

Broken Hill & Menindee Rural Crisis Intervention Projects

Community Solutions to Aboriginal Family Violence



**Final Report and
Model of Best Practice**



Coordinated by the
Commonwealth Office
of the Status of Women

Broken Hill and Menindee Rural Crisis Intervention Projects

**Community Solutions to
Aboriginal Family Violence**

Final Report and Model of Best Practice 1999–2000



**Partnerships Against
Domestic Violence**

Coordinated by the Commonwealth Office of the Status of Women

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Designed by Bec Crockett

*To Annemarie,
whose strength, intelligence, commitment and belief
in her people has been and continues to be an
inspiration to us all.*

Acknowledgments

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My Sisters

I rage with pain, unspoken
My heart heavy and constricted
My sister's death unwanted

I am fed up with this ridiculous loss
Numbed by its persistence
My other sisters are consumed by grief
That they are unable to articulate
Their pain is heavy and wearing, draining their life force and optimism
How can we go on?
Heavy hearted, strangled by this oppression

The negativity of our context, is extended by our environment
We were the people who cared and nourished the land and our sisters and brothers
Today we witness their demise, as a result of ongoing violence that affects our very
psyche
Our will to survive is strong, however our will to remain reminded of our loss in
every way is unnerving

When will we hear the words that need to be said to heal our hearts, souls and
peoples?
When will we see our land being healed and our knowledge and philosophy
respected?
Stop killing my sisters with your hate
Stop this ongoing litany of lies and dread for my people!

I worry intensely regarding the impact this death will have upon my sisters
The ripple of pain, unleashes an erosive action upon a symbolic – esoteric heart, a
heart that has been described for so long as non-human
This heart wears the scars of generations of dehumanisation, torture, trauma and
denial
Its ability as an esoteric organ to soak in and absorb the pain – in the end breaks,
crumbles and the wash of pain is continued.
It never ends

Juanita Sherwood
16 May 2000

Executive Summary

*'We just want the violence to stop,
but we don't want our men to go to
gaol because that punishes the family
not just the men.'*

While the appalling health status of indigenous communities across Far West New South Wales is well documented, the level and severity of violence has on many occasions not even been acknowledged let alone documented. The work undertaken by the Broken Hill and Menindee Rural Crisis Intervention Projects has not only highlighted the high levels of severe violence, but also the need for all service providers to have a greater understanding of the impact living with violence has on the lives of the people living in these communities, particularly women, children and their families. The World Health Organisation defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. For us to see an improvement in the health status of the Aboriginal communities in the Far West it is crucial that service providers adopt this broader view that acknowledges that social factors such as violence contribute to poor health and illness.

Every child in our street knew what violence was. The kids living in the house where the fighting was going on would be petrified—hiding in fear under the beds or under the house. But the kids from other houses would come running as soon as the yelling started. Sometimes a big mob of kids would be gathered outside trying to see the fight inside. The adults would be coming out their doors or looking out their windows. I remember when you'd hear someone shouting 'Fight! Fight!'. We'd all go running. None of us wanted to miss a bit. It broke the boredom and it was a normal part of growing up. Even when they heard things smashing or the woman's screams or saw her trying to run away, they wouldn't interfere. I've seen women on the ground being kicked in the belly and in the head and no one went to help her. You just didn't do that. You could watch, but you weren't allowed to butt into people's fights.

The degree and severity of violence found within the Aboriginal communities that have been supported by these projects cannot be adequately described. Workers have reported that a large number of clients have required hospitalisation for multiple physical injuries. The crisis intervention and follow-up support, which can include a number of court presentations, provided for these victims has resulted in an extremely high workload for the sole worker in each Project. As sole workers living in their community, this has also meant that they are expected to be available to the community 24 hours, 7 days a week. There is no escape or time out for the worker as long as they are in the community. This is fairly unique to Aboriginal communities where differentiation between off duty and on duty is non-existent. This demand has clearly demonstrated that one worker per project is inadequate.

Working with other service providers to reorientate their services to incorporate an appropriate cultural response has been an ongoing component of the project workers' role. This task has been difficult due to the high level of institutional racism that continues to exist in many mainstream organisations. Within Broken Hill a lot of work has been undertaken with services such as Catherine Haven, a women's refuge run by the Salvation Army, to enable Aboriginal women to feel confident that the service was appropriate and would meet their needs. With the same purpose, a lot of work has been undertaken with the local police, particularly the Domestic Violence Liaison Officer (DVLO) and the Aboriginal Community Liaison Officers (ACLOs), who have participated in the development of local referral protocols to ensure that Aboriginal women who experience violence have access to appropriate support and information. However, their ability to participate has been limited due to organisational rosters and other duties.

The engagement of men has been identified by the workers and the community as crucial to addressing family violence in the communities. An Aboriginal Men's Group has been discussed with men from the community with many men

indicating support for the development of a group that meets regularly aimed at working towards stopping the violence being acted out by young men in the community. They have stated that to do this they need a full-time Aboriginal male worker, that they themselves will need to become role models and that this process will take some time.

The need for an interagency network structure for Aboriginal workers in mainstream services and departments as well as non-government organisations, Aboriginal and non-Aboriginal, has been identified as crucial for services to be able to address and respond appropriately to the needs of the indigenous community. Community members often see Aboriginal workers within these organisations as the 'link' to services and information. Often community members' contact with these workers is not issue specific, but based

on personal experience and knowledge, either their own or that of someone they respect and trust. These informal community referral pathways need to be recognised, acknowledged and validated by service providers if they are serious about addressing some of the barriers confronted by indigenous community members when attempting to access services.

These projects have highlighted that for Aboriginal communities it is crucial that a whole-of-life, holistic approach is taken when dealing with Aboriginal family violence. A holistic approach must include an understanding of and commitment to a social view of health and well being, which encompasses the physical, emotional, cultural and spiritual well being of individuals and communities.

Introduction

Domestic violence within indigenous communities cannot be seen in isolation from issues such as drugs and alcohol, mental health, sexual health and child protection—or the broader socio-economic issues of unemployment, housing, finance, education and alcohol abuse. Factors identified as precipitating violent episodes have included jealousy, arguments regarding food and money, and more often than not, intoxication.

Violence within Aboriginal communities also cannot be fully understood without an acknowledgement of, and insight into, the impact of colonisation from 1788. This brought with it intentioned acts of violence such as the declaration of martial law, instigation of massacres and land dispossession, which significantly disempowered the original inhabitants of this country. These actions and others such as ‘Protection’, ‘Assimilation’ and the ‘Stolen Generations’ have resulted in a legacy of great trauma and grief. Aboriginal communities today continue to grieve the loss of their land, sovereignty, liberty, self-determination, languages, culture, lore, education systems, health, grandparents, uncles, aunts, mothers, fathers, cousins, brothers, sisters, daughters and sons.

The effects of these experiences are manifested in continuing stress and anxiety, and in some cases suicidal and violent behaviour. Escalating levels of family violence, increased alcohol consumption and high levels of suicide among young members of the communities can all be directly related to the colonising process. (Aboriginal & Torres Strait Islander Women’s Task Force on Violence: 2000)

Indigenous people are attempting to survive the legacy of colonisation, which is still entrenched in local government legislation and other State Government bodies’ strategic planning formulas. For too long these and other indigenous communities nationwide have suffered by being defined in European terms. Many programs implemented by government, though well

intentioned, have not worked because they were developed and implemented from a Western paradigm. (Aboriginal and Torres Strait Islander Women’s Task Force on Violence: 2000)

The Western Paradigm of theory development is another legacy of colonisation that has ensured that the thinking and language of the ‘Mother Country’ be inscribed upon all inhabitants of their new country they call home. The replication of Social Darwinism rhetoric, which heavily influenced Western paradigm development in European colonies, set about describing and prescribing the indigenous person as less than human or the ‘Other’. The legacy of this thinking, which proliferated in our ‘Learned Institutions’ is still a major component of all Australian social education curriculums, which is further defined in public servant planning. The maintenance of this theorising is Nationwide. However, it is particularly significant in the Far West as it directly impacts upon the services provided or not provided to indigenous people.

Indigenous communities are constantly reiterating the rhetoric of self-determination in an attempt to halt the levels of internalised violence acted out within their communities, and reduce the 4th world levels of morbidity and mortality. As a direct result of the maintenance of Western thinking the plea for self-determination is viewed as inappropriate and unnecessary.

In an attempt to not only recognise, but also to acknowledge and validate the impact this history has and continues to have on indigenous communities, those involved in these projects have constantly sought community involvement, participation and ownership. A community development approach to service delivery was believed to be the most appropriate way to ensure this. The core elements of community development according to the NSW Community and Health Accreditation and Standards Program (CHASP) are;

- control of decision making
- involvement of the community in action for change,

-
- development of a community culture
 - organisational development, and
 - learning new perspectives and skills.

