

# **ACCESS AND EQUITY IN SERVICES AGAINST SEXUAL VIOLENCE**

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This paper presents some of the ethical dilemmas and findings of research undertaken by the National Association of Services Against Sexual Violence in 2001, to explore access and equity practices in relation to Aboriginal and Torres Strait Islander women and children, and women and children from minority ethnic communities.

## **Background**

The present research follows the National Association of Services Against Sexual Violence (NASASV) *National Data Collection project*, involving 54 services and completed in 2000. In reporting on service user characteristics in the 54 participating services, the culture and ethnicity of service users was recorded. A total of 247 service users or 11.5% of the recorded number of service users, were born overseas. There were 51 different countries of birth reported. 21.9% (54) were born in England and 14.2% (35) were born in New Zealand, with the remainder spread through African, European, South American and Asian countries. Twenty-two languages other than English were spoken (NASASV, 2000, Appendix 5, p39). An interpreter was required but not available in 14 instances.

Of the 1896 Australian born service users, 1811 were non-Aboriginal, 77 identified as Aboriginal and 8 as Torres Strait Islanders, a total of 85 or 4%. This is double the rate in the population (2%). (1) This data from 2000 suggests some usage by the services of women from Aboriginal and

Torres Strait islander (ATSI) communities and from ethnic minority communities, or what is currently called culturally and linguistically diverse communities. However the figures do not match the estimated or likely extent of sexual violence experienced within those communities. The data prompted an interest in further research.

### **Aims of the present research**

This present research (NASASV, 2001) was designed

- (a) To map or audit the access and equity practices of Australian services against sexual assault, in relation to Aboriginal and Torres Strait Islander women and children, and women and children from culturally and linguistically diverse communities.
- (b) To document successful or effective strategies undertaken by the services in relation to access and equity.
- (c) To explore the issues arising from access and equity strategies, and to report to or advise governments about the needs of women and children.

### **Method.**

The method included the following research strategies:

1. A mail questionnaire was developed from the National Standards of Practice indicators and collected information about the extent to which services are able to meet the standards. It then asked services to itemise barriers, necessary resources to ensure the Standards could be met, and examples or case studies of effective practices. The survey

was sent to 120 services, and subsequently a reminder letter was sent one month later. Sixty-six services participated.

2. All responses were entered into an SPSS data base. Case studies of 'effective strategies' were written up as descriptive accounts.
3. State consultation meetings or focus groups were held in several States/Territories to obtain a clearer picture of policy approaches, in Victoria, Queensland, New South Wales and Canberra. In Northern Territory, where Aboriginal people account for 27% of the population., meetings were held in both Darwin and Alice Springs. A tele conference was held with Western Australian services. The data collected was helpful in clarifying the different approaches and issues in each State/Territory.
4. Forty letters were sent to Aboriginal and Immigrant organisations in February to inform them about the survey. These did not elicit many responses, and some letters were returned as organisations had moved, or perhaps having been de-funded. Subsequently further research was recommended into the views of these organisations.
5. Letters were sent to all State and Territory Offices of Women's Policy (or equivalent) seeking information about the policy context in their jurisdiction. This produced an excellent response of information and reports, and statements of policy. The material is uneven in its depth and coverage, and is in Chapter 2 of the full report on The Policy Context.

6. A literature search was completed on access and equity for the designated groups, and is presented in the final report as well as listed in the Bibliography. Services were generous in sharing resource materials they either developed and/or used, and these are reported as 'Useful resources' in the Bibliography.

### **What is Access and Equity?**

**Access**, as defined in the National Association of Services Against Sexual Violence (1998, p1) *National Standards of Practice Manual*, 'implies recognising cultural diversity, and identifying and addressing barriers and structural disadvantages experienced by members of the community.

