her children about the session. They also find out what the mum or carer would like to focus on during the time they have together.

On a day such as this, where the counsellors are undertaking a single session, they'll get started by meeting to review the client's referral form. In this instance, Julia meets with her

colleague Mardi. They speak about the family's situation, and in particular, what the children's experiences of family violence had been, and the impact of this on the kids.

When the family arrive, Julia and Mardi already have some idea of what the session will look like, but are also prepared to respond to whatever comes up. After an introduction and filling out consent forms, Julia takes the mum to another counselling room, while Mardi stays in the children's counselling room with the two children. Julia listens as the mum speaks about some of the challenges she's experiencing, including not knowing how to speak with her kids about what has happened. Julia clarifies the importance of providing truthful but age-appropriate information to children, and workshops some ideas with the mum about what she might



say to her kids about their experience of family violence, and why she chose to separate from their dad.

The youngest of the mum's children had also been acting out angrily and having frequent tantrums, so Julia provides some advice and resources on how she could respond to this. She supports the mum to better understand her child's behaviour as a trauma-response in the context of family violence. Julia explains that children's behaviour is their way of communicating what's going on for them, so the best way to change behaviour is to try to understand what it's communicating and respond to that, rather than just focusing on the behaviour itself.

It's clear that the mum is still working through and dealing with her own experience of family violence too; she talks about finding it very triggering when her child becomes aggressive. Counselling sessions can be a vital way of creating the space a mum or carer needs to think beyond their own experience, and reflect on how the experience might have affected their kids.

Meanwhile, Mardi spends some time with the kids. Mardi explains that the counsellors have some common activities they use in single sessions, but that each session is a bit different depending on the kid/s they're meeting with. This single session



gets underway with some 'getting to know you' exercises, to get the kids more comfortable with Mardi and the environment – this is always something playful and fun.

They then spend a bit of time exploring what the kids' worries are, and what they are finding difficult. This can be expressed through play, drawing or just talking, depending on the age and preferences of the child. The counsellors also often use the 'magic wand' question – asking the kids 'if you had a magic wand and could change something in your life, what would that be?' They also ask the kids what their mum is doing really well and if there is anything else their mum could be doing to help them with their worries. Julia tells me that it's always lovely to provide mums or carers with feedback about what their kids think they are doing well.

The children's counsellors are skilled at communicating with children through play, art-making and using metaphors to help kids make sense of their experience. The youngest child that Mardi is seeing in this single session loves elephants, and talks about elephants during the session. Mardi is able to explore things with the child that might be quite difficult for him to talk about directly by asking questions about the elephant. Mardi asks the child to tell her about when the elephant feels safe or scared, how

it protects itself, or what it needs from its friends or family. During the session the youngest child draws a picture of the elephant, and creates a world for it, drawing all of the things it needs, including a place for it to hide when it feels scared. This tells Mardi a lot about how the child experiences his world and what he needs to feel safe.

To finish off the session, the mum, kids and two counsellors meet back in the children's counselling room. With permission, the counsellors give some feedback about what was talked about during the break-out sessions and together they think about what might be next for the family. This can include deciding what additional resources might be useful for the family, whether they want to book another single session, remain on the waitlist for individual counselling and whether they've achieved what they hoped to from the session.

They decide to book in a second session with just the mum, to further explore some of the strategies



suggested in the first session and address a couple of things they ran out of time to discuss. Following the second session it's clear that the outcome has been positive – the mum has

already seen an improvement in her child's behaviour. Following the second session, both kids were referred for individual counselling.

The counsellors spent a bit of time at the end of the session reflecting on how it had gone, and how they could continue to support the family they'd worked with that day. They discussed what had worked and what hadn't gone so well, as well as coming up with ideas for activities and resources they could use in future sessions. What was clear at the end of this day was that the counsellors each bring different skills, expertise and knowledge to their work. They're clearly great at drawing on these strengths to ensure families receive the best possible support, so they can heal and recover from their experiences of family violence. ■

To find out more about Women's Health West's children's counselling service, visit www.whwest.org.au/family-violence/counselling.

KEEPING SAFE TOGETHER

HELPING FAMILIES TO BE SAFE, TO HEAL, AND TO RECOVER FROM FAMILY VIOLENCE

This model is child-centred, and focuses on the strengths of the non-offending family member, while working with the offending family member so they hold accountability for their behaviour.

When a family is impacted by violence and are struggling to stay together, there are very few services available to support them in Victoria. In response to this, a group of organisations, including Women's Health West, have initiated a new demonstration project called Keeping Safe Together.

Sophie Mast Project Manager – Keeping Safe Together

Keeping Safe Together works with families who have been impacted by violence and have chosen to stay together. It also works with families who have separated, but have an ongoing co-parenting relationship. The program offers individual and whole-of-family support, and aims to reduce the risk of family violence, while strengthening and improving the relationships between women, children and men.