This model was agreed upon through consultations with the community, as they believed the core elements as identified were consistent with a culturally appropriate approach. They also saw this as a positive approach to dealing with community

issues. It was also agreed that an action research model of evaluation would be used for the projects, as it could bring about change through planning, acting, observing and reflecting.

Community members who have been involved in the Projects have endorsed the Report and Model of Best Practice that includes their story in their words.

Background

In January 1999 Maari Ma Aboriginal Health Corporation (formally Far West Ward Aboriginal Health) and Menindee Aboriginal Family Support Service were successful in their grant applications to the Violence Against Women's Specialist Unit for funding to undertake the Far West Area Rural Crisis Intervention Projects.

Implementation of the projects required that these agencies establish a structure to support the project officers' work as well as meet the requirements of the funding body, which was to develop a Model of Best Practice for addressing violence in Aboriginal communities. Each project established a reference group made up of interested indigenous community women and service providers from within their local community to provide support and guidance for the projects.

Project Objectives

The funding agreement outlined the following project objectives:

1. Provide crisis intervention and support to victims of domestic violence in rural locations. This includes informing victims of domestic violence of their right to protection through the criminal justice system and options for support.
2. Build and maintain partnerships between local services including the NSW Police Service, NSW Health and NSW Department of Community Services to ensure the immediate and critical needs of victims of domestic violence are effectively met, and that ongoing support is provided. These partnerships will form the basis of the model of best practice for rural domestic violence crisis intervention.
3. Outreach to women and accompanying children who may not access local services including NSW police and NSW Health and Department of Community Services.
4. Evaluate the Project, develop and publish the model of best practice for rural domestic violence crisis intervention.

5. Identify possible strategies for continued implementation of the model of best practice for rural domestic violence crisis intervention after the Project is completed.

Project Officer

Each project, one in Broken Hill and one in Menindee, employed a Project Officer to undertake the role of Aboriginal Domestic Violence Worker to:

- implement the Rural Crisis Intervention Project in Far West NSW;
- provide information and support to women and children experiencing domestic violence in specific rural locations;
- build and maintain partnerships between local services including the NSW Police Service, NSW Health Service and the Department of Community Services;
- undertake outreach to local marginalised or isolated women; and
- evaluate the Project to develop a model of best practice for rural domestic violence intervention.

Far West New South Wales

The Far West Area of NSW was targeted by the NSW Attorney General's Department's Violence Against Women's Unit for these projects because of an identified lack of existing services, its high proportion of Aboriginal people and its remote, isolated position.

Population

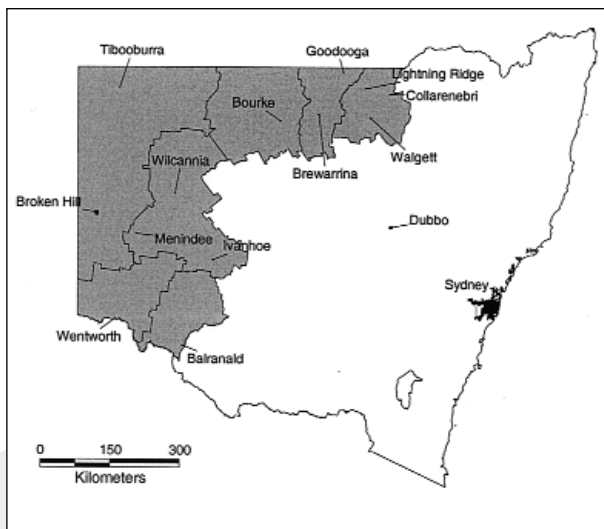
In population terms the Far West Area is the smallest area in NSW, with only 0.8 per cent of the State's population (50,000 people). The area's population is declining (at 1.11 per cent per annum over the period 1991–1996). Current projections by NSW Health indicate further decline in the coming years.

About 13 per cent of Far West residents are Aboriginal—the highest proportion in the State. Many of the towns and villages have higher proportions (25–100 per cent). The Aboriginal population is much younger than the non-Aboriginal, because of high fertility and high mortality.

Demographics

The Far West covers a third of the State, has a semi-arid landscape and is sparsely populated. There are about 15 small, isolated townships and a few even smaller hamlets. The area is classified as remote by the Australian Bureau of Statistics and incorporates eight local government areas, including the Unincorporated Far West. Major industries include mining and agriculture—crops, cattle and sheep, fishing and fruit growing in some areas along the rivers and lakes.

Far West Area Health Service: Towns and distance from Dubbo and Sydney



When identifying the area to be targeted by these projects consideration and acknowledgement needed to be given to Aboriginal boundaries, which are based on an intimate knowledge of the land, the seasons and kinship ties. This is contrary to the definition of non-Aboriginal boundaries, which are depicted by maps. Traditionally the lower (southern) section of Far West NSW was Nyampa and Barkindji land where the people lived side by side. This changed in the 1930s when these groups were forced to live together in missions. Today the Nyampa and Barkindji people live in the townships of Menindee, Wilcannia, Dareton, Broken Hill and the surrounding district. Therefore, this is the area that has been targeted by these projects.

Broken Hill

Daphne Hall took up the position of Aboriginal Domestic Violence Worker in Broken Hill on 6 September 1999. Daphne is a well-respected, active member of the community who has worked tirelessly for her community. Apart from caring for her family she has always been available to her people, especially those in need of care, assistance, guidance, or just to be listened to. In her busy life Daphne also manages to successfully hold the position of Chairperson of Thankakali Aboriginal Corporation. Long before Daphne took up the position of Domestic Violence Worker for Broken Hill the women in the community who were victims of domestic violence and their relatives called on Daphne for assistance. This fact demonstrates the position of trust and respect that the community people have for Daphne, which has been of immense value, enabling Daphne to achieve much in the relatively short time that this project has been going.

As the auspice body for the project, Maari Ma Aboriginal Health Corporation (formally Far West Ward Aboriginal Health Service) had formulated a support structure for the Project worker prior to her employment. This structure included:

- Administrative support from Maari Ma Aboriginal Health. The Manager of the Primary Health Care Service would be the Project worker's line manager, would be responsible for all administrative matters and would provide a secure and confidential office where the worker would carry out daytime duties, which may include follow-up counselling and advice.
- Professional support from the Broken Hill Health Service Domestic Violence and Sexual Assault Team. The Area Coordinator for Domestic Violence and Sexual Assault Services with Far West Area Health was invited to be Chairperson of the Broken Hill Reference Group.
- Emotional support from a group of women

nominated by the worker herself, but endorsed by the reference group.

- Dr Alistair Humphrey, in his capacity as Public Health Physician and member of the Broken Hill Reference Group, would provide assistance to the project worker to put together the model of best practice.

Once the project worker was employed the composition of the Reference Group was revised. As a result of this review a number of women from the local Aboriginal community were invited to become members. This was seen as imperative to the success of the project as there are a number of different groups within the Broken Hill Aboriginal community and the Reference Group needed to reflect this. At the Reference Group meeting in October a decision was made to restrict membership of this group to women only. Group members saw this as culturally appropriate for the following reasons:

- It is common knowledge that Aboriginal women have been abused by a predominantly male white population.
- This project presented an opportunity to dispel the rhetoric and support self-determination of Aboriginal communities particularly women in these communities.
- This project was concerned with 'women's business' and, therefore, needed to be managed by women.
- As a women's only group the Reference Group could also undertake the role of providing emotional support and debriefing to the worker rather than establish another group as stated above.

As a result of this meeting Dr Alistaire Humphrey resigned from the Reference Group and it was agreed that the worker and Reference Group members would compile the report and model of best practice.

Objectives

- 1. Provide crisis intervention and support to victims of domestic violence in rural locations. This includes informing victims**

of domestic violence of their right to protection through the criminal justice system and options for support.

Since commencing in September 1999 Daphne has provided a crisis intervention and support service to victims of domestic violence within the area.

A large proportion of Daphne's time has been spent within the community providing information and education on her role as the Aboriginal Domestic Violence worker, as well as organising and conducting education sessions on violence related issues, such as support and healing options, for all members of the community. Two women's gatherings (see heading Women's Gatherings) were also held. Daphne worked closely with Annemarie Kelly, the Menindee Aboriginal Domestic Violence worker, to provide these services. Many women they spoke to stated that they do not seek help at all following a domestic violence incident because:

- their men might come back and do more damage;
- there might be retribution from the perpetrator's family;
- their children suffer; and
- other members of the family may take sides resulting in further violence.

Extended family come around and get into me. They went for me at the court after he was found guilty of attempted murder on me.

An outcome of this work undertaken with community women has however seen an increase in the demand for individual support and counselling services. (See Table 1)

Of these 55 referrals to the Broken Hill Aboriginal Domestic Violence worker the victim's partner was identified as the perpetrator in 39 cases, with the women being subjected to physical abuse in 35 cases.