Access refers to accessibility of services to all victim/survivors. Access refers to physical, geographic, or psychological access, such as associated stigma. The Department of the Prime Minister and Cabinet, Office of the Status of Women, National Committee on Violence Against Women (1993) publication of access to services for women with disabilities, identified six broad barriers to access:

- Lack of knowledge of the issue
- Lack of information about services
- Absence of physical access
- Inappropriateness of services offered
- Inappropriate values/philosophy of management
- Unsympathetic community attitudes.

(Office of the Status of Women, 1993, pp21 –33)

The six barriers identified are also relevant for the women and children who are the focus of this research. This present research is particularly concerned with access, and barriers to it, in the context of cultural

practices and values, or ignorance of them; attitudes, such as racism; and language.

**Equity** refers to fairness and fair treatment. 'Equity implies the fair treatment of all service users, a just allocation of resources and positive discrimination towards those facing additional barriers to services' (NASASV (1998, p1). This research is concerned that Aboriginal and Torres Strait islander women and children, and women and children from minority ethnic cultural groups, have access to fair and equitable treatment, and justice.

The *National Standards of Practice Manual* identifies principles of access and equity, rationales and indicators of availability and accessibility. The indicators refer to culturally appropriate practices and language (NASASV, 1998, pp1-2).

### **Research findings and some ethical dilemmas.**

The research presents the efforts of services to be culturally informed, constantly aware and respectful of diverse cultures, and to practice in culturally relevant ways. It is no small demand, and make take workers years to develop in-depth cultural knowledge and sensitivity to cultures other than the worker's own culture.

The findings raise some important policy issues concerned with service delivery. It is critical for cultural relevance that service delivery models develop beyond a situation where mainstream sexual assault services are pre-dominantly white, creating minority groups as 'other' and different. It raised questions such as: Is the preferred model for access and equity to

enhance mainstream sexual assault services? Or should the services be supporting women in diverse communities, and Aboriginal women, to build their own culturally appropriate services? Or must there be both: to ensure both cultural change and awareness of sexual violence, and yet choice for women and children to seek help outside their own, perhaps small, cultural group? Questions of specialisation in service delivery arise, as considerable cultural knowledge is necessary for working in the sensitive area of victimisation through sexual violence and its effects. Service delivery needs to be funded and structured to ensure in-depth knowledge and well-informed response.

The funded services against sexual violence are typically small organisations and it is clear from this research that they cannot address the range of issues of violence on their own. Nor can they easily become experts in the wide range of cultural backgrounds of the 51 countries of birth of presenting service users. It is also clear that it is not only their business. Sexual violence to women and children within Aboriginal and ethnic minority communities is recognised as the business of those communities. There are some serious ethical issues about whether the services, which were originally established largely by white-anglo women should alone set the terms of the response in other cultural communities. On the other hand, their service goals require them to be accessible and culturally appropriate.

bell hooks and other feminist writers have criticised western feminists for treating their black sisters as 'other' and 'on the margins'. Suchting (1999, p75) draws attention to some of the assumptions embedded in the idea that there should be better access for immigrant women in services against sexual assault:

- *‘ that “Western’ models of resolving trauma and grief through counselling have universal application*
- *that state based structures can offer services of value to those who may find it hard to trust the state .....*
- *that without ‘our’ help, ‘they’ will not be OK*
- *that ‘their’ differences are able to be determined and mark ‘fixed’ cultural identities that are ‘accessible’.*

The latter assumption clearly challenges any simple solution, such as a one-day cultural awareness workshop solving the ‘problem’ of access! Suchting argues, as does this report, for a set of principles based on an understanding of difference, rather than an approach which simply tries to ‘add on’ women of other cultures to organisations constructed in the manner of dominant culture services. Laing (2000, p9) comments that Suchting ‘exposes the missing analysis of power in the current calls for workers to develop “cultural sensitivity” and “competence” in order to become skilled in working with ‘non-English speaking clients’. Garrett (1992, pp 200 –203) discuss the dilemma of whether ethno-specific services can best meet immigrant women’s needs. She comments that *‘Ethnocentrism, racism or simply insensitive treatment within mainstream organisations and by middle-class feminists has at times caused immigrant women to establish their own services’* (Garrett, 1996, p201). However she goes on to say that the large numbers of cultural groups makes it unlikely that they can each support the specialist knowledge and skills to respond to sexual assault. She assumes, therefore, *‘services need to employ language-specific mediators – either bi-lingual sexual assault workers, interpreters or sessional bilingual welfare*

workers' (p202). Murdolo (1996) also raised the question about self-determination for immigrant women's services.

