



Centre for Health through Action on Social Exclusion

*Taking  
Stock*

*October 2016*

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## ABOUT CHASE

CHASE brings together a group of over 30 academic staff, located mainly in the School of Health and Social Development, across both Burwood and Waterfront campuses. We also have a large number of honours, masters and PhD students under our supervision.

The group is multidisciplinary and multiprofessional, including public health, health promotion, health sciences, social work, occupational science and therapy, sociology, anthropology, disability studies, and psychology.

The CHASE vision is working collaboratively with communities, organisations and governments to promote social inclusion and to enhance the health and wellbeing of all, particularly those populations, communities and individuals who experience social exclusion.

In this issue as well as our customary project updates and news, we report on June's symposium featuring research on gender equity and health, four recently completed PhDs and a new partnership with Link Health and Community.

## UPCOMING EVENTS

### CHASE Symposium

Tuesday 15 November, 2pm to 4pm, Place, inclusion and health.  
Location – Deakin Waterfront Campus

The program is given on page 3

Reserve your place at:

<https://www.eventbrite.com.au/e/place-inclusion-and-health-tickets-27671933498>

## CHASE RESEARCH

CHASE's purpose is to undertake research and practice development of the highest quality, including the development of theory, in partnership with communities and organisations; and, to provide evidence-based policy and practice advice to government and industry. Twice a year we produce a report that gives a brief summary of some of CHASE's current activity and our forward directions.

## CHASE SYMPOSIUM: GENDER EQUITY AND HEALTH

On Tuesday June 28th CHASE held a symposium which focused on gender equity and health.

The aim of the symposium was to focus on identifying and highlighting gender (in)equity and subsequent health consequences, and the application and implications of research findings for the field including service delivery, policy, and community engagement in relation to promoting gender equity and health in a range of settings and contexts.

Three recently completed research projects by CHASE members and partners were featured and concluded with an expert panel discussion with Elly Taylor, acting Manager of Health Promotion, Research and Development at Women's Health West and Anne Hunter, relationships coach specialising in ethical non-monogamy and co-founded PolyVic,



Professor Beth Crisp

Professor Beth Crisp, discipline leader for Deakin's social work program, presented an evaluation of the impacts of Baby Makes 3, a program for new first time parents in rural communities in the state of Victoria. Drawing on data collected from parents, program facilitators and other related staff evaluation suggests the program was successfully implemented. Parents reported a high level of

satisfaction with the program and positive impacts such as changes in their awareness, attitudes, skills and behaviour that directly support gender equity, a primary determinant in reducing violence against women and children. However, the implementation of the program was not without its challenges. Professor Crisp highlighted the challenges associated with social diversity, location and scheduling of the program to enable participation, the attendance of single parents or just one parent within a couple, and the heteronormativity of the program as potentially limiting.



Dr Maria Pallotta-Chiarolli

Dr Maria Pallotta-Chiarolli, Senior Lecturer in the School of Health and Social Development presented on her research undertaken in collaboration with Sara Lubowitz, Women With Bisexual Partners Network, ACON on "When Your Relationship Isn't Recognised by Relationship Counselling: the health and wellbeing of women in relationships with bisexual men". This presentation drew on qualitative research with 78 women who have been or are currently in a relationship with a bisexual man to explore the lived realities of women in relationships with bisexual men, from the most exhilaratingly positive to the most excruciatingly negative. The presentation highlighted the assumptions, stigma, problematisation and pathologisation of mixed-orientation relationships in health service provision.

Dr Melissa Graham, Senior Lecturer in the School of Health and Social Development presented on a review of the evidence on the health inequities of sexual and reproductive health undertaken on behalf of Women's Health West. The presentation highlighted the multiply layers and influences of sexual and reproductive health inequity. For example, gender norms and cultural and societal norms and values were pervasive in creating and recreating gender inequity resulting in negative consequences for sexual and reproductive health. This is further compounded by power imbalance, among women and men, in relation to attitudes towards sexual and reproductive health and these power imbalances are embedded within cultural attitudes and beliefs. Sexual and reproductive health inequities are also

impacted by the intersectionalities of multiple identities or vulnerabilities and these inequities are gendered. Sexual and reproductive health inequities are apparent in policy, institutional structures, the social and cultural context of people's everyday lives, health care services, employment, and education. The presentation also highlighted sexual and reproductive health inequities for various population groups, drawing on social position, gender, age, sexuality, culture and ethnicity, and location.

Together these presentations highlighted the intersection of multiple and complex identities which are experienced in both positive and negative ways in ones everyday world. Issues of gender inequity, discrimination, stigma and exclusion cut across the three presentations and these are shaped by social and cultural norms, gender roles and stereotypes. In particular, it is how policy makers and service providers acknowledge and respond to these multiple identities to improve health and wellbeing, needs to be addressed.