Many referrals to the service have required immediate medical attention and police intervention. This has increased the demand and the intensity of support required from the worker to enable the best possible outcome for the victim. This work is extremely demanding and very time consuming. The severity of violence against women in the indigenous population was documented by Bolger in 1991 when she reported that Aboriginal women are murdered at a rate 10 times higher than non-Aboriginal women.

This project has highlighted this severity.

My partner and me were home drinking and talking a bit when a couple of his friends came along and started drinking with us. I started talking to one of his friends and he started getting jealous and started arguing with us and saying to me 'If you want him, you can go and f--- him'. He started punching me and then he picked up a vacuum cleaner pipe and flogged me. Then he flogged me with a curtain rod and then used a stick to flog me with. When he was finished flogging me he went to bed as soon as his friends left, so I waited until I could hear him snoring and I went to bed. I was too frightened to ring the police because I was too frightened to leave the house.

Table 1: Referral statistics – September 1999 to June 2000

Month	Number of referrals	Aboriginal	Non-Aboriginal
September	-	-	-
October	2	2	0
November	4	4	0
December	4	4	0
January	13	10	3
February	6	6	0
March	11	10	1
April	6	6	0
May	4	2	2
June	5	4	1
TOTAL	55	48	7

As a direct result of the historical violence perpetrated against them by mainstream services, many Aboriginal women seen by Daphne have been very fearful of what actions may result from approaching mainstream services such as the Police Service and Department of Community Services. They have expressed feelings of extreme anxiety and a lack of trust when attempting to access these services and agencies, particularly in a matter as sensitive as domestic violence. This has on many occasions required the worker to take on the role of advocate and become a 'link' between the victim and other services providers.

Reasons stated by women for their anxiety and hesitation in using mainstream services include:

- their men might go to jail; and
- their men might get beaten up by the police.

These issues have impacted greatly on Daphne and highlight the high-level communication and negotiation skills required by workers in these positions, to facilitate access to these mainstream services with and/or on behalf of the client to ensure that the client is treated appropriately, justly, and without fear of recrimination.

2. Build and maintain partnerships between local services including the NSW Police Service, NSW Health and NSW Department of Community Services, to ensure the immediate and critical needs of victims of domestic violence are effectively met and that ongoing support is provided.

The Reference Group has representatives from a number of services as well as local indigenous women from the community. Services represented include Department of Community Services, Health, Police and the Court Assistance Scheme.

Daphne's work with the Broken Hill police has highlighted the high proportion of repeat offenders and repeat victims within the legal system. Statistics from Broken Hill police, which includes figures for the whole area command, reveal that in 1998, 58 per cent of domestic violence cases involved a repeat offender, with 56 per cent repeat victims and a 41 per cent arrest rate. In Wilcannia 100 per cent of the

cases were alcohol related.

In 1999 in the local area command, 62 per cent were repeat offenders, 61 per cent were repeat victims and in 50 per cent of the cases Apprehended Violence Orders were taken out. In 67 per cent of the incidences the police arrested someone.

In the last six months in Broken Hill there have been 129 reports of domestic violence—75 of these people were repeat offenders and 74 were repeat victims. Of these cases 59 involved children less than 16 years being present at the incident.

These findings reinforce the need for a collaborative approach to be taken to develop strategies to address the serious issue of domestic violence, in particular the area of repeat offenders and victims. Local police have also stated that any action needs to be in the form of an interagency community approach, as they recognise that as a sole agency they are unable to address these issues.

Daphne has made contact with relevant agencies to discuss her role and establish referral processes. This has been important as in the initial stages of the project Daphne received inappropriate referrals from many agencies as well as the Aboriginal community. Inappropriate referrals from agencies based on Aboriginality—not issue specific, unfortunately—are common practice. Agencies/service providers have a tendency to see Aboriginal people as a 'problem' to be dealt with by an Aboriginal service or worker when in fact they are a client group that all services have a responsibility to provide service to regardless of race. An added referral difficulty is the informal referral pathways that exist within the Aboriginal community in that they often see Aboriginal workers as the 'link' to services and information that is not issue specific. In an attempt to address this issue with agencies Daphne has worked with them to develop written referral protocols. This has been accomplished with the Broken Hill Police (Appendix 1 – Police Protocol), with similar protocols to be developed with agencies such as the Departments of Community Services, Health and Education.

As a result of establishing these strong interagency links a number of joint interventions have taken place, including:

- a. Working with the Broken Hill Health Service's Sexual Assault/Domestic Violence worker to support a young Aboriginal woman to return to the hospital for a medical examination. Daphne's support to encourage the young woman to return to the hospital resulted in her returning and undertaking the medical examination. However, this was a difficult, slow process extending over a number of days.
- b. Working with District Officers from the Department of Community Services to relocate victims of domestic violence to a safe environment, often over long distances. To do this Daphne has liaised closely with the District Officer and the safe house worker to coordinate the relocation, as well as provide the transport.
- c. Working with the Catherine Haven Women's Refuge to increase usage by Aboriginal women. Prior to the commencement of this project few Aboriginal community women were accessing Catherine Haven and often then only as a last resort. The community felt that this service was culturally inappropriate and not sensitive to their needs. There was no Aboriginal worker employed within this service. As a result of the work that Daphne has done with community women and refuge staff, Aboriginal women who have required crisis accommodation have accessed this service with Daphne's support and have reported back that this has been a positive experience for them. This service now has two Aboriginal workers employed within the service.

These agencies have also referred clients to Daphne for individual support and counselling as demonstrated below.

Agency	No. of referrals received
Police	13
Department of Community Services	16
Hospital/Health Service	4
Court Support Scheme	5
Self	8
Family	4
Other	5

3. Outreach to women and accompanying children who may not access local services including NSW Police and NSW Health and Department of Community Services.

Providing an outreach service to women and children within these communities has formed an important component of Daphne's work. Indigenous women generally do not seek support from service providers for a number of reasons, including lack of transport, lack of finance or a lack of understanding and/or trust in mainstream service providers. The majority of the individual work undertaken by Daphne has been through the provision of a home visiting service with regular visits being made to specific areas such as South Broken Hill. This area has a high number of indigenous families living there and lacks access to services within close proximity. When visiting an area such as South Broken Hill Daphne has undertaken generalised visits to many families in an effort not to identify clients of the service. Even though this practice can be quite time consuming, it is vital to the success of the project in that identification of victims within their community often has severe consequences such as further abuse, stigma and shame.

Women's Gatherings

A significant early strategy for the projects was to engage the community by organising two women's gatherings, one in Wilcannia and one in Broken Hill. These gatherings were jointly organised by the Broken Hill and Menindee Aboriginal Domestic Violence workers, Daphne Hall and Annemarie Kelly in conjunction with Aboriginal workers from Family Support Services, the Court Assistance Scheme and the Department of Community Services as well as community women.

These gatherings gave the women of the communities the chance to get together and talk about the issues surrounding domestic violence and to voice how they felt and what they thought could be done. For many this was their first opportunity to talk about the violence they had experienced and express the concern they felt

about the impact it was having on their children, families and community. These women's gatherings have also been an important and successful avenue to access women who generally do not access other services.

The value of these gatherings has been significant in that they have enabled women to talk about the issues and come up with their own strategies to

address not only the issue of domestic violence in their community but also the impact it has on them, their children and their extended families. For most of the women, attending these gatherings has given them the strength and opportunity to speak about their experience of domestic violence for the first time.

To make any difference about the violence we need to work through our kids.

Kids flogging kids, women fighting women, women fighting men, children fighting parents, just the whole community fighting each other.

Too much alcohol and drugs. The kids are getting it from adults.

There are kids not being cared for properly.

Parents letting kids flog kids at home so the kids think its OK to do it at school.

Teenagers thinking suicide and talking about doing it.

Adults and children have lost respect for each other and the community.

Adults and kids are using abusive language anywhere and everywhere.

We need to care for our kids more.

Help our kids from violence.

Violence is a disease, but what's the cure?

We are losing our culture.

Racism, not just between black and white, but between black and black.

Start the healing, break the silence.

Ineffective Police ACLOs. They seem to be sticking up for the police and not their own kind. Aren't they supposed to be bridging the gap between the Aboriginal people and the police?

No faith in the police station in regards to domestic violence situations with Aboriginal women.

They are slow to come out or don't come at all.

Aboriginal women are frightened off from using services or organisations because they feel that there is a lack of confidentiality at these places.

No confidence in the police station. The women sometimes hear them talk about Aboriginal women in crude terms. Police sometimes using brutal force when dealing with Aboriginal people. When it does happen, the people rarely complain for fear of being picked on by the police all the time.

Solutions:

- Domestic violence awareness programs in both primary and high schools.
- Cultural awareness training in all services and organisations both Aboriginal and non-Aboriginal.
- Responsibility for caring for the kids handed back to the parents and not relying on other people to do the caring for them.
- The need for ongoing funding for domestic violence workers but need more two female and two male.
- Need to work with men also is important.
- Need to tell our kids that violence or acting violently is not OK and to explain why.