If this challenge is accepted, then, a more complex service development strategy must be undertaken. The search and review of useful and relevant literature has been influenced by this logic.

### **Effective Strategies employed by the services.**

How then did services resolve the ethical dilemma of seeking to provide access and equity, yet on the terms of the Aboriginal women or women from minority ethnic communities? The case studies of strategies employed provide some answers.

Thirty-six (57.1%) of the participants reported one or more particular practice case study. The specified 'target population' for the case studies was as follows:

• Aboriginal	17	(47.2%)
• Culturally diverse community	12	(33.3%)
• Aboriginal and Culturally diverse Community	3	(8.3%)
• Other	4	(11.2%)
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	N=	36 (100%)

The case studies were slightly more likely to be *on-going initiatives* than time-limited projects. Of the thirty-five who answered this question, 18 (51.4%) were on-going, 16 (45.7%) were time-limited and 1 was under review. This is a very positive finding, in that it suggests that services are moving beyond the project approach, to incorporate cultural diversity into their daily operations

*Extra staff and additional funding* was obtained in 20 (57%) , but existing staff and no extra funding were involved in 15 (43%) of the 35 services who answered the question about staffing.

Only eleven of the reported initiatives had been formally evaluated. However all had been discussed and verbally evaluated as part of service planning, and outcomes were reported.

The initiatives have been grouped into **nine major strategies** (See NASASV, 2001):

- Outreach and Community development projects
- Media, communication and educational strategies
- Developing access and equity strategies within sexual assault services, and designating an access and equity worker position
- Working with cultural consultants within service governance
- Employing Aboriginal workers
- Employing ethnic minority workers
- Collaborative projects
- Workers in Aboriginal specialist organisations
- Workers in Immigrant women's organisations

### **1.Outreach and Community development projects**

Examples categorised under the heading of 'outreach and community development' projects were outreach projects typically trying to establish

need, explore the absence of service users from particular communities and to build relationships with particular local communities.

For example:

**Sisters Inside** is an organisation in Brisbane working with women in prison. They presently have a total of 8 staff, and receive funding from a variety of sources, including funds to work with young women. They have two positions funded by Queensland Health to respond to sexual violence, and employ one Aboriginal and one non-Aboriginal worker for this work. The population to which they respond includes four prisons with 350-400 women, 25% of whom are Aboriginal women. Their research has identified that 89% have experienced sexual abuse and over 90% have experienced physical abuse. The needs for support and counselling, and practical resources for life after prison, greatly exceed the staffing available.

They have been very proactive and their strategies include:

- **Aboriginal women and children's camps** held three times a year for five days, to strengthen bonds between women in prison and their children (For more details see reports by Jane Rylance (1996, 1997))

**Upper Murray CASA, Victoria** is located in an area with three large provincial towns and some remote areas. There are growing Aboriginal communities in two areas. Service workers have become active participants in the local Koori Services reference group. By their active involvement, their profile is high and they have become known and accessible through building up credibility and trust. The result is that more Koori people are using their service.

In addition, they are being flexible in service delivery, for example, making home visits. They are seeking extra resources for specialist staff.

**St Georges Hospital, Sexual Assault Service (SAS), South Sydney, NSW** began a community education and outreach project in January 2000 (and on-going) with non-English speaking background women from three communities: Arabic speaking, Chinese and Macedonian. This was undertaken as part of an Area Health project entitled 'Cultures in the

Workplace'. Individual linkages and focus groups have been held with in these communities and their organisations and workers, and community education sessions have been run. Already increased links between services have been established, and workers report greater awareness and sensitivity (See St Georges Hospital SAS, 2000).