## **PROGRAM FOR UPCOMING CHASE SYMPOSIUM: PLACE, INCLUSION AND HEALTH**

The symposium will be chaired by Dr Matt Dunn.

There will be three presentations followed by time for discussion.

Dr Kim Robinson will talk on 'Working to promote dignity: Social workers in refugee non-government organisations in Australia'

Dr Fiona Andrews and Dr Elyse Warner will talk on 'Using photographic methods to explore residents' experiences in new community settings in Melbourne'

Valerie Watchorn and Dr Danielle Hitch will talk on 'Universal Design in the Built Environment: A review of current theory, research and practice'

When:

Tuesday 15 November, 2pm to 4pm

Location:

Deakin Waterfront Campus, Sally Walker Building,  
The Western Beach Function Room (AD6.104)  
1 Gheringhap Street  
Geelong, VIC 3220

Reserve your place at:

<https://www.eventbrite.com.au/e/place-inclusion-and-health-tickets-27671933498>

## **PROJECT UPDATES**

### **Preventing Violence against Women and Children**

The Victorian Department of Justice and Regulation funded twelve projects across the state during 2012-2016 to build the evidence base for primary prevention and early intervention initiatives aimed at preventing violence against women and children in Victoria. Full research reports from the external evaluation teams for these projects are now available from the Department of Justice and Regulation's website at

<http://www.crimeprevention.vic.gov.au/home/your+community/preventing+violence+against+women/>

CHASE member Prof Ann Taket led the external evaluation team for two of these projects, in Hume Region and the Great South Coast. Professor Beth Crisp was also involved. Key findings from our evaluations are presented below, together with links to the full research reports.

### **Great South Coast: *Baby Makes 3* Plus**

In the Great South Coast, Warrnambool City Council implemented *Baby Makes 3* (a three session parent education program for first time parents) across the region to support local men and women during the transition to parenthood, and to encourage equal and respectful relationships. In order to increase the skills of practitioners involved in early years work across the Great South Coast, a variety of training programs for staff were also delivered. Partner organisations were: Corangamite Shire Council, Glenelg Shire Council, Moyne Shire Council, Southern Grampians Shire Council, Whitehorse Community Health Service and Women's Health and Wellbeing Barwon South West.

The *Baby Makes 3* program was delivered as an opt-out program, forming part of a series of sessions offered to new parents in each of the region's five local government areas (LGAs). Information about *Baby Makes 3* was distributed as part of the information offered on new parent groups by maternal and child health staff following the birth of the child and reinforced during further contact with maternal and child health services; the project manager or *Baby Makes 3* facilitators would also often attend one of the new parent group sessions to introduce the program and answer questions. Analysis of uptake rates for *Baby Makes 3* over its first year led to the suggestion of a brief introductory session in the antenatal setting, so that fathers-to-be could be introduced directly to the idea of the program. A pilot of this arrangement was carried out in Portland from January 2015.

*Baby Makes 3* was successfully implemented throughout the region, with parent involvement levels across the different local government areas ranging from 18% to 29% of all new parents (average 21%). This represents a considerable achievement in the face of factors outside the project's control, such as shift work, farm work, and fly-in, fly out work. The evaluation identified a range of suggestions for improving uptake.

The pilot of an antenatal session introducing *Baby Makes 3* was very successful. The reaction of fathers to the session was extremely positive; all of the fathers interviewed went on to attend that postnatal program with their partners and all reported that the decision to attend the postnatal session was made mutually with their partners and influenced by the antenatal session. The positive effect of the antenatal session echoes findings in the literature from research into other parent education programs.

Parents regarded the program with a high level of satisfaction, and reported a range of positive impacts up to 15 months after its completion. These impacts included changes in their awareness, attitudes, skills and behaviour that directly support gender equity, a primary determinant in reducing violence against women and children. The overall cost to the service provider was \$581 per couple, a relatively low figure, in view of the range of positive impacts produced. A particularly important feature in program delivery was using a pair of facilitators (male and female). Minimal possible negative effects were identified, and the experience gained in program delivery should enable these to be further reduced in the future.

The gender equity training to the health and human services workforce in the region provided in the Plus component of the project produced positive improvements in attitudes supportive of gender equity in those attending. Positive changes in practice, both at work and in a personal context, were also reported.

The evaluation identified the importance of good working relationships between program providers and maternal and child health staff, as well as the importance of wider partnerships with other stakeholders. There were considerable advantages to organising delivery of the *Baby Makes 3* program on a region-wide basis.

