

‘DOING IT DIFFERENTLY’

BRINGING SEXUAL ASSAULT & DOMESTIC VIOLENCE

TOGETHER IN RURAL VICTORIA

Presenters:

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"Doing it Differently" - Bringing Sexual Assault and Domestic Violence Together in Rural Victoria



One of the most powerful outcomes of developing a strong and trusting service system collaboration is the capacity of the services involved to share ideas and practice wisdom. Interestingly when we openly share our practice wisdom we also open the door to open and honest service reflection, evaluation and review. We have an environment where we can ask questions of each other and challenge the beliefs that underpin styles of service delivery.

Who We Are and What We Do

EASE (Emergency Accommodation and Support Enterprise) is a Bendigo based community managed organisation that provides accommodation, information and support to young women who are homeless, women and children escaping domestic violence, women with alcohol and drug issues and provides prevention and recovery programs to women, children/adolescents and their parents.

Staffing is as follows, Domestic Violence and Young Women's Homelessness 5.75EFT, Drug and Alcohol 1.0 EFT, Specialist Family Violence Children's Worker 1.0EFT, Violence Prevention Programs for children adolescents and parents 4.8EFT, Administration 2.4EFT. Currently the Department of Human Services provides \$518,547, Philanthropic Trusts and Foundations \$100,000, Schools \$100,000.

MALLEE DOMESTIC VIOLENCE SERVICES

The Mallee Domestic Violence Services provides crisis support and assistance for women and women with children escaping domestic violence situations. The Geographical Areas serviced by Mallee Domestic Violence Services are:- Mildura Rural City, Robinvale, Ouyen, Swan Hill Rural City, Kerang and Gannawarra Shire. Staffing EFT is 8.0. Funding levels are \$538,530.00

LODDON CAMPASPE CENTRE AGAINST SEXUAL ASSAULT is based in Bendigo with outreach services provided to Kyneton, Echuca, Kyabram and Maryborough. Staffing EFT is 7.5. Currently funds totalling \$494,391 are provided by the Department of Human Services.

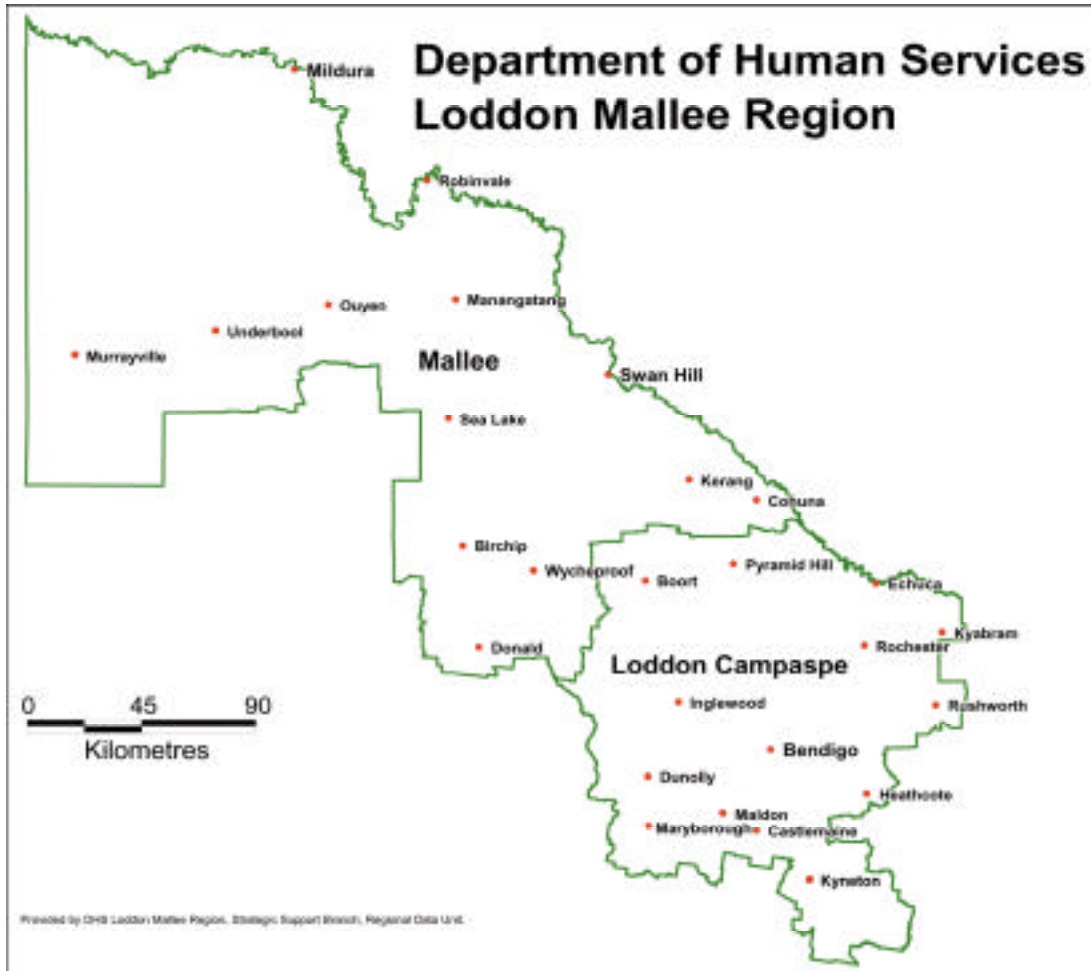
MALLEE SEXUAL ASSAULT UNIT is based in Mildura and Swan Hill with outreach services provided to Robinvale, Ouyen and Kerang in Victoria, and Balranald, Wentworth and Dareton in New South Wales. Staffing EFT is 5.2. Currently funding levels are \$348,759.

