



QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

AUGUST 2010

'Aims to strengthen links between women by providing access to information and support'

IMMIGRANT & REFUGEE WOMEN'S HEALTH

Women from an African Refugee background

Barriers to accessing health services

By **GRACE SAMUEL ORYEM AND VALERIE EDEN**
*Queensland Program of Assistance to Survivors
of Torture and Trauma (QPASTT)*

People from a refugee background often experience acute hardship, and suffer extreme emotional trauma prior to their arrival in Australia. Common traumatic events characteristic of the refugee experience include: witnessing death squads, witnessing mass murder, torture, disappearances, forced marches, extreme deprivation (poverty, unsanitary conditions, lack of access to medical treatment), persistent and long-term political repression, deprivation of human rights, rape, beatings, removal of shelter, refugee camp experiences (prolonged squalor, malnutrition, lack of protection), perilous flight or escape, deprivation of education, and for children, deprivation of the opportunity to play.

Exposure to these experiences often results in Post Traumatic Stress Disorder (PTSD) which

affects concentration and memory (ergo learning), and can create fear (eg. of strangers or being alone), hypervigilance, social and emotional withdrawal, and an exaggerated startle response.

Post-arrival, the settlement process often exacerbates anxiety and trauma responses as experiences tap into feelings of hopelessness, helplessness and despair. These responses can be triggered by prejudice, language barriers, daily stressors, insensitivity, and a devaluing of culture. The way in which the settlement process unfolds can have a significant and ongoing impact on the mental health and social wellbeing of women, and health professionals can have a

positive influence by adapting their practices accordingly.

In addition to experiencing the normal challenges of life, family and work, women from a refugee background are also adapting to the new environment and systems, learning new language and culture as well as processing their refugee experience, including physical, psychological and social trauma, and extended periods of fearful

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uncertainty. They are also renegotiating relationships within the family as roles and dynamics shift and change, and are often trying to manage complex health needs. In many African familial structures, the man is viewed as the head of the household. This hierarchy is challenged by systems in Australia which view women and men equally. Centrelink payments illustrate one of the challenges to this traditional system via their being administered individually and not being paid to the "head" of the household.

One of the biggest challenges faced by women from a refugee background is the language barrier. Second language acquisition is demanding for the vast majority of people, but even more so if you are not literate in your first

language, or if your first language is not a written language. Symbols are unfamiliar territory, and coming to recognise them and ascribe meaning to them as an adult is a more complex process than learning in childhood. This is compounded by the concentration, learning and memory complications that can result from exposure to trauma. Children acculturate more quickly and develop language skills rapidly, which means that on many occasions women are forced to use their children as interpreters while accessing services. This is highly inappropriate, unethical, and ineffective, and places an unnecessary burden of responsibility on the child. For the most part, medical services have access to free interpreting services through the Translating and Interpreting Service (TIS). Often though, there is a lack of training for direct services workers around how to access and use interpreters. Where services don't utilise or do not have access to interpreters, needs cannot be communicated effectively, therefore a safe and productive working relationship cannot be established. When enlisting the services of an interpreter there are crucial issues to consult the person about, such as the preferred gender, ethnic group, and location of the interpreter. Sometimes a telephone interpreter outside the geographical region is preferred due to privacy and shame issues.

In a health setting it is imperative to use an interpreter particularly because of the complex nature of the language used, instructions associated with medication, and procedures such as PAP smears. According to the World Health Organisation (www.who.int) in Africa an estimated 92 million girls from 10 years and above have undergone Female Genital Mutilation (FGM). When considering implications for the Health Sector, it is crucial to be respectful of a women's fearfulness around procedures which may trigger distressing memories or feelings, and to explain and gain permission for each step of the process. Another potential barrier to accomplishing this is a lack of female staff in the Health Sector, particularly doctors. Some cultural and religious beliefs prevent women from seeing a male doctor, which can occasionally exclude them from accessing treatment altogether. Culturally, it is often inappropriate to question a professional such as a