The full research report on the evaluation is available at: <http://www.crimeprevention.vic.gov.au/home/resources/baby+makes+3+plus>

## **The Hume Regional Preventing Violence Against Women Strategy**

In Hume Region, the lead agency for the project was Women's Health Goulburn North East and key partners

were the Hume Region Family Violence Integration Committee and the 12 local government areas. The project took a developmental approach towards designing and then implementing a number of program components within their strategy. Different components of the activities carried out under the strategy included: partnership and capacity building; building gender equity in organisations; gender equity and masculinities training; bystander training; knowledge dissemination; and the Courageous Conversations website

(<http://www.courageousconversations.org.au/>).

The evaluation identified a number of important positive impacts associated with the project. Interviews with stakeholders and other data collected indicated that capacity in the region has increased. Besides the project considered here, contributing factors to this include other drivers such as activity in the violence prevention space by Municipal Association of Victoria, the Workplace Gender Equality Agency, VicHealth and other organisations, alongside the high state and national attention to domestic and family violence in the last two years, including the Royal Commission on Family Violence, and the creation of ANROWS and Our Watch. Part of the increased capacity observed in the region was a direct result of activities provided as a part of this project, in particular the various training workshops and the gender equity work begun in two organisations.

Two particularly important outcomes from the project's work have been the creation of a local government network and the Courageous Conversations website as a repository for tools and resources, both of which will continue beyond the end of this Department of Justice and Regulation-funded project. This is important for the sustainability of violence prevention work across the region.

It is still too earlier to draw any definitive conclusions about the gender equity work being carried out in Alpine Health and Murrindindi Shire Council. A promising start has been made using an evidence-based participative process to produce an action plan for each of these organisations. In both organisations, the process offered opportunities to involve the whole workforce, and good participation rates were achieved at times when there were many other demands on staff including a structural re-organisation in one organisation. Participation of men and women was evident and, in the surveys at least, seems roughly in proportion to the gender balance in each organisation. Action plans are now being implemented in the two organisations, and a follow-up evaluation will be reported later this year.

While all of the training delivered was positively received to some extent, the positive effects did not reach statistical

significance, and in some cases there were negative effects (although again not statistically significant). Stronger results were achieved in the bystander training delivered to participants in a single workplace, where a program of work in relation to gender equity was already underway. Participants in this training were predominantly females working in health and human services. The challenge now is to provide training throughout the region, reaching beyond the professional groups so far involved and in particular engaging a much higher proportion of men.

Feedback from participants in all types of training emphasised the importance of an appropriate balance between theory and practice, suggesting that there was too much theoretical material covered in the training offered and not enough emphasis on practical action that could be taken. Training participants also talked about the need to target training more specifically and to increase the engagement of men.

The full research report on the evaluation is available at: <http://www.crimeprevention.vic.gov.au/home/resources/home+regional+preventing+violence+against+women+strategy>

## A good place to raise a family

This program of research is led by CHASE member Dr Fiona Andrews. It aims to identify factors that affect the quality of experiences of parents raising children in different urban settings in Australia. The research is being undertaken in collaboration with several local government partners.



Central West Play - father and family, Source: City of Maribyrnong

We are very pleased to hear that the Central West Playgroup, a service that one of our students evaluated during 2014 and was reported in a previous newsletter, has recently been nominated as a finalist for the 2016 Victorian Early Years Awards. Congratulations to all involved a great

achievement. You can access a video about the playgroup here:

<https://www.youtube.com/watch?v=qh6wk5q7DDY&feature=youtu.be>

We have also been busy publishing our work and are pleased to report the following publications:

Warner E, Johnson L & Andrews FJ. Exploring the suburban ideal: Researchers' and residents' experiences of photo elicitation interviewing (PEI). Published in the International Journal of Qualitative Methods.

Andrews FJ, Shelley J, Rich S & James A. Mothers' ideals and experiences of raising children in inner and outer suburban Melbourne, Australia. Published in Community, Work & Family

Along with a conference presentation:

Andrews FJ, Warner E & Johnson L. 'Together Alone'. Lived experiences of community in a new suburb on the outer fringe of Melbourne, Australia. Presented at the 9<sup>th</sup> Making Cities Liveable Conference held in Melbourne 27-28 June, 2016.

We have two new students who have recently commenced projects in partnership with local government as follows:

Justine White - A review of national and international evidence on facilitators of social connectedness in new outer suburban communities in partnership with the City of Casey

Sarah Volders - Designing new inner-city developments to meet the needs of families with young children: A review of national and international evidence for best practise in partnership with the City of Yarra.

Our partnership project with the City of Yarra 'Experiences of parents raising young children in new, high-density developments in inner Melbourne' is now in the recruitment stage and we hope to interview participants over the next few weeks.

