

**THE CHALLENGE OF DELIVERING SERVICES
WHICH PROVIDE FOR RESTORATION TO
RURALLY ISOLATED COMMUNITIES – THE
VICTORIAN EXAMPLE**

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The Victims Assistance Programs otherwise known as VAP's were established in Victoria from July 1997, following the establishment of the Victims Referral and Assistance Service in November 1996. The programs are funded through the Department of Justice under the auspice of the Victims Referral and Assistance Service.

We are part of the integrated and co-ordinated approach to victims services, adopted from recommendations put forward following the inquiry undertaken by the Victims Task Force of the Victorian Community Council Against Violence in the period 1994-5. This inquiry had been referred to the Victim's Task Force by the Attorney General, The Hon. Jan Wade MP, and the Minister for Police, Emergency Services and Corrective Services, The Hon. Pat McNamara.

The three authors of this paper work within a community health setting in regional centres within the State of Victoria, that is Wangaratta, Warrnambool and Mildura. Within these settings the main approach adopted for health promotion and well being has been the 'Ottawa Charter of Health'. This Charter was established at the First International Conference on Health Promotion in Ottawa on November 21st, 1986 and called for action to achieve health for all by the year 2000 and beyond.

The basic prerequisites for health include peace, shelter, education, food, income, a stable Eco-system, sustainable resources, social justice and equity. The Charter promotes advocating for health. It encourages health organisations to ensure that the opportunities and resources are available to enable all people to reach their potential by providing a supportive environment, access to information and choice.

The Charter also encourages communities to work together. This includes the government and non-government sectors, voluntary organisations, industry and the media. It promotes identifying local issues and building appropriate public policy to deal with those issues. It is about creating supportive environments and strengthening community action. The Charter promotes personal development, encouraging the individual to develop skills that will assist them in their lives and to help them make appropriate health choices.

These principles are reflected in the Victims Assistance Programs through it's objectives as well as in its day to day operation. To demonstrate this I have linked the five main principles of the Ottawa Charter to the service provision of the Victims Assistance Program:-

1. *Strengthening Community Action* we do this through
 - Collaboration with other organisations from the Government & non government sectors and by having key community members as part of our reference groups. It is also about the
 - Development of support groups to meet the needs of our clients.We also conduct
 - Public Forums as part of service provision – allowing for community input into our service delivery. and we are supported in service provision by the.
 - Use of volunteers within our programs. We work towards

2. *Building Healthy Public Policy* - by
 - Providing feedback to policy makers using a co-ordinated approach and by
 - Identifying issues and informing policy makers of gaps in services. We work at

3. *Creating Supportive Environments* - by
 - Ensuring our service is accessible to all within our service areas through the provision of outreach and 1800 numbers as an example, and by the.
 - Provision of interpreters and culturally sensitive programs where appropriate. We work towards

4. *Developing Personal Skills* through the
 - Provision of support and information to clients and through the provision of a client directed service allowing them to use their existing skills and to make choices based on accurate information. The last principle is that of

5. *Reorienting Health Services* and we do this by placing the
 - Focus of care on the needs of the individual and the altering of service provision to meet the needs of the communities in which we work.
 - Staff training appropriate to staff needs that will enhance and develop staff skills promoting improved and appropriate service delivery is provided .through our agencies &, the Victims Referral & Assistance Service .

The Victims Assistance Programs provide an accessible service to all victims of crime across the State be it by use of the telephone or face to face contact. As part of our service agreements we are mandated to provide a service through the following four objective headings of:

1. Direct client services
2. Community education
3. Network development
4. Policy development0

We aim to reduce differences and ensure that the opportunities are there for our clients to go down the path of recovery and to put them in control. We work very closely with existing services. We provide information, support, and with the support of our volunteers practical assistance. We also provide counselling to our clients and undertake an advocacy role when that is required.

We link our clients with appropriate supports that we may not be able to provide such as emergency housing, legal advice, and food parcels, clothes or what ever else may be appropriate. Sometimes this is easier said then done, however we work in communities were we have a knowledge of local supports and networks and often we know those we are approaching on a personal as well as professional level. Where there has been a need identified, support groups have been established and we provide through a variety of means an opportunity for the client to inform us of their concerns with tools such as surveys or feedback sheets and grievance procedures.