Keeping Safe Together is for families who are at a low risk of physical violence or injury; the team discuss each referral they receive together in order to determine if the program would be beneficial for each family referred.

Keeping Safe Together is funded by the Department of Health and Human Services and delivered by Women's Health West and

LifeWorks in partnership with the Bouverie Centre, cohealth, Good Shepherd, Catholic Care and MacKillop Family Services.

Keeping Safe Together is a demonstration project, which means it is a short term, experimental trial to learn how a large scale program of this type might work. The Keeping Safe Together team are therefore constantly reflecting on and learning about how to best approach the work they do to support families.

Having managed the Keeping Safe Together project for the past six months, I have seen it develop and grow from a bold idea on paper to a living, breathing project that is having a positive impact on families and helping them keep safe, heal and recover.

Keeping Safe Together uses a team-based approach, and is informed by David Mandel's Safe and Together model. This model is child-centred, and focuses on the strengths of the non-offending family member, while working with the offending family member so they hold accountability for their behaviour.

Its principles include:

- Keeping the child safe and together with the non-offending family member
- Partnering with the non-offending family member as the default position





Illustrations: Isis and Pluto

- Intervening with the offending family member to reduce risk and harm to the child

The Keeping Safe Together team provides psycho-education and therapeutic case management with each individual family member. This approach involves helping family members recognise what constitutes family violence; and understand the cycles of violence, gender roles and gender inequity, and the role of parents to protect children. All sessions have a trauma-informed lens, and safety is at the forefront of our work.

Once the family members are ready and it is safe to do so, practitioners facilitate safety planning and goal setting with the family, followed by ongoing support sessions in order to achieve the set goals. The child is involved in the family sessions, and supported to voice their needs; a vital aspect of the family enacting change and healing.

The Keeping Safe Together team are undertaking an action research approach, where we constantly reflect on and analyse how our methods are working. The Bouverie Centre facilitates this reflection through co-production workshops for the staff every fortnight. In these workshops, the team discuss the challenges we face, our successes and what we've learnt, and develop the project's structure

The model includes children in the healing and recovery process and vitally, it respects the family's choices to prioritise safety while also working towards healthier relationships.

together. Through the workshops, the Keeping Safe Together team and the Bouverie Centre will document and develop a recommended model of practice to effectively support families who want to live a life free from violence, to heal and to recover. A key aspect of the project is reflecting back on the support we provide for each family and how we can improve our approach. We are constantly developing our project in order to support the families we work with in the best way possible.

Like all demonstration projects, Keeping Safe Together has had its share of challenges and it has been hard work at times. That said, it has been incredibly rewarding to develop and trial a new way of working with families. The model gives men the opportunity to take accountability for their behaviour and initiate change, it includes children in the healing and recovery process and vitally, it respects the family's choices to prioritise safety

while also working towards healthier relationships.

We look forward to continuing to learn and develop the program with our dynamic, passionate team and partners in the coming year. We look forward to sharing insights with the broader sector about a well-researched, trialled model that can help families on their road to recovery. ■

For more information about Keeping Safe Together or to make a referral please contact Sophie by phoning (03) 9448 5650, or by emailing sophiem@whwest.org.au.



Continued from page 1
bring about change, and how we can tell the stories of women respectfully and with care.

The topic for the event was chosen for its currency and relevance. The wave of public support for the #metoo and #timesup movements was cresting and it felt like an important time to explore this historically unprecedented moment, without disregarding all the hard work that had made that moment possible.

Women's Health West's CEO Dr Robyn Gregory introduced the theme of the celebration and discussion, welcoming over 100 attendees to the

Above: Attendees at the beautiful Substation

Below: Robyn Gregory, WHW's CEO



light-filled venue. Robyn outlined the ups and down of the #metoo movement, which was founded by American civil rights activist Tarana Burke in 2006. Burke is a survivor of sexual assault and was originally motivated by a desire to do something to help women of colour who had also survived sexual violence.

Following actor Ashley Judd's allegations against Harvey Weinstein in the New York Times in October 2017, the phrase 'metoo' was used by Alyssa Milano on Twitter, who wanted to reveal the extent of the problem. Within 24 hours, the hashtag had been tweeted half a million times.

The movement has now spread right across the globe. The Australian media has featured both revelations and backlash, and the feeling of empowerment and camaraderie continues to grow as women and allies band together.

Kristine Ziwica recently penned an article for Women's Agenda urging media to tell women's stories with care; after reading this we knew she would be able to address the topic with nuance and insight. Kristine, having previously managed strategic communications campaigns for the UK's Equality and Human Rights Commission and the media engagement program for Our Watch, acknowledged she'd been advocating for gender equity for many years, which made her the perfect fit to reflect upon this moment.