Health Worker. Therefore women from a refugee background may appear compliant and as though they have understood all of the instructions and questions, when in reality they are afraid to ask for further explanation or

"Some cultural and religious beliefs prevent women from seeing a male doctor ..."

instruction. A common example of this is with antibiotics where it's believed to be a "one-off" dose and it isn't continued. Again, these misunderstandings can be avoided when an interpreter is utilised and the process is revisited in a gentle and stepwise fashion to ensure comprehension has been achieved. This supports and encourages access to health services and creates a collaborative, safe, compassionate and empowering response to women's needs.

The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) is a not-for-profit organisation providing a range of culturally sensitive services, including counselling, to people who have been tortured or who have suffered refugee-related trauma prior to seeking refuge in Australia. QPASTT works with people from refugee communities across Queensland, in particular those living in Brisbane and the surrounding regional areas of Toowoomba, the Gold Coast and Logan. Our organisation works in partnership with key communities and other service providers to deliver services which meet the needs of refugee communities.

QPASTT also offers training and professional development opportunities for practitioners and service providers in health, education and human services. Our training is relevant for people who occasionally work with people from refugee background as well as those working with people who arrive as asylum seekers or identify as being of refugee background on an everyday basis.

For more information about QPASTT or to seek advice please contact:
Phone: (07) 3391 6677 or
www.qpastt.org.au

Duty Counsellor available Monday-Friday (9am-5pm) on 3391 6677.

OUR NEXT NEWSLETTER

will examine health issues related to the use of

TOBACCO & OTHER DRUGS

**DOES YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?
OR ARE YOU A WOMAN WITH KNOWLEDGE / EXPERIENCE ON THIS TOPIC?**

Share your insights with over 400 organisations, health workers, and other women in Queensland and beyond...

We welcome your articles, news items, or other submissions. Please contact us in advance at: coordinator@qwhn.asn.au for submission guidelines.

DEADLINE: 24 September

QWHNEWS

'A huge success' is how I would describe the 6th Australian Women's Health Conference which took place in Hobart in May. Hundreds of women from all over Australia and overseas had the opportunity to listen to a wonderful gathering of professional and inspirational speakers. This sharing of ideas will resonate throughout the sector for many years to come.



Maree Hawken
Coordinator

Women from Migrant and Refugee Backgrounds: Considering the Impact of Violence on Health and Settlement

Many migrant and refugee women share similar experiences of violence in their lifetime
By Stephanie Anne, Director of The Immigrant Women's Support Service

This brief article highlights the importance of identifying health issues associated with violence as may be experienced by migrant and refugee women.

Women from migrant and refugee backgrounds may have faced different journeys in how they came to reside in Australia, however many migrant and refugee women share similar experiences of rape, assault, war, civil unrest and other types of conflicts in their lifetime prior to and/or after their arrival in Australia. Physical, mental and sexual health conditions often result from these experiences (Allimant and Ostapiej-Piatkowski, forthcoming). It is also relevant to acknowledge that migrant and refugee women may face similar barriers in accessing information, health services, and other essential support services in Australia.

Nationally, women from migrant and refugee backgrounds also account for 17.9 per cent of people who experience violence by their current partner (ABS 2006). Research also indicates:

- Women from non-English speaking backgrounds are less likely to receive appropriate assistance when they are trying to leave a violent relationship (Dimopoulos and Assafiri 2004);
- Immigrant and refugee women are more likely to be murdered as a result of domestic violence (FaHCSIA 2009a); and
- Without appropriate action to 2021-22, violence perpetrated against immigrant and refugee women will cost the economy over \$4 billion (FaHCSIA 2009b, cited in QCOSS Policy Position Violence Prevention 2010).

