

CONCLUSION

Health services need to continually adapt to the changing conditions that influence the health of women. From 1999, the NSW Department of Health will fund projects and programs that will contribute to implementing the *Strategic Framework to Advance the Health of Women* across the health system.

REFERENCES

1. Australian Bureau of Statistics/Office of the Status of Women. *Australian Women's Year Book 1997*. Canberra: AGPS, 1997.
2. Commonwealth Department of Community Services and Health. *National Women's Health Policy (1989)*. Canberra: AGPS, 1989.
3. NSW Department of Health. *The Health of the People of NSW: Report of the Chief Health Officer 1997*. Sydney: NSW Department of Health, 1997.
4. Criminal Law Review Division. *Apprehended violence orders: A Review of the Law Discussion Paper (August 1999)*. Unpublished.
5. Royal Australasian College of Physicians. *For richer, for poorer, in sickness and in health: The socio-economic determinants of health*. Sydney: RACP, 1999.
6. Australian Bureau of Statistics. *Women's Safety Australia 1996*. Canberra: AGPS, 1996.
7. Parker B, McFarlane J, Soeken K, Silva C, Reel S. Testing an intervention to prevent further abuse in pregnant women. *Research in Nursing and Health* 1999; 22: 59–66.
8. NSW Department of Health. *Women's Health in NSW: A Guide to Health Improvement for Women 1998–2003*. Unpublished.
9. NSW Department of Health. *Strategic directions for health 1998–2003*. Sydney: NSW Department of Health, 1998.
10. NSW Department of Health. *The Strategic Framework to Advance the Health of Women: Draft (1999)*. ☒

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OLDER WOMEN'S WELLNESS

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The stereotyped public image of older women is one of dependence and poor health. The reality is that older women are more often caring for a partner, spouse, neighbour or family member. Therefore, older women have an important role in providing support services in the community.¹ This article describes the work of the Older Women's Network to promote the wellbeing of older women.

Older women represent the majority within our ageing population. Gender as well as social, biological and economic factors have a profound effect on how people age and what options are available to them. Most older women experience disadvantages that have significant effects on their later years. These include:

- older women report higher levels of chronic conditions than men
- a majority of older women live on low incomes and have few assets
- fewer older women than men are employed
- older women are less likely to own their own accommodation

- more older women live in social and/or rural isolation.²

The Older Women's Network (OWN) is a community-based national organisation committed to promoting the rights, dignity and wellbeing of older women. The organisation has a strong advocacy role, promotes a positive image of older women, and provides and disseminates information for and about older women.

OWN has been developing and promoting a wellness model for older women since 1995. The model involves older women identifying their health needs and, in response, designing and implementing programs and activities that are managed and delivered by older women. The model focuses on diversity, consultation and the importance of older women as facilitators and role models.³

Centres in Bankstown and North Sydney have received funding from various sources, including the NSW Department of Health, to support a wide range of wellness activities. An important aspect of these centres, and the wellness model, is to reduce social isolation by recognising the important role that older women have in the community.

In July 1999, a statewide forum was held at Sydney University to discuss models of wellness and to explore

the sustainability of older women's wellness initiatives. The forum was a collaborative project of the Department of Ageing and Disability, NSW Department of Health, Department for Women, OWN and the Benevolent Society for the International Year of Older Persons. Projects showcased at the forum included those operating in a remote rural community in the New England area and partnership models between groups of older women and local councils or community health services. A key component of successful wellness initiatives is ownership of the project by older women.

As part of the NSW Healthy Ageing Framework, funding from the National Women's Health Program has been allocated to two projects to promote older women's

wellness. The Rural Women's Network has received funding to implement a multimedia campaign for rural older women, with particular emphasis on women in remote areas. OWN has received funding to build on the outcomes of the Older Women's Wellness Forum and to promote older women's wellness models.

REFERENCES

1. *What the figures show: Older women in Australia*. Sydney: Older Women's Network (Australia) Inc, 1997.
2. NSW Department of Health. *Chief Health Officer's Report 1997*. Sydney: NSW Department of Health, 1997.
3. *A picture of wellness: The story of the Bankstown Older Women's Wellness Centre*. Sydney: Older Women's Network (Australia) Inc, 1997. ☐

FROM COMMUNITY ATTITUDES TO COMMUNITY ACTION: OPPOSING DOMESTIC VIOLENCE

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This article reports on the results of a survey to evaluate the effectiveness of an intervention to raise awareness about domestic violence within four community groups: Arabic, Tongan, Vietnamese and Chinese, in the South Western and Central Sydney Area.

The 1996 Women's Safety Australia survey, conducted by the Australian Bureau of Statistics, established a population prevalence of domestic violence for Australian women.¹ Of women who had ever been married or lived in a de facto relationship, 22.5 per cent had experienced violence by a partner at some time during the relationship. Sixty-one per cent of women who experienced violence by a current partner reported having children in their care and 36 per cent reported that their children had witnessed the violence.

The high prevalence of domestic violence occurs alongside a high tolerance to domestic violence within the Australian community. A survey of community attitudes to domestic violence by the Office of the Status of Women in 1995 found that 18 per cent of Australians believe there are circumstances in which domestic violence is acceptable.² Despite what is now known about the prevalence of and attitudes to domestic violence in

the general community, less is known about attitudes to domestic violence in specific cultural groups in Australia.

A recent study measured attitudes to domestic violence in Arabic, Tongan, Vietnamese and Chinese community groups before and after implementation of a community-based intervention to change attitudes towards, as well as raise awareness about, domestic violence.³ The study compared differences between the four groups and the results of the 1995 national survey on attitudes to domestic violence in the Australian community.

The results showed significant differences in attitudes to domestic violence between the four cultural groups and the larger Australian community. Pre-intervention respondents in the four groups were less informed about domestic violence and had less serious perceptions of the types of violence that occur. Following a media campaign and a number of community events, the second survey showed significant changes in attitudes and awareness about domestic violence. This result was more pronounced in the new arrival groups. In the pre-intervention survey, domestic violence was more commonly seen as an issue to be dealt with by the family, an attitude that changed significantly after the intervention. After the campaign and community events, people were more likely to identify domestic violence as an issue, and were more likely to rate the types of domestic violence as serious. In the post-intervention survey, 77 per cent of respondents rated domestic violence as a crime, compared to 63 per cent in the pre-intervention survey.

Successful strategies to address domestic violence involve intersectoral responses by the police, legal, community and government agencies. However, most non-English