

BLUEPRINT CONSULTATION FEBRUARY 2016 –SERVICE PROVIDER RESPONSE

From Crossroads Community Care Centre Inc

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We are a transitional housing provider, targeting women and children affected by DFV. We also provide parenting programs, information and referral, community services, counselling, court support, advocacy, support groups, domestic violence counselling, sexual assault counselling, trauma therapy and children's therapy.

2. Have you ever referred someone to an additional service because you suspected they were at risk of experiencing or using DFV?

We often refer to police, lawyers, legal aid, financial aid.

- a. How did you find/access this service?
- b. Through our own information and referral information and networks. We need quality, in depth responses, not a phone number providing service.
- c. What did you find easy/challenging about this process?

We often can't get to actually speak to anyone and its taking an increasingly long time to get call backs to our messages. The tag game can go on for weeks now. Services are often too overworked to assist. They often can only give us a lengthy procedure to follow to try to get help for our clients. Often this work has poor results. For example, we were trying to relocate a DV survivor from an area of risk. The only service that had a vacancy turned out to be in that same area.

3. What features of the current DFV service system do you think work well, and why?

DVline seems better on balance to better assess the clients needs, understanding the complexity of them, and provides a better standard of referrals.

The Family Referral Service also has a good understanding and appropriate referrals.

4. What features of the current DFV service system do you think could be improved and, why?

More financial assistance for women relocating, with better access, faster access, and flexibility in response to their actual needs.

More services specifically dealing with and responding to domestic violence.

Better awareness of the link between confidentiality and safety eg women who have relocated in order to remain safe and then need to report threats etc as breaches of the AVO's, are obliged to go to their nearest police station. Officers are obliged to state where

their station is located in the records or if phoning the perpetrators, which then discloses the locality of the victim.

Fewer information and referral only services and more that do casework, counselling, court support and advocacy.

More specialist women's refuges. Survivors have been put in homelessness services with women who are using drugs, discussing their stealing and prostitution, left without any counselling for weeks, made to leave the accommodation during the day and wander around waiting to return, put into housing in areas the perpetrator visits regularly, made to share accommodation with very mentally ill residents. This is not best practice, this does not help them recover, this puts them at risk. In homelessness services, other residents understanding and commitment to maintaining safety and confidentiality is poor.

Put DV counsellors in more diverse places such as schools, police stations, churches, sports club facilities.

More education on what domestic violence is, so that people know about it before it escalates to a crisis.

Support for services that identify those at risk and that then take appropriate action.

DV assaults to be treated as assaults and punished accordingly. Breaches of AVO's to be punished by both Family Court (loss of access to children) and criminal court (imprisonment)

Education on DV that targets all of the community, and includes education on post separation domestic violence and the means to gain safety, including confidentiality. Education and awareness programs that run in all of community.

Education on victim blaming, and why it's a false belief. Targeting victim blaming among organisations that work with mothers, as this is where the problem of victim blaming seems strongest.

5. What kind of measures could be taken to support service providers to better identify those at risk, and take early action to help prevent DFV?

Target non-DV services for this type of education and provide some in-depth education as well.

Domestic violence services are excellent at identifying those at risk and know what measures to take but lack the level of staffing and resources respond to the level of need for action. So, fund more domestic violence services, ya think?

More local services as they make it easier for people to get to, use, know about.

Education on the links between confidentiality and safety.

A DV specialist approach, because it's more effective. The vast majority of survivors have multiple difficulties to attend to, so DV specialist services save a lot of running around, wasted time when partial responses are irrelevant or ineffective.

6. DFV is a whole of community issue, and results will be best achieved with a whole of community response. What could be done to encourage cooperation and coordination between government, business, NGOs and the community to improve responses to DFV?

Resources, funding and support to enable actual collaboration, so all can take part in the range of responses. The biggest problem concerning cooperation and coordination, is that funding is held by a few providers, the response becomes owned by them because of that cooperation becomes problematic. If local groups and services provide voluntary help, time, resources etc to a large agency, and get no recognition, no inclusion, no access to even minimal resources while the agency grows ever larger, less consultative, hostile to any sharing of funding, acknowledgement or materials – then cooperation becomes moot. Ensuring that collaboration includes shared resources and access to appropriate items of the funding would provide local ownership of DV responses and would encourage involvement

With regard to what we felt were the major themes in what our community consultation provided, these were;

Women having been made to feel that there is something wrong with them through having experienced DV.

Women feeling that their life had dramatically changed as a result of DV, had greatly worsened, and that there was little hope they would recover the degree of safety, financial security or relationships with their children, friends and family, that they had had before.

Women having a very strong need for support and understanding from schools, police, doctors and courts - along with a fear about how to cope if they should not get these.

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