

Annual Report

2025–2026

Women's Health NSW

The peak body for 21 non-government community women's health centres in NSW

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Acknowledgement of Country

The Women's Health NSW office sits on Gadigal and Wangal land, but our work takes place on unceded Aboriginal lands across NSW. We pay respect to elders, past and present, as the traditional custodians of the lands on which we work and live today.

Who we are

Women's Health NSW (WHNSW) is the peak body for 21 non-government, community-based, women's health centres and special purpose services operating in New South Wales (NSW).

We are proactive on priority issues relevant to women's health, advocating for improved health outcomes so that women and girls can reach their full potential. This includes leading advocacy and capacity building projects to address key women's health issues.

Spread across NSW, our membership includes 18 women's health centres (WHCs), two special purpose services and one associate member. All members work within the social model of health framework, which acknowledges the physical, emotional, and mental aspects of health and the broader social, cultural and economic factors that impact women's wellbeing and their ability to access services. Using a social model of health sees us work to ensure women have access to all the social determinants of health, from income and socioeconomic status, to housing, education, food security, employment, a sustainable environment, access to culture and social inclusion.

Our members employ a range of evidence-based strategies, including primary prevention, community education and development, and advocacy. They provide multidisciplinary primary health care focused on wellness, prevention, early intervention, immediate and ongoing care, including physical health/activity, chronic illness, emotional and mental health, reproductive and sexual health, and the health effects of violence against women. They deliver this in tandem with services directed at the social determinants of health, including safety planning, case management, and support accessing justice.

The social model of health informs our work as a peak body countering sex role stereotyping in medicine, systemic sexism, and violence against women. It underpins our focus on health equity for groups who experience greater barriers to optimum health. Responding to systemic disadvantage sees us work to counter discrimination based on race, gender and sexuality, and economic hardship.

WHNSW works to ensure the NSW health system meets women's holistic needs. We do this by being a collective voice for the women's health sector. We lead sector-wide collaboration across policy and planning, learning and development, and consultation between member services, the NSW Ministry of Health, and other government and non-government agencies.

While service provision across the women's health sector is influenced by the identified needs of local communities, all women's health centres provide gender-sensitive, culturally safe and trauma-informed care. The whole women's health sector values women's knowledge, skills, and their right to make informed decisions about their own health and wellbeing.

For more information about our structure, aims, history and philosophy, along with resources and annual reporting, visit **www.whnsw.asn.au**

Find your closest women's health centre: whnsw.asn.au/womens-health-centres-nsw

Our principles

WHNSW works to the NSW Health CORE values of collaboration, openness, respect and empowerment.

These values resonate with the WHNSW Principles of Women's Health Care, endorsed in 1982:

Social justice and an understanding of a gendered approach to health care and policy

Health promotion, disease prevention, equity of access to appropriate and affordable services and strengthening the primary health care system are necessary along with high quality illness treatment services

Informed decision making about health care requires accessible and appropriately targeted information for socio-economic and cultural groups

Effective community management

Health is determined by a broad range of social, environmental, economic and biological factors

Information, consultation, advocacy and community empowerment are important elements of the health process

Health care is both evidence-based and values women's own knowledge and experience

Links women's individual experience and health needs to the social and cultural context of women's lives

Increase the accessibility, sensitivity and acceptability of health services for women

Challenges sex-role stereotyping, gender discrimination, racism and homophobia all of which affect health and wellbeing

Differences in health status are linked to gender, age, socio-economic status, ethnicity, disability, location, environment, gender inequality, discrimination, and violence

Dignity, privacy, informed consent, confidentiality and safety

Equity and accessibility

Empowers women

Relates to identified health priorities at the local and state level

Our vision

All women and girls reach their full potential



CEO report



There has been a growing recognition of the importance of women's health in Australia.

The Australian Medical Association's 2025 *Women's Health Position Statement* highlighted the unique health needs and challenges faced by women across Australia, calling for culturally safe, respectful, and inclusive care. The NSW community women's health sector is recognised and funded for our expertise in delivering this gender-sensitive, trauma-informed, culturally safe care. The last year has seen an increase in recognition of the importance of our sector and the impact we have on improving women's health and wellbeing across NSW.

The shift began just before the end of the last reporting period when the Hon. Prime Minister Anthony Albanese described Leichhardt Women's Community Health Centre "*one of the earliest examples in Australia of feminism in action, set up by women for women to help women*". Albanese dedicated $2.07 million of federal funds to redesign their premises to service more women just before the reporting period ended last year. At the same time, Central Coast Community Women's Health Centre received a $20 million bipartisan Federal commitment to deliver a Domestic Violence Women's and Children's Trauma Centre on the Central Coast. "*Investing in centres like this is crucial, so women know they have a safe place to go*," explained Albanese. This centre also received $770,000 to expand its endometriosis and pelvic pain clinic, which I was happy to attend the launch of earlier this year.



Endometriosis and pelvic pain clinic launch, Central Coast Community Women's Health Centre

After funding for an important piece of prevention work in Wagga Wagga came to an end, Wagga Women's Health Centre successfully lobbied for a $220,000 ministerially approved grant to engage local men and boys as allies in the prevention of domestic and family violence. Speaking to their success, the member for Wagga Wagga, Dr Joe McGirr, thanked "*the Minister for the Prevention of Domestic Violence, Jodie Harrison for recognising the remarkable efforts of the women's health centre in this field*."

Illawarra Women's Health Centre noticed a gap in services for women in the northern Illawarra and self-funded a second site to address this community need with a view to attracting sustainable funding in the future. As Manager Jess Davidson pointed out, while they will need a million dollars each year to operate successfully, "*we also know that for every dollar we invest in primary prevention with women's health that we get $468 in community value*." We know our value, and we're pleased to see Governments increasingly recognise our value too.



Hear Our Voices, NSW Parliament

Each of these examples demonstrates increased recognition that women's health centres are part of the solution to ending health inequity and gender-based violence. These successes were enabled, in no small part, by the NSW Government recognising that the NSW Women's Health Centre Program hadn't seen a funding increase in more than forty years. Their $34.3 million enhancement to our core funding over four years (announced in the 2023–24 State Budget) translated into concrete improvements to sector capacity, capability and stability that we will outline in more detail later in this report.



Karen Willis OAM, Minister for Women, Jodie Harrison MP and Denele Crozier AM, World Menopause Day 2025

Women's Health NSW raised our voice to address gaps in women's health care in a wide variety of ways this year. From hosting a successful in-person event which attracted international speakers to highlight women's brain injuries resulting from violence, to being in NSW Parliament alongside Minister for Women Jodie Harrison and Karen Willis OAM for World Menopause Day and the launch of the *Hear Our Voices* report on older women, we made noise about the gaps women encounter when accessing the mainstream health system.

Alongside our member, the Women's Centre for Health & Wellbeing Albury-Wodonga, we testified before a Senate Committee on the gaps in rural, regional and remote Medicare access and funding experienced by women. We had an article published in the British Medical Journal (the BMJ) which urges general practitioners to deliver harm reduction messages to patients on sexual choking. The Queensland Law Reform Commission recommend the state investigate a similar model to the one we rolled out in NSW to improve the way our workforce responded to women who have experienced strangulation. We wrote submissions, we wrote to members of parliament, we spoke at conferences and events, and we lobbied for improved access to abortion across the state. Where there wasn't access to abortion, we made inroads into building it through a pilot initiative we called the Bessie Project after Bessie Smyth. It has been a very big year.

And of course, through improvements to data collection, we supported our members to focus on the vital frontline work they do with women across the state. This year the NSW community women's health sector supported women more than 128,782 times, helping them to address over 269,914 presenting health issues. Women most often arrived to address emotional and mental health, which comprised 31% (n=83,713 of 269,914) of women's presenting issues, or the impacts of violence and abuse, which made up 19% (n=52,470 of 269,914) of women's presenting issues. These two sets of health needs often occurred in tandem.

Forty years of service provision is a significant milestone that several of our members reached in the last year. A big happy fortieth birthday to Coffs Harbour Women's Health Centre, Illawarra Women's Health Centre, Women's Centre for Health & Wellbeing Albury–Wodonga, and Penrith Women's Health Centre. Central Coast Community Women's Health Centre and Hunter Women's Centre both reached an even bigger fiftieth birthday milestone.

I thank our members, our Board, our partners, our supporters, and the Women's Health NSW team for the impact we have been able to make in improving women's lives.



DENELE CROZIER AM

Enhancement to core funding

The NSW Government's $34.3 million investment over four years in community women's health centres has saved women's lives.

This enhancement to our sector's core funding, announced in the 2023–24 State Budget, has enabled all funded women's health services across metropolitan and regional NSW to improve continuity of care by stabilising staffing, reduce waitlists, offer healthcare services to more women, and adapt services to meet population growth and emerging needs.

As the first funding increase to the Women's Health Centre Program since 1986, it has also been vital to ensuring centres remain sustainable into the future. With the majority of the women accessing our services coming from low income and other priority populations, including women who have experienced domestic, family and sexual violence, the funding has directly improved the lives of NSW women most in need. While a more fulsome impact report is currently in production, here are three key areas where the enhanced funding made a real difference.



Services

The availability, accessibility and quality of specialist women's health services expanded across NSW as a direct result of this investment, with all funding recipients using the funding to increase services. This saw women get increased access to specialist women's clinical services, including doctors, nurses, nurse practitioners, midwives, psychologists, dieticians and physiotherapists (including specialised services like pelvic floor physiotherapy). There were also significant increases in therapeutic services, including social work (case management, intake/assessment officers), art therapy, and counselling, with offerings broadening to include specific therapies like EMDR (Eye Movement Desensitisation and Reprocessing). The addition of community development workers and health promotion officers helped many centres expand their reach and intensify their focus on preventative health. Women also benefited from expanded complementary health services, from massage therapy, including baby massage and massage to manage chronic pain, to acupuncture and other traditional Chinese medicine.