**Eastern and Central Sexual Assault, Camperdown, NSW**, is located in an area with high immigrant population. They engaged in a one-year outreach project, with additional funding, and subsequent two years of follow-up. Over the period of the project the project officer had contact with 48 sex workers of Thai and Chinese background, 14 of whom worked the streets and 34 who worked in parlours. Contacts were established through local agencies, and women were put in touch with local resources.

A resource package on sex work and sexual Assault was developed in Thai, Chinese and English. Articles were published in Thai and Chinese in 'The Professional' – a magazine for sex workers. A radio program was also developed. The project received positive feedback and the resource materials continue to be used.

## **2. Media, communication and educational strategies**

The second strategy concerned educational projects where organisations sought to share their knowledge about sexual assault, and often engaged in a two-way process with Aboriginal communities or immigrant organisations to articulate what sexual assault means for that specific community. Given the significance of language, radio programs and publications in community languages have been an important component of community education. The Eastern Goldfields example is an educational project which resulted in Aboriginal women becoming after-hours employees, working with their own communities. The New South

Wales Education Centre example describes the development of a training video for use by Aboriginal workers with Aboriginal communities, and also the development of a training certificate for Aboriginal workers in family and sexual violence. They have also developed booklets on sexual assault and rape in many languages for use in NSW services. The Bankstown example shows working with specific language and cultural communities. A vignette on each project is described below.

**Eastern Goldfields Sexual Assault Resource Centre (SARC), Kalgoorlie, W.A.**, has one counsellor for a very large region. The region has Aboriginal communities where sexual assault and child sexual abuse has been identified as a problem. They obtained funding through the health Department/international year of Volunteers 2001 to develop training for Aboriginal women for crisis work and after-hours work. The response from Aboriginal women was excellent.

The training went for 15 weeks, for three hours one night a week. The training outline was as follows:

- Information session: group rules, rights and responsibilities, job description, expectations, confidentiality
- Understanding sexual assault, past sexual assault, and the effects of myths
- Crisis Intervention, the rape trauma syndrome, recent sexual assault, aims of intervention, defining a crisis- appropriate and inappropriate
- Personal and professional development, values and attitudes, listening skills
- Role of crisis worker, emotional and physical needs of clients, procedures, cultural considerations
- Medical/forensic process
- Court procedures
- Reciprocal policies with other services
- Documentation and administration

The service employed an additional aboriginal Health Worker as a co-facilitator. The aboriginal after-hours workers are on-going.

**Education Centre Against Violence**, funded by NSW Health and located at Western Sydney Area Health Service, has undertaken a series of initiatives, two of which are reported here.

- ***Big Shame Video***

The 20 minute video is a training video about sexual assault in Aboriginal communities, prepared for Aboriginal workers and community members and non-aboriginal workers in Aboriginal communities and organisations. It was developed as a result of extensive consultation with Aboriginal communities. It is a very powerful depiction of the experience of Emma, a young girl who is being sexually assaulted by her grandfather. It shows the seriousness of sexual assault and the difficulties facing a family and a community where sexual assault is occurring. It encourages discussion about the effects of child sexual assault, the tactics used by offenders to trap children, and what needs to happen to keep children safe.

Specific funding was obtained from the National Women's health Program and NSW Health. Existing staff did the developmental work, and video production, background artwork, layout and design were contracted out. The video took about one year to develop. Promotion, distribution and evaluation are on-going.

A list of questions for discussion accompanies the video, as does an evaluation form. The evaluation report is forthcoming.

- ***Development of a certificate course for Aboriginal health workers on Family Violence/Sexual Assault (Aboriginal Family Health)***

Specific funding was obtained from the Aboriginal Family Health Strategy, NSW Health to employ an indigenous educator full-time, so far for a year, and on-going. An existing worker was also allocated to the project. The accredited Certificate Course is for Aboriginal Health Workers.