Loddon Campaspe CASA and Mallee Sexual Assault Unit are two of fifteen sexual assault services in Victoria, providing counselling and advocacy services to both female and male past and recent victim/survivors of sexual assault, and support to family members and friends of victim/survivors. Core services provided include:

- Crisis telephone counselling
- 24 hour crisis care response to recent sexual assault
- Forensic medical examinations

- Court Support
- Therapeutic groupwork
- Information and referral
- Community education
- Professional consultation and training

Loddon Mallee region covers 59,150 square kilometres in area and has a population of 268,764 people.



Loddon Campaspe sub region occupies 19,312 square kilometres and has a population of 183,562. Mallee sub region occupies 40,963 square kilometres and has a population of 85,197.

LODDON MALLEE SPECIALIST SERVICES NETWORK

The Loddon Mallee Specialist Services Network is a formal service collaboration between EASE, Loddon Campaspe CASA, Mallee Sexual Assault Unit and Mallee Domestic Violence Services. The network functions and relationships are defined in a Heads of Agreement Document.

Historical Development - context of how it was developed:

We initially met in December 1997 in the context of the Kennett Liberal government's Primary Health and Community Support redevelopment, which threatened potential amalgamations and was of particular concern to small community based organisations like ours. Loddon Mallee Women's Health was also involved at this stage and the players spent some time assessing our capacity to

collaborative projects. By August 1998, the four parties had signed a Memorandum of Understanding and began working towards negotiating a Heads of Agreement. With the change of government in 1998 came the removal of the threat of amalgamation, and while Women's Health withdrew from the Network, preferring to invest its energies in the new Primary Care Partnerships, the remaining three parties continued working together and we signed our Heads of Agreement document in October 1999.

The Loddon Mallee Specialist Services Network (LMSSN) is a mechanism for the co-ordination and development of specialist sexual assault, family violence and homelessness services in the Loddon Mallee Region.

The objectives of the LMSSN are:

1. To establish the Service Development Management Group to improve, monitor, and evaluate regional service delivery.
2. To provide a more integrated and co-ordinated approach to planning and strategic development of services.
3. To improve the flexibility of the service response to meet individual needs.
4. To provide greater service user choice and accessibility.
5. To increase support and resourcing of generalist workers in isolated or rural locations throughout the region.
6. To improve the quality and delivery of services or products in the most cost effective manner.
7. To further the aims of individual organisations.