We undertake community education activities and this includes talks, seminars and in-service provision for workers across our regions. It also includes becoming involved in local activities such as gadget and machinery field days, local festivals and country shows with displays and talks. It is working with the media to promote community awareness of issues facing victims of crime and the availability of services.

We work closely with our local communities, including police, community organisations, minority groups, other agencies, lawyers, court staff, medical and human service providers. We have members of our local community on our reference groups and we endeavor to ensure that the services we are providing do not duplicate a service that already exists.

The final part of our mandate is in the area of policy development:

We have on our agenda a commitment to work with other agencies and organizations on a state, regional or local level on various campaigns and initiatives that aim to address or raise awareness of issues facing victims of crime. An example of this is this week, with the Victorian Community Council Against Violence initiative of Community Safety Week - September 5th – 11th, where a number of VAP s across the State have conducted or been part of activities focused around safety, crime prevention or promotion of services to assist those affected by crime.

The main aim of all our programs is to assist the victim, their families and their friends overcome the negative effects of their experiences resulting from the crime. We do this by building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting our service provision to meet the needs of our communities and the individual.

However our service provision is not without problems or challenges and we will outline some of those.

It is important to remember that the information gathered through the provision of direct service is the information which informs our practice to meet the objectives around community education, network, and policy development We will address these areas more specifically in the latter part of the paper..

As with many client services in rural Australia, Victoria's rural Victims Assistance Programs face the challenges of distance and isolation on a daily basis. The regions in which we are situated broadly cover areas of Hume 43000 sq KMS, Barwon-SW 30,000 sq kms and Loddon-Mallee 59,000 sq kms. Obviously the crime rates for small country towns are minute compared to the metropolitan area but the tyranny of distance has a huge impact. So too unreported crime, which is more often than not crime involving family violence and childhood sexual abuse and in our experience common across all regions. Confidentiality and anonymity is vital but complicated where workers, victims and perpetrators are all likely to meet on a social basis at the local pub.

Because of the size of regions and the numbers of VAP workers (on average about three per region) available to provide service most clients access the services via the telephone. They may make the call themselves or another service provider e.g. doctor, domestic violence worker etc may make the call for them. An appointment would generally be made for within a week but if the person is distressed or the situation urgent a worker will try to see the person that day. Practically this may mean a drive of two or three hours each way. Sometimes the first meeting will be conducted on the phone if that's what the client wants.

Good service networks are vital across the whole region because it enables other geographically closer service providers to be called in, particularly in the case of an urgent visit which involves long distances, to provide information or assessment of the situation. This works both ways and we can be called in from another service because we are closer. Volunteers are recruited and trained by VAP workers to provide a pool of people to assist us respond appropriately to people's needs however they would rarely be the first point of access for victims.

At the initial contact some idea of the service the person requires would be established - and there is a huge range of things which VAP workers are called on to do. Victims and their families are often able to access the service in their own home (unless there are issues of worker safety), a local service, or even the local bakery depending on the wishes of the client.

The most effective way to indicate the type of service we provide, and the issues which are generated, is through the use of case studies. In a rural setting this in itself creates problems because people are so identifiable. Solicitors, psychologists and many human service providers such as ourselves provide service to a whole region and so know cases from a wide area. We would have little credibility if in a forum we discussed a case which is familiar to half the audience. Here today we will provide you with a case study. Rest assured people's confidentiality is maintained and we have the permission of the clients to present this information at this forum. You won't recognise them even if you are from one of our regions, but it will accurately reflect the often complex, creative and just plain frustrating process of restoration for rural victims.

Case 1

Sue and Gary were assaulted by a close relation in their home. Following the assault Sue became suicidal and after a call from the local Domestic Violence worker, the VAP worker made contact with them.

Initially their priority was Sue's deteriorating mental health. At the first visit of the VAP worker Sue was openly talking about ending her life. The worker assisted them understand and manage the process of being admitted to and dealing with the mental health system including advocating on their behalf for Sue's right to some dignity in her treatment. They accessed a psychologist and this was assisted through the VAP worker liaising with the community psychiatric workers and the psychologist to ensure each was aware of the other's part in Sue's recovery. Without this it appeared each would have provided treatment in isolation from the other.

