

A Collaborative Approach to Working with Women who have Experienced Sexual Violence as Children – Stepping Out Housing Program (Jane Bullen, Julia Jacobs, Lou Lou Le Pont, Michelle Martin, Constance Smith) Written by Julia Jacobs. May 2004.

INTRODUCTION.

This paper addresses the needs and experiences of our tenants who tell the story of being considered “Too Hard” to work with and who have trouble locating services that respond adequately to their complex needs. Many of our tenants talk of dealing with the negative effects of Mental Health diagnosis’s and the related difficulties in accessing services and housing that adequately support them.

First we will introduce Stepping Out and briefly outline the history of the service. We will then discuss the effects of Childhood Sexual Assault and it’s impact on housing issues for our tenants. Finally we will look at the process a tenant goes through in our service, from referral to exit housing, including support work. We also highlight the model of collaborative partnerships that we have developed with other services over the years. This is an organic model in process. It has largely developed through the efforts and inspiration of individual workers who have been able to think laterally and who have the people skills to form strong networks over long periods of time. It is a testimony to good working relationships. This discussion paper highlights some of the ways we have been able to work together to create a better outcome for the people that seek help from our services.

INTRODUCTION TO OUR SERVICE- WHO WE ARE.

Stepping Out Housing Program is a medium term supported accommodation service for women (with or without dependent children) who have experienced child sexual assault and are homeless or at risk of homelessness. We provide accommodation and support to women for approximately 12 to 18

months in a range of properties within the inner west and south western Sydney. We have a small stock of our own properties and also currently work in partnership with Community Tenancy Schemes such as Hume, Marrickville, South West, Inner Sydney and Women's Housing Company,

A BRIEF HISTORY- HOW WE CAME ABOUT

Stepping Out was born in 1986 out of Dympna House (a non-govt Child Sexual Assault Counselling and Resource Centre) who auspiced the establishment of Dympna Accommodation Program with funding from the Women's Medium Term Housing Program. Dympna workers had identified the need for women seeking counselling from their service to have stability in the rest of their lives as homelessness was contributing to a range of practical problems which was limiting the usefulness of counselling. The service was then incorporated as Stepping Out Housing Program in 1987.

We have grown since then and we currently are a team of 4 support workers, a co-ordinator, an administrator/housing worker and a bookkeeper. We usually have one student with us at a time from either social work or art therapy.

OUR TENANTS. COMPLEX NEEDS

TRAUMA RESPONSE OR COMPLEX NEEDS

We view complex needs as the range of distress behaviour that form the expression of severe childhood trauma.

EFFECTS OF CHILDHOOD SEXUAL ASSAULT- TRAUMA

Women who use Stepping Out have spoken of struggles with a wide range of trauma based symptoms such as depression, anxiety, intense fear and helplessness, nightmares, flashbacks, body memories, a sense of reliving traumatic events, reactivity to cues that symbolize or resemble a traumatic

event, avoidance of thoughts, feelings, places, people etc., feelings of disconnection from others, problems with sleeping, anger, concentration, impulsivity, hyper vigilance, self harm, suicidal thoughts and dissociation. It has certainly been our experience at Stepping Out, and there are numerous studies cited in Herman's Trauma and Recovery to support that "the earlier the onset of abuse in a persons life and the greater its severity, the greater the likelihood that the survivor would develop these kinds of symptoms". (Herman,1992:126).

MENTAL HEALTH

The women who use Stepping Out have very often come into contact with various Mental Health professionals due to the impact of the trauma they have experienced. These include Mental Health Workers and Crisis Teams, Nurses and Doctors on psychiatric wards in hospitals, counsellors at Community or Women's Health Centres and individual mental health professionals.

COMPLEX HOUSING NEEDS

Along with complex mental health needs usually comes complex housing needs. Many of our tenants have had a series of previous unsuccessful tenancies when they come into our program, either with the Department of Housing or with other subsidised housing providers as well as in the private rental market.