The Service Development Management Group:-

- Is made up of Co-ordinators of EASE, Mallee Sexual Assault Unit / Mallee Domestic Violence Services, Loddon Campaspe Centre Against Sexual Assault.
- Meets on a monthly basis to plan, map and improve service delivery in the region (venues rotated).
- Monitors the objectives and outcomes of service delivery in the region.
- Acknowledges specialisation of core roles will inform the service development.
- Determines contractual arrangements based on criteria for the selection of a lead agency and makes the recommendations to individual member sub-contracted agencies.
- Ensures contractual arrangements are approved by individual Committees of Management.
- Advises on the establishment of reference groups as appropriate for specific collaborative Network projects/programs, to oversee the development and progress from projects, and receive

- Agrees confidentiality is maintained by all representatives.
- Acknowledges responsibility for the collaborative working relationship is being shared by the participating Co-ordinators / Managers.
- Ensures minutes of all meetings are kept and circulated to participants. It is the responsibility of each Co-ordinator /Manager to ensure information distribution within each organisation.

NETWORK PROJECTS

The activities of the Network have included written submissions to Department of Human Services discussion papers, collaborative submissions for funding, co-facilitation of programs in schools and the organisation of a regional Domestic Violence and Sexual Assault Conference held in 1999. The focus of this paper will be three other projects. These are the expansion of the Family Violence Prevention Network (FVPN) across Loddon Mallee, the introduction of an after hours response to Family Violence in Loddon Campaspe and development of a proposed service delivery model for Family Violence across Loddon Mallee. With additional funding being made available in 1998, the Network established a lead agency brokerage model to implement the after hours model of service delivery and to enhance the capacity of the existing sub regional Family Violence Prevention Networks.

FAMILY VIOLENCE PREVENTION NETWORKS

The aim of the regional Family Violence Prevention Networks is to reduce the incidence of family violence in their community by:

- (i) raising community awareness of the nature and unacceptability of family violence through community education strategies
- (ii) monitoring information about trends in the prevalence of family violence in its community
- (iii) raising the level of knowledge and skills of key service providers by providing a forum for exchange of information and provider training opportunities
- (iv) informing the community of the range of support services available including those for cultural minorities.
- (v) identifying gaps in services
- (vi) monitoring the enforcement and effectiveness of legislation, eg numbers of intervention orders applied for and those granted.

The structures of networks vary across Victoria, and given the geographical distances involved in Loddon Mallee region, two sub regional positions have been maintained, with one based in Bendigo and the other in Mildura.

While the membership of the network is flexible within each sub region there are several specific providers which networks seek to involve: GPs, child protection workers, women's health and

violence service providers, perpetrator group providers, legal service workers, including court workers, community and other relevant police and family support and welfare workers.

The Family Violence Prevention Networks are involved in:

- Joint (domestic violence and sexual assault) training for other professionals
- Joint community education
- Coordination of training for our staff members across the region
- Coordination of "Week without Violence" activities.
- Coordination of "Community Safety Week" activities

AFTER HOURS DV AND SEXUAL ASSAULT RESPONSE – LODDON CAMPASPE

Most Centres Against Sexual Assault provide access to 24 hour crisis care services to meet the emotional, psychological, medical and legal needs of recent survivors of sexual assault. From 1st July 1998, Loddon Campaspe CASA also began providing an after hours response to women and children experiencing domestic/family violence.

EASE gained Family Violence Initiatives funding of \$20,000 to provide the after hours response in Loddon Campaspe region, and subcontracted this work to CASA.

The service is available to women, with or without children who are experiencing domestic violence, which may or may not involve Police.