The judicial process became important for Gary to deal with as Sue was unable to. The VAP worker was consulted at each point. Police were happy to indicate where things were up to but committal mentions mean as much as trials to those uninitiated in the court system. In these particular courts there was no access to court network but a volunteer was accessed through the VAP program.

An interim award for ongoing counselling was required and many doctor and pharmacy bills had to be paid. The process of applying for reimbursement through VOCAT is not necessarily familiar to country solicitors so the VAP worker provided information to him about entitlements and processes. An application under Section 86 was a possibility which Sue and Gary wished to pursue so the VAP worker explained the process (or lack of process) to them and then notified the Office of the Public Prosecutor.

Writing a Victim Impact Statement and the appropriate time to do this is something hotly debated depending on whether you are the police informant, the prosecutor or the victim . Dealing with the sometimes conflicting demands of the officials involved was the task of VAP. Providing support through all the adjournments, offers of deals and then mentions and committals fell to the VAP worker.

This entailed over a period of seven months and before even the committal, a total of over 120 visits , phone calls and contacts with or by the VAP worker, none of which could be considered indulgent. These ranged from five minute phone calls to a number of four plus hour visits to the psychiatric unit. It involved liaising with domestic violence workers, court officials from two different courts, staff at the Office of the Public Prosecutor, at least two police prosecutors, community policing squad and other local police, the clients church group and minister, two psychologists, the social worker at the psychiatric unit, psychiatric nurses at the unit as well as community psychiatric workers, two solicitors, the victims of crime assistance tribunal, the client's GP and local hospital staff. More importantly it saw as is common VAP staff providing the glue to hold this case as well as this person together until they were able to begin to think about moving on. They lived two hours away, a drive of 200kms for the round trip. During this period Sue attempted suicide seven more times. They put their home on the market and reassessed their lives.

I'd like to be able to say they are well on the way to recovery now but the committal hearing has not happened yet and their health is still fragile. The issue is not just the time and effort it took, but, especially for a rural community, who would have done it two years earlier...or from a Melbourne phone number or office?

The challenges for victims of crime are felt through and by the community. The community of course can respond both positively and negatively to the victim, their circumstances and needs. In rural communities we have been able to identify areas of concern which provide challenges to victim support services, but also note some very practical and positive outcomes for that same group.

The victim support model has provided for the realisation of some of these outcomes, by tapping into the strengths of rural communities when implementing the service. I will begin with a summary of some common community reactions and issues which create the challenges.

- The down side to small communities as previously mentioned, is that issues of confidentiality and privacy are much more difficult to maintain. Although people may be well intentioned, sometimes the healing process can actually be impeded by the ongoing publicness of the events.
- Rural communities can also suffer from the identifying of some groups in the community being more deserving of support than others. Small town prejudices and well remembered histories of individuals and families can make life difficult for people who become victims of crime and are in genuine need of full support towards recovery. Attitudes of police, service providers and the general community are sometimes much more intense in small communities. Judgements around those "ideal" victims deserving of assistance and others seen as less deserving can be a challenge and are very prevalent, particularly when resources are already limited. Community education needs to have a vital role in this area. Challenging prevailing attitudes towards domestic violence in rural communities continues also to be a focus for supporters of victims.

- Cases that go onto trial are very publicly reported and clients are often very concerned about their private lives appearing in local newspapers for public comment and scrutiny. Victim Assistance workers and their partnership services which lobby for a change in attitude have often found that the reporting of sexual assault cases in local newspapers and media can be the main deterrent for non-reporting in the first place.
- Difficulties also go on in applying a wholistic response to the needs of people. It is not surprising for workers to find that a person may have a whole range of issues in relation to the traumatic event or because of it. There may be the needs in relation to the event e.g. for counselling, court support, advocacy, child minding, transport to appointments etc. but there may also be added issues such as drug and alcohol dependency, gambling, unemployment, housing, financial assistance. Sometimes the traumatic event can be the one extra thing that causes the lives of families and individuals to spiral out of control. Community resources are often strained and stretched already and providing that one extra support can be difficult to find.
- Workers in rural communities need to have a realistic view of the extent to which the recommended model of recovery can be fully applied. Something as simple as finding counselling for a person can be less about it being free but more about it being accessible to the person. Issues of transport, communication ie. access to phones, no family support, child minding can have severe limitations on any attempt at recovery even though the counselling is an entitlement.