HOUSING HISTORY

Many of our tenants report long periods of living on the street from a young age, or as soon as they could flee the abusive situation. Many talk of attempting to meet their own basic living needs in numerous ways, from refuges, cars, friends lounges, boarding houses, rehabilitation units, Department of Housing properties, Community Tenancy Schemes, and private rental. We find that the behaviour associated with complex mental

health needs lends itself to difficulties relating to others, social anxiety, difficulties with anger and management of emotions. Our tenants often have nuisance and annoyance complaints which follow them from tenancy to tenancy, regular difficulties in paying rent due to the interruption from Drug & Alcohol misuse or Mental Health issues. We have found that due to the lack of opportunity our tenants often find themselves lacking in basic living skills which can lead to problems in their tenancies; such as eviction, rent arrears, nuisance and annoyance complaints, and / or failure to adequately maintain to property.

ISOLATION

Our tenants who attend our weekly art group report that, for some of them, it is their only interaction with other people all week. One woman had not spoken to anyone for the twelve months prior to her coming to the group. It can not be underestimated the extent to which isolation can devastate the lives of our tenants. In securing a stable long term living situation for some women it can exacerbate isolation.

THREAT OF LONG TERM HOUSING

Some women find the offer of long term housing itself extremely threatening and difficult to contemplate because they have never had a stable home to compare it to, they don't know what to expect, whether they can handle it, if they deserve it. Most women distrust offers of long term stable housing as it does not relate to their world view. We view this as a direct result of the training these women received in their childhoods from the perpetrators of their abuse. For a lot of women moving or fleeing a situation is the only way they have dealt with conflict. Not surprisingly a lot of our tenants have housing histories riddled with conflict, with neighbours, partners, friends and family. A lot of our support work is taken up with advocacy for our tenants and their housing providers and mental health teams. We try to enable a women to maintain her tenancy and not return to homelessness. This is not always easy and successful despite the efforts of multiple teams and services.

THE PROCESS

1 REFERRALS

Women come into our service either by self referral or by being referred by other agencies. We get referrals from a wide range of areas such as; Sexual Assault Services, Counsellors or Therapists, Mental Health Workers, Housing Providers, and Social Workers.

2 WAIT LIST

We don't operate a waiting list system, we house women on the basis of need. When a vacancy comes up we assess all the women on our referral files. Need is a difficult thing to establish and to decide upon. This is done with the whole team and is based on the current extent of homelessness, the immediate risk of violence/ abuse, if there are children involved, and what other options are available. We attempt to match the current vacancy with the tenant. As we are a small service catering to the whole of NSW, we always have many more people on our files than we can house. Due to the lack of affordable housing in Sydney we do not have a fast turn over, this often means those women who are in need of our specialist support drop off the referral list as the wait is sometimes over twelve months

SUPPORT WORK- WHAT WE DO

1 PHILOSOPHY

Support is based on self determination, increasing independence and responsibility. The basic principle guiding our support work is respect for the women's choices in an affirming and consistent environment. We work from within a Feminist / Narrative perspective and stand against the effects and training of Childhood Sexual Assault with our tenants.

The women who come to Stepping Out meet with their support worker once a week and also participate in some sort of therapy. We design an individual support plan based on consultation with each tenant.

Our work with women focuses on a range of areas; obviously we focus on acquiring long term housing. The bulk of our initial work with women is helping them fill in Priority Housing applications for the Department of Housing as well as other Community Tenancy Schemes. We regularly need to enter into the appeals process with Department of Housing due to the complex nature of our tenant's previous housing histories.

INDEPENDENT LIVING

A large part of our support work is focused on preparations for living independently. This is often more intense in the final stages of a women's tenancy with us. This often involves budgeting issues such as paying rent and bills, organisational skills, household management, the acquisition of household goods and furniture, and establishing links with other support services in the community in which they will be living. So that by the time she is due to leave our service she feels confident of her skills in independent living. Moving on from Stepping Out is a difficult time for most of our tenants, it is hard to leave behind the support that they have received. For most of our tenants it is the first experience of having had support in their lives at all.

THERAPY

We often assist women to find suitable therapy.

ADVOCACY-SELF CARE

We commonly work together on resourcing and advocating for women, providing supportive counselling and crisis support (with referral to 24 hour crisis agencies). Providing strategies for coping with self care, emotional

upheaval like flashbacks and self harm, and practical support with legal, health, employment and education matters, shopping, developing routines, household management etc. At our office we run a weekly art therapy group and currently have the opportunity to provide a subsidised DBT group

TRAUMA

Having a common understanding of the role of childhood trauma in the development of severe symptoms provides the basis for a collaborative therapeutic partnership, that “normalizes and validates the survivor’s emotional reactions to past events, while recognizing that these reactions may be detrimental to the women’s preferred way of living now “. (Herman, 1992:127). Our tenants inform us that they experience this as offering them a large safety net from where they can build their preferred way of life and where distress does not always dominate them.