In Bendigo, an immediate (within 20 minutes) face to face response is provided to women and children, whilst in other parts of the sub region the response is limited to telephone counselling, with other arrangements being made by phone. The after hours worker provides crisis counselling, transport to emergency accommodation and other practical support as required. This includes the provision of clothing and food, access to medical treatment, etc. Emergency accommodation is usually motel accommodation, which is funded from the Housing Establishment Fund, which is accessed from the Transitional Housing Manager. Immediate referral to high security refuge can also be made, but this has rarely been required. The after hours worker refers the woman (and children) to EASE the next working day for follow up support, which may include court proceedings, further accommodation provision, etc.

59 women with 89 children were supported during 99/2000.

54 women with 79 children were supported during 2000/001

Direct access by women and referral by service providers is via the Statewide Telephone Service Against Sexual Assault, who contact the after hours worker. The service can be accessed via Police, Bendigo Hospital Emergency Department or Child Protection. Separate protocols have been designed with the Koori community in Echuca to enable direct access via support women (community leaders) within the community.

The decision to have CASA provide the after hours DV response was made because EASE, who had confidence in CASAs capacity to provide the service within its existing infra structure, saw no need to duplicate the service. CASAs also have existing protocols with other providers, ie Victoria Police, which facilitated an extension of the service. Additional protocols and arrangements were established with all 24 hour Police Stations, accommodation providers and taxi services. There are also benefits for EASE in not having to provide a discrete service, and it means EASE staff choose whether to be on the roster.

Positive Outcomes

CASA provides a high quality, immediate response to women linking them into appropriate follow

increased understanding of family violence issues by police officers, which has led to more cooperative arrangements, for example, when arranging police escort to family violence situations. There is also increasing use of the service by Police outside Bendigo, with women being referred and often transported to Bendigo from rural areas.

There have been positive outcomes for both CASA and EASE, particularly relating to greater staff collaboration, which includes joint facilitation of programs in schools. After hours' handovers, cross referrals, training and attendance at after hours meetings by EASE staff has meant more contact with each other. CASA staff have also benefited from developing a greater understanding and from the experience working with the domestic violence target group.

SERVICE DELIVERY MODEL FOR DOMESTIC VIOLENCE

In the Loddon Mallee Specialist Services Network we have used our close service collaboration as a basis for developing a domestic violence regional/rural service delivery model. Whilst there has been consultation, the Network has not worked with the high security refuge service, as we haven't shared a common understanding as to how services can best be delivered and resources best utilised.

The process of developing the model began when we first started talking together and reviewing the similarities and differences in our service practice, resources, geographical locations, beliefs and outcomes. The experience of the Mallee also had a significant impact on our thinking.

Historical Development of the Mallee Model:

October 1993 the Mallee Domestic Violence Services was auspiced by Mallee Sexual Assault Unit. Mallee was the first Centre Against Sexual Assault to manage a Domestic Violence Service in Victoria. The service inherited an existing high security refuge service system, which lacked the range of services needed to meet the differing and comprehensive needs of women and children experiencing domestic violence.

The Mallee Domestic Violence Services, drawing on its experience of sexual assault service delivery, developed a continuum of care model that provided a range of options for women and children. The service provides a shopfront location enabling equitable access for women and children, which facilitates the provision of a range of services pre and post crisis. Information, counselling and advocacy with positive early intervention can often alleviate the escalation of a crisis situation for the family. The shopfront model clearly demonstrates that there is no collusion about violence.

The model provides case management and different options of accommodation and differing levels of support. The service provides children's support workers who work therapeutically with children and act as their advocate. This model provides flexibility and choices for women addressing the diverse needs of rural and geographically isolated women and children.

The Mallee service responds to local women as well as women from all areas and acknowledges that re-entry to the service system provides the option for some women to have greatly needed respite from their situation. The pattern of leaving, acquiring additional skills and obtaining new resources and information is a model for facilitating empowerment.

What women want.

Some of the ideas were challenging and led us to detailed discussions of our understandings and research regarding 'what do women want' from our service system.