Strengths of rural communities which contribute to better outcomes for victims.

- One of the more positive aspects of rurally isolated communities is that they have a strong sense of commitment to maintaining their communities particularly in the face of a more centralised policy direction in many areas of government in recent times.
- Existing services in these communities are more inclined to develop partnerships and work together to maintain supports for people. These partnerships are built in both formal and informal networks, both are important ways of relating and both achieve very positive outcomes. This enables the sharing of resources and people skills with a common focus. Example: The Violence Against Women Integrated Services Partnership in South West Victoria.
- Although there may be strains on resources and services the establishing of Volunteer Support programs is found to be much more successful in rural communities. This is mainly due to the sense of community ownership for problems which its members face and also a much more personalised understanding of the impact of crime on people. It is much more difficult to ignore the pain of others when they exist in small communities and are less anonymous.
- Local community groups are more inclined to respond to needs in their own areas if they can see better outcomes for the communities. An example of this is church and service clubs supporting specific projects, providing houses for respite for families who have been victims of crime as in Mildura example with St. Vincent De Paul.

Building on these existing strengths in rural communities and taking into account the concerns of victims, the Victims Assistance Programs have identified a number of recurring needs across communities and attempted to address them through these initiatives. This is to meet the original aims of VAP's and address policy development, community education, building networks and better services for clients.

1. Court Support

Previously there was very limited court support available to victims in the country areas and that is now being addressed in many areas where volunteer support workers are trained in court support for victims. This is a different role to Court Network which is currently available in the city and some major regional centres. Where Court Network is provided referrals are also made particularly for clients who have to go to the city for court.

2. The VAP Network

A statewide network of Victims Assistance Workers allows for detection of gaps in services and areas of common need. This also allows for lobbying for consistent approaches to victims issues across regions. Workers can agree on positive directions and respond to common issues.

An example of this was the identification of an issue around the placing of roadside memorials by the families of road trauma victims. It was thought that the councils across the state should be encouraged to adopt the Vicroads policy in relation to this issue. Victim assistance workers wrote to their own councils in their respective regions urging them to consider adopting the policy. The response in the main was favourable and went some way towards achieving consistency for clients.

Identified issues are regularly raised with other linked Victim Support providers such as The Victims of Crime Assistance Tribunal and The Victims Referral and Assistance Service. These have been able to bring about some adjustments or even major changes to provide better supports for clients. For example consistency around awarding entitlements to victims under VOCAT.

3. Victims Assistance Workers in all Rural Areas

Another way to try and ensure consistency for clients who move between regions is by referrals being made across regions for clients who wish to continue to have support when they move. Because of the strongly identified network, workers can pick up the needs of the client very quickly.

Most regions have also established outreach services and travelling arrangements to try and respond to the needs of clients wherever they are. Statistical data reveals that clients make contrast with the services from all over the region and so the challenge is how to respond to the tyranny of distance. Even having willing and trained volunteers means there is considerable cost in making personal contact with the victims to support them in their needs. Often the more isolated the area the stronger the need.

4. Community Based Support Groups

These groups are established from victims needs which are often identified through networks and partnerships. Some specialist services are more able to address the requirements of setting up such groups and their title, composition, direction etc will be determined by the needs of the community itself. These groups can assist people with dealing with the isolation of being a victim.

We hope we have established some understanding of the practical implications of the delivery of service through the Victims Assistance Program. This is a new and exciting initiative with many positive outcomes for victims. Clearly it is located in agencies whose principles are consistent with those of the program, namely the primary health care principles.

As a relatively new service we hope to learn through the challenges we currently face and continue to grow in our understanding of the needs of victims. We are mindful of the need to continue to gather data, and information, to network, discuss, and make recommendations with the aim of challenging, influencing, and creating future policy directions for victims of crime.

As workers in a rural setting we will certainly be focussed on achieving better outcomes for individuals and their communities in regional Victoria. We believe that very specific issues for rural settings are better addressed where those offering support have a sense of what the communities can provide and what they need. A real commitment to the delivery of such a service will continue to provide ongoing challenges for both workers and victims into the future.