Adding additional services enabled women's health centres to better respond to the growing complexity of women's health needs using multidisciplinary teams and integrated service models. Groups increase opportunities for women to access support outside traditional one-to-one clinical service models. Nearly half of the funding recipients put on more groups and saw an increase in group attendance in 2025–26 compared to 2024–25. Some funding recipients used the funding to broaden group offerings, reaching smaller numbers of women from harder-to-reach cohorts.



"Our model – trauma-informed, women-centred, accessible regardless of income – is not a nice-to-have. It is a direct response to a healthcare system that was not built with women in mind. Every time a woman walks through our door and feels heard, often for the first time, that is the funding at work."

Tazmyn Jewell, CEO,
Coffs Harbour Women's Health Centre



Population reach

The funding enhancement enabled women's health centres to become stronger, more sustainable partners both within NSW's health system, and outside of it in the community sector. More than half of the funding recipients used the funding to partner to better reach women with the least access to mainstream health services. The key beneficiaries of the improved reach of women's health centres were Indigenous women, including young women and young mothers; culturally and linguistically diverse women, including refugees and PALM workers; women experiencing socioeconomic disadvantage, including women at risk of, or experiencing homelessness, or in social housing; women with complex needs; women experiencing domestic and family violence; pregnant women with barriers to accessing mainstream maternity care; older women (65+); lesbian, bisexual, transgender women and gender diverse people; and rural/regional/remote women.

Multiple funding recipients added additional sites, enabling them to reach women in Fairfield, the upper Illawarra, and the lower Blue Mountains. Many recipients added outreach services to reach women in underserviced parts of NSW, including Lithgow, Dorrigo, Urunga, Bellingen, Woolgoolga, Glenreagh, Bomaderry, Sanctuary Point, Ulladulla, Grafton, Tweed Heads and Casino to name but a few. Expanded population reach enabled by this funding has reduced health inequity amongst members of our priority populations and reduced pressure on hospitals.



"Staff skills and morale have had a positive change, ability to partner more readily and increase of reach of service delivery to women in all of the Blue Mountains (not only the upper mountains, which was the case previously) and the Lithgow Local Government Area."

Angelique Sasagi, Manager,
Blue Mountains Women's Health and Resource Centre

Sustainability

The NSW Government's enhancement to the community women's health sector's core funding has created a strong foundation for long-term sustainability. For most recipients, it functioned as catch-up funding to address more than two decades where growth in core funding failed to keep pace with rising costs. All funding recipients utilised funds to stabilise or expand their workforce. Most took a systemic approach to doing so, adding clinical leadership, operational leadership, dedicated intake and assessment or case management roles, and expanding administrative support to enable clinical teams to focus on client-facing work. Site refurbishments, many to adapt ageing premises to meet the needs of new clinical services, and infrastructure upgrades also helped the centres morph into contemporary specialist women's health services. Nearly all recipients strengthened systems relating to data management and cyber security, risk management, governance, and staff wellbeing, including via expanded professional development and clinical supervision. Alongside reclassifying roles to reflect contemporary awards and moving staff from part-time work to full time work, collectively these changes have reduced the risk of burnout, increased staff retention, and delivered better continuity of care to women.



Continued investment by the NSW Government will ensure the community women's health sector can attract and retain specialist staff, deliver high-quality, trauma-informed and culturally safe services, reach priority populations and meet increasing demand as NSW continues to grow.



"The true legacy of this investment is not measured by the infrastructure we purchased or the positions we created, but by the stronger organisations we have become."

Mariam Mourad, CEO,
Bankstown Women's Health Centre



Women's health centres have delivered on the NSW Government's stated aims for this investment.

We have stabilised and increased staffing.

We have reduced counselling wait lists.

We have provided healthcare and counselling services to more women.

We have responded to demographic changes and population growth.



Our strategic priorities

WHNSW will be proactive on priority issues relevant to women's health through:

PRIORITY 1

Advocacy for improved outcomes for women

PRIORITY 2

Networking, research, policy and service development

PRIORITY 3

Reorientating the health system to meet the needs of diverse populations of women

We will improve the capacity of the women's health sector to respond to women's health and wellbeing through:

PRIORITY 4

Good governance, including data collection/management, strategic direction and accreditation

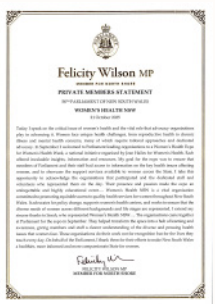
PRIORITY 5

Training and development

PRIORITY 6

Women's priority health issues.

"Women's Health NSW is a vital organisation committed to promoting equitable access to quality health services for women throughout New South Wales. It advocates for policy change, supports women's health centres, and works to ensure that the diverse needs of women across different backgrounds and life stages are represented."



Felicity Wilson MP

PRIVATE MEMBERS STATEMENT

WOMEN'S HEALTH NSW

Felicity Wilson MP,
Member for North Shore



"[T]here's not too many more important things a government should do than support some of the most marginalised members of our community. And I think arguably women who are seeking critical and essential services, many of them escaping very violent homes, terrible circumstances, family units broken down, they need our support. They need government support. So, in short, supporting those who are not in a position to support themselves is a fundamental priority for any government of any persuasion."

Greg Warren MP,
Member for Campbelltown

PRIORITY 1

Advocacy for improved outcomes for women

4 submissions

1 hearing

7 letters to decision-makers

In consultation with our members, WHNSW advocated for improved outcomes for women with submissions to four different inquiries at state and federal level. Our submissions predominantly focused on systemic changes required to view suicide and self-harm through a domestic, family and sexual violence-informed lens.

"Wonderful submission. Thank you. The mental health system in NSW does not view or understand suicidal ideation through a domestic and family violence informed lens. Children are survivors in their own right and changes need to happen."

Victim–survivor (via LinkedIn)

In partnership with our rural and regional members, we also advocated for improved access to Medicare-funded health services in the regions. Our joint submission led to both WHNSW and the Centre for Women's Health and Wellbeing Albury–Wodonga being invited to testify at a hearing.

"Amazing advocacy for the regional areas – well done Marge and Jackie!!"

WHC manager

We also authored and signed on to seven letters to decisionmakers about women's access to contraception and terminations, and the achievements of the women's community health sector.

Social media

WHNSW kept a proactive voice on priority issues relevant to women's health and wellbeing on our social media accounts throughout this reporting period. This included running health campaigns related to women's brain injuries resulting from domestic, family and sexual violence, harm reduction messages about sexual choking, and on women's experiences of pain.

SOCIAL MEDIA

LINKEDIN

Our followers **grew by 63%** (n=1,741 to 2,844).

We made 661 posts with an average engagement rate of 4.97%.

YOUTUBE

Our training videos had **1,383 views** with 139.4 hours of watch time.

We gained 14 new subscribers.

FACEBOOK

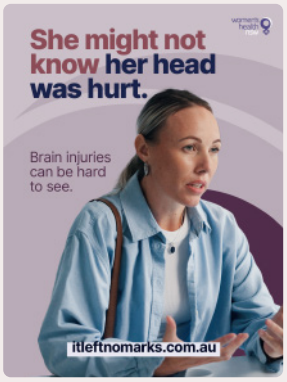
Our followers **grew by 40%** (n=778 to 1,088).

WHNSW made 708 posts **viewed by 254,161 people.**

97.5% of our followers are women aged 35–44 (29.8%) or 45–54 (28.6%)

83% of our followers are from Australia

Our top 6 locations are all home to women's health centres: Sydney (39.2%), Wollongong (2.5%), Wagga (1.6%), Lismore (1.5%), Bathurst (1.3%) and Newcastle (1.1%)





PRIORITY 2

Networking, research, policy, and service development

2 research summaries

4 research presentations

1 position paper

WHNSW supported evidence-based practice by producing two research summaries and hosting four sessions where researchers presented directly to the sector. Topics covered included misogyny and racism in medical settings, reproductive coercion, abortion stigma in public institutions, and ways to put research into practice.

"Thank you so much for pulling this great summary together. So helpful!"

WHC manager

We supported the sector to get across an emerging policy issue with a position paper entitled, *Integrating AI use in a feminist model of care*, supplemented by online training (reported under Priority 4).



Position paper entitled, *Integrating AI use in a feminist model of care*

"Many of these concerns were swirling around in my head but comparatively undefined, so it's very helpful to have them presented so clearly with actionable recommendations."

WHC manager



Associate Professor Summer May Finlay, WHNSW Statewide Forum May 2026

Taking sector knowledge to decisionmakers

During the 2025–2026 reporting period WHNSW took sector knowledge to decisionmakers at the following government and non-government committees and working groups:

- Ministry of Health: NGO Advisory Committee
- Australian Women's Health Alliance
- NSW Education Program on Female Genital Mutilation Strategic Response Committee
- NSW Department of Communities and Justice: Domestic, Family and Sexual Violence Sector Group
- Domestic Violence NSW.

"Denele is one of a kind! So lucky to have her on our board."

Domestic Violence NSW (via LinkedIn)

We attended and/or made a significant contribution to:

- Sexual Health Advocates for Reproductive Advocacy (SHARE) roundtable (LARC)
- Review of the Anti-Discrimination Act (ADA) consultation roundtable
- NSW Pharmaceutical Society Stakeholder Consultation
- Women's Health Expo, NSW Parliament
- Mental Health Agreement feedback session, Productivity Commission
- Women's Subdivision, Australian Services Union
- Review of Women's Health Initiatives, Working with Women Alliance
- Hope in Healing launch, Hunter New England Primary Health Network

"Such incredible work to be a part of. Thank you, Women's Health NSW, for your support!"

Breanne Hobden
University of Newcastle (via LinkedIn)



Amani Haydar, Multicultural communities leading change, UNSW

- UNSW Awareness for Action: Multicultural communities leading change
- Strengthening Justice Responses to Sexual Violence in NSW roundtable
- National FDV + SV Survey sense-making session, Social Research Centre
- Trauma Recovery Centre planning day, Central Coast Community Women's Health Centre.