Working with women from migrant and refugee backgrounds in the area of health requires us to consider the experience and sequelae of trauma relating to violence. There are multiple barriers experienced by women in disclosing issues of violence and these barriers frequently exacerbate the risks and consequences resulting

in heightened vulnerability and isolation (Ostapiej-Piatkowski and McGuire 2008). Additionally health practitioners may not feel confident in recognising or naming violence outside of their 'own culture' and may subsequently neglect to respond appropriately to women from non-English speaking backgrounds (Ostapiej-Piatkowski & Anne, 2009).

It is essential that health practitioners undertake further professional training to enable them to appropriately screen and respond to issues of violence; and to be sensitive to the diverse world views and personal experiences of women from migrant and refugee backgrounds. In practical terms, women need to be listened to in a confidential and non-judgemental setting; to be appropriately supported or referred; and to receive accurate and relevant information in an accessible format (Allimant and Ostapiej-Piatkowski, forthcoming). Information is essential to enable women to make informed decisions in all areas of their lives including engagement with health services.

It is the author's hope that this article may inspire one to consider the complexity of issues relating to violence in addition to the recognised language, cultural and systemic barriers experienced by migrant and refugee women. It is essential that issues of violence are appropriately considered within health service models to ensure more favourable health outcomes for migrant and refugee women.

Immigrant Women's Support Service

The Immigrant Women's Support Service (IWSS) is a specialist domestic violence and sexual assault service that provides free and confidential support services to women and their children from non-English speaking backgrounds (NESB) in Queensland. IWSS provides information, crisis support, counselling, advocacy, assisted referral, Court support, and other culturally relevant services to women from NESB and their children.

For more information contact IWSS:

DV Program

Ph: 3846 3490

Fax: 3844 8467

SA Program

Ph: 3846 5400

Fax: 3846 5619

Email: mail@iwss.org.au

Website: www.iwss.org.au

References

- Allimant, A. and Ostapiej-Piatkowski, B. forthcoming. 'Supporting Women from CALD backgrounds, Survivors of Sexual Violence - Challenges and Opportunities for Practitioners'. ACSSA Wrap 9. Australian Institute of Family Studies.
- Dimopoulos, M. and Assafiri, H. 2004. 'Pathologising NESB Women and the Construction of the 'Cultural Defence''. In *Point of Contact: Responding to Children and Domestic Violence, Partnerships Against Domestic Violence*, Commonwealth of Australia, Canberra.
- FaHCSIA. 2009a. *Time For Action: The National Council's Plan for Australia to Reduce Violence Against Women and Their Children 2009-2021 A Snapshot*. The National Council to Reduce Violence against Women and their Children, Commonwealth of Australia, Canberra.
- FaHCSIA. 2009b. *The Cost of Violence Against Women and Their Children*. The National Council to Reduce Violence against Women and their Children, Commonwealth of Australia, Canberra.
- Ostapiej-Piatkowski, B. & Anne, S. 2009. Multicultural Identity and Working Across Cultures in Responding to Violence. *Issues in Good Practice, Australian Family and Domestic Violence Clearinghouse Newsletter* (36): 4-5.
- Ostapiej-Piatkowski, B. and McGuire, C. 2008. *A Critical Reflection on Feminist Interventions in Working with Women from Non-English Speaking Backgrounds who have Experienced Violence*. Paper presented at the Brisbane International Feminist Conference 2008.

MAKING YOUR 40s | YOUR HORMONES | YOUR LIBIDO | YOUR HEALTH
FABULOUS | Wednesday 1 September 2010

The Jean Hailes Foundation for Women's Health

is hosting a **webcast** on
'Making your 40s fabulous: your hormones, your libido, your health'.

This one hour online seminar will cover health issues that may affect women in their 40s, such as hormonal changes, libido, physical

changes, sleep, stress, emotional health and maintaining health for the future.