We agreed that women want a service response that has the capacity to include all or any of the following:

- A legal response
- Time out from current circumstances
- Support to stay in their community
- Emotional support
- Connection to others
- Friendship and belonging
- Financial assistance
- Domestic Violence counselling
- Support to stay in their relationship
- Safety plans
- Support to re-establish their lives
- Practical support with housing, legal systems, finances, Centrelink, childcare, school, medical issues.
- To be in control of what happens
- Assistance to relocate to family and friends
- A non-judgemental response to their choices
- Safety and security
- Their confidentiality respected
- To know where services are and what will happen if they contact a service
- To be listened to and have their choices and experiences respected
- To have access to skilled workers
- To join support groups
- For children to be supported
- A home
- Support where and when they need it
- For services to be visible and well publicised

When we looked at what women want and what they get in Loddon Campaspe, we felt concerned that from a women's point of view the current service system is fragmented, unresponsive to their needs and difficult to access.

The model we have developed for the Loddon Campaspe region is based on the concept of a **continuum of care**. This means a service system that has the capacity to tailor resources and responses to meet the expressed needs of an individual or family. In order to do this we have separated worker support from resources.

In the continuum of care model a domestic violence support worker can support a woman/family through many changing needs and circumstances. This support can range from information and safety plans to support in a high security safe house. The important concept is that in order to tailor services to a woman's/families changing needs and circumstances the support worker needs access to a range of resources.

In our current service system many of these resources are not accessible in a flexible way. If a woman/family needs high security accommodation then she has to enter the refuge system, if her needs change and she wants to move back to her community then she need to access outreach

The LMSSN has questioned the rigidity of these models and asked why domestic violence outreach and refuge workers can't work as one team of family violence support workers with the capacity to provide flexible support to women through utilising a range of resources in a way that best meets the needs of the individual/family.

In this model the woman could contact a domestic violence service either through the telephone or by walking in the door of a shop front service. She would be able to talk to a specialist domestic violence intake and assessment worker who would have the capacity to respond to her needs in terms of safety, physical and material resources, emotional support, information and referral, legal information and accommodation. The worker would have access to a range of resources that could be tailored to match the immediate needs of the individual. If the woman/family had on going support needs a domestic violence case management support worker would begin working with the woman/family. Once again it is essential that the case manager has access to a range of support and response types that match the woman's/families needs. In this model it is important to note that levels of support needs do not necessarily match accommodation types.

Varying relationship between Support and Security Needs

High Support High Security	High Support Medium Security	High Support Low Security
Medium Support High Security	Medium Support Medium Security	Medium Support Low Security
Low Support High Security	Low Support Medium Security	Low Support Low Security

In a continuum of care model a domestic violence support worker should be able to match the level of support she provides to a woman to the women's needs and also to match the level of security to a woman's needs. Further more the domestic violence support worker should be able to change the resources a woman needs to meet changes in circumstances. The extent to which the worker can have flexible access to material/housing resources is crucial to the provision of a flexible response tailored to individual/family needs. It means that domestic violence workers are not limited to one accommodation model and that the domestic violence system is able to achieve maximum flexibility in the utilisation of accommodation and worker resources.

In the continuum of care model a domestic violence support worker might be supporting one woman to make a planned exit from her current accommodation. She might be supporting another woman who is staying in a high security safe house and requires support to negotiate the legal and housing systems. She may be working with yet another woman who has three children, has experienced repeated periods of homelessness as a result of domestic violence, has high support needs and is currently living in medium security crisis accommodation. At any stage during the support periods for the women circumstances might change and the support worker is able to tailor resources to meet these changes.

Interestingly through pooling domestic violence refuge and outreach workers and accommodation

team of domestic violence support workers with an improved capacity to provide intake and assessment, case management, outreach and secondary worker support. We have access to a full range of flexible accommodation options and a full range of case management support relevant to the needs of women and children. Our capacity to provide support to children increases, as does our capacity to out reach in regional towns. The pool of domestic violence support workers has greater capacity to facilitate support groups for women and children and to provide domestic violence counselling. The larger team of workers also means improved infrastructure for reception, community development and education.