Strengthening our internal network

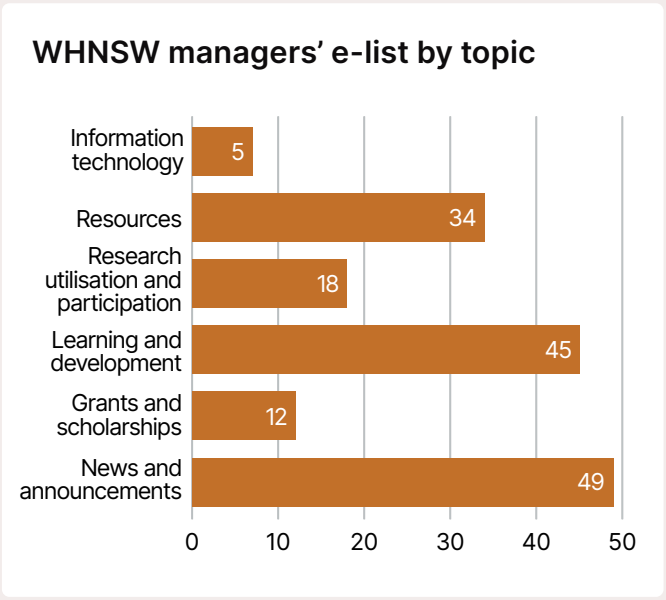
WHNSW continued to host monthly online Managers' forums, with nine forums taking place during this reporting period. The forums are an opportunity to stay ahead of emerging issues, and for management to share knowledge peer-to-peer. Between meetings we keep members abreast of emerging women's health issues, new resources, learning and development opportunities, grant and sponsorship opportunities, research, government policy announcements, and other changes to law or practice via our managers' e-list. We sent a total of 165 communications to e-list recipients in this reporting period.

"Thank you for sharing this; it's really valuable and aligns strongly with the direction we're taking for the all South West Sydney WHC communications."

WHC manager



WHNSW Statewide Forum, November 2025



To improve connection across the women's health sector, our IT Officer designed and built a SharePoint WHNSW Members' Hub. This secure, purpose-built online hub was developed at the request of the sector. The platform includes tiered access permissions, a dedicated governance area for board members, a custom-coded discussion board developed specifically for managers, dedicated subsites for statewide communities of practice, and a privacy framework created for staff accessing the WHNSW Members' Hub from organisations across the sector. The Hub will streamline communications sector-wide, support regional staff working in isolation, and give new staff easy access to resources, training, and organisational knowledge. The WHNSW Members' Hub was in its final testing phase at the time of writing.

Service development

Alongside the Women's Justice Network, we entered a partnership with Blacktown Women's and Girls' Health Centre (BWGHC) to provide additional support across communications, data and governance. This opportunity gives Women's Health NSW the ability to enhance our training and structural knowledge by working directly with a frontline service.

"While we are smaller, we want our reach to be wider and in line with community needs, so we approached Women's Health NSW for assistance."

Andrea Karwal,
BWGHC General Manager

PRIORITY 3

Reorientating the health system to meet the needs of diverse populations of women

7 presentations

527 attendees

1 brain injury event

Retaining project officers from the Pathways Project meant we were able to build upon this body of work throughout this reporting period. This saw us continue to deliver presentations highlighting the need to reorient services and health systems to meet the needs of women with experiences of non-fatal strangulation, sexual choking, and acquired brain injury.



Jackie McMillan, Red Rose Foundation conference 2026



Karen Mason and Dr Paul Van Donkelaar, Women, Violence and Brain Injury 2025

We presented our work at international conferences, including the Fifth World Conference of Women's Shelters and the ENIGMA IPV and Pink Concussions' third annual virtual conference. We presented interstate at Red Rose Foundation's Breaking the Hold conference 2026, and we presented at key conferences in NSW including The Hatchery's Ending Coercive Control and Family Violence 2025 conference and the University of Sydney 2025 Domestic, Family & Sexual Violence Conference.

"I speak for the entire organising committee when I say that we are so grateful for your participation in the conference. We all found your talk captivating, and the work you are doing is truly incredible. I've started looking through the conference feedback form, and I just wanted to let you know that a lot of attendees said your session was their favourite."

Conference organiser

The ability to build upon this work saw NSW women's health model of practice recognised by the Queensland Law Reform Commission as a model for addressing strangulation in that state. We also had an article for general practitioners on the harmful effects of sexual choking published in *The BMJ*, a globally recognised medical journal owned by the British Medical Association. Our harm reduction work capacity building practitioners to address sexual choking was publicly recognised by key researcher in this field, Professor Debby Herbenick in *Sexuality Research and Social Policy* as one of only four exemplars worldwide, with a recommendation for further evaluation of our work.

Our key event for the year, *Women, Brain Injury and Violence*, gave NSW service providers and healthcare providers an opportunity to hear directly from local and international experts. Karen Mason and Dr Paul van Donkelaar from Canada's Supporting survivors of abuse and brain injury through research (SOAR project) were joined on stage by Dr Anousha Victorie who spoke about a promising trauma-informed model of care and research program, *Hope in Healing*, underway at the University of Newcastle. The day was rich with practical insights with Dr Victorie giving tips for general practitioners on working with women with acquired brain injuries, and Phoebe Nagorcka-Smith providing expertise on what accessing medical care feels like from the perspective of a person with a brain injury.

PRIORITY 4

Good governance including data collection, strategic direction and accreditation

2 database training sessions held

31 people trained

72 watched 8 recordings

We supported our own governance, strategic planning and evaluation processes across the year, with development including the involvement of our stakeholders. We are in the third year of the *WHNSW Strategic Plan 2023–2028* and ensured it is still fit for purpose with an in-person board strategic planning day. In this reporting period, 100% of our Board of Management positions were filled following the Annual General Meeting. Our last successful review against the Australian Standards of Excellence (ASES) was in 2023, with work undertaken during this reporting period to prepare for a review later in 2026. The WHNSW financial audit was assessed as fair, transparent and unqualified.



WHNSW 2026 Board

WHNSW Database

The WHNSW Database was developed in 2006 using a Microsoft Access software program. During this reporting period we rolled out the new SQL back-end (Version 5) at nine women's health centres. We held two database training sessions on database fundamentals and statistical reports attended by 31 people and created eight recorded trainings viewed by 72 people.

"It has enhanced my understanding greatly as I am new to the Database."

WHC staff

Work commenced on an updated WHNSW Database Dictionary to ensure uniformity of data collection sector wide. This consultative process included focus groups at Leichhardt Women's Community Health Centre and Blacktown Women's and Girls' Health Centre and a one-on-one consultation at Sydney Women's Counselling Centre. At the time of writing, the WHNSW Data Dictionary was out for feedback with the whole sector.

Website data

We also collect data on website visitation. The WHNSW website had 33,163 page views from 21,860 visitors in this reporting period. Views predominantly (86%) came from within Australia (n=28,433). Most website visitors used our site to connect to our members, with the women's health centres in NSW page attracting 29% of our views (n=9,688). The Sexual Violence Helpline operated by Full Stop Australia was our most popular referral (2,017 views), followed by Bankstown Women's Health Centre (1,743 views), Coffs Harbour Women's Health Centre (1,065 views) and Women's Health Northern Rivers (1,041 views).

By retaining our project staff and continuing to produce new content, our *It Left No Marks* website (focused on strangulation and sexual choking) attracted 176,400 views from 144,660 visitors in this reporting period. The bulk of our visitors came from Australia (21,062) and the United States (70,600) via search engines looking for information about sexual choking.



PRIORITY 5

Training and development

26 training sessions held

640 people trained

366 watched a recording

WHNSW built the capacity in the women's health sector to respond effectively to women's health needs and priorities through a range of training and development activities:

Feminist principles in practice

The NSW community women's health sector works from a feminist perspective. To ensure staff feel equipped to adapt feminist principles to their work in 2026, we continued to deliver a training package entitled, *Feminist principles in practice*. In this reporting period we delivered 4 training sessions, reaching 45 staff, management and board members face-to-face at Liverpool Women's Health Centre, Macarthur Women's Health Centre, Blue Mountain Women's Health and Resource Centre, and Central West Women's Health Centre. The sessions were effective at inspiring staff to consider how they use feminist principles in their day-to-day work:



Denele Crozier AM

"I feel inspired by the training and am now focused on how I will apply these feminist principles to my role. Now I need to figure out how I live and breathe that through my job."

WHC staff

To support our teams to target services toward women with intersecting barriers to health and wellbeing, we developed a new feminist training package entitled, *Priority populations: The pursuit of health equity*. In this reporting period we delivered 2 training sessions, reaching 28 staff and management face-to-face at Blue Mountains Women's Health and Resource Centre and Central West Women's Health Centre.



Courtney Artridge

The training highlighted two frameworks, the social model of health and intersectionality, with 89% of attendees (n=23 of 26) indicating they left the session feeling more confident applying each of these frameworks to their work. The sessions supported staff to understand why we prioritise some groups of women in our work.

"Emphasised the extent that power structures collide to harm our population. And highlighted the unique needs and responsive approaches for each of our cohorts."

WHC staff

AI through a gendered lens

We supported our workforce to integrate Artificial Intelligence (AI) tools thoughtfully into their feminist workplaces through a position paper and a series of three online workshops conducted in collaboration with Community Legal Centres NSW. The interactive workshops were attended by 114 people with 86 people viewing recordings.

"We have definitely found both the position paper and the training useful, particularly in prompting us to think more practically about where AI fits within our work and, equally, where it doesn't."

WHC manager

Statewide forums

WHNSW ran two face-to-face statewide forums in November 2025 and May 2026. Each event ran across two days with 98 full day attendances by management participants from across the sector. Learnings were reinforced by discussion panels comprised of women's health centres managers and experts from across the domestic, family and sexual violence sector.