The Certificate course has six subjects, taught in a one week, two two-week blocks and 40 hours on-the-job field work. The subjects are:

- *Socio-political context of Family Health (34 hours)*
- *Issues in Family/Domestic Violence (34 hours)*
- *Issues in Adult Sexual Assault (24 hours)*
- *Protecting children/child sexual assault (34 hours)*
- *Protecting Children/abuse and neglect (24 hours)*

- *Field Work in Aboriginal Health (40 hours)*

To date Module 1 has been conducted and Module 2 is in progress. As per educational requirements, the course is due for review in 2004.

**Bankstown Sexual Assault Service (SAS), NSW**, is located in a local government area where 32% of the population were born overseas in non-English speaking countries: for example, 17.1% were born in Lebanon and 16.4% were born in Vietnam. In addition there are 1,018 people who identify as Aboriginal or Torres Strait Islander. Three of their projects are described below

***With the Arabic Community:***

Bankstown SAS has run a time-limited project, on the issue of sexual assault and virginity (which is a matter of concern in Arabic communities). They employed a special worker for 6 months, and funded by a NESB seeding grant available through the Bankstown Health Service.

- A consultation day with Arabic speaking workers on the issue of sexual assault and virginity
- A workshop day, with a panel of speakers on sexual assault and virginity: a sexual assault doctor, an Arabic speaking doctor, a Muslim and a Christian perspective on virginity and sexual assault
- Service brochures available in English and Arabic

A second time limited project concerned sexual assault and Arabic high school students. An artist was employed to facilitate discussion around sexual assault through a series of workshops with young Arabic women attending the local girls High School. Discussions led to the development of a theatre piece, which was subsequently performed by the young women.

Funding for this project was provided by Bankstown Health Service, Bankstown Lidcombe Hospital Arts program, the Australia Council for the Arts Community Cultural Development Fund and the NSW Ministry for the Arts.

Positive outcomes were reported by the young women. They reported learning about the prevalence and dynamics of sexual assault, the impact on people affected and where to seek help.

A third time-limited project involved three consultation and educative groups. All participants were given a \$20 gift voucher. The first involved 10 young women to discuss sexual assault. The second focussed on issues for Muslim women and barriers to seeking help from the service. The third involved Christian Arabic women. All groups were facilitated by an Arabic Ethnic Health worker, and interpreters were used. A newspaper article in Arabic was written about the discussions. The work was absorbed into existing staff workloads, and the gift vouchers were funded through NESB seeding grants from Bankstown Health Service.

Positive outcomes included: increased reported knowledge and understanding of sexual assault; greater understanding of the issues, such as virginity, silencing women from seeking help; media involvement ensured widespread dissemination of the information.

### **3. Developing access and equity strategies within sexual assault services, and designating an access and equity worker position**

Canberra Rape Crisis Centre reorganised their staffing to designate an access and equity worker , who is mandated to work in collaboration with other organisations to develop access and equity for particular minority groups. The process is described below.

**Canberra Rape Crisis Centre (CRCC)** , consistent with their governance structure, first established an Access and Equity Working Group.

Step 2 was initiating research in 1999 (Canberra Rape Crisis Centre, 1999). The research explored the extent of sexual violence in the non-English speaking/immigrant communities, surveyed other service organisations about their knowledge of CRCC, and invited suggestions about how to strengthen their access and equity

Step 3: As a result of this research, an Access and Equity Strategy was developed.

An additional piece of research was undertaken by a student on developing a model for working with non-English speaking communities and sexual assault.

Step 4: A specific program, with Muslim women, was then developed.

Step 5: Based on the research, the experience of the specific program and the access and equity strategy, the Working Group recommended that there be an Access and Equity worker.

Step 6 : To achieve a designated position, without additional funding, required the organisation to restructure its administrative staffing arrangements. This made it possible to designate an Access and Equity worker position in 2000.

Step 7: The access and equity worker is now talking with a range of other organisations , such as Family Planning, to develop collaborative initiatives for particular marginalised populations.