Wednesday 1 September 2010
at 7.30pm AEST

For more information visit:
www.jeanhailes.org.au/webcast/

QCROSS Health Update

With Ros Walker, Health Policy Officer
Queensland Council of Social Service

QCROSS listens to multicultural health issues

As part of its statewide policy forums, QCROSS held a multicultural health forum in conjunction with the Queensland Multicultural Health Network and Multicultural Health Advocacy Group (previously CHAG) on 6 May 2010. The forums are an opportunity to have input into QCROSS's policy positions on a range of issues and identify advocacy opportunities.

The forum agreed that a new approach to multiculturalism is required to achieve equality of opportunity for all people, including people from culturally and linguistically diverse (CALD) backgrounds in Queensland. Participants acknowledged the review of Queensland's multicultural policy could be an opportunity for change, however, they stressed that the policy change needs vision, leadership and commitment from the Queensland Government.

The forum agreed also there needs to be a balance between mainstream and culturally specific services. However there are many barriers to the delivery of accessible and equitable services to CALD people. A range of issues were raised including: inflexible funding; poor service planning; limited uptake of interpreters; lack of diversity and cultural competence in the Queensland workforce; the need for support for overseas trained health professionals; and limited multicultural health workers in the areas of sexual health and mental health.

Good practice examples

ACCES Inc provides settlement and employment initiatives to address the needs of disadvantaged community groups including migrants, refugees, humanitarian entrants and temporary protection visa holders.

The Victorian **Refugee Health Nurse Program** provides early health assessment of newly arrived refugees, care co-ordination and referral.

To Find Out More: QCROSS's policy paper on culturally and linguistically diverse communities can be found on QCROSS's website at: http://qcross.org.au/upload/4614__QCROSS%20Policy%20Position_Feb%202010_CALD.pdf

Information on **ACCES Inc** can be found at: <http://www.accessservicesinc.org.au/>

Information on the **Refugee Health Nurse Program** can be found at: <http://www.refugeehealthnetwork.org.au/referral/Refugee-Health-Nurse-Program>

UNDERSTANDING THE CLIENT EXPERIENCE: Refugees accessing and utilising the health system in Australia

Australia accepts refugees in accordance with its international obligations under the UN Refugees Convention. Approximately 13,000 refugees are accepted into Australia each year, through the Commonwealth Humanitarian Program ...

EXPERIENCES AND VIEWS OF NON-GOVERNMENT ORGANISATIONS AND RESEARCHERS

4.1 Unfamiliarity of refugees with the health system and cultural differences

The most common issue discussed by these reports related to the unfamiliarity of refugees with the Australian health system, including their confusion over the differences between public and private health services. Refugees often lack knowledge of the services available and when to use them. For example, calling an ambulance when someone is ill and not once they have died, as is the practice in some countries.

Refugees are likely to hold different beliefs relating to the causes of and treatment for illness (for example mental illness, disability), the role of health providers and expectations of the health system. Refugees are generally not familiar with the concept of preventive health care (for example dental health practices) and illness prevention services ...

An area of particular concern relates to refugees' limited awareness of the central role of GPs in providing health care in Australia, and the importance of developing a relationship with a GP. Instead of presenting to a GP in the early stages of illness, refugees are more likely to use hospital emergency departments for general medical issues, as they are used to only seeking medical help when a problem is acute ...

They are not familiar with the process of arranging and keeping appointments, and often need reminder calls as they may not be able to record details of an appointment due to illiteracy. Illiteracy (in their own

language and English) makes refugees extremely vulnerable to exploitation. Similarly, refugees may not comply with prescription instructions due to illiteracy or communication difficulties with the GP or pharmacist, and thus may use medicines inappropriately ...

4.2 Difficulties with cost, access to services and the use of interpreters

A widely reported barrier related to the cost of and difficulty accessing health services by refugees. Refugees are generally unable to afford the cost of specialist health services, and a lack of bulk billing GPs and specialists in rural areas makes access difficult. In addition, refugees may not be aware of their rights, including their right to access bulk billed services and an interpreter free of charge.

...