Menindee

Annemarie Kelly took up the Menindee position in June 1999. Annemarie was a local, well-respected Aboriginal woman who had held a number of positions within the community. The knowledge and skills she had developed from positions she had held with Juvenile Justice, Department of Community Services, Nyampa Aboriginal Housing Company, ATSIC, Office of Aboriginal Affairs and Menindee Aboriginal Lands Council enabled her to establish the service very quickly and effectively.

Sadly Annemarie passed away on 4 May 2000 at the age of 44. Her death has been an enormous blow to the project and the local communities for whom she has worked tirelessly throughout her life. Annemarie's sister Jan Fennell, who had been employed to provide backup to Annemarie, stepped into the Aboriginal Domestic Violence Worker position for the final seven weeks of the project's first year of funding.

As the auspice body for this project, Menindee Aboriginal Family Support Service's Committee of Management members and the employed family support worker provide the support structure for Annemarie's position. This group of community women were involved in writing the funding submission and, therefore, already had some ownership of the project. To enable an interagency approach to be taken by the project, local service providers were asked to nominate a representative to the Reference Group. The NSW Department of Education, NSW Health and the Police Service all took up this offer.

The Area Coordinator for Domestic Violence and Sexual Assault Services with Far West Area Health and Dr Alistair Humphrey, a public health physician who provided services to both Broken Hill and Menindee, were also invited to be members of the Menindee Reference Group. Similar to the initial structure established for the Broken Hill project, professional support would be provided to Annemarie by the Broken Hill Domestic Violence and Sexual Assault Team with

Dr Humphrey providing assistance to put together the model of best practice.

Objectives

1. Provide crisis intervention and support to victims of domestic violence in rural locations. This includes informing victims of domestic violence of their right to protection through the criminal justice system and options for support.

As the Menindee Aboriginal Domestic Violence Worker, Annemarie provided critical help and information to victims of domestic violence.

As this was the first service of this kind in Menindee, a lot of time was spent on explaining the role of the Domestic Violence Worker to the community and educating them about their legal and support options.

Whilst a majority of cases dealt with husband/wife situations, a large number of cases also involved violence against other family members. This service was provided to community members in a number of ways including attendance at the office, home visits or other places and times convenient to the clients.

Table 3: Referral statistics

Agency	No. of referrals received
Police	13
Hospital/Health Service	9
Education Department	2
Work Companies	7
Self	28
Family	23
Other	20

Annemarie held numerous education sessions, with the best attended being a workshop on Anger Stress Management that she organised. A worker from the Salvation Army Algate House services based in Broken Hill facilitated this training session. The session was well received with a good cross section of the community, women, men, youth, police, Aboriginal workers, and other service providers in the community attending. Some of

them were victims, some perpetrators and others were there as support. The conversations and role plays were very interesting, with those in attendance speaking openly and honestly.

Annemarie developed an outstanding rapport with Daphne Hall, the Broken Hill worker and worked with her to organise and run the women's gatherings. This good working relationship also enabled clients she relocated (on a short and long term basis) to Broken Hill to be able to receive continued support and assistance from Daphne. This was critical for these Aboriginal women as it minimised their sense of abandonment at being relocated from their community.

Annemarie attended a number of training courses, including Rural Responses to Aboriginal Family Violence and Domestic Violence Train the Trainer, which enabled her to more effectively address these issues within the community.

Six camps were held for young people to discuss the issues that arise from living with or fearing domestic violence. Annemarie was also able to organise for workers from Mental Health Service, the Sexual Assault Service and the Police Service (Liaison Officers) to come out to the camps and provide expert advice to those who attended. The participation by mainstream service providers in these camps enabled participants and workers to share information in a very informal and culturally appropriate way.

2. Build and maintain partnerships between local services including the NSW Police Service, NSW Health and the NSW Department of Community Services, to ensure the immediate and critical needs of victims of domestic violence are effectively met and that ongoing support is provided.

When Annemarie took on the role of project worker she already had her own network of agency contacts that she could call on for assistance. These included police, NSW Health and Department of Community Services staff.

As this project was auspiced by the Menindee Aboriginal Family Support Service, Annemarie

shared office space with the Menindee Aboriginal Family Support Worker. This service had built up an outstanding relationship with the local police and health service, which resulted in assistance and access to these services never being denied. As a result of Annemarie's ongoing work and liaison with these departments, she was instrumental in the implementation of a community interagency network, which provides victims, and at times perpetrators, with support and guidance.

The environment that has been created by working in conjunction with the Family Support worker also played an important role in the development of the project. When circumstances have led a client to present to Annemarie's office, the Family Support worker was able to provide a child care service for any accompanying children and, when required, assisted with the immediate protection issues of the clients.

The local high school was also engaged by Annemarie to insure that newsletters and notices, which contained information about her work and strategies or tips for community members, were delivered to students. As a result, students and community young people regularly visited her office. These visits resulted in young people posing a lot of queries and questions related to domestic violence. Students also referred their parents to Annemarie or requested that she visit their home to mediate sessions between themselves and their parents.

Both Annemarie and Daphne have played an important role in the Police Service's Barrier Local Area Command Community Consultative Committee Meetings. These meetings were set up for the regional service providers to come together to express concerns and come up with strategies to overcome identified problems within their community.

An important outcome of these discussions was the agreement to set up a regular interagency meeting, which includes all Aboriginal employees from local service providers such as Family Support, Court Assistance Scheme, Police, Department of Education, Health and Department of Community

Services. The aim of these meetings is to work together to overcome worker issues that are identified, address issues of service duplication and to establish priorities around community needs. Discussion also took place regarding a proposal to use the interagency to review organisations' objectives to enable decisions to be made regarding appropriate service delivery.

3. Outreach to women and accompanying children who may not access local services including NSW police and NSW Health and Department of Community Services.

Due to the remote location of Menindee, relocating victims during the night raised a number of problems. Most of the problems were related to road conditions or the existence of animals (kangaroos, emus etc) on these roads. With distance being a significant factor. Broken Hill is 110 km on a sealed road, Pooncarie 125 km unsealed road, Wilcannia 160 km unsealed road and Ivanhoe 210 km of unsealed road.

Most of the women requested that Annemarie relocate them, as they had developed a rapport with her and, therefore, felt more comfortable travelling with her rather than with a stranger

such as a worker from the Catherine Haven Women's Refuge in Broken Hill. Travelling with the victims in times of trauma also gave the victims ample opportunity to discuss all aspects relating to their relocation.

The danger/fear that the perpetrator or his family may follow, pursue or hassle the worker and the client during the trip was identified by Annemarie as a significant concern, as was her safety on the lone return trip following relocation. Strategies introduced to maintain her safety included the provision of a support worker to travel with her, or if this was not possible, overnight accommodation would be provided enabling her to travel back to Menindee the following day during daylight hours.

As Menindee is a remote community that does not have access to a 'safe house' or refuge, Annemarie often utilised her home or office for temporary accommodation. On other occasions this has meant driving around all night with the victim until it was safe for them to re-enter their home.

Outreach for this project in such a remote community has also meant holding meetings and mediation sessions in people's homes at times convenient to them.

Evaluation

Menindee & Broken Hill

Finding an evaluation methodology that is relevant to the experience of the local community is a crucial issue for researchers working with Aboriginal communities. In the past much of the research has been 'done to' and taken away from indigenous communities.

John Scougall from the Centre for Aboriginal Studies, Curtin University, WA identifies a number of factors that must be considered in designing evaluations with indigenous community projects:

- **Ownership** should be in the hands of the local project and community.
- **The primary purpose** of evaluation should be to assist communities to work towards positive social change and not only for accountability to funding bodies.
- **Data collection** should be compatible with indigenous experience. Story telling and use of the oral tradition is the most appropriate and can be supplemented by other data collection such as questionnaires and statistics.
- **Verification of data** should be in the hands of the local community and the workers to ensure that there is no cross-cultural bias or misinterpretation of information.
- **The style of presentation** should be in the words of the local workers and community as much as possible.

...by putting community voices first, and by organising, describing and presenting data in a way that is meaningful for community members, the evaluator highlights contextual complexity, diverse views and competing interests. (Scougall, J: 1997)

With this in mind, those involved with these projects believed it was very important that the evaluation of these projects speak to the experience of the workers, reference group members and the community in which they were located. Therefore, this report and evaluation reflects what the community women have said in their words and tells their story.

Evaluation of the projects has utilised an action research model as agreed by all involved which has included both outcome and process evaluation through:

- feedback from the community;
- feedback from women who have been involved;
- feedback from agencies through a questionnaire;
- ongoing documentation of the action research process—planning, action, observing and reflecting by the reference groups and community women, and
- the appraisal mechanism in place for the Aboriginal Domestic Violence Workers. This did not only evaluate the work they were doing but also was an opportunity for them to have input into issues and barriers surrounding their ability to successfully carry out their roles.