'Hope is an action... as long as there's a want and a desire for a more gender equal society, hope can provide the way forward'

She spoke of her usual discomfort with International Women's Day due to the tokenism that is sometimes applied to the day – but in the year just gone, Kristine admitted that every day had felt like International Women's Day, and how that was a most welcome feeling after years spent on the margins.

Curator, author and prominent activist Tasneem Chopra weighed in on how #metoo affects women globally. She spoke about the vital importance of ensuring we continue to listen to marginalised voices, as those with the largest platforms have a tendency to dominate the airwaves.

Tasneem spoke about how the hashtag is not going provide a solution, it's merely the beginning. What will fix the problem is structural change; something that starts at the top. Tasneem didn't shy away from speaking about the long history of women's bodies being used in colonial settings as weapons, without their consent. This is a very real and uncomfortable spectrum that must not be overlooked.



Kristine was optimistic about the future, saying that she had never felt this kind of momentum in all her years working in the gender equity field. She told the crowd that 'hope is an action', and reflected that as long as there's a want and a desire for a more gender equal society, hope can provide the way forward.

The breakfast event finished off with a brief question and answer session that touched on how to be an ally if you're in a position of power, and also how to be a good role model for kids by challenging harmful gender stereotypes from a young age.

Next year Women's Health West aim to make International Women's Day more accessible for men and will be aiming to welcome a more diverse audience. If we can diversify our audience – welcoming men, gender diverse people, people with disabilities, Aboriginal and Torres Straight Islanders and people of colour – we will know we're making real strides towards our goal of gender equity.

As women's rights activist Gloria Steinem once said, 'the story of women's struggle for equality belongs to no single feminist nor to any one organisation but to the collective efforts of all who care about human rights'.

We hope to see you next year! ■



Top: L-R: Speakers Kristine Ziwica and Tasneem Chopra with WHW CEO Robyn Gregory

Above: Attendees chatting over morning coffee

Right: Cuc Lam from the Department of Human Services with Robyn Gregory



If you didn't manage to get along to the event or if you'd like to revisit the amazing speeches, you can listen to an audio file which can be found online at: <http://bit.ly/IWDaudio>. If you'd like to be added to our mailing list to ensure you receive an invitation to next year's event please sign up at: <http://whwest.org.au/join-us/mailling-list/>



Gert Geyer

LEAD ON AGAIN

Leadership skills, gender equity and advocacy for diverse young women

Women’s Health West’s Lead on Again program increases the leadership skills of young women from diverse backgrounds in Melbourne’s west. Kirsten Campbell provides an overview of the 2018 iteration.

Kirsten Campbell Health Promotion Project Coordinator

Lead On Again 2018 brought together 13 young women from refugee and migrant backgrounds. The young women participated in six days of leadership development workshops, which were designed to build their skills and confidence to be leaders. The participants learnt about effective communication, conflict resolution, public speaking, healthy relationships, human rights, sexual and reproductive health, stress and mental health, team dynamics, and how to plan an event.

The sessions got underway by acknowledging the traditional custodians of the land, and reflecting on why this is important. We then spent time as a group thinking about what our values are and what we are passionate about.

The group were taught (and inspired!) by Sukjhith Khalsa, a fantastic spoken-word artist, educator, performer and human rights advocate. Sukjhith spent time with participants developing their performances, public speaking and storytelling skills. A peer educator, who was a participant in Lead on Again in 2017, also shared her experience and skills, and offered support to the current

group of young women.

The participants had a number of opportunities throughout the program to practice the skills they’d developed during the workshop week. This culminated in organising an event for International Women’s Day (IWD), held at Phoenix Youth Centre. The event brought together 57 people to celebrate IWD. The young women gave compelling speeches and performances on gender equity - including women’s rights, work opportunities, the gender pay gap and violence against women. This was the first public speaking experience for many participants, who achieved the goals they’d identified at the beginning of the program: building their confidence, developing public speaking skills and gaining advocacy experience.

‘This is about changing how countries and communities work, not just changing things for individual women’

— 2018 Lead on Again program participant

Over supper together the audience of family, friends and community

members reflected on the performances and on the status of women. Young men in the audience reflected on the importance of events like these being led by young women. They said they hoped more young men would be able to see and hear the stories of young women, such as the Lead on Again participants.

‘Investing in young women and girls would make a big difference to society’

— 2018 Lead on Again program participant

Lead on Again is run by Women’s Health West and Western Young People’s Independent Network (WYPIN) in a longstanding partnership. WYPIN work with culturally diverse young people aged 12 to 25 in the western region of Melbourne. They continue to work with Lead on Again participants after the program has concluded, to support their ongoing leadership development, and to enable them to advocate for gender equity and other matters that are important to diverse young people. ■

Applications for the 2019 iteration of Lead on Again will open in October 2018. To find out more about the program, please contact Kirsten Campbell by email on kirsten@whwest.org.au or by phone on (03) 9689 9588.