The objective of the position is to facilitate access to the services of CRCC, by raising the profile of the organisation among marginalised groups generally, examining physical access to the centre and other barriers. The current project is development of multi-cultural language booklets. Funding has been obtained from the Office of Multi-cultural and International Affairs and the ACT Chief Minister's office to print and distribute the multi-lingual booklets. It is too early to evaluate this initiative yet.

#### **4. Working with cultural consultants within service governance**

Typically stand-alone services have a community or collective management structure to ensure community governance of their service.

However, fewer than 50% of services are stand-alone services. Others are

more likely to have a line-management hierarchy within government or a hospital, without community participation. Only 25 or 39% of the services participating in the survey had ‘culturally diverse women involved in management and decision-making’.

Where there is a governance structure, it is possible to designate positions on the management group for particular cultural and other representatives. In this way, Aboriginal women or women from ethnic minority communities can be invited to participate in the governance of the service. It is the services’ experience that this brings cultural advice and direction on the best way to proceed. Canberra Rape Crisis Centre has an Aboriginal management group overseeing the Aboriginal program within the service. They also employ an Aboriginal consultant for the Aboriginal worker.

WestCASA, Victoria, has developed a program of ‘cultural consultants’ from a range of ethnic communities, to be called on in individual situations, as well as oversee and advise on particular outreach projects with particular communities. They have evaluated it and it is written up in a report available through the organisation.

**WestCASA** in Victoria has evaluated and reported on their strategy of working with cultural consultants (WestCASA, 2000). They built their initiative on the work done at Lower Hutt Family Centre, Aetoroa/New Zealand, who define a ‘cultural expert’ as ‘someone who has expertise in the meanings associated with their culture and “can articulate the processes and finer nuances of it” ‘ (WestCASA, 2000, p21) They have built relationships with people they identify as ‘cultural consultants’ from the ethnic communities from which their service users come. The panel of consultants are available for one-off consultations, as well as regular meetings to refine the organisations access practices.

### ***What is a Cultural Consultant?***

‘Cultural consultants are people from marginalised cultures who work with a service to:

- Share cultural knowledge of their community that is not available within the service;
- Provide a bridge between their community and a mainstream agency; and
- Help ensure that services and the work they do with their communities are accountable’ (WestCASA, 2000, p22)

### ***Key issues and important elements:***

WestCASA reports that the success of their strategy depended on the consultant panel being ‘respected members of the community’; ‘working within the community sector’; sharing ‘an interest in social justice’; had ‘awareness of the social fabric and complexity of their community’; ‘had some awareness of, or interest in, the issue of sexual assault’ and ‘had an ability to share their knowledge and expertise’ (WestCASA, 2000, p22).

The way they went about developing the panel of consultants was through outreach: identifying key community organisations; approaching them by telephone and letter; and inviting one or two persons from each group to be involved. They suggest that a slow and respectful pace is important, not rushing the initiative. They suggest encouraging questions in a context with enough time to discuss issues carefully. At the first meeting they invited consultants to bring a map of their home country to begin the process of familiarity and education.

### ***Dilemmas and lessons:***

Information and analyses needed to be shared both by the service and the consultants, in order to develop shared understanding. Realistic goals had to be developed in relation to community education in relation to each community. The work was designed to be ‘small-scale and long-term’ (WestCASA, 2000, p28) to ensure that the goals were realistic, yet would have an impact over the longer term.

Community education sessions were planned to cover : what is sexual assault? The effects and myths; services offered by WestCASA and how counselling can help. Community education was offered in the communities’ first language, and flyers and pamphlets were translated.

This allowed the messages to be relevant. It enhanced the community educators confidence and assisted engagement. Women workers were in a majority, and an on-going issue for the service is engaging male workers.

The organisation decided it was important to offer training to ethno-specific workers to ensure they were well-informed. Often people in their communities first contacted them and this facilitated referrals. Information within the communities was perceived as more trustworthy than information only available from the mainstream service.

Outcomes include the workers being more aware in their understanding, and close relationships between the service and key people and organisations within the ethno specific agencies.