Communication difficulties were a consistent theme. Language barriers may cause miscommunication, misdiagnosis and cause follow up to be problematic. As reported by the Refugee Council of Australia, the refusal or failure of GPs and specialists to use interpreters (even free telephone interpreter services) during consultations is a systematic problem. These problems are exacerbated in rural areas ...

4.3 Workforce training and support services

The mainstream health workforce in Australia generally have a low level of awareness of refugee health issues, and generally do not receive the training and support they need to treat refugees. Many cases were reported during consultations to the Refugee Council of Australia, of GPs lacking basic understanding of refugee health issues and failing to employ culturally appropriate practices. It is reported that volunteers and refugee case workers spend a significant proportion of their time assisting refugees to make medical appointments and accompanying them to appointments.

4.4 Settlement issues

Even when medical appointments are made, refugees still experience

(continued from page 4)

difficulties attending. For example, refugees who work in casual and low paying jobs may be afraid to take time off work to attend medical appointments due to the loss of income or threat of dismissal. They may also be more likely to work in hazardous occupations, further endangering their health. Lack of private transport to attend medical appointments may mean appointments are missed due to infrequent public transport services in outer suburban areas where refugees usually settle ...

4.5 Recommendations by non-Government organisations, health professionals and academics

Comprehensive educational programs for refugees explaining the health system in Australia, including the preventive health approach, may be of benefit to familiarise refugees with the health system of a developed country. An increased number of CALD health workers in the mainstream health system may improve the cultural responsiveness of health providers, thereby improving service delivery to refugees.

This article is an extract from **Understanding the client experience: Refugees accessing and utilising the health system in Australia** (May 2009). Reproduced courtesy of the Department of Human Services, Victoria.

A copy of the full report is available via the Victorian Refugee Health Network at: www.refugeehealthnetwork.org.au/research/Health-Assessment-Ongoing-Care

The Australian Immigrant and Refugee Women's Alliance

The Australian Immigrant and Refugee Women's Alliance (AIRWA) is one of six national women's alliances that are newly-funded by the Australian Government to build and broaden women's networks so that Australian women will have their voices heard in government policy

and decision-making processes. As a women's alliance AIRWA is a project of the Network of Immigrant and Refugee Women of Australia (NIRWA), a national peak body for immigrant and refugee women with membership from all the states and territories. AIRWA's Mission is "to represent immigrant and refugee women across Australia, ensuring that their circumstances, views and concerns are brought to the attention of government in a timely manner and are included in government policy". AIRWA's priorities for 2010-2013 are the following:

1. Leadership, policy, advocacy and mentoring
2. Employment, education and training
3. Strengthening and broadening the base of the Alliance

To ensure democratic leadership and participation among its stakeholders, AIRWA is led by leadership structures that will comprise the executive team and the community organisations based in the 8 states/territories. These structures will be coordinated by a paid team of staff under direct supervision of the executive team.

To get more information about this new and exciting women's alliance, please email Maria Johns on mariajohns@bigpond.com

NEW NATIONAL WOMEN'S ALLIANCES

The Australian Immigrant and Refugee Women's Alliance is one of six new national women's alliances:

Economic Security for Women will focus on improving women's economic security and financial independence.

Equality Rights Australia (ERA) will address gender equality and leadership issues.

Women Everywhere Advocating Violence Elimination (WEAVE) will address issues of women's safety and the elimination of violence.

The National Aboriginal and Torres Strait Islander Women's Alliance will give Indigenous women a strong voice in Government decision making.

The National Rural Women's Coalition and Network will provide a voice for women in rural and regional Australia.

Healthy foods should be easy to find, affordable, always available, and acceptable to our taste preferences. What happens when this isn't the case? For many immigrant and refugee women newly arrived in Australia, access to healthy foods can be a major barrier to a healthy diet.

Why is access to healthy food a problem?

The reasons are many, including: language and literacy barriers; inability to reach food outlets; unfamiliar foods and/or lack of culturally appropriate foods; poor financial situation; lack of facilities and equipment to prepare and store food; excess availability of unhealthy takeaway foods; and competing priorities such as settling in to a new culture, poor health, and coping with recent trauma.