Most importantly the continuum of care model allows a system response that is genuinely client directed. Domestic violence support workers are in a position to listen to and validate women's stories, facilitate them to assess their safety and other needs, and develop a response tailored to respectfully respond to these needs. This is empowering for a woman whose whole recent experience has been of having her self determination undermined and being positioned as victim. The most effective way to reverse this positioning is to facilitate her making her own decisions about her life as soon as possible. To prevent her making these decisions, unless absolutely necessary because of the intensity of the violence of the perpetrator, effectively continues the disempowering processes.

The importance of this as the starting point for engagement and intervention by the domestic violence service system should not be under estimated. If the woman's motivation and thinking drives what happens when she leaves the violence, the outcome is more likely to be a permanent one. On the other hand if advice from a worker is virtually mandatory in the sense of being the only way to gain entry to services, the woman is weakened in her ability to make meaningful, long term decisions about her future.

Finally, an open and honest relationship between a woman escaping domestic violence is vital to the process of recovery. Services, which do not constrain women in making decisions, are less likely to force her to conceal relevant information for her worker. Under this model the support worker is less readily viewed as the expert, but rather as a person who will be able to help identify issues and options as well as other support possibilities.

The Network hopes to further develop the model across the region.

CONCLUSION

An additional positive outcome of the establishment of the Network has been the peer support we have experienced from working collaboratively.

The members of the Network hope that our ideas and experience can be shared and discussed with other sexual assault and domestic violence workers who no doubt grapple with similar issues in the quest to ensure our services systems meet the needs of our clients.

*Joanne Sheehan
Judy Flanagan
Carla Meurs*

ABSTRACT FOR DOMESTIC VIOLENCE & SEXUAL ASSAULT CONFERENCE

“Doing It Differently” – Bringing Sexual Assault and Domestic Violence Together in Rural Victoria.

The Loddon Mallee Specialist Services Network is a formal service collaboration between EASE (Emergency Accommodation Support Enterprise) Domestic Violence Outreach Service, based in Bendigo, The Centre Against Sexual Assault – Loddon Campaspe Region, based in Bendigo and the Mallee Sexual Assault Unit and Mallee Domestic Violence Service, based in Mildura.

The objectives of the LMSSN are:

To provide a more integrated and co-ordinated approach to planning and strategic development of services.

To improve the flexibility of the service response to meet individual needs.

To provide greater service user choice and accessibility.

To increase support and resourcing of generalist workers in isolated or rural locations throughout the region.

The Network has developed a collaborative service delivery model for sexual assault and domestic violence, which provides a continuum of service response.

One of the most powerful outcomes of developing a strong and trusting service system collaboration is the capacity of the services involved to share ideas and practice wisdom. Interestingly when we openly share our practice wisdom we also open the door to open and honest service reflection, evaluation and review. We have an environment where we can ask questions of each other and challenge the beliefs that underpin styles of service delivery.

The presentation focuses on the development of the Network and its work in three areas. These are a Family Violence Prevention Network, After-hours crisis responses, and the development of a regional model of service provision for Domestic Violence, which provides a continuum of care model for women and children.

Profiles

Joanne Sheehan is the Coordinator of Mallee Sexual Assault Unit and Mallee Domestic Violence Services. Joanne established the services and has worked as Co-ordinator/Counsellor for the past twelve years. Her professional training is in psychology and sociology.

Judy Flanagan is the Coordinator of Loddon Campaspe CASA where she has worked as a Counsellor/Advocate and then Coordinator over ten years. Her background is secondary teaching, and drug and alcohol counselling, with recent professional training in Social Work.

Carla Meurs is the Coordinator of EASE where she has worked for four years. Her work involves the development and maintenance of support programs for women and children affected by family violence, drug and alcohol issues and homelessness as well as violence prevention programs in schools. Carla has eight years experience as a secondary teacher and four years experience