## Towards a collaborative model of care for medication abortion provision in regional and rural Victoria

Women who live in the non-metropolitan regions of Victoria face many barriers when they want to terminate an unwanted pregnancy. Although abortion with medication (medication abortion: an early abortion, not more than 63 days after conception, performed with the use of pharmaceutical drugs) can potentially facilitate access, the uptake of this service by general practitioners is slow.

PhD candidate Caroline de Moel is conducting a study that will investigate how practice nurses could play an important role in the delivery of medication abortions. This model has already been successfully used for many years in overseas countries and would increase the availability of early abortion services in regional / rural communities.

The study will use the Delphi technique, an online anonymous group communication process between experts in the field over three rounds of questionnaires, in order to explore the possible development of this model in Victoria.

Women aged 18-44 years from regional or rural Victoria who are advocates for sexual health and reproductive rights are invited to participate if they wish. Please forward this invitation to friends or colleagues who may be interested in this study.

More information and the first survey can be found at <http://cdemoel.wixsite.com/delphi>.

For any questions contact: Caroline de Moel: [cdemoel@deakin.edu.au](mailto:cdemoel@deakin.edu.au)

### **"Wogarigines": Life Stories and Family Histories of Aboriginal and Torres Strait Islander Mobs with Southern European Migrant Heritage**

A new research project is currently exploring the life stories and family histories of "Wogarigines", a term often used by Aboriginal and Torres Strait Islander people with Southern European (Greek, Italian, Maltese, Portuguese and Spanish) migrant heritages. The researcher, Dr Maria Pallotta-Chiarolli will explore how 'Wogarigines' were affected by colonial, racist and multicultural national and state policies, and colonial, racist and multicultural socio-cultural perspectives and practices. It will also document and honour 'Wogarigines' strategies of resistance, re-definition and reclamation. The project will be overseen by a Reference Group which includes Professor Brian Martin, Associate Director, Institute of Koorie Studies, Deakin University; Wurundjeri Tribal Elder, Annette Xiberras, who is also of Maltese background; and SBS Radio Victoria Indigenous Journalist, Marlene (Galea) Scicluna who was adopted into a Maltese family. Annette and Marlene have already been interviewed for the project.

As Rosemary Wanganeen writes in "Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice", "Migrants arrived with a deep-seated emotion called 'gratefulness' for Australia and would do all they could to avoid being seen as ungrateful if they supported Aboriginal peoples and their cause" (2014: 486). The research is also significant given White

Australia's historical perspective of the perceived racial ambiguity of Southern European migrants. As Maria explains, "Soon after the Second World War even many Australian experts were not sure if Italians were white or black. There is evidence that even in 1955 Australian authorities were objecting to Southern Italians migrating to Australia due to their alleged 'negroid' appearance. Up to the 1960s, the expression 'black Italians' was still used in North Queensland".

Maria has been "greatly inspired by the powerful and poignant published research of Peta Stephenson, *The Outsiders Within: Telling Australia's Indigenous-Asian Story and Islam Dreaming: Islam in Indigenous Australia*". She says, "Another book that has profoundly moved me is the autobiography by renowned educator, Chris Sarra (2014), *Good Morning, Mr Sarra: My Life Working for a Stronger, Smarter Future for Our Children*. With an Indigenous activist mother and an Italian migrant father, he calls his book "a yarn, in the storytelling tradition" of his people, Aboriginal and Italian. Also inspiring was George Karanakis' research with artists of Greek and Koori parentage. These include Kalliope (Kelly) Koumalatsos, a painter, sculptor and photographer who states she has "embraced ... the same pathos and power of two very ancient civilisations".

Maria is interested in stories of love and intermarriage between Aboriginal and Torres Strait Islander people and Southern European migrants as well as the disturbing realities of oppression and misogyny from migrant men toward Indigenous women, and the "Stolen Generation" children who were removed from their Indigenous families and adopted into Southern European families.

Maria sees this research about and with "Wogarigines" living within and between "mobs" and "migrants" as a fundamental step in the ongoing national project of Recognition, Respect and Reconciliation which must critically examine the role multiculturalism has benefitted from colonisation and continued racism.

She is also clear about what she is NOT doing in this research: "what I am definitely not doing is interrogating the 'authenticity' or 'legitimacy' of Indigeneity as needing to be based on skin colour and 'blood quantum' of Aboriginal ancestry. Australia has a long history of the offensive classification of 'full bloods' and 'hybrids', or 'real' and 'inauthentic' Aborigines as was undertaken in the media by Andrew Bolt. This external colonial imposition of racial identity classifications is unacceptable. Such determinations must be the prerogative of Aboriginal and Torres Strait Islander people themselves, and the acknowledgment of Southern European heritage in this research does not delete, denigrate or deduct from the right to identify as Indigenous".