## **5. Employing Aboriginal workers**

A number of services have Aboriginal women on staff, although not all of them are especially designated or dedicated positions. Some NSW services have obtained Aboriginal Health Worker positions funded through NSW Health, for example, Education Centre Against Violence; Wallsend /Newcastle SAS have just employed an Aboriginal full-time worker in a community development position for two years; and Kempsey SAS NSW have filled an Aboriginal position. Richmond SAS at Lismore also has a part-time Aboriginal Support worker in a permanent position. A number of Victorian services also employ an Aboriginal worker, typically in a part-time position, for example, CASA House and Ballarat CASA. An example from the Northern Territory from a service which has employed an Aboriginal worker for five years is presented below.

**Darwin Sexual Assault Centre (SARC), NT**, is aware that there are 22 Top End ATSI communities which present services with the challenges of remote area service delivery, difficult issues of follow-up and language

barriers. ATSI people account for 27.3% of the NT population. Darwin is also multi-cultural, with small numbers of each cultural group.

An Aboriginal worker has been employed for 5 years, and she works with Aboriginal and non-Aboriginal clients. The position was an additional position, funded through Territory Health. Work has included:

- A needs survey
- Educational work
- Development of a poster
- Seeing Aboriginal women
- Following up women to ensure safety and health
- Presenting papers at conferences and meetings
- Providing educational resources for remote area health workers

The worker identifies a number of on-going challenges and tasks ahead: for example, fear of child protection and welfare services; gaps in remote area work; need for more accessible pamphlet development; issues of court reporting, because of pay-back if women go to the police.

Since the worker was employed there has been a steady increase in Aboriginal women using the service; 1998 – 51, 199-61, 2000- 80 in addition to telephone counselling and less formal work with the community.

## **6. Employing ethnic minority workers**

When services are engaged in cultural projects, they typically try to employ women from the ‘target’ community or bi-lingual workers. Unfortunately this has sometimes meant that the job ceases when the project is completed. There does not appear to be a strong practice of having *dedicated positions* for women from ethnic minorities, although many services employ women from such communities.

Unless there is sufficient support, and an associated structure of working with cultural consultants (Strategy 4), the workers can feel isolated. The

following example combines a training and employment strategy involving minority ethnic workers.

**Waratah Support Centre WA**, in the South Western area of the State, as well as employing Aboriginal trainee workers have employed 2 multi-cultural counsellors over 4 years. The women learned all aspects of service delivery and the initiative increased knowledge and understanding. The positions were initially trainee positions, then became worker positions.

## 7. Collaborative projects

Services reported 'sole projects', that is, projects they undertake alone. These may have advisory or steering committees with members from other organisations. Many projects, however, are joint or collaborative projects from the outset. This allows the sexual assault service workers to bring their special knowledge, and the collaborating partner, perhaps an immigrant organisation, to bring their cultural knowledge and experience. Other examples of collaboration are where sexual assault services work with local government or a generalist organisation to address an issue of common concern. A Victorian service is given as an example below.

**SE CASA, Victoria**, have engaged in a number of collaborative projects:

- In association with the City of Casey (a local government area) developed multi-lingual stickers in 10 languages.
- In association with the Springvale Community Aid and Advice Bureau, they have attended to affects of trauma, including rape in war, on newly arrived refugees.
- In association with the Dandenong Community Health Service they have run a group for Bosnian women.

- The service has been a founding member of the South East Migrant Women's Health network, which holds regular meetings and designs a for implementation.

**Loddon-Campaspe CASA, Victoria**, is in a rural region with separate Aboriginal communities in the region. They worked with Echuca Health House community workers and the police to engage in a community development outreach and support project for Aboriginal women (with or without children) who are experiencing domestic violence. They provide food, clothing as well as emergency accommodation and counselling support. Women can access the service directly or via the police. The arrangement is on-going, and has been operating for 12 months.