Is access to healthy food a barrier for you?

Is it the same for everyone?

Each newly arrived family comes with different circumstances. Some may come from a wealthy background – and could already have a chronic disease; whilst others are from underprivileged countries and

may actually be illiterate in their own language – possibly suffering from malnutrition when they first arrive. In striving to fit into their new world, many immigrants and refugees will seek to match the dietary practices of Australians – which we know are not always ideal. Unfortunately the longer a new Australian spends in Australia, the more likely they are to become overweight and develop chronic disease.

What can health workers do to help?

In order to work effectively and support people from a diverse range of backgrounds, the most important strategy is to invest time in becoming culturally competent. Take time to understand the issues, and develop culturally appropriate resources in consultation with the community.

FOR MORE INFORMATION visit the Queensland Health Multicultural Website: www.health.qld.gov.au/multicultural/default.asp

** Written with the assistance of Leigh Bramwell & Kym McClymont, Community Nutritionists, Queensland Health.



food files

with Deanne

NUTRITION MANAGER, HEART FOUNDATION



WHAT'S ON...

*Important Events, Conferences
and Workshops around the State & beyond*

19–20 Aug THE INTERNATIONAL UNITY IN DIVERSITY CONFERENCE – TOWNSVILLE, QLD.

People, Diversity and the Future of Australia

Some topics that will be discussed at the conference include, global trends and their impact on migration of labour and skills, Australian skills shortage, youth issues in leading the future, culturally inclusive local government, health and well-being in culturally diverse and Indigenous communities and cultural and environmental sustainability in the Pacific.

FOR INFORMATION visit: www.unityindiversityconference.com

14–15 SEPT LINKING INDIGENOUS POLICY WITH SERVICE DELIVERY 2010 – CAIRNS, QLD.

Strengthening cross-cultural communication, shared responsibility & accountability

This conference is designed specifically for representatives from Federal, State & Local Government, Indigenous organisations & community councils, cultural facilitators & mediators, academics & consultancies involved in Indigenous: Policy Design, Capacity Building, Strategy, Community Engagement, Service Delivery, Project Management; from the following sectors: Health, Education, Justice, Employment, Housing, Community Development.

FOR INFORMATION visit: www.indigenous-policy.com

15–17 SEPT IMPLEMENTING DISABILITY-INCLUSIVE DEVELOPMENT IN THE PACIFIC AND ASIA: REVIEWING PROGRESS, PLANNING THE FUTURE – DARWIN, NT.

The two-day conference and one-day action-based roundtable seek practical ways for people with disabilities in the Asia Pacific region and Australian Aboriginal communities to best achieve their human rights. The conference will explore: Progress in implementing disability-inclusive programs, with practical experience from the region - capacity building, vocational training, community involvement, education, health, livelihoods, gender.

FOR INFORMATION visit: www.addc.org.au/2010/02/addc-conference-first-notice/

6–9 Oct APACT 2010 CONFERENCE (Asia Pacific Assoc. for the Control of Tobacco) – SYDNEY, NSW.

For over 20 years APACT has been a crossroads for those in Asia-Pacific working to reduce the burden of tobacco caused disease. It is the premier tobacco control conference for the Asia Pacific region and the focus this year is on Change, Challenge and Progress: FCTC in the Asia Pacific.

APACT 2010 aims to encourage tobacco control and public health advocates, researchers, practitioners, policy makers and especially youth leaders to share experiences and discuss strategies for implementation of the FCTC and for dealing with the tobacco industry.