Maria is asking for you to contact her for a private, confidential and anonymous interview, either in person or on the telephone. She will come to you when and wherever convenient. Maria is interested in hearing from those who would like to be interviewed. She is also interested in participating in community forums or media work on these issues, and hearing from Indigenous and non-Indigenous service providers, community members and organisations who have worked with 'Wogarigines'.

Contact details: Maria on 0414 804 529, email [mariapc@deakin.edu.au](mailto:mariapc@deakin.edu.au)

### Parents' meaning making of their interactions with their child in families with complex needs who are involved with child protection



Annette Bex

As a Family Counsellor in a Non-Government agency, I am currently working with families residing predominantly in low socio-economic areas. Families are referred by child protection and although our service is voluntary, families often feel obliged to engage with our service, aware of the power relations and scared of the possible consequences if they don't follow child protection directives.

At first contact, I often experience a discrepancy between the views of the child protection department and the views of the parents with regards to the safety of the child. In my experience, parents often feel that workers are not taking into account all the parent's struggles related to their life circumstances such as history, family dynamics, lack of support, health, special needs and financial constraints. Parents have reported that in light of their struggles, they feel that they are doing the best they can with their children.

In practice, I experienced firsthand that when listening to parent's narratives of their life and of their hopes and dreams for their children, a better understanding of their struggles emerged and the narrative helped inform the support they needed.

My research focusses on the voice of the parent. Meaning making is influenced by many aspects: history, culture, socio-economic status, future goals, health, life experiences, etc. In the social constructionist view, people create their own meaning through the use of language. People create their own narratives of what is happening in their lives and why. There is no one truth. I am interested in what we can learn from those stories that offers new insights in how to best support the safety of the children.

The research will look at a small sample of clients identified as maltreating parents who are involved in a service using a multiple intervention model.

Using a semi structured interview, parent's narratives about meaning making of their relationship with the identified child will be collected before intervention and again after intervention. Data analysis will look at individual narratives and possible shifts in meaning making as well as at generalised themes and shifts in meaning making.

Annette is supervised by CHASE members Prof Karen Stagnitti and Dr Sophie Goldingay

### *You the Man* – a theatre-based education program for bystander engagement



*Booking now for November 2016 onwards and into 2017*

*You the Man* is a theatre-based education program that highlights how bystanders can interrupt cycles of relationship violence and abuse. The program comprises a 35-minute play followed by at least 20 minutes of discussion with a panel of local experts from the host community.

The program empowers men and women to step out of a passive bystander role and practise safe intervention. This violence prevention program is unique as it promotes a model of empathetic male voices and displays the power of bystander support and action.

You the Man has been successfully used in a range of settings across Victoria: secondary schools (years 8-12); tertiary education institutions; sports clubs; workplaces; communities.

The script of the play remains unchanged from performance to performance, but the format of the post-performance discussion is tailored to the local setting, and other violence prevention activities happening locally. Panel members for this discussion are drawn from local support agencies, and the discussion serves to introduce people to the local resources that are available and build local capacity. A comprehensive resource pack is provided to assist the local organiser(s) set up the program for their particular setting, backed up with telephone support where necessary.

If you want to explore bringing this educational program into your community email [book-ytm@deakin.edu.au](mailto:book-ytm@deakin.edu.au).

### Trans-diversity – a new theatre-based education program

Work will be starting in November 2016 on the development of a third theatre-based education program on trans issues. The aim is to develop a program that will work to increase knowledge and understanding about the issues involved and to give people knowledge about services and support that exist, and what they might do to support a friend, family member or colleague. The program will be designed to be delivered in a variety of different settings: secondary schools, universities/TAFEs, workplaces and community settings. Dr Julie Peters, whose recently completed PhD features on page 9, will be coordinating the work. If you'd like to explore being involved in this work in any way, please contact Professor Ann Taket, on [ann.taket@deakin.edu.au](mailto:ann.taket@deakin.edu.au) or 03 9244 3798.

### Life for women with no children in Australian society

Dr Melissa Graham is leading a CHASE team conducting research about life for women with no children in Australian society. The first two parts of this study involved cohorts of women aged 25 to 44 and 45 to 64 years.

Findings from the work so far are available:

- Turnbull B, Graham ML, Taket AR (2016) Social Exclusion of Australian Childless Women in Their Reproductive Years. *Social Exclusion* 4(1) <http://dx.doi.org/10.17645/si.v4i1.489>

and

- Turnbull B, Graham M, Taket A (early online) Pronatalism and social exclusion in Australian society: Experiences of women in their reproductive years with no children, *Gender Issues*. <http://rdcu.be/kMiC>

The study is now moving onto the cohort of women aged 65 and over and the study team would love to hear from any women who would like to take part.