Outcome Evaluation

A questionnaire for service providers was developed to measure the projects outcomes. This questionnaire asked service providers to comment on how effective they believe the project had been over the 12-month period. (Appendix 2)

Results of this questionnaire showed the following:

1. All respondents believed that there had been a 50 per cent increase in service level and support for Aboriginal victims of domestic violence.
2. All believed that the understanding of domestic violence in their community had risen by between 25 per cent and 50 per cent.
3. The belief that victims of domestic violence were aware of their rights has risen by between 30 per cent and 50 per cent.
4. Their belief that services worked together to support victims of domestic violence had risen by an average of 50 per cent.

Comments and ideas to make the projects more effective in their community included:

- closer liaison with the Police Aboriginal Community Liaison Officers throughout the community;

- greater use of Hospital Aboriginal Liaison Officers in the projects;
- greater use of Police Domestic Violence Liaison Officer;
- greater emphasis on repeat offenders;
- attendance at court forum meetings;
- closer contact with the Mallee Domestic Violence Unit in Mildura;
- working well at the moment;
- maybe more education for the perpetrators of this violence (usually the men);
- it is the first time we have had a program as good as this one;
- increased support for the worker in the position;
- resources to increase community awareness;
- need to find ongoing funding;
- need to have two or more workers;
- more workers would enable more community development; and
- workshop on domestic violence.

Comments on the impact it would have on their community if the project did not continue included:

- if the project was to cease it would be similar to so many others—start to achieve results and the plug is pulled;
- reverse gains made and decrease rights of victims of domestic violence and reduce awareness amongst community;
- having domestic violence worker on the ground has improved situation markedly even though after only 12 months there is still a lot of work to be done in this area;
- many women would remain in violent environments as they won't use mainstream services;
- it would be a great loss to our community and it would create more domestic violence if we don't have a worker here;
- lack of support for women who are already victims of abuse and the system;

- lack of interagency approach;
- it would be a backward step, and
- it would probably go backwards instead of forwards.

Process Evaluation

To gain some understanding of the effectiveness of the process undertaken by these projects, those involved—workers, Reference Group members and community women—have regularly come together to ask the following questions.

- How is it going? Is it working? How do we know?
- What have we learned from what we are doing?
- Is there any way that we could do this better?
- How do we know that we are making a difference?

What has worked

- The work has been holistic—responsive to all—including men, women, children and agencies, as well as being inclusive to other issues related to domestic violence.
- The work has provided an immediate response to referrals from agencies.
- Referrals are not just coming from other agencies. Community members are self-referring, which indicates that they trust and accept the service, they know the workers and know that something will be done.
- The service is connected to the community through representation on the Reference Group.
- The community input has also been gained through the women's gatherings.
- Other services know about the project through the networking the workers have done. This has increased the profile of the project and referrals have been made to the service.
- Community members know about the project and are self-referring. Referrals have come from many groups in the community, which is going a long way to breaking down factions within the community.

- Clients have fed back that they are doing well after being relocated by the project workers.
- Women have reported that they feel accepted and validated by the workers (they are not directive or blaming). They know that support will continue no matter what decision they make.

What we have learned

- There is a need to introduce the project to the community to find out:
 - what they can expect from the project and the worker, and
 - what the project and the worker can expect from the community.
- The community needs to set the boundaries for the project, not the funding body or the auspice organisation.
- A single worker model does not work because of the extent and severity of the abuse that is occurring within the Aboriginal community. Because the workers live and work within their community they are expected by the community to respond to community needs 24 hours a day, 7 days a week.
- The level and severity of violence within the community is very high, yet this is not acknowledged by the community or mainstream agencies.
- Workers are also used as the ‘link’ to whatever is needed by community members, such as legal issues, housing and finance, not just issue specific (violence).
- Stress levels are very high for the workers due to the nature of the work (abuse and violence) and community members’ expectations.
- A lot of barriers still exist. The environment of the Far West is very oppressive to women and Aboriginal communities.
- The decision making process is still very much mainstream power based, not community controlled. Historic structures still exist and prevent upsurging by community members. An example that demonstrates this is ‘being told to consult with only certain people who may not represent the broader Aboriginal community’.

- Funding needs to be recurrent, not short term grant based as this
 - sets up the community and the workers for failure;
 - expectations of the community continues after the project; and
- it’s a slow process.

The community has solutions

- Having a women only committee is crucial to the success of the project being culturally appropriate to address ‘women’s business’.
- The safe house model (Wilcannia) is not working according to local women. They have found workable solutions, such as changing the terminology—Community Centre for Women’s Business—to celebrate being women and to celebrate their culture, not just available to them because they are victims of violence.
- Women need to come together to heal, have a voice, be creative and enable the empowering process.
- Having the workers concerned about men’s welfare means acceptance within the communities of their work, which results in men requesting a service to stop their violent behaviour, individual counselling and anger management groups. Women also want their men involved in the project, as they want their relationship to continue but want the violence to stop.
- The relocating of women out of their community is not a solution as it punishes the whole family. Relocation only works for women not from this community who have been relocated back to their own community. Men need to be relocated not the women. The project at Menindee has successfully had four men bailed to live away from their community.
- Organisations, Aboriginal and non-Aboriginal, need to have attitudes and beliefs that are consistent. **Violence is not acceptable—organisations must work from this belief as well as reinforce it.**

What can be done better

- Partnerships need to be strengthened top down and bottom up.
- Interagency approaches often exclude pathways for partnerships to happen due to rules and regulations. A more flexible, sharing approach is needed to accommodate working relationships, as organisational ownership often disempowers people (workers and community members).
- The voices of women and men in the community should be strengthened to enable their involvement through re-entering the workforce to increase self esteem and self confidence.
- Communication around violence needs to be open, transparent and consistent.
- Support for the worker is essential, and there is a need for more than one worker.
- An Aboriginal workers interagency group should be developed to provide support and exchange information on roles and referral criteria.
- We should advocate for services for men and the employment of an Aboriginal worker to work with men.
- Mainstream agencies are making referrals to the service and inviting the workers to be involved with the development of referral protocols.
- Men within the community have acknowledged and accepted the work being done by the Aboriginal Domestic Violence workers and are requesting a service for themselves.
- There has been resistance from some organisations, which we believe indicates that it is working, as their power base is being challenged.

What is different now

- Attitudes have started to change:
 - men not boasting about what they have done (bashed women);
 - talk changing, nothing to be proud of now;
 - sunglasses have gone (women are showing injuries in public); and
 - men are requesting a service.
- Aboriginal women have self-referred to the service and have stated that they now have someone to go to for help. Workers have been tested by different groups in the community. They know they have passed the test because they have more referrals, which also means that trust exists. The community is also talking about the workers and there is respect for what they are doing.

Model of Best Practice

This Model of Best Practice has been developed from the work undertaken by the Broken Hill and Menindee Rural Crisis Intervention Project and incorporates the community solutions that have been identified. It is important to see best practice as the most effective ways to work with local indigenous communities in rural and remote locations.

Sustainability and transferability are key issues that need to be addressed when creating a best practice model. The evaluation of this project has identified that best practice also needs to:

- build on the skills of the people within the community and promote/facilitate open community discussion;
- include protocols and guidelines for service delivery and referral within an interagency framework;
- provide sound, appropriate training for workers;
- establish the safety of victims of violence, i.e.

women and children, as a first priority in protocols;

- empower people for personal and community change;
- recognise and validate the importance of community healing;
- recognise the importance of a family approach to dealing with violence in the community; and
- be based on the belief and practice that any form of violence is unacceptable.

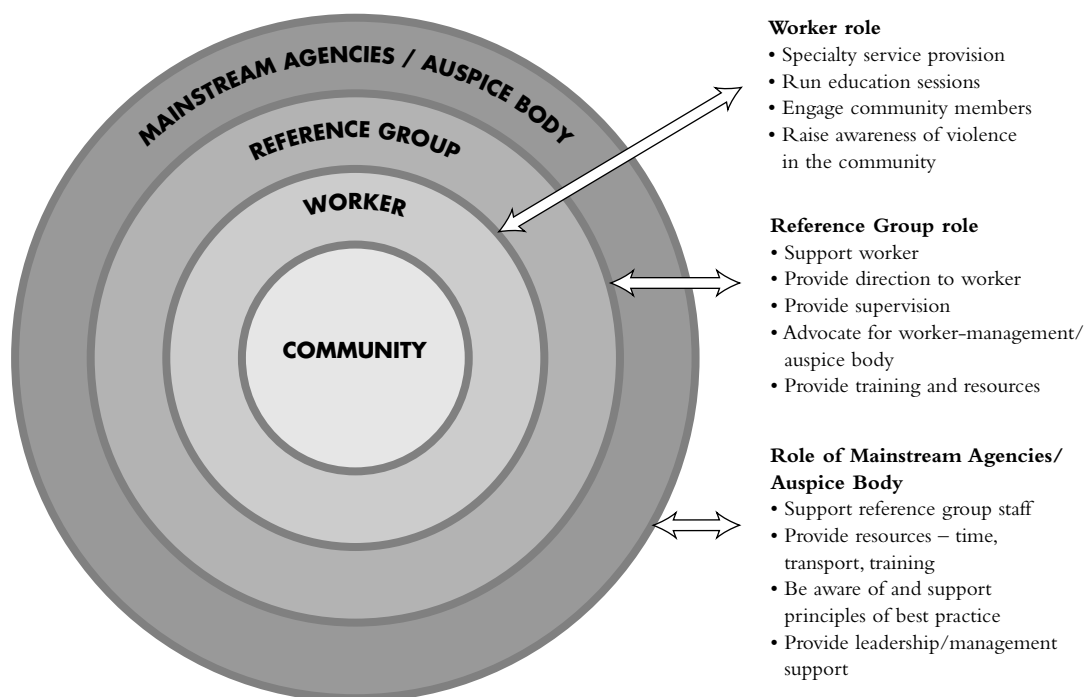
Principle of Best Practice

The principles identified by the projects that must underpin a Model of Best Practice to address violence within Aboriginal communities are:

1. Culturally appropriate practice
2. Flexible work practices
3. Community involvement and participation
4. Community development approach
5. Interagency collaboration
6. Working with men

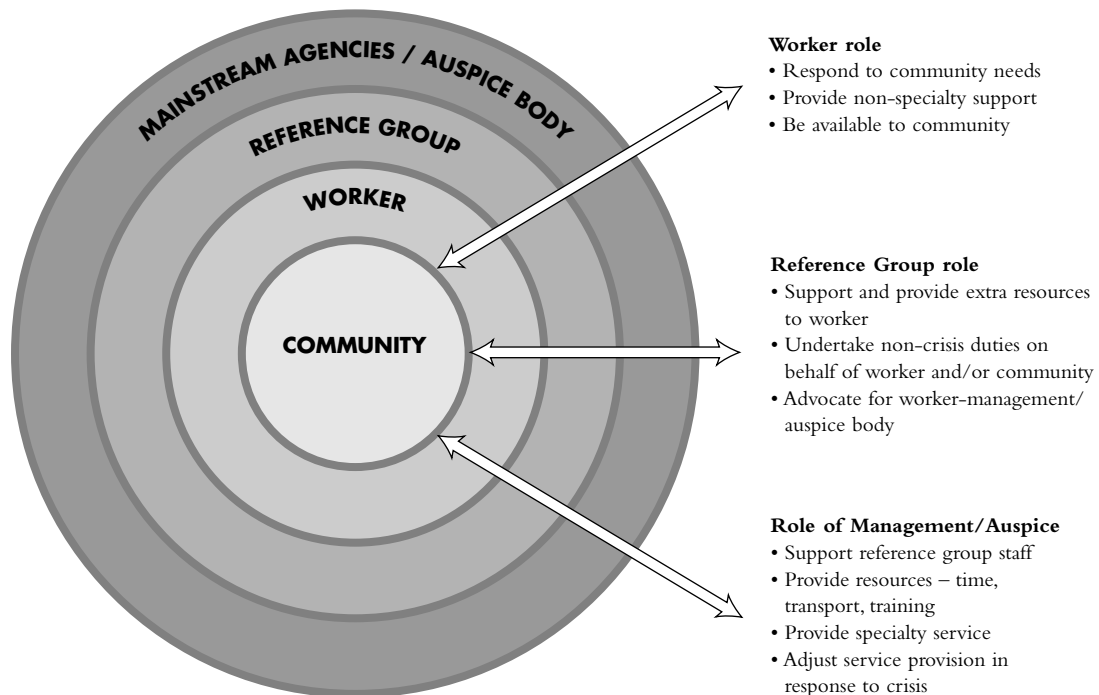
Models for Best Practice

1. Community functioning well



Models for Best Practice

2. Community in crisis



These models reflect the need for service providers to be flexible and responsive to community needs. These needs may and often do change depending on what is happening in the community. Crises such as a death or suicide in the community results in a greater need for not only support, but a range of other services that often fall outside the criteria of any one organisation or department and, therefore, requires a flexible interagency response.

1. What is meant by culturally appropriate practice

For a service to be culturally appropriate it needs to:

- be holistic, encompass a knowledge and understanding of the
 - broader social context in which people live, such as alcohol abuse, unemployment, housing and lack of transport and its relationship to family violence, and
 - physical, emotional, mental and spiritual aspects of individuals;
- recognise and deal with racism and racial harassment;
- understand and validate the impact of

colonisation and dispossession;

- approach the needs and expectations of people from Aboriginal communities with understanding and sensitivity; and
- actively seek to change organisations to better meet the needs of Aboriginal people.

2. What is meant by flexible work practices

Flexibility is about being able to adjust to the needs of the community, which may change depending on what is/has happened in the community.

This is seen as a crucial element in the provision of all services provided for Aboriginal communities. For these communities this may mean:

- not having services only provided between the hours of 9.00am to 5.00pm, Monday to Friday from an office;
- workers being able to respond to ‘crises’ within the community, which may include providing transport, organising a funeral and providing loss, grief or healing support, which may not be defined within the workers ‘speciality’ role; and

- mainstream services providers adapting to the needs of the community through increased resources and support when required by the community, i.e. death, suicide or other crisis.

3. What is meant by community involvement/ownership

This needs:

- community partnerships established between mainstream agencies and community groups, organisations and individual members;
- the identification of Elders within the community who are recognised by the community and have the knowledge and respect, support and resources to become role models;
- systems established to enable community members, women and men to be involved at all levels of the decision making process – community and service providers; and
- support and resources provided to increase the capacity of communities to challenge current violent behaviour. It is not ‘cultural’ that men bash their women.

4. What is meant by community development approach

Community development in this context is defined as the development of a process where communities are assisted to find plausible solutions to the problems they have identified. This approach is seen as the most appropriate as it encompasses the principles of control of decision making, involvement of the community in action for change, development of a community culture, organisational development and learning new perspectives and skills.

The Community Development Continuum developed by Jackson, Mitchell and Wright in 1989 demonstrates how a community development approach can be introduced at a number of service delivery entry points.

It is possible for individuals to enter the community development process at different points and it is not only possible, but inevitable, that their participation will shift back and forth across the continuum over time. However, Jackson, Mitchell

Developmental casework	Mutual support	Issues identification and campaigns	Participation control of services	Social movement
1. Development of individuals receiving support	1. Introduction to others	1. Participation to achieve change	1. Citizen, consumer, Community	1. Ongoing commitment as a part of the way of life, to create change
2. Links between information, options, choices, decision making and expressed need	2. Group discussion	2. Commitment to longer term change must be strong to take people away from day to day struggle	2. Participation as a means to an end	
	3. Strengthening natural networks – friends, family, neighbours	3. Need for personal support	3. Transference of new skills to private/personal lives	
	4. Self help is encouraged	4. Participants take control – even if worker feels decisions are wrong		
		5. Ownership of group		

and Wright argue that the more disadvantaged the community the greater the need is for working at the left end of the continuum.

5. What is meant by interagency collaborative approach

Service providers need to be working together to enable a consistent message and response to be given. For this to happen there needs to be active participation and commitment from all services across all levels—‘domestic/family violence is part of everyone’s role’. To achieve this there needs to be:

- regular interagency meetings that involve management and staff, non-Aboriginal and Aboriginal;
- the establishment of an Aboriginal Workers’ Interagency Network, which is endorsed, resourced and supported by organisations, and which develops guidelines for responding to the community’s informal referral pathways;
- reference groups that manage and support the projects. Composition of these groups needs to have equal representation from the community, elders, women’s groups, youth groups and relevant mainstream agencies, such as Police, Health, Department of Community Services and the Department of Education;
- joint in-services and/or training programs resourced and supported by senior management; and
- interagency communication and referral protocol and procedures developed and implemented.

There have been times when the police, because of a breach of an AVO, have taken a man from Menindee, he has been bailed in Broken Hill and is back in Menindee that same night. You can collaborate as much as possible, but when this happens it makes it very difficult.

6. What is meant by working with men

Domestic violence is a community issue and, therefore, must be acknowledged by all members of the community. Denying it exists or minimising the impact that it has allows it to continue.

Community members have stated that there is a need to:

- lobby for funding to employ a male Aboriginal worker;
- educate men that ‘it’s not love, it’s violence’ and ‘when they are violent, it is not only the women that get hurt, children get hurt too’;
- explain to men what an Apprehended Violence Order means in a ‘conversational way’ so that they understand it fully and what the consequences are if they breach it;
- provide anger management training;
- find a place for men to go, especially when they have been drinking;
- engage Aboriginal male Elders to become role models and speak out against violence and challenge the message that violence is ‘normal’, acceptable or sanctioned by community;
- find alternatives to prison for men—fines and gaol punish the family, not just the man, and women don’t want men to go to gaol;
- work with the female workers and community women to develop solutions that do not require the women to leave their community:
 - establish safe ‘women’s business’ houses in the community endorsed and supported by Elders and acknowledged by the community
 - reclaim women’s quality of life
 - re-establish respect of women’s role (women’s business) and rights;
- assist women and men to redefine their role in today’s society; and
- work with kids through support programs that challenge the generational cycle of violence.