FOR INFORMATION visit: www.apact2010.org



WOMEN'S HEALTH ON THE NET

Hot Spots on the Internet for Women

MULTICULTURAL MENTAL HEALTH AUSTRALIA

www.dhi.gov.au/Multicultural-Mental-Health-Australia

Multicultural Mental Health Australia is the national program providing leadership on multicultural mental health and suicide prevention among culturally and linguistically diverse (CALD) communities. The website provides information on priority areas including: carers & consumers, community capacity building, communication, education, information dissemination, policy, and

workforce development. The site includes a catalogue of various resources such as CAT, a Cultural Awareness Tool, plus other hard copy (or downloadable) publications in many languages.



QUEENSLAND MULTICULTURAL RESOURCE DIRECTORY

www.multicultural.qld.gov.au

The directory provides a comprehensive listing of more than 1500 key organisations with an ethnic community focus in Queensland

including: ethnic media outlets and schools; community, non-government & government organisations and agencies; Consuls; migrant service organisations; bilateral business associations; interstate multicultural offices. Also available on this Multicultural Affairs Queensland site is a brochure and a poster which together provide a statistical snapshot of the diversity of Queensland's population. The information contained in these two documents was taken from the Australia Bureau of Statistics 2001 Census of Population and Housing.



New Outlook for Mackay Women's Centre

Belinda Hassan, Service Manager, introduces the new-look Mackay Women's Centre where women can access emotional, practical, and general support and information across a broad range of health and wellbeing issues

The women of Mackay are now able to access services from a newly refurbished, purpose-built facility, which was completed last month. The restructured organisation will deliver a wide range of integrated services - the ultimate future vision for the Centre is to be a 'one stop shop' for women, offering various services across the areas of education and physical, emotional and spiritual wellbeing. The Mackay Women's Centre is a central place where women can access services that provide emotional, practical and general support, crisis responses, advocacy, information and referral across a broad area of health and wellbeing issues. The service also provides assistance to establish, facilitate and accommodate support groups for women.

The Centre is the result of the amalgamation of two existing women specific services - the Mackay Women's Health & Information Centre Inc. and Pregnancy Help Mackay Inc. It is anticipated that the new Centre will also work closely with a number of other local organisations to improve access to counselling, resources and practical assistance for women requiring support.

The Mackay Women's Centre is an incorporated, non-government, community based organisation, managed by a local committee elected annually from the membership. It services the city of Mackay and the surrounding region.

The Centre offers:

- Information, Referrals & Support for Women of all ages
- Pregnancy and Parenting Support
- Non-clinical Counselling
- Provision and Distribution of Emergency Relief, including material goods, clothes, baby needs and food vouchers (when funding is available)
- Transport to access medical and other essential services required to maintain good health and well-being during pregnancy and/or birth
- A Safe & Friendly Environment for Women
- A Venue for Non Profit Independent Women's Groups
- Facilitation of Programs for women



Participants in one of the craft groups at Mackay Women's Centre (from left to right): Pamela Leary, Donna Bloedow, Martha Beatrice (Health Promotion Officer - Mackay Women's Centre), Angela Zischke, Kristina Ina Watan.

to assist with parenting and coping skills

- Distribution of appropriate resources covering Women's Health Issues
- Workshops, Craft Groups and Support Groups

Mackay Women's Centre is committed to providing an environment that supports and facilitates the empowerment of all women. The Centre is dedicated to offering women centred services that draw on the strengths of feminist principles. In line with these values, where necessary the centre may challenge patriarchal attitudes perpetuated through societal

institutions that enforce inequality of power.

The Mackay Women's Centre is:

- dedicated to ensuring that women are able to access specialist skills and knowledge that are responsive to their needs.
- dedicated to ensuring that the focus of the services provided out of the centre are women-centred and prioritise the safety of women and their children.
- committed to maintaining the relationships and processes that ensure the long-term viability of the service by valuing and recognizing difference and sharing a common understanding of the gender related issues that are faced by all women in society.

Additionally, the centre can provide information and resources to families, professionals, students, community service workers and the general community.