CONNECTION BETWEEN HOUSING AND SUPPORT

We believe that this common understanding in our team including our housing manager enables a woman to maintain a tenancy, where her distressed behaviour may be recognised, named and worked on. Examples of relatively mundane situations such as handling of keys, providing access for maintenance repairs to be done, routine inspections, signing of leases, moving in, returning phone calls ECT can quickly blow up out of proportion into potentially explosive situations. We have been able to work with women through extreme distress to maintain their tenancies, where they may have easily been evicted from another service. Our weekly team meeting is attended by support workers and the housing manager, in this process decisions that relate to a woman’s tenancy are made by the whole team with a common understanding of the role of trauma and also with the aim to aid the women maintain her tenancy and reduce the risk of a return to homelessness.

COLLABORATION

As a service we are very focused on developing collaborative partnerships with a range of services that will provide a holistic approach. In keeping with the ideas in Herman's Trauma and Recovery about the need for consistency, we have found that women using a range of mental health services do extremely well when they come into contact with a selection of workers who establish partnerships of care.

MODELS OF HOUSING PARTNERSHIPS

We have been able to establish partnerships with housing providers as well. We currently use a variety of models of housing partnerships. The bulk of our properties are managed by us and we feel that the connection between support and housing management is beneficial to our tenants.

OUTREACH

We offer outreach support to some women who are housed with other housing providers. We have only a few outreach spaces available. We have housing and support partnerships with Hume Housing, Mach, SWISH and Women's Housing.

TRANSITIONAL SUPPORT

All of our tenants are offered a one month transitional support plan when they leave Stepping Out and take up their long term housing tenancies else where. A clear support plan is in place prior to the tenant exiting from our service and entering the new tenancy.

EX TENANTS

This form of exit housing outreach forms a safety net that housing providers and the tenants themselves find very comforting. Once the tenant is settled into the new property and re-orientated to the local area and services most find their support requirements taper-off naturally. For some tenants however, a longer period of exit support is required. Some of our ex-tenants re contact our service occasionally every six months or so for some additional telephone support relating to a current issue or concern. These crisis intervention calls are often a very effective method of alleviating the escalation of distress. We have advocated on behalf of our ex-tenant's in matters concerning her housing and have formed partnerships of care with other agencies involved to help locate a suitable solution. All of our ex-tenants have access to our weekly group those who attend state that it increases their sense of community and reduces isolation.

EXIT HOUSING

We have been relatively lucky in securing long term housing for our tenants so far with Department of Housing and with Community Tenancy Schemes and Co-ops; some have moved onto shared houses in the private rental market.

PARTNERSHIPS

Recently we have set up meetings with the Department of Housing team at Broadway and our team to try to gain a better understanding of the policies and pressures that we are both working under. Setting up face to face meetings is a good working practise with teams that we deal with on an ongoing and regular basis. This meeting did not solve the difficulties our tenants face who have been classed as "unsatisfactory" previous tenants but it will hopefully make dealings with this team more personal and fruitful in the future.

STATE WIDE SERVICE

We have been investigating innovative ways to expand our service to cater to more of the state and bypass the housing pressure on the inner Sydney area. We have looked at creative partnerships with other services with the aim of providing a range of responses to suit our tenant's needs. These collaborative partnerships run across the broad range of services in which we work, including housing providers, mental health, other sexual assault services, and general health providers in the community. Although these projects are not without their teething problems it is certainly worth further investigation.

CONCLUSION

In conclusion we would like to raise these issues as fertile ground for expansion and creative solutions. We do not provide answers, only suggestions. We believe that collaboration between services can offer creative solutions. We have worked with many dedicated teams to secure practical options for our tenants who have been classified as "too hard" or "unsatisfactory" by other agencies. We believe in providing a range of solutions that are flexible enough to cater to our more "complex" tenants. Secure and affordable housing is not the only thing that these women need yet it is the first thing. Without a secure place to live it is impossible to rest and to begin the arduous process of healing from the long term effects of Childhood Sexual Assault.