Significant Implementation Issues

Evaluation of these projects has also identified a number of significant issues that have the potential to impact on the implementation of the principles of best practice.

- 1. Mismatched expectations – a recipe for worker burnout**
- 2. Qualities and skills of the workers**
- 3. Role of the Reference Group**
- 4. Leadership – auspice and/or management body**

1. Mismatched expectations – a recipe for worker burnout

The dangers of locating workers with issue specific titles (in this case Domestic Violence workers) in communities has been highlighted.

Once workers are labelled and introduced to their respective communities as *The Domestic Violence Worker*, expectations of *The Worker* start to mount. It is common for *The Workers* to find themselves being pulled in all directions. Community members lay claim to *their* worker and local service providers try to rein in *The Domestic Violence Worker* to

provide specialist services to their clients.

It is important to note that community and agency expectations are ‘mismatched’ and this is what places the Domestic Violence Workers at odds with their own communities and local service providers.

Locating issue specific workers in communities serves to reinforce the view that it is possible for specialist workers to address what is essentially a whole of community problem and responsibility.

In order to highlight some of the mismatched expectations the following examples are provided:

Community Expectations	Worker Expectations	Agency Expectations
<p>Community members defer to the DV worker as <i>The</i> person to ‘sort out’ the problem of violence in their community.</p> <p>Community members view the DV worker as there to work for the community and expect the worker to be available to:</p> <ul style="list-style-type: none"> • be on call to the community 24hrs/day, 7 days/week; • take the lead role in speaking up about and challenging violence, provide transport, counselling and support; and • be the go between for community members and local service providers. 	<p>Workers expect community members, especially Elders to:</p> <ul style="list-style-type: none"> • take a lead role in speaking publicly about and challenging the ‘normalisation’ of violence; • accept family violence as a ‘community issue’. <p>Workers expect local service providers to:</p> <ul style="list-style-type: none"> • share in the responsibility of raising the issue of family violence and working with people living with violence. <p>Workers expect community members and service providers to:</p> <ul style="list-style-type: none"> • work together to develop and implement joint solutions to violence. 	<p>Local service providers identify Domestic Violence workers as the ‘specialist worker’ and expect the worker to be available to:</p> <ul style="list-style-type: none"> • develop and implement education programs; • run education/support groups; • be on call to respond to crisis situations and assess new referrals; • provide counselling and information about options; • provide transport to women and families to and from court, health appointments and towns; and • be available to service providers as a specialist resource.

2. Qualities and skills of workers

This project has highlighted the high-level communication and negotiation skills required by workers in these positions. This role can be very demanding and complex and often requires that the worker not only be an advocate but also facilitate access to mainstream services with and/or on behalf of the client to ensure that the client is treated appropriately, justly and without fear of re-victimisation. To do this they need to have the following qualities and skills:

- Confident, strong presentation
- Good networking and phone skills
- Life experience
- Be able to think clearly in a crisis
- Flexible work practices and hours
- An understanding of housing, custody and finance issues
- Drivers licence
- Good communication skills and the ability to get on with people, for example police and those in the legal system
- Understanding and knowledge of community
- Accepted, trusted and respected by community
- Patience
- Reliability
- Acknowledge all Aboriginal groups in the community
- Be impartial
- Dress and talk to people's level

When I get a call out I always go home, change shoes and tie my hair up. I have all the numbers I need ready, most are in my head, but also written down in a book. If I have seen the same woman a few times, I will go to her house so that I know it, where the back door is, windows and if there is a back room that is safe. Always have an escape plan ready. Make sure there are locks on the doors and that they are used.

Training required

- Core domestic violence
- Counselling (basic)

- Community development
- Group work skills
- Report writing skills

3. Role of the Reference Group

As an interagency and community group, the Reference Group plays a crucial role with the projects including:

- assisting with management of funds;
- providing direction, support and advocacy for the project and worker;
- clearly defining and providing supervision and debriefing requirement of the worker including:
 - a. informal worker debriefing and support
 - b. formal supervision/professional development—must be structured into work and can be phone or face to face;
- assisting with documentation and report writing; and
- public relations and promotion.

4. Leadership – auspice and/or management body need:

- an understanding of the issues around family violence;
- hours of operation 9.00am to 5.00pm, five days per week;
- to have attitudes and beliefs about violence that are consistent with the project—say and demonstrate that domestic/family violence is not acceptable;
- developed and endorsed policies and procedures that endorse that violence is unacceptable;
- established links with appropriate services and organisations;
- to provide a supportive environment which includes collaborative practices, child care and addresses safety issues;
- office space that enables privacy/confidentiality while minimising stigma;
- to be accessible to community; and
- provide a relief worker not time in lieu.

Strategies for continued implementation of model

Suggested strategies necessary for continued implementation of the model of best practice following completion of these projects include:

- Funding needs to be recurrent and not short term or grant based. Short term funding undermines the sustainability of the project setting the community and the workers up to ultimately fail. The needs and expectations of the community continue after short-term grants have finished. This also impacts on how the community views departments withdrawing funding from a project that they consider needed. This creates a climate of mistrust and scepticism and perpetuates historical beliefs and attitudes. **It is also imperative to ensure that economic rationalism does not impede creativity in strategies for dealing with domestic violence in Aboriginal communities.**
 - Partnerships need to be strengthened both from a 'top down' and 'bottom up' approach. A strong commitment to the project by senior management of the organisation is essential to the success of the project and the welfare of the worker. Strategies for addressing domestic violence must be incorporated in the organisation's strategic plan, which in turn should be underpinned by the principles of Primary Health Care and the Ottawa Charter. The initial direction needs to be identified and an action plan developed with ensured initial progress that is maintained and outcomes monitored regularly. Health and allied workers as well as the organisation need to possess a sound understanding of the Domestic Violence Worker's position and the issues impacting on the worker. A critical aspect of the success of the project is the team being committed to open communication and collaboration with a willingness to link the known present and the hope for the future.
 - An Aboriginal workers' interagency group needs to be established, which includes all Aboriginal workers from all areas, e.g. Family Support, Department of Community Services, Police, Education, Health, Centrelink, Court Support and Catherine Haven. This, again, is a critical factor to the implementation of best practice in addressing the issues of domestic violence. An Aboriginal workers' interagency group would have the power to guide consolidation of interagency partnerships from a 'bottom up' approach and develop culturally appropriate policies and strategies interlinking the practices of the agencies involved. This would ensure a transparent working arrangement between all Aboriginal workers and hence the agencies.
- The interagency group would be an excellent support system for all the workers where issues could be raised in a culturally safe environment and strategies and ideas taken back to their respective line managers. This has the potential to work towards the breaking down of factionalism in the community, which is indeed a barrier to implementation of best practice in Aboriginal communities.
- It has been clearly demonstrated over the 12 months of these projects that a sole domestic violence worker in a community is insufficient to deal with the complexities of domestic violence. The position of Domestic Violence Worker carries with it a very significant stress load, which is compounded greatly in an Aboriginal community, as the community's expectations of the worker are enormous. It is recommended that there be sufficient funds available to secure at least another 0.5 full-time employed worker in order to share the workload.
 - That organisations provide strong leadership and take responsibility for supporting the Domestic Violence Worker with issues related to:
 - Development of Occupational Health and Safety policy
 - Equal Employment Opportunity policy
 - Professional Development Policy developed to ensure the workers are released and supported financially to attend ongoing training and skills development that include domestic violence updates, interpersonal skills, information technology and counselling skills.