The outcomes pursued by the Mackay Women's Centre are: **Well women; Safe women; Educated women.**

Current opening hours are 8.30am to 4.30pm Monday to Friday. We are located at 418 Shakespeare Street and can be contacted on:

(07) 4953 1788 or email:

admin@mackaywomenscentre.com.au

Where's Your Nearest

Women's Health Service?

Regional & Statewide Women's Health Services provide a range of services including community support, health promotion, early intervention & prevention.

SEE PAGE 8 for contact details, or for more information visit www.qwhn.asn.au

Where's Your Nearest

Women's Health Service?

Mackay Women's Centre

418 Shakespeare Street,
Mackay QLD 4740
Telephone: (07) 4953 1788

Gympie & District Women's Health Centre

21 Alfred Street, Gympie QLD
Telephone: (07) 5483 6588

North Queensland Combined Women's Services

50 Patrick St, Aitkenvale,
Townsville QLD
Telephone: (07) 4775 7555

Wide Bay Women's Health Centre Inc

8 Truro Street, Torquay QLD
Telephone: (07) 4125 5788

Logan Women's Health and Wellbeing Centre

1 Mary Street, Kingston QLD
Telephone: (07) 3808 9233

Women's Health Centre (Gladstone)

9 Derby Street,
South Gladstone QLD
Telephone: (07) 4979 1456

Women's Health Centre Rockhampton

225 Bolsover Street, Rockhampton
Telephone: (07) 4922 6585

West Moreton Women's Health Service

Level 2, Ipswich City Square,
Ipswich QLD
Telephone: (07) 3812 0138

Children By Choice

237 Lutwyche Road, Windsor,
Brisbane QLD
Telephone: (07) 3357 5570
Toll Free: (outside Brisbane)
1800 177 725

Women's Health Queensland Wide

Spring Hill QLD
Health Information Line:
(07) 3839 9988
Toll Free: (outside Brisbane)
1800 017 676

Queensland Women's Health Network Inc

Telephone: (07) 4789 0665

QWHN CONTACT DETAILS

Ph: (07) 4789 0665

Fax: (07) 4789 0647

PO Box 1855, Thuringowa BC QLD 4817

*** NEW EMAIL ADDRESS ***

coordinator@qwhn.asn.au

Website: www.qwhn.asn.au

CHAIRPERSON &

North Qld Representative

Dr Betty McLellan (Townsville)

TREASURER/SECRETARY &

Central Qld Representative

Belinda Hassan (Mackay)

Far North Qld Representative

Romina Fujii (Thursday Island)

West Qld Representative

Sue Manthey (Emerald)

South Qld Representative

Olivera Simic (Brisbane)

HAVE YOUR SAY...



We are interested in your feedback on the quality of the newsletter, and issues and topics you would like to see in future editions.

If you have something to say please contact Maree on (07) 4789 0665 or email us at: coordinator@qwhn.asn.au

Newsletter content is provided for information purposes only. Opinions expressed by article contributors do not necessarily reflect those of the QWHN. Copyright remains with each author.

NOW

is the perfect time to JOIN Queensland Women's Health Network!

Simply complete and return the form below to **keep up to date** with current issues in women's health.

MEMBERSHIP

To join or renew your membership with QWHN, simply fill in this form and send to QWHN at PO Box 1855, THURINGOWA BC, QLD 4817

Membership of the Network is open to women's organisations and individual women who are in agreement with the Network's purpose and objectives.

Name:	NEW MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	
Phone:	Fax:
Email/Web:	
Profession / Organisation:	
MEMBERSHIP FEES: Individual (unwaged or student) — \$5.50 ; Individual (waged) — \$11.00 ; Organisation — \$33.00	

Please find enclosed a cheque/money order for \$ for one financial year's membership (1 July 2010–30 June 2011)

Do you consent to your name, as part of the membership list, being distributed for networking purposes? YES NO

I/We hereby agree to abide by the Purpose, Objectives and Policies of the QWHN. (see website www.qwhn.asn.au)

TAX INVOICE

Signature

Date

ABN 11700374032