THE SANCTUARY MODEL

TAKING STEPS TOWARD BECOMING TRAUMA-INFORMED

Women's Health West is getting closer to officially launching the Sanctuary Model. The Sanctuary Model is a whole-of-organisation, trauma-informed cultural change process, which we will be implementing over the next three years.

Emma O'Loughlen Senior Practice Lead

The Sanctuary Model defines trauma as something that overwhelms our normal coping mechanisms. The Model recognises that trauma is a common human experience and that it can have a profound impact on the health, wellbeing and mortality of individuals and communities.

It also recognises the impact that working to challenge complex systemic injustices, such as family violence, has on individual workers and organisations. Here at WHW we work to prevent family violence before it occurs. We also work to respond to family violence after it has occurred, by supporting those who have experienced violence. This work is hard; and working in an area so affected by trauma can have a deep impact at both an individual and an organisational level: it can impact on our people and on our organisation's systems and processes.

The Sanctuary Model acknowledges that unless we are aware of this impact, and put specific values and practices at the centre of our work, we are in danger of not being able to achieve good outcomes with our clients, partners and the communities

we work with. We are running the risk of not being as effective as we could be, and also compounding and replicating injustices internally, which can ripple out to clients, partners and communities. In adopting the Sanctuary Model we are seeking to do better by becoming better trauma-informed as an organisation.

WHW recently selected 15 staff members to join a new Sanctuary core team. The core team is the heart of Sanctuary implementation; the entity that keeps Sanctuary alive at WHW, the thing that circulates Sanctuary implementation throughout WHW, and provides Sanctuary nutrients and oxygen to every limb of the organisation.

The core team recently attended five days of Sanctuary training, facilitated by the Sanctuary Institute Australia. We acquired shared knowledge about the impact of trauma on individuals and organisations. We learned about the ways in which the shared values and practices of Sanctuary endeavour to counteract those impacts. We were able to experience first-hand some of the Sanctuary tools, and got an initial sense

of how we might actually implement these processes at WHW. Through all of this we started to develop a shared and safe way of talking about our feelings, the impact of trauma, and our hopes for our Sanctuary journey.

The next step for us is to develop a Sanctuary implementation plan. The implementation plan will include a date for an official Sanctuary kick-off at WHW. We will also develop an evaluation plan so that we can track how we are going with implementation.

Dr Sandra Bloom, one of the co-founders of the Sanctuary model, talks about a paradigm shift taking place on planet earth at the moment. She says that we are moving from a view of ourselves and the world that is mechanistic, compartmentalised and even fragmented, to a view that is interconnected and interdependent. We are not separate from our world, and somehow imbued with an ability to observe and act upon it without bias. We are in and of our world, and as such are in a symbiotic relationship with it all the time.

What does this have to do with trauma and injustice? Dr Bloom compares the fragmentation that has occurred in our experience of our world, and the separateness from our world that we experience, with the fragmentation that occurs for individuals through trauma. She asks us to contribute to the global paradigm shift by acknowledging the trauma and injustice that is in us and all around us. Dr Bloom asks us to take courageous steps to heal our organisations through Sanctuary, and in doing so make a greater contribution towards healing the trauma of the people we work with and the systems we work within. ■



We will continue to keep you updated on progress as we implement the Sanctuary Model. To find out more about the Sanctuary Model visit www.sanctuaryweb.com.

women's health west



Calling all WHW members!

Women's Health West has over 700 members. Our members help to strengthen the voice of our organisation as we work to bring equity and justice for women in the west.

Women's Health West are currently surveying our members, and we'd love to hear from you.

We want to ensure that our events, newsletters and resources are interesting, relevant and useful for our community.

The survey will give us a better understanding of who our members are, why people join, and what they'd like from their membership.

It takes 10 minutes to complete the survey, and every completed entry goes into the draw to win a \$100 Coles Myer group voucher.

Please complete the survey online at **www.surveymonkey.com/r/whwmembersurvey**.

If you would like to complete the survey over the phone or by paper, please phone Kelly or Gert on **(03) 9689 9588** and we can arrange this for you.

Not yet a member?

It's free to join Women's Health West, and joining as a member ensures we are able to represent your voice in the work we do.

All women of 18 years or over, who live, work or study in the western metropolitan region of Melbourne are eligible for full membership of Women's Health West, as are organisations whose client base includes the western region.

Any woman can apply to be an associate member, which has all the same benefits as full membership, except for voting rights.

Membership includes a subscription to this newsletter, as well as newsletters and invitations to events like International Women's Day and our Annual General Meeting.

Become a member at **www.whwest.org.au/join**.