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Appendices

Appendix 1

RURAL CRISIS INTERVENTION PROJECT (RCIP) ABORIGINAL DOMESTIC VIOLENCE WORKER POLICE REFERRAL PROTOCOL

Address:

**Broken Hill Primary Health Service
(Aboriginal Medical Service)
Argent Street, BROKEN HILL 2880**

Phone: 08 8088 5544

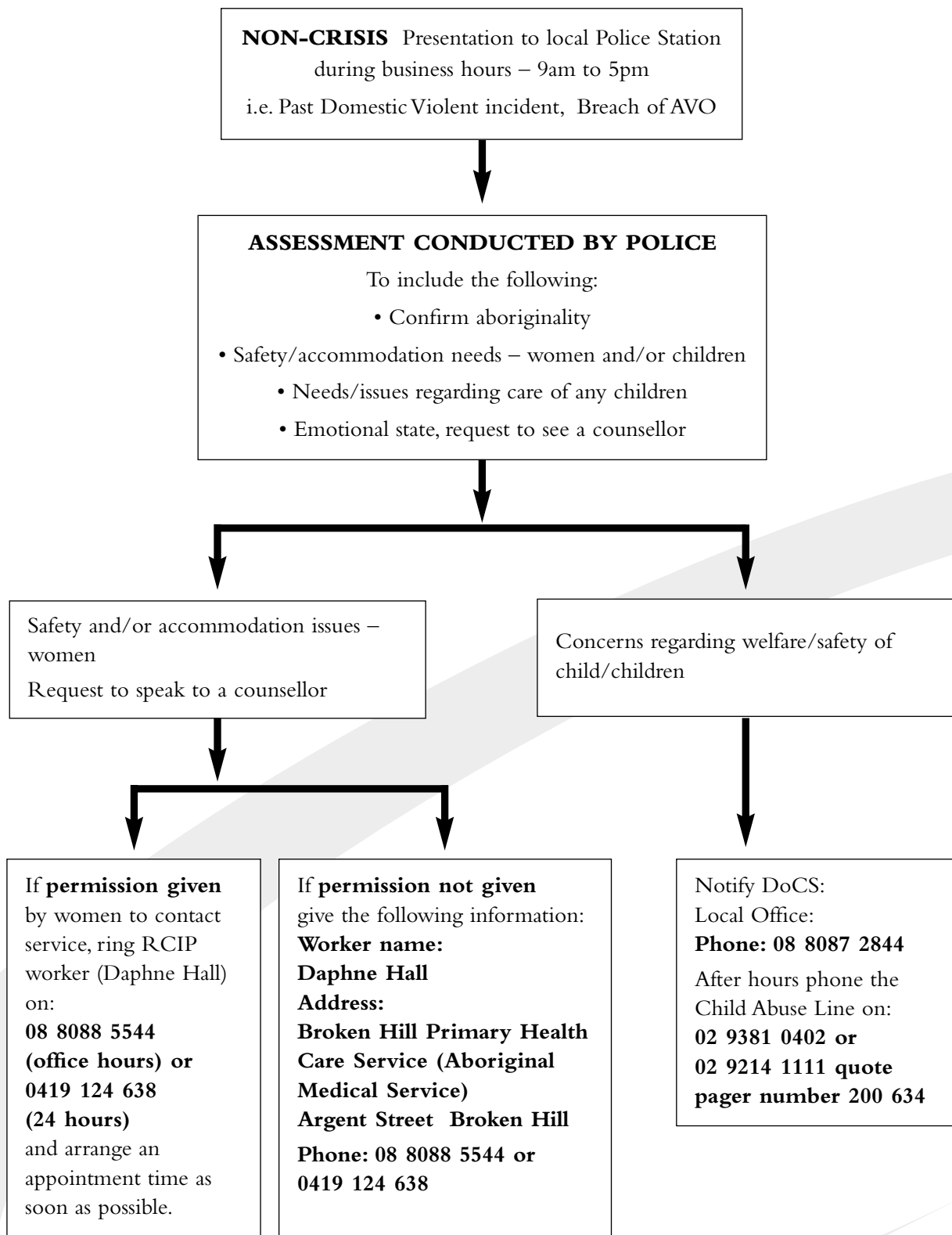
Fax: 08 8088 5545

RCIP Worker: Daphne Hall

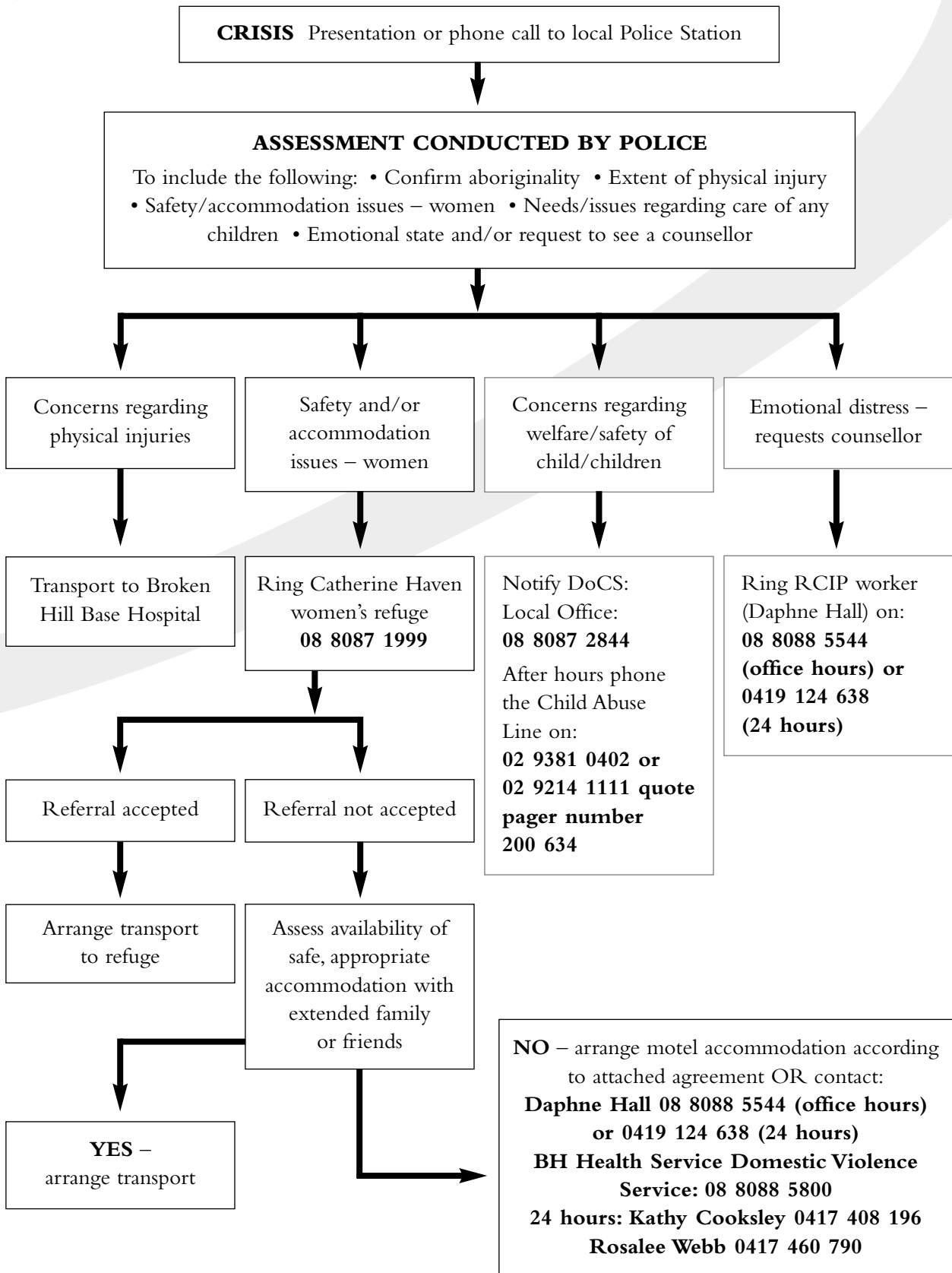
Mobile Phone: 0409 921 541

Please refer to attached flowcharts regarding appropriate protocols for both CRISIS and non-crisis referrals to this service.

RURAL CRISIS INTERVENTION PROJECT (RCIP) WORKER ABORIGINAL DOMESTIC VIOLENCE WORKER POLICE PROTOCOL



RURAL CRISIS INTERVENTION PROJECT (RCIP) WORKER ABORIGINAL DOMESTIC VIOLENCE WORKER POLICE PROTOCOL



Appendix 2

Rural Crisis Intervention Project

The Rural Crisis Intervention Project (Aboriginal Domestic Violence Worker) has been in operation for almost twelve months. To enable us to gauge the effectiveness of this project it would be appreciated if you would complete the following scales and comments where asked. When using the scale 1 is the lowest and 10 is the highest.

What area are you reporting on (Please circle your community)

MENINDEE or BROKEN HILL.

Q1 What was/is the level of services/support for Aboriginal victims of domestic violence?

In the past: 1 2 3 4 5 6 7 8 9 10

Now: 1 2 3 4 5 6 7 8 9 10

Comment:

Q2 How do you rate the understanding of domestic violence in your community?

In the past: 1 2 3 4 5 6 7 8 9 10

Now: 1 2 3 4 5 6 7 8 9 10

Comment:

Q3 Do you believe that victims of domestic violence are aware of their rights?

In the past: 1 2 3 4 5 6 7 8 9 10

Now: 1 2 3 4 5 6 7 8 9 10

Department for Women
Level 4, Stockland House 175-183 Castlereagh Street
Sydney NSW 2000

Phone: 02 9287 1860 Fax: 02 9287 1823

Email: dfw@women.nsw.gov.au

Website: www.women.nsw.gov.au

Gateway: www.womens.gateway.nsw.gov.au



Coordinated by the
Commonwealth Office
of the Status of Women