Any women aged over 65 who would like to take part can find further information on <https://www.facebook.com/pages/Life-in-Australian-society-as-a-woman-with-no-children/592205344191162>

For any woman who would like to take part, the anonymous online questionnaire, which will take only 20-30 minutes can be found at:

<https://www.surveymonkey.com/r/life-in-Australian-society-for-women-aged-64-or-more-with-no-children>

or

<http://tinyurl.com/grv2mou>

Any woman who would prefer to complete a paper copy of the questionnaire please contact Megan Bugden on 9246 8383 or [megan.bugden@deakin.edu.au](mailto:megan.bugden@deakin.edu.au)

## RECENTLY COMPLETED PHDS

### Joanne Watson: *The right to supported decision-making for people rarely heard*

Supervisors: Associate Professor Erin Wilson and Dr Nick Hagilliasis

The adoption of and entry into force of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) represents an important step towards promoting, protecting and ensuring human rights for people with disability (United Nations, 2006). Article 12 of the Convention, requires that legal capacity should not be defined based on cognitive disability. It mandates that all people with disability be recognised before the law on an equal basis with others and importantly be supported to exercise that legal capacity. In so doing, it challenges the use of substitute decision-making. Substitute decision-making allows others to make decisions for someone else. In response to the UNCRPD, supported decision-making is emerging as an alternative paradigm to be employed in lieu of substitute decision-making, consistent with signatory nations' obligations under Article 12 of the UNCRPD.

Australia ratified the Convention in 2008. Since this time, tension has existed around the relevance and application of



Article 12 for those who communicate informally, and sometimes unintentionally; people with severe or profound intellectual disability. Due to the interdependent nature of their lives, autonomous decision-making is obviously challenging for this group. However, if signatory nations to the UNCRPD are to live up to their obligations under Article 12 attention needs to be paid to how best to support this population to have their preferences heard and reflected in the decisions that are made about their lives. This is the central focus of this thesis.

This study used an interpretative, multiple case study design. Five people with severe or profound intellectual disability and their circle of support participated in a supported decision-making approach, targeting a range of life decisions. Interview, focus group, questionnaire and observation data were collected and analysed.

A primary aim of this study was to characterise supported decision-making for people with severe or profound intellectual disabilities. Addressing this aim, supported decision-making was characterised for this group in terms of the existence of two distinct but interdependent roles. Drawing from the study's data, the thesis describes the roles played by (a) the person with a disability (supported), and (b) the circle of support (supporters) in the supported decision-making process. The role of the person with a disability in this dynamic is their expression of preference, and the role of supporter is to respond to this expression of preference by acknowledging, interpreting and acting on this expression in some way. Within this decision-making dynamic, supporter responsiveness, as opposed to focus people's expression of preference, is the component that is amenable to change through structured practice guidance, making the enablement of responsiveness a crucial strategy for supporting decision-making. This focus is consistent with the social model of disability, where the onus of enhancing decision-making capability should not rest with the person with a disability, but with the environment of which they are a part.

A secondary aim of the study was to identify and discuss factors that underlie supporter responsiveness and therefore supported decision-making for people with severe or profound intellectual disability. Five themes and ten sub themes, characterising supporter responsiveness within the context of supported decision-making for people with severe or profound intellectual disability were identified. These themes are explored in this thesis. The thesis furthers understanding of what supported decision-making looks like specifically for people with severe or profound intellectual disability. These findings give a focus for practice and policy efforts for ensuring people with severe and profound disability receive appropriate support

in decision-making, a clear obligation of Australia under the UNCRPD.

## **Julie Peters: A Feminist Posttranssexual Autoethnography on Challenging Normative Gender Coercion**

Supervisor: Dr Maria Pallotta-Chiarolli

In our western culture, a non-normative gendered life – such as a transgendered life – is often seen, even by the individuals themselves, as problematic, morally bankrupt or sick (American Psychiatric Association, 1994). Terms such as transsexual or transgendered carry so much stigma (Goffman 1963, Kando 1973, Leonard et al., 2012) that most who could be so labelled, go to extraordinary lengths to avoid this labelling. Their life strategies often include bordering (Anzaldúa 1987) behaviour: navigating the different identities and codes required in the various communities they move in, sometimes passing (Kroeger 2003) as gender normative and secretive and at other times being out and asserting their individuality. Others, who do not question normative beliefs on gender, often seek a cure or medical intervention. I believe there is a need to counter the lack of knowledge and understanding of people who do not or cannot conform to our cultural norms of gender performance, and that better knowledge and understanding of the range of gender non-conformities will help both gender non-conformist and gender conformist individuals live more productive lives. My conviction comes from growing up feeling I was unable to meet the gender specific social behaviours expected of me. And even though I do not identify as such, I have been 'diagnosed' by some in the medical profession as transsexual or as suffering from Gender Identity Disorder (GID) (APA, 1994).