> "Addressing domestic and family violence is like planting seeds for trees you will never sit under."
>
> **Annabelle Daniel OAM, Women's Community Shelters**

Key workshops and presentations included:

- Media training, Jane Gilmore
- Grants workshop, Valerie Roettger (Q Improve)
- Preventing burnout, Tanya Perry-Iranzadi
- Role of peak bodies, Annabelle Daniel OAM (Women's Community Shelters)
- Looking after yourself in the work, Grace Jennings (Relationships Australia) and Kate Fylan
- Medical misogyny and the intersection with race, Professor Summer May Finlay (University of Wollongong).

November 2025 Statewide Forum

Held in the Sydney metropolitan area

88.9% rated 'excellent' or 'very good' (n=8 of 9)

"The calibre of expertise is always inspiring."

"The media panel really brought Jane Gilmore's media session to light, was great to see how other WHCs had been using media effectively. Gave me some ideas!"

"The centre highlights was an awesome way to hear about each centre's work and it would be great to have this at each forum."

"I felt very validated that working in a feminist organisation is for me."

May 2026 Statewide Forum

Held in the Illawarra region

93.8% rated 'excellent' or 'very good' (n=15 of 16)

"Thanks to you and the team for another excellent forum. The grant writing workshop in particular was just so valuable. I feel like there was a great mix of sessions this time and that the peak is really listening to the sector and addressing our needs."

"I thoroughly enjoyed the diversity of presentations and content. Well done!"

"I liked that we were given a seating plan as it forced me to expand my network and engage with new members."



WHNSW Statewide Forum May 2026



Annabelle Daniel OAM, WHNSW Statewide Forum May 2026

Learn at Lunch

We launched a new capacity-building program to support the sector to stay up to date with evidence, build connections with external services, and strengthen our network. We held six Learn at Lunch sessions in this reporting period, attended by 128 people with recordings viewed by 209 people. Topics were informed by consultation with the women's health sector and by women's priority health issues. They included recognising and responding to reproductive coercion with Professor Laura Tarzia, abortion stigma with Dr Erica Millar, and navigating sexual health in the women's health sector with Dr Eleanor Freedman and ASHM Health.

"I found the session incredibly valuable. As a recruiter working across the DFSV sector, attending events like this helps us strengthen our practice and better support the workforce we recruit for."

External service provider

By opening some sessions to the wider domestic, family and sexual violence sector, this program built recognition and awareness of the women's community health sector.

"Thought-provoking, extremely motivating and great to be in the room with others working in this area."

WHC staff

"We make women feel like we are doing them a favour by giving them a free abortion."

Dr Erica Millar



Pathways Project

In addition to presentations reflected in Priority 3, the Pathways Project team continued to deliver training on strangulation, sexual choking and brain injury. We trained 227 people with 30% (n=66 of 227) of attendees reporting their profession as GP or nurse. Of the healthcare providers who said they would make changes to their practice following the training, 69% (n=11 of 16) said they would change the way they ask about strangulation.

"I now have an increased awareness of how this may present in primary care, and what questions might be helpful to ask to create a safe space and further referral pathways and resources."

Nurse

"I will be screening more clients and offering resources. I will ask to put a poster up in our sexual health clinic."

GP



Bernadette Ahern (Benevolent Society) and Courtney Artridge

Practitioner confidence levels working with women who had experienced strangulation grew by 43% after the training (pre-training: 17%, n=13 of 79; post-training: 60%, n=30 of 50 recording 'somewhat confident' and 'confident responding without support'). Right at the end of this reporting period we recorded *Managing strangulation in primary care*: 2026 and in two weeks it received 71 views.

PRIORITY 6

Women's priority health issues

18 health checks for women workshops

213 participants

33 language groups represented

Improving bowel cancer outcomes for multicultural women

In this project WHNSW partnered with six women's health centres in six Local Health Districts over two years to improve bowel cancer outcomes for multicultural women. Collectively, we engaged with multicultural community leaders, organisations and over 280 multicultural women representing 33 different language groups. The project began with a literature review, a survey of local women, and some focus groups. We welcomed the opportunity to work with local community leaders and organisations to better understand the barriers multicultural women face, and the opportunity to trial education programs that enabled thoughtful discussions on women's beliefs about deeply personal bodily functions, intimate anatomy, cancer, and death.

Using these insights, we delivered 18 'health checks for women' workshops that had a focus on bowel cancer. You can see some of the advertisements our partnering centres produced for these sessions below. The workshops reached 213 women, with eight workshops delivered in English and ten delivered in community languages. At the conclusion of the workshops, women's awareness of the importance of preventative health screening increased by 29% (from 66% pre-workshop to 95% post-workshop). We ended with 77.5% (n=103 of 133) of participants 'strongly agreeing' that they now felt confident doing a bowel cancer screening test.



Women's Centre for Health and Wellbeing Albury–Wodonga

HEALTH CHECKS FOR WOMEN WORKSHOPS





Learnings and recommendations to improve uptake of the National Bowel Cancer Screening Program by multicultural women were compiled and presented to the Cancer Institute NSW.

"Well done to all involved in this impactful project!"

Cancer Institute NSW (via LinkedIn)

For our partnering women's health centres, the project helped build trust with multicultural women. Central West Women's Health Centre reported that workshop participants began referring friends to the centre and requested that the centre run a regular multicultural women's group going forward. Blacktown Women's and Girls' Health Centre partnered with another community organisation to bring 21 women who speak Hindi to the centre. This was the first time the centre had engaged with this community.

Supporting access to abortion and long-acting reversible contraception

14 webinars on abortion care referral pathways

9 centres at training day

11 centres offering medical termination of pregnancy

WHNSW has continued to advocate for improved access to abortion care. This included feeding into NSW Health's 2026 policy directive, *Termination of Pregnancy in New South Wales*. Our revisions emphasised the need to clarify health practitioner obligations to women and the role non-government organisations play in this space.

We also undertook a Ministry of Health-funded project to pilot a range of targeted supports to women experiencing barriers to accessing medical and surgical abortion care, and long-acting reversible contraception. The project saw us map abortion needs and barriers in parts of NSW serviced by our members. We investigated whether existing abortion services could assist women experiencing financial difficulty and other barriers to accessing timely abortion care if they had increased infrastructure support. We supported our referral pathways by strengthening infrastructure and relationships at Macquarie Street Private Clinic, Clinic 66, Blue Water and Gynaecology Centres Australia, alongside improving access to statewide telehealth services for medical termination of pregnancy (MTOPs) with Family Planning NSW. To improve outcomes for regional women, we established no-and-low-cost referral pathways in Wagga Wagga, the Shoalhaven and Albury. Within our network we also built referral pathways around women's health centres including by providing clinical supervision and professional development opportunities to their teams.

The project's key outcome was increasing our sector's capacity to provide MTOPs. Six women's health centres introduced nurse-led MTOPs with an additional two centres introducing MTOPs using an on-site GP. This means there are now 11 centres offering MTOPs (up from five in 2024–25) meaning more women in NSW have access to an earlier, less-invasive termination in a woman-centric setting with culturally safe and trauma informed care. To facilitate this outcome we set up an Abortion Community of Practice, ran 14 webinars, and convened a training day attended by nine centres where Family Planning NSW provided information about establishing MTOP services.



"It's been a privilege to work with Denele through these many years. Her leadership, commitment and integrity are inspiring and her work in the long struggle for better abortion access highlights this perfectly."

Margherita Basile, WHNSW Board Chair

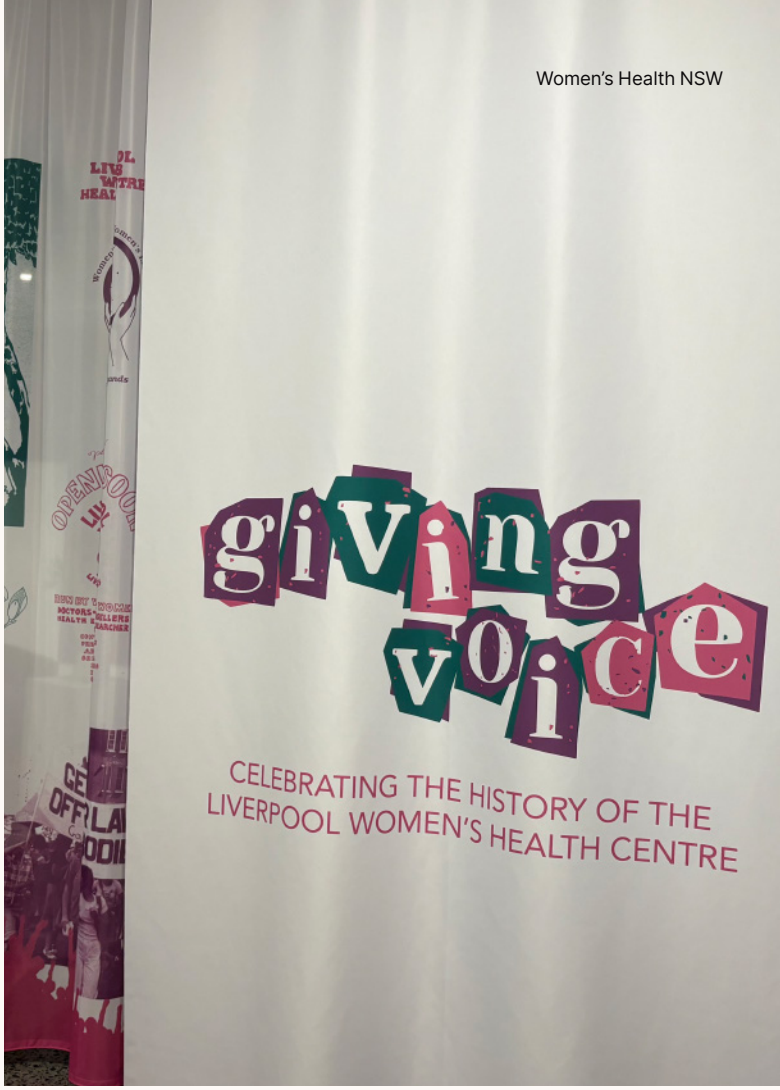
This pilot initiative led to WHNSW successfully tendering for a three-year project in NSW Ministry of Health's *Supporting Safe Access to Abortion Care Grant Fund*. Dubbed the Bessie Project to honour Bessie Smyth (an Australian reproductive health pioneer), it will see us lead a consortium to grow this into a statewide network of no-and-low-cost referral pathways for women experiencing financial, geographic, and other barriers to accessing reproductive healthcare.