Existing staff are involved and costs are absorbed. They are, however, sub-contracted to provide emergency accommodation, funded to \$20,000 by the Supported Accommodation Assistance Program (SAAP). While there are only a small number of after hours calls, the initiative has proven effective in meeting the needs of women and children in crisis situations.

## **8. Workers in Aboriginal specialist organisations**

The Queensland service strategy involves the funding of specialist agencies, including a specialist Aboriginal women's service.

**Murrigunyah ATSI Corporation for Women, Gold Coast, Queensland** is a specialist service for Indigenous women. It aims to provide information and support for Murri women in the area of domestic violence and sexual assault. It has 12 months of Partnerships Against Domestic Violence funding to set up prevention programs. There are four positions and a receptionist and volunteers from the women's group. They have had a sexual assault worker, and the position is presently unfilled and re-advertised. It will be concerned with prevention and intervention.

They have a volunteer advisory group, the Tiddas group, which meets weekly and has a day away every three months for planning. They have identified the following needs for attention:

- Relaxation course
- Support groups
- Healing programs for women who previously suffered child sexual abuse
- Assertiveness training
- Guest speakers
- Development of an inter-organisational project entitled ‘ Let the Healing Begin’

## **9. Workers in Immigrant women’s organisations.**

As referred to earlier, Queensland funds specialist agencies, who have, within them, funded sexual assault workers. Immigrant Women’s support Service (IWSS) in Brisbane is an example of a specialist immigrant women’s service.

**Immigrant Women’s Support Service (IWSS) Queensland,** is the only non-government organisation in Queensland specifically funded to work with immigrant and refugee women who have experienced sexual assault or domestic violence. A major part of their outreach program is providing training for other women’s services in culturally appropriate service delivery. This has been offered to all Queensland sexual assault services over three years, and many have taken up the opportunity as part of their staff development program.

In addition they undertook a 3 months outreach program to four specific ethnic communities: women from Eritrea, Somalia, Sudan and the Philippines. They selected 4 key women, one from each community, to train regarding sexual assault and domestic violence, the relevant Australian legal processes and services. In turn, the project aimed for the service workers to learn from the women about relevant attitudes and practices within their communities. the women then developed a community information dissemination strategy, implemented by IWSS. Coordination of the project was undertaken by an existing IWSS staff

member, and the 4 women were employed on a part-time casual basis. Funding of \$19,912 was obtained from the Queensland Department of Justice.

## **Conclusions:**

What, then, is the way ahead to respond to the ethical dilemmas identified earlier? How can the services not 'other' and marginalise the women whose access and equity they are seeking to increase?

First, it is important to move beyond short term projects, and to thoroughly incorporate diversification throughout the services operation. It is a first principle in introducing access and equity that creating and ensuring cultural diversity within services will mean cultural diversity being reflected in all tiers of the service, as well as in policies, protocols and practices. It became clear that for the most effective results a combination of strategies are used. For example, cultural consultants, dedicated staff and training and education programs, and outreach and community development all assist and mutually reinforce each other.

Second, strategies to respond to Aboriginal and Torres Strait Islander women need to be seen and developed quite separately from strategies involving women from minority ethnic communities. The common element is diversification, but the issues will vary from one community to the next. While it is banal to say it, ethnic minority communities face some common issues, but each is unique and requires particular processes.

Third, services can make their knowledge and experience available to specialist Aboriginal and Immigrant women's organisations.

Finally, the most promising way ahead for the services to be proactive, appears to be collaborative initiatives, developed between services against sexual violence and Aboriginal and immigrant women's organisations.

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**ACCESS AND EQUITY IN SERVICES AGAINST SEXUAL  
VIOLENCE: some ethical dilemmas and research findings**

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**ABSTRACT:**

This article reports on research undertaken in 2001 into access and equity practices undertaken by services against sexual violence in relation to Aboriginal and Torres Strait Islander women and children, and women and children from ethnic minority communities. The article identifies some ethical dilemmas about 'who should decide?' , and then presents nine strategies which describe how the services are responding to challenges to increase access and equity.