This thesis will demonstrate that I, as subject, both in the sense of being subject to the culture I have lived in, and also because of my self-conscious awareness, was able to gain some understanding of the limits that our culture imposes over my performance of gender. My subjectivity is examined by exploring the multiple and often contradictory links between myself as subject, my internal agentic voice, the subcultures I was inhabiting, and the changing society I was living in. In a general sense the work examines how I, the autoethnographic subject, have challenged the normative coercion to perform gender dichotomously as determined by my biology and consequently delivered myself a liveable life (Butler 2004).

More specifically, the thesis conducts an in-depth analysis of the life choices of the autoethnographic subject (myself), who was so uncomfortable with their culturally allocated

masculinity that they chose to live an apparently normal female life, while attempting to remain gender transcendent. In order to place this life in context, it was also important to explore how the individual was subjected to life-long dichotomous heteronormative gender coercion from family, media, popular culture and other gender-rigid cultural texts. Second, I explore how the life of the subject can shed light on the normative operation of gender in society (Kando 1973, p.137). Third, this thesis is a testament to the need for remaking the gendernormative and heteronormative social world with the aim of enhancing social justice and equity.

Consequently, I see this work as feminist in the sense that, at its core, it is a critique of patriarchy, male-privilege, my perception of incompetent male hegemony as well as challenging patriarchally endorsed normative gender coercion. This work is posttranssexual (Stone 1991) in that it relies on the autoethnographic subject (myself) to forgo passing (Kroeger 2003) which then enables me to write myself into feminist discourses on the trans experience.

The aims of this exploratory research are realised by focusing on the following three questions:

1. What can we learn from the successes and failures of our gender non-conforming subject in finding an empowered accommodation to the gender dichotomous social world they inhabit?
2. Can we shed light on and critique the normative operation of gender in society and its tolerance for non-conformity by examining the interaction of our subject with their social world?
3. Using the interpretation of the subject's life arc and the operation of gender in the social world, is it possible to develop strategies for re-making the social world, with the aim of increasing public health, social justice and equity?

### **Shane Kavangh: *Is Gender Inequity a Risk Factor for Men's Health?***

Supervisors: Associate Professor Chris Stevenson and Associate Professor Julia Shelley

Men as a group receive social, political and economic benefits from gender inequity. Given the strength of the relationship between socioeconomic factors and health, these benefits could be expected to lead to men experiencing better health. However, compared to women, men experience higher mortality. Further, while for some diseases men have lower morbidity, they are at greater risk of suffering from many serious illnesses. Biological differences between men and women, while important,

appear to account for a relatively small part of this pattern. One possible explanation for this apparent paradox is that gender inequity itself is a risk factor for men's health. The thesis sets out to investigate this possibility. It does so in a number of ways. First, it identifies theoretical approaches linking gender inequity and men's health, and it explores commonalities in these approaches. Second, it combines several of these with theoretical approaches from the income inequality and health literature to provide a number of original theoretical insights. Third, it undertakes empirical investigations relevant to understanding the relationship between gender inequity and men's health outcomes and health-related behaviours. In particular, it carries out a series of multilevel studies that utilises data from the United States to investigate whether measures of state-level gender inequity are predictors of men's self-rated health, mortality and health-related behaviours. The results of these analyses suggest that some aspects of gender inequity are indeed predictive of worse self-rated health and higher mortality in men. However, a more complex pattern emerges for health-related behaviours with measures of state-level gender inequity predictive of both an increased and decreased risk for different behaviours. Overall, the thesis provides some supportive evidence for the proposition that gender inequity is a risk factor for men's health. However, it points to a complex pattern of association and raises questions as to whether health-related behaviours provide an adequate explanation for the relationship.

### **Annemarie Gallichio: *Crossing Nepantla: Older Khmer women's passage to healing in diaspora***

Supervisors: Dr Maria Pallotta-Chiarolli and Professor Bob Pease

The aim of this thesis is to understand how it is possible for older women living in the Khmer diaspora to heal after enduring the Khmer Rouge genocide and subsequent migration to Melbourne, Australia. In essence, migration is a journey of the self across borders, imagined and otherwise, and often is preceded by an acutely painful and fragmented past.

Using critical feminist border ethnography, the research allows us to stand at an intersection of the perspectives and lives of the Khmer women participants and the journey, pain and life of Gloria Anzaldúa (1942-2004). Anzaldúa's revolutionary writings have provided the lens, frame and insights that are at a depth required to understand the process at which healing must occur to free older Khmer women from the traumatic memories that invade their daily existence.