COLLABORATION

STORIES FROM OUR TENANTS AND STAFF ON COLLABORATION BASED ON INTERVIEWS.

Crisis does occur however for some of our tenants and our duty of care sees workers contacting crisis mental health teams for intervention. We have often heard from women that their contact with mental health crisis teams is not always positive.

Here a Tenant says.....

“For CSA survivors the Mental Health team is not a good service yet it is one of the main access points. They don’t consider that CSA survivor issues are truly mental health. We are not someone they can just shove a pill in. We don’t fit neatly into their box.” Tenant.

We find that the medical model which underpins the work of the mental health teams does not neatly fit our tenant’s needs. They do not easily fit into a diagnosis nor do they necessarily respond well to pharmacological treatment. The question is how we can begin to address the restriction of the box to include more of the women who do not seem to fit into it.

A support worker talks about the use of medical diagnosis.....

**“In my perspective they use the diagnosis of BPD to suggest that women are manipulative or attention seeking or not trying hard enough or are in some way aren’t in real need. They don’t often see that the impact and effect of CSA can often be this level of high distress and emotions out of control e.g. self harm. So with the diagnosis of BPD there a whole lot of assumptions that negatively affect the women.”
Worker.**

At the time of contact women are mostly in extreme distress in some form and seeking help in managing that situation. They have sometimes spoken

about a difficulty in relating their feelings and thoughts to strangers entering their home who have a considerable amount of power over their lives and where there has been no pre-established relationship. Some women have reported that these kinds of visits can leave them feeling a range of things including: angry, silenced, ashamed, invalidated and fearful of the outcomes of their contact. Fortunately this is not the only experience of crisis team workers and we have also heard of other workers who understand the array of symptoms the women are experiencing as the result of extreme abuse and are able to offer a range of strategies to deal with the current distress.

Where we have experienced extremely positive work with women needing contact with mental health services is where we have established contact with the mental health services early in the women's tenancy and worked collaboratively to develop a way of working that will suit that particular women.

A worker her approach with Marrickville Mental Health team...

“ I have been able to set that up with a young women I am working with currently, in the Marrickville area. I sat with her while they did the intake, and introduced her to the service.”

Then we can make a plan where the client and all workers/services involved are aware of what the situation is for the client, what support is on offer and who is able to provide the various components.

A tenant tells us how that worked for her....

“They had a meeting with all of the services so that everybody knew what they were doing. The initial meeting was with SO, Mental Health, Dympna House, Rape Crisis Centre and the housing provider. Initially I thought it would be about them all telling me that I had to pull my socks up or they couldn't provide a service for me. It ended up being a positive experience. Initially it was intimidating”. Tenant.

In this way a consistency of approach and a sense of common concern for the client contribute to a greater sense of support for the woman's healing. This kind of working partnership also allows for earlier intervention with women when distress is taking a hold and the disruptive effect on their lives can still possibly be averted.

A worker gives an example.....

The tenant “was actually in crisis at the time; she went into hospital and has had really good follow up from them since. She was really pleased with that response in that she felt that someone was there for her. There was an offer of support if she needed it. The fact that the service knew her, had offered to assist her she felt good about that. I haven't had tenants before who have had a specific worker who could assist them.”

Worker.

Within this approach, and over time, women generally experience fewer admissions to psychiatric hospitals, less self harm and greater stability in maintaining day to day life. They develop skills in identifying and managing the distress which leads to feelings of control, capability and pride in these achievements.

I asked the tenants I interviewed what suggestions they could give to the workers in the audience here today. Here are some of the suggestions...

“I think most of all workers working collaboratively need to understand roles. I think that they need to educate themselves”. Tenant.

My mental health worker “didn’t really want to put much emphasis on diagnostics she really wanted to learn about me and how to best help me. “Tenant.

“There needs to be a solution not just pointing out what is wrong but I don’t know what the solution is except lots and lots more training. I think that people who have had similar experiences should go to the training and say to the students, “I am not mad. I do have rights to be treated with respect and not minimised how I am feeling.” Tenant.

“Collaboration is empowering. So for me feeling that I am equal to the decisions made around me is an empowering process that’s really important. It has to actually be collaboration not pretending, it needs to be very transparent so