"This is such exciting news for the sector and for women across the state. Thank you for your continued advocacy in this space."

WHC manager



Ashlynn Stewart celebrates one year at WHNSW.



Women's Health NSW

Exhibition: Giving Voice — Celebrating the History of the Liverpool Women's Health Centre

WHNSW team



Collated women's health sector data

Which women came to see us?

Over the last five years there has been a steady increase in the number of women accessing women's health centres (WHCs). In 2025–26, 21 WHCs saw 39,626 women, an increase of 175% in the last five years (n=14,398 in 21–22; n=39,626 in 25–26).

Women come to us because we put women first, creating a safe space where women can find the support they need irrespective of income, cultural or ethnic background, and/or sexual identity. In 2025–26 WHCs were most often accessed by women between 30 and 44 years of age (32%; n=5,705 of 17,871; data from 16 WHCs).

We can also tell you this about the women who came to see us:

63%
receive income support

(n=5,907 of 9,347; data from 14 WHCs)

AIHW data tell us 57% of women aged 16–64 receive income support Australia-wide

10%
Indigenous

(n=2,733 of 42,434; data from 19 WHCs)

ABS data tells us Indigenous women make up 4.2% of NSW's population

28%
culturally and linguistically diverse*

(n=6,791 of 36,411; data from 18 WHCs)

AIHW data tell us 28% of people in Australia were born overseas

18%
living with a disability

(n=3,592 of 30,486 from 17 WHCs)

AIHW data tell us 21% of females live with a disability Australia-wide

9%
diverse sexuality and gender

(n=2,143 of 30,496 from 17 WHCs)

ABS data tells us 4.5% of Australians over 16 are LGBTI+

24%
over 65 years-old

(n=4,625 of 31,219 from 18 WHCs)

AIHW data tells us 8.5% of Australians over 65 are women

* Clients reporting an ethnic background other than Australian, Aboriginal, Torres Strait Islander, American, Canadian, Irish, British, Welsh, Scottish, English or New Zealander

Socioeconomic status:

In 2025–26, data from 14 WHCs showed 7% of women accessing the service did not have any income at all (n=611 of 9,347 from 14 WHCs). This is 3% up on the last four years, which were steady at 4%. Women receiving income support remain the most likely to access a WHC in 2025–26, making up 63% (n=5,907 of 9,347) of clients from 14 WHCs. This is 6% higher than national Australian Institute of Health and Welfare data from 2025, which showed 57% of Australian women of working age (16–74) were receiving income support.

Ethnicity:

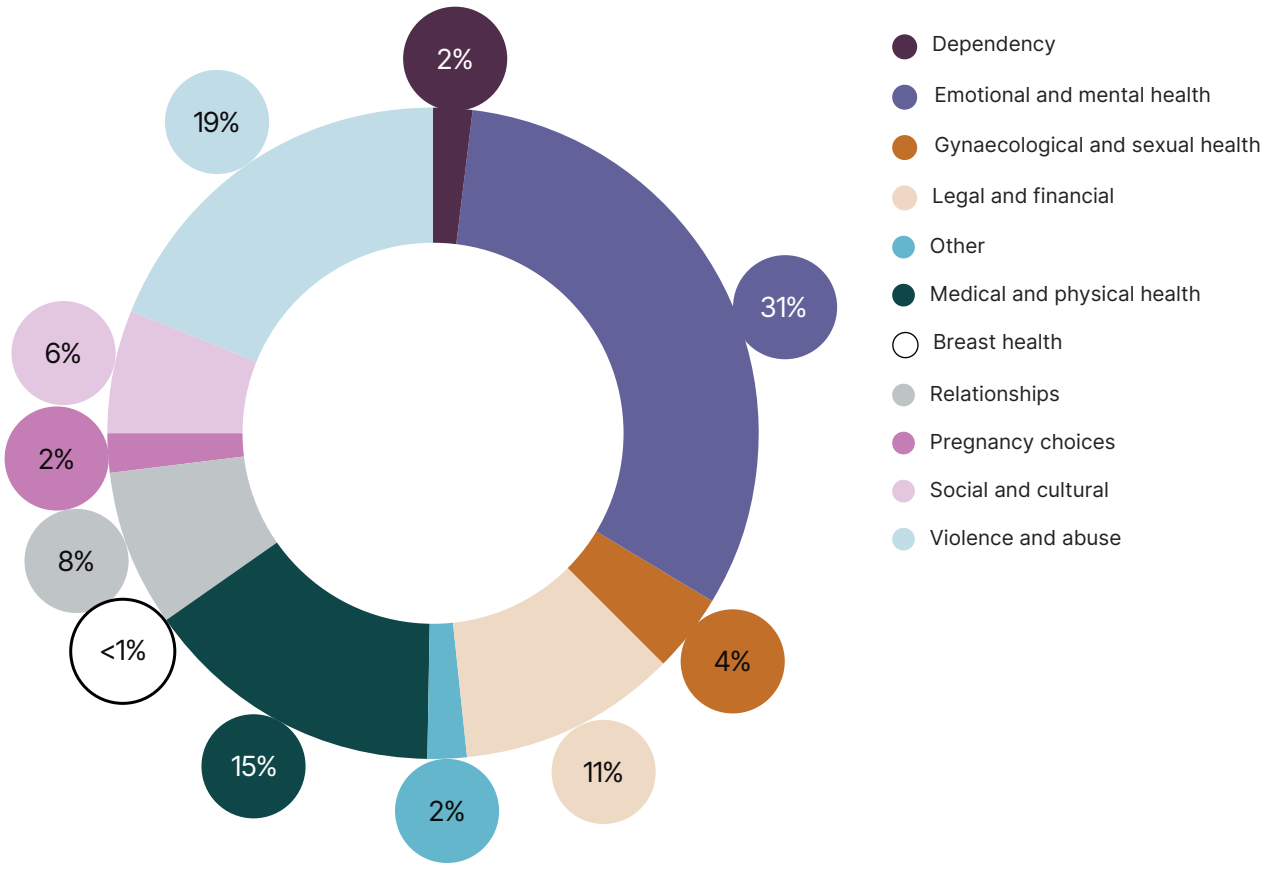
Women attending 15 WHCs identified as being from 131 different ethnicities. These ethnicities were broken down into 28 broader categories, the three most common being Australian (56%; n=7,181 of 12,844), Aboriginal and Torres Strait Islander (12%; n=1,542 of 12,844) and Mainland South-East Asian (4%; n=570 of 12,844).

Why did the women come?

The three most common reasons a woman attended a WHC in 2025–26 were to address emotional and mental health (31%; n=83,713 of 269,914), violence and abuse (19%; n=52,470 of 269,914) and medical and physical health (15%; n=40,350 of 2269,914; data from 19 WHCs).

Presenting health issues

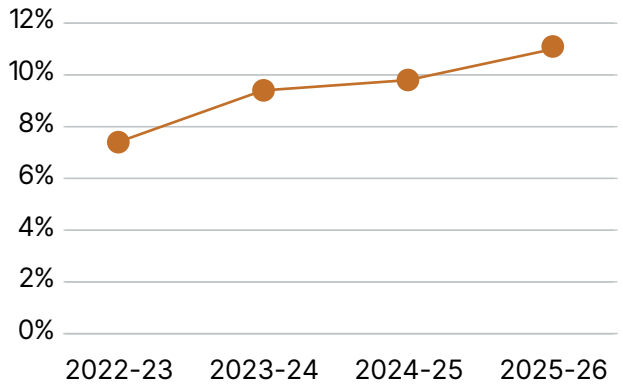
Data sample from 15 WHCs



Over the last four years we have seen a steady increase in the number of women presenting with financial issues. In 2025–26, and for the first time in six years, financial and legal issues were in the top four most common presenting issues. Data from 19 WHCs showed financial and legal issues increased from 7.4% (n=14,111 of 190,515) in 2022–23 to 11% (n=28,913 of 269,914) of women's presenting issues in 2025–26.

Financial and legal presenting issues over the last four years

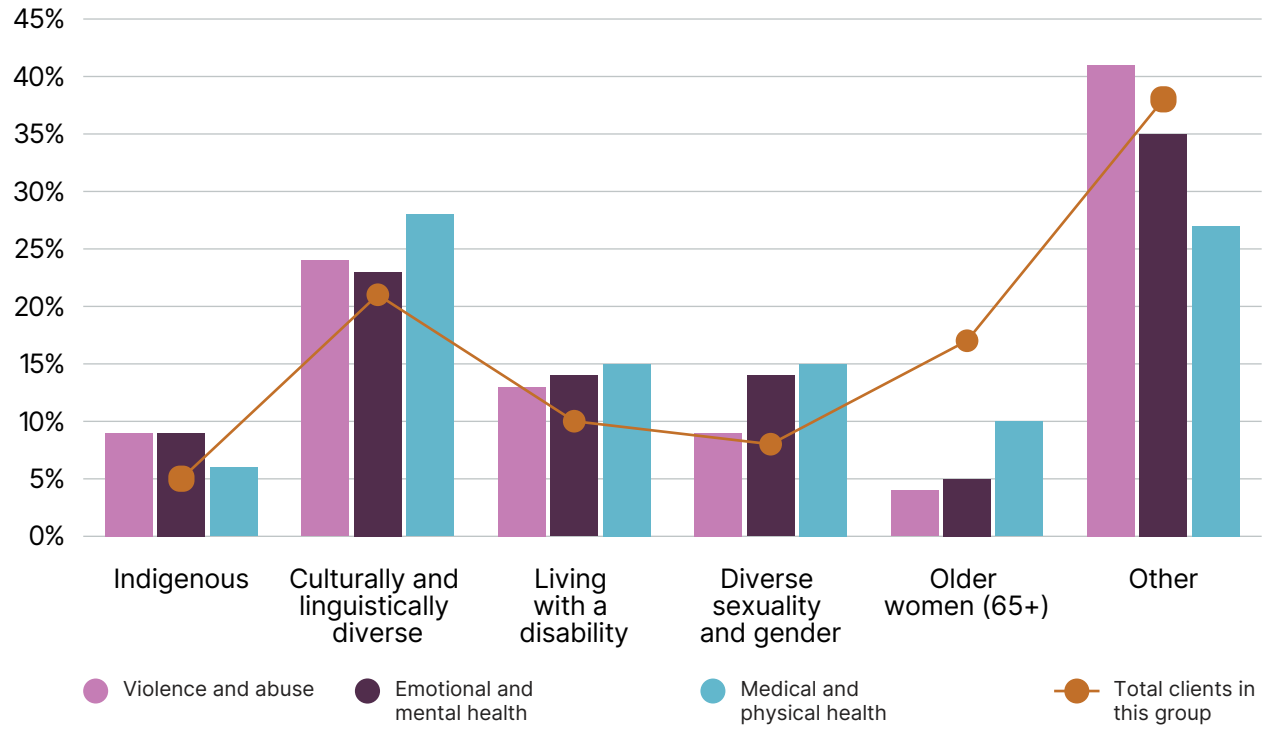
Data sample from 11 WHCs



Updates to the Women's Health NSW Database allowed seven WHCs who had upgraded their database to capture unique data on five priority groups: Indigenous women, culturally and linguistically diverse women, older women, women living with a disability, and those with diverse sexuality and gender. This data showed that **culturally and linguistically diverse women were more likely to attend a WHC for medical and physical health support than any other cohort of women.** It also showed that women from four of the five priority groups were over-represented in the three most common presenting issues. For example, in these seven centres, clients with diverse sexuality and gender made up 8% (n=882 of 11,211) of all clients but accounted for 14% (n=1,364 of 9,586) of clients who presented with emotional and mental health.

Most common presenting issues by population

Data sample from 7 WHCs

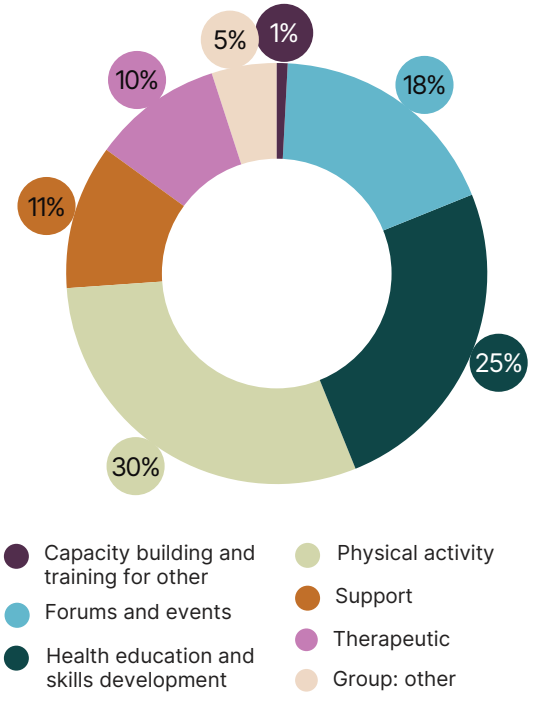


How did we serve those women?

In 2025–26, 21 WHCs worked with and for women 128,782 times. This was, on average, a 13% increase per centre since 2024–25 (n=86,754; data from 16 WHCs). Women most often came for seeking information and support connecting to mainstream health services. We also saw a 873% increase in violence and violence prevention services between 2023–24 and 2025–26 (n=641 to 6,238 at 19 WHCs).

Groups were delivered to 59,556 participants this year (data from 18 WHCs). Physical activity groups attracted the largest number of participants across all of the last three years. The most common reasons women chose to attend a group were: social and cultural (28%; n=11,632 of 41,982), medical and physical health (26%; n=11,021 of 41,982) and emotional and mental health (16%; n=6,619 of 41,982; data from 11 WHCs).

Group type
Data sample from 19 WHCs

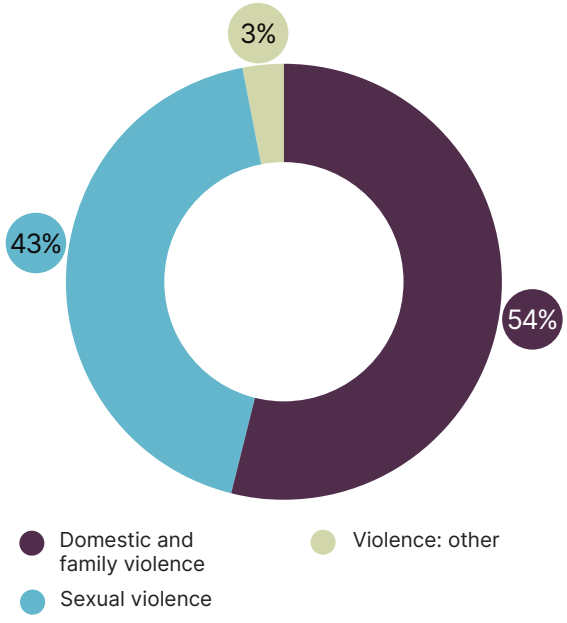


Nine WHCs recorded increases in group participation on last year. The three biggest increases occurred at the Women's Centre for Health and Wellbeing Albury–Wodonga (up 1,205%; n=74 to 966), Wagga Women's Health Centre (up 117%; n=1,209 to 2,625) and Macarthur Women's Health Centre (up 60%; n=1,499 to 2,404).

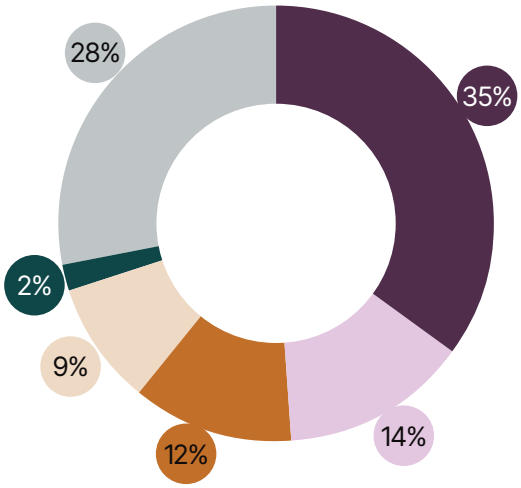
Violence and abuse of women

Violence and abuse were the second most common group of presenting issues this year (19%; n=52,470 of 269,914; data from 19 WHCs). Data from 15 WHCs showed domestic and family violence comprised 54% (n=24,407 of 45,140) and sexual violence made up 43% (n=19,272 of 45,140) of violence-related presenting issues. Adults with experiences of child sexual assault increased by 182% (n=1,433 to 4,045) and coercive control increased by 261% (n=366 to 1,323) this year compared to 2024–25 data. Forty per cent of women presented for violence and abuse at least once during 2025–26 (n=16,409 of 41,316 data from 12 WHCs). This makes violence and abuse the most common experience among the women we support, and suggests violence and abuse may contribute to, or be the cause of, other presentations.

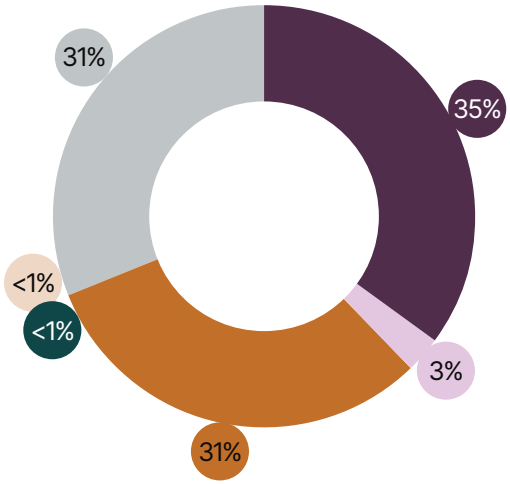
Violence and abuse
Data sample from 15 WHCs



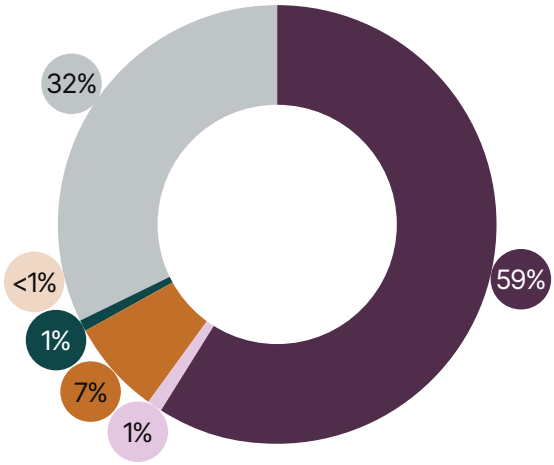
Child sexual assault by population



Trauma/torture by population



Sexual harassment by population



- Culturally and linguistically diverse
- Women living with a disability
- Diverse sexuality and gender
- Older women (65+)
- Indigenous
- Other

Using data from the 7 WHCs working with the updated Women's Health NSW Database we found culturally and linguistically diverse women were more likely to present for child sexual assault (35%; n=298 of 857), trauma/torture (34%; n=98 of 285), and sexual harassment (59%; n=52 of 88) than any other group. Women with disability made up 28% (n=342 of 1,236) of those who presented with adult sexual assault, despite only making up 8% (n=882 of 11,211) of the clients at these seven WHCs.

The overrepresentation of women with disability who have experienced sexual violence presenting at WHCs is consistent with national data that shows women with disability are more likely to have experiences of sexual violence than those without disability[1].

1 AIHW (Australian Institute of Health and Welfare) *People with disability in Australia 2024*, (2024), AIHW, Australian Government, accessed 18 August 2026, doi:10.25816/5ec5be4ced179.

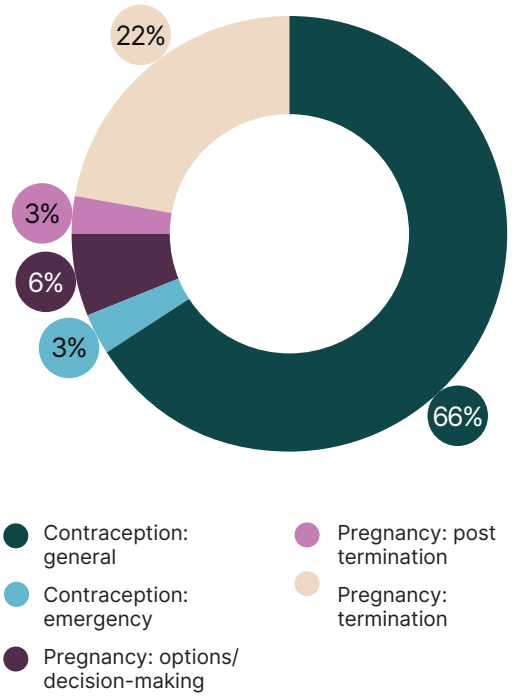
Reproductive healthcare and pregnancy choices

Since 2021–22 there has been a **486% increase in the number of services provided related to reproductive healthcare and pregnancy choices** (812 to 4,759; 21–22 to 25–26). Data from 13 WHCs showed that women presenting with these needs most often sought general information on contraception, such as prescription medication, barrier methods, permanent surgical contraception, and on natural techniques to prevent pregnancy. Pregnancy termination and pregnancy options/ decision-making made up 27% (n=633 of 2,313) of these presenting issues.

Data from ten WHCs showed oral contraception was the most common support WHCs provided to women. Pregnancy termination accounted for 22% (n=288 of 1,333) of all pregnancy choices services provided by these centres.

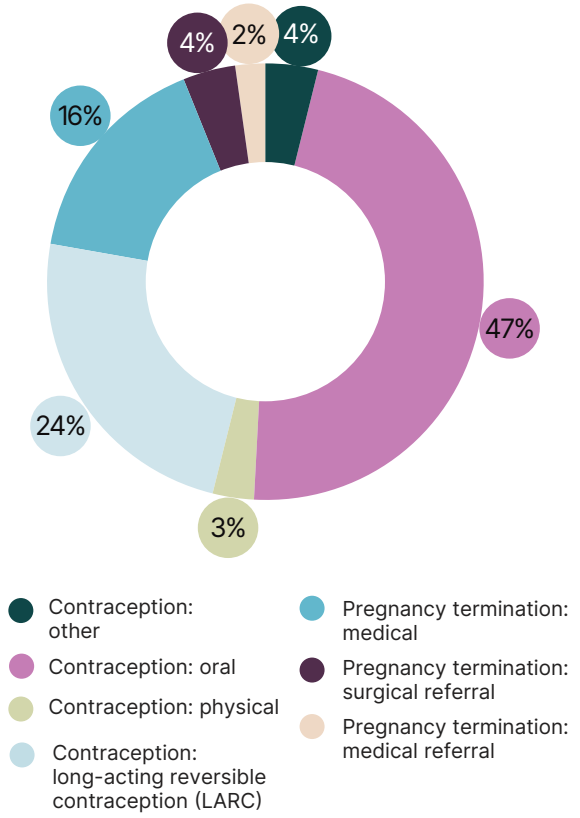
Pregnancy choices: presenting issues

Data sample from 13 WHCs



Pregnancy choices: services provided

Data sample from 10 WHCs



Creating sustainable practice change

In 2024–25, 95% (n=20 of 21) of WHCs implemented screening and data collection processes to **better respond to and capture women's experiences of strangulation, sexual choking and brain injury.** For most WHCs, data processes were implemented in the latter half of 2024–25 making 2025–26 the first year data was captured across a full 12-month period.

140% increase in brain injury presentations
(136 to 326; data from 9 WHCs)

29% increase in strangulation presentations
(316 to 407; data from 14 WHCs)

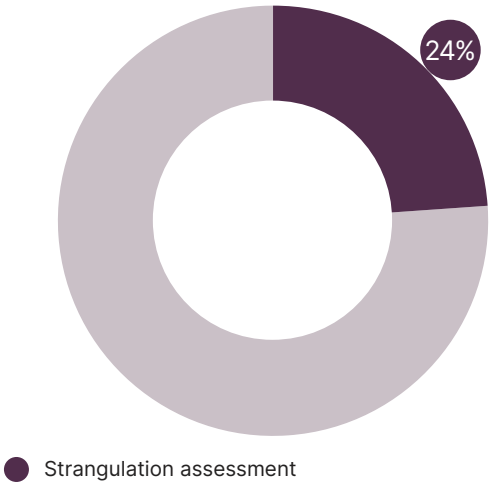
53% increase in sexual choking presentations
(57 to 87; data from 10 WHCs)

156% increase in screening for strangulation
(n=452 to 1,159; data from 9 WHCs)

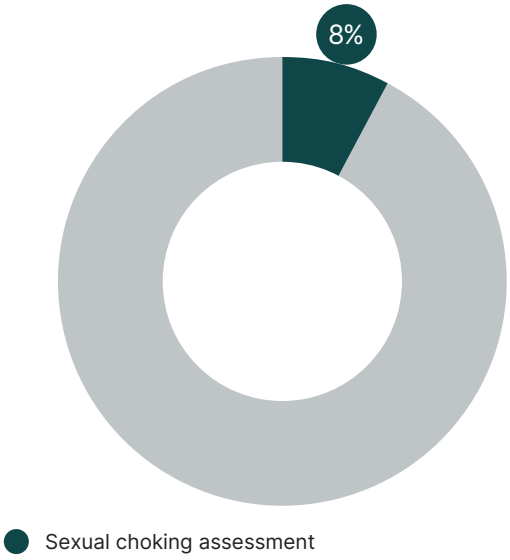
77% increase in screening for sexual choking
(283 to 501; data from 9 WHCs)

In data from nine WHCs, 24% (n=279 of 1,159) of screening for strangulation and 8% (n=34 of 501) of screening for sexual choking led to further assessment, which suggests the screen was positive.

Strangulation screenings that led to an assessment
Data sample from 9 WHCs



Sexual choking screenings that led to an assessment
Data sample from 9 WHCs



The number of WHCs collecting data on sexual choking presentations doubled since 2024–25 (n=5 to 10). The number of WHCs collecting data on strangulation presentations remained steady at 14. There were fewer WHCs who recorded data on brain injury presentations and screening and assessments for strangulation than in 2024–25. Despite a small dip in the number of WHCs recording certain data points, these results are impressive and demonstrate the strong role WHCs play in recognising and responding to strangulation, sexual choking and brain injury. Longer project funding would have allowed time to consolidate learnings and support WHCs to establish data collection systems that work best within each centre.

Women's Health Database presenting issues

DEPENDENCY

- Alcohol
- Dependency: recovery
- Opiates
- Amphetamine: other
- Gambling
- Poly drug use
- Cannabis
- Hallucinogens/ party drugs
- Prescription medication use
- Cocaine
- Methamphetamine
- Smoking/ vaping (nicotine)
- Compulsive sexual behaviour
- Other drug use
- Video gaming

VIOLENCE AND ABUSE

- Violence: adult CSA
- Violence: DFV financial abuse
- Violence: modern slavery
- Violence: adult sexual assault
- Violence: other
- Violence: DFV intimate partner violence
- Violence: ritual abuse
- Violence: bullying
- Violence: sexual harassment
- Violence: child CSA
- Violence: DFV migration
- Violence: children (not DFV)
- Violence: DFV other
- Violence: sexual tech abuse
- Violence: DFV reproductive coercion
- Violence: DFV child protection
- Violence: systemic abuse
- Violence: DFV safety
- Violence: strangulation/ suffocation/ choking
- Violence: DFV children
- Violence: DFV tech abuse
- Violence: DFV coercive control
- Violence: elder abuse (not DFV)
- Violence: tech abuse (not DFSV)
- Violence: DFV elder abuse
- Violence: financial abuse (not DFV)
- Violence: trauma/torture
- Violence: DFV family

RELATIONSHIPS

- Arranged marriage
- Family
- Impacted health: other
- Attachment
- Impacted health: dependency
- Parenting
- Childhood/ developmental
- Impacted health: child removal
- Relationships: other
- Carers
- Impacted health: mental
- Safe sex
- Communication
- Impacted health: physical
- Sexual choking
- Co-parenting
- Impacted health: identity
- Sex/sexuality (not sexual identity)

BREAST HEALTH

- Breast cancer
- Breast implants
- Breastfeeding
- Breast cancer metastases
- Breast lumps
- Breast screening/ examination
- Breast diagnostic
- Breast: other
- Breast surgery

GYNAECOLOGICAL AND SEXUAL HEALTH

- Cervical cancer
- Ovarian cancer
- Sexual health assessment
- Circumcision/female genital mutilation
- Pap/cervical screening
- Pap/ cervical screening: under- screened
- Sexually transmitted infection
- Endometriosis
- Gynaecological general
- Pelvic floor dysfunction
- Thrush/candida
- HIV/AIDS
- Pelvic pain
- Urinary incontinence
- Hormone replacement therapy
- Perimenopause
- Urinary (kidney/ bladder): other
- Polyendocrine metabolic ovarian syndrome (PMOS)
- Hysterectomy
- Urinary tract infections
- Menopause
- Premenstrual syndrome
- Vulva/vaginal external
- Menstruation

MEDICAL AND PHYSICAL HEALTH

- Acute pain
- Fibromyalgia
- Lymphedema
- Allergies
- Gastrointestinal
- Medication
- Arthritis
- Haematology
- Musculoskeletal: other
- Bowel cancer
- Headache
- Neurological: other
- Cardiovascular
- Health: other
- Nutrition
- Chronic fatigue syndrome
- Hepatitis C
- Oncology/ cancer: other
- Chronic pain
- Herbal/ homeopathic medication
- Osteoporosis/ osteopenia
- Coronaviruses
- Pathology/other tests
- Dermatological
- Immunology
- Pre-/post-surgery
- Dental
- Injury: acquired brain injury
- Pulmonary/ lung/respiratory
- Diabetes/insulin resistance
- Injury: acute
- Sciatica
- Digestion
- Injury: chronic
- Sight/vision/ eyes
- Ears/nose/ throat
- Injury: repetitive strain/tendonitis
- Sleep issues
- Endocrine/ hormonal: other
- Injury: physical other
- Tiredness/ fatigue
- Epilepsy
- Injury: traumatic brain injury
- Weight management
- Faecal incontinence

PREGNANCY CHOICES

- Contraception: emergency
- Pregnancy: ectopic pregnancy
- Pregnancy: other
- Contraception: general
- Pregnancy: post-termination
- Contraception: long-acting reversible (LARC)
- Pregnancy: gestational diabetes
- Pregnancy: postnatal check-ups
- Pregnancy: antenatal/ prenatal care
- Pregnancy: infertility
- Pregnancy: IVF
- Pregnancy: pregnancy test
- Pregnancy: artificial insemination
- Pregnancy: miscarriage
- Pregnancy: options/ decision-making
- Pregnancy: termination

SOCIAL AND CULTURAL

- Access/advocacy
- Equality/equity
- Sex discrimination
- Cultural concerns
- Gender identity
- Sexual identity
- Disability: management of
- Loneliness/isolation
- Systemic racism: immigrant/refugee
- Discrimination: disability
- Migration
- Discrimination: other
- Racism: other
- Systemic racism: Indigenous
- Education
- School

EMOTIONAL AND MENTAL HEALTH

- ADHD symptoms
- Disordered eating
- Postnatal depression
- Anger
- Dissociation
- PTSD
- Anxious/panic symptoms
- Emergency/ crisis/ immediate need
- Self-esteem
- Autism spectrum disorder (ASD)
- Self-harm
- Grief/loss
- Suicidal attempt
- Body image (not disordered eating)
- Mental health: other
- Suicidal ideation
- Neurodiverse/ neurodivergence
- Stress
- Complex trauma
- Trauma symptoms
- Depressive symptoms
- Peer/emotional support

LEGAL AND FINANCIAL

- Adoption/foster care
- Legal issues: AVO
- Legal issues: other
- Legal issues: parental access/child custody
- Employment/ workplace
- Legal issues: care/ protection orders
- Financial problems
- Legal issues: victims' compensation
- Homelessness
- Legal issues: divorce/ separation
- Housing
- Legal issues: family law
- Poverty

OTHER

- Other

Organisation and structure

Women's Health NSW Incorporated is managed by an elected Board of Management comprising eight members representing rural, metropolitan, outer metropolitan and special purpose services across NSW, and the Chief Executive Officer.

Board of Management

Category	Name	Organisation	Position
Special Purpose Service	Margherita Basile	Sydney Women's Counselling Centre	Chair
Metropolitan	Mariam Mourad	Bankstown Women's Health Centre	Director
Metropolitan	Kate Meyer	Liverpool Women's Health Centre	Secretary
Outer Metropolitan	Angelique Sasagi	Blue Mountains Women's Health and Resource Centre	Director
Outer Metropolitan	Janet Atwood	Central West Women's Health Centre	Director (started Nov 25)
Rural	Karen Boyde	Central West Women's Health Centre	Director
Rural	Tracy Lumb	Shoalhaven Women's Health Centre	Director (resigned Nov 25)
Rural	Tazmyn Jewell	Coffs Harbour Women's Health Centre	Director (started Nov 25)
General	Marge Nichol	Women's Centre for Health and Wellbeing Albury–Wodonga	Treasurer
Chief Executive Officer	Denele Crozier AM	Women's Health NSW	Director

Our employees and contractors

Ongoing & fixed term	**4.5 FTE**
Name	**Position**
Denele Crozier AM	Chief Executive Officer
Sarah Lambert	Sector Capacity Building and Communications Manager
Ashlynn Stewart	Administration Officer
Georgina Smart	Finance Officer
Min Housman	IT Officer
Jackie McMillan	Senior Project Officer
Courtney Artridge	Project Officer
Jacintha Bachelor	Project Officer – Bowel cancer outcomes (resigned May 26)

Contractors	
Access Data Systems	WHNSW database
RemoteLink IT	IT systems
Minmoko	Web design and management
Eleanor Grace Shepherd	Annual report
Jamie James Photography	WHNSW Statewide Forum photos

Financial report

WHNSW Audited Financial Statements for the year ending 30 June 2026 are circulated to the membership at the WHNSW AGM and are available on the Australian Charities and Not-for-profits Commission (ACNC) website: www.acnc.gov.au

WHNSW continues to operate to budget and asserts that there are reasonable grounds to believe it will be able to pay its debts if and when they fall due. WHNSW has a strong finance team coupled with good financial systems and projected budgets for the year ahead.

Statement of Income and Expenditure	**2025–2026 $**	**2024–2025 $**
Income	-	-
NSW Ministry of Health	710,991	288,200
NSW Department of Communities & Justice	71,981	530,611
Cancer Institute NSW	41,968	228,032
Training/Membership	116,655	102,014
Interest/Other	35,060	27,180
Project Grants/Contracts	35,103	27,005
Total Income	**1,011,758**	**1,203,042**
Expenditure	-	-
Wages and On Costs	694,398	699,385
Audit & Finance	22,156	9,815
Operational Expenses	94,008	74,242
Sector Development and Training	34,019	24,522
Programs & Resource Development	159,946	378,723
IT & Equipment	23,940	20,168
Total Expenditure	1,028,467	1,206,855
Operating Surplus/(Deficit)	(16,709)	(3,813)
Total Equity	**41,583**	**58,292**

Our members

WOMEN'S HEALTH CENTRES

1. **Bankstown Women's Health Centre**
   bwhc.org.au | Ph: 9790 1378

2. **Blacktown Women's and Girls' Health Centre**
   womensandgirls.org.au | Ph: 9831 2070

3. **Blue Mountains Women's Health and Resource Centre**
   bmwhrc.org | Ph: 4782 5133

4. **Central Coast Community Women's Health Centre**
   cccwhc.com.au | Ph: 4324 2533

5. **Central West Women's Health Centre**
   cwwhc.org.au | Ph: 6331 4133

6. **Coffs Harbour Women's Health Centre**
   healthvoyage.org.au/coffs-harbour-womens-health-centre | Ph: 6652 8111

7. **Cumberland Women's Health Centre**
   cwhc.org.au | Ph: 9689 3044

8. **Fairfield Women's Health Service**
   fwhs.org.au
   Cabramatta Ph: 9794 0150
   Fairfield Ph: 9794 0160

9. **Hunter Women's Centre**
   hwc.org.au | Ph: 4968 2511

10. **Illawarra Women's Health Centre**
    womenshealthcentre.com.au | Ph: 4255 6800

11. **Leichhardt Women's Community Health Centre**
    lwchc.org.au | Ph: 9560 3011

12. **Liverpool Women's Health Centre**
    liverpoolwomenshealth.org.au | Ph: 9601 3555

13. **Macarthur Women's Health Centre**
    macarthurwhc.com | Ph: 4627 2955

14. **Penrith Women's Health Centre**
    pwhc.org.au | Ph: 4721 8749

15. **Shoalhaven Women's Health Centre**
    shoalhavenwomenshealthcentre.org.au
    Ph: 4421 0730

16. **Wagga Women's Health Centre**
    waggawomen.org.au | Ph: 6921 3333

17. **Women's Centre for Health & Wellbeing Albury–Wodonga**
    womenscentre.org.au | Ph: 6021 5773

18. **Women's Health Northern Rivers**
    whnr.org.au | Ph: 6621 9800

SPECIAL PURPOSE SERVICES

19. **Full Stop Australia (NSW Sexual Violence Helpline)**
    fullstop.org.au | Ph: 1800 385 578

20. **Sydney Women's Counselling Centre**
    womenscounselling.com.au | Ph: 9718 1955

ASSOCIATE MEMBERS

21. **Benevolent Society's Centre for Women's Health**
    benevolent.org.au | Ph: 1800 236 762


Tibooburra
Packsaddle
Far West LHD
Wilcannia
Broken Hill
Menindee
Bourke
Walgett
Western NSW LHD
Cobar
Dubbo
Griffith
Murrumbidgee LHD
Wagga Wagga
Albury
Moree
Narrabri
Armidale
Tamworth
Hunter New England LHD
Bathurst
Katoomba
Lismore
Grafton
Byron Bay
Northern NSW LHD
Coffs Harbour
Mid North Coast LHD
Port Macquarie
Newcastle
Central Coast
Central Coast LHD
Sydney
See breakout map
Wollongong
Shoalhaven
Illawarra Shoalhaven LHD
Goulburn
Canberra
Southern NSW LHD
Nepean Blue Mountains LHD
South Western Sydney LHD
Northern Sydney LHD
Penrith
Blacktown
Parramatta
Sydney LHD
Liverpool
Bankstown
South Western Sydney LHD
South Eastern Sydney LHD
Campbelltown
Macarthur



Women's Health NSW

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WHNSW is a not-for-profit organisation incorporated under the NSW Associations Incorporations Act (2009)

Accredited at Certificate Level of the Australian Service Excellence Standards

Funded by the NSW Ministry of Health

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