Ethnographic research, including participant observation, was conducted during an eleven-month period at a Cambodian community centre in Melbourne, Australia, followed by in-depth interviews during 2011 - 2013 of twenty-four older Khmer women living in Melbourne. Based on the findings of the research, a conceptual framework was developed to describe the transformative process that occurs when embarking on a journey from immense pain and suffering to one of embodied healing. The intention of this framework was to explore the path to healing of women genocide survivors using Anzaldúan epistemology as a means of understanding the complexity of healing required at this depth. The thesis also reflects upon how the conceptual framework and undertaking the research have allowed the researcher, who is of Italian migrant background, to conclude that the 'home' she herself is yearning is located within.

This thesis will contribute to international feminist justice work in relation to the healing of women genocide survivors living in the western diaspora, and the decolonisation of taken-for-granted assumptions perpetuated by western academic discourse. It also points to the importance of Indigenous ways of knowing with regard to authentic healing.

## CHASE NEWS

### Staff news: farewells

In Loving Memory of **Dr Annemarie Gallichio**: 6th August 1957- 31st July, 2016



After a couple of years of battling an increasingly aggressive cancer, Annemarie died peacefully, surrounded by the comforting embraces of a loving extended family, the ongoing support of many friends, including from Deakin University, and the exquisite joy of closure and legacy at achieving her PhD (her PhD abstract can be found on page 10).

At the end of October 2015 we said farewell to **Dr Janine McGuinness**, who has retired from Deakin to concentrate on her work as an artist – we wish her all the very best for the future.

### Staff news: promotions

We would like to take the opportunity to congratulate CHASE members who were recently promoted; **Lisa Hanna, Genevieve Pepin, Fiona McKay, and Fiona Andrews**. We note delightedly that 4 out of the 7 school promotions in this round were for CHASE members.

### New partnership with Link Health and Community



Professor Brendan Crotty, Executive Dean Faculty of Health Deakin University, and Felicity Smith, Board Chair Link Health and Community

We are delighted to announce that on August 15<sup>th</sup> CHASE signed a Memorandum of Understanding (MoU) with Link Health and Community. Link Health and Community are a large community-based organisation providing medical, allied health, dental, counselling and health promotion programs and services to the local community. The MoU signing formalises the partnership between CHASE and Link Health and Community Health and aims to further extend and consolidate opportunities to work together towards shared interests that best meet the health and wellbeing needs of the community. To date, a number of projects have commenced involving CHASE and Link staff as well as students from the School of Health and Social Development. Kate Jeffrey and Carolyn Poljski from Link Health and Community have been appointed as Honorary Fellows at Deakin University.

## CHASE STAFF OCTOBER 2016

Director: Professor Ann Taket

Deputy Directors: Associate Professor Julia Shelley  
Dr Melissa Graham

### Other staff

Kate Anderson  
Dr Fiona Andrews  
Georgia Babatsikos  
Professor Susan Balandin  
Rose Carnes  
Teresa Capetola  
Professor Beth Crisp  
Dr Matthew Dunn  
Associate Professor Jane Edwards  
Dr Sarah Epstein  
Dr Sophie Goldingay  
Associate Professor Lisa Hanna  
Natalie Hakman  
Dr Claire Henderson-Wilson  
Associate Professor Liz Hoban  
Norah Hosken

Greer Lamaro Haintz  
Dr Karen Lane  
Dr Selma Macfarlane  
Dr Fiona McKay  
Dr Hayley McKenzie  
Dr Jan Moore  
Dr Kevin Murfitt  
Dr Maria Pallotta-Chiarolli  
Associate Professor Genevieve Pepin  
Dr Kim Robinson  
Professor Karen Stagnitti  
Sevi Vassos  
Dr Elyse Warner  
Associate Professor Erin Wilson  
Dr Linda Wilson

### Honorary Fellows

Catherine D'Arcy  
Dr Kate Jeffrey  
Maria Nicolaou Loupetis  
Dr Carolyn Poljski  
Dr Sarah Pollock  
Dr Robyn Ramsden  
Elizabeth Senior  
Desiree Terrill



## CHASE contact details

Centre for Health through Action on Social Exclusion (CHASE)  
School of Health and Social Development  
Deakin University  
221 Burwood Highway  
Burwood, Vic 3125 Australia

### Enquiries to:

**Director** – Professor Ann Taket  
[ann.taket@deakin.edu.au](mailto:ann.taket@deakin.edu.au) Ph: +61 3 9244 3798

**Deputy Director** – Dr Melissa Graham  
[melissa.graham@deakin.edu.au](mailto:melissa.graham@deakin.edu.au) Ph: +61 3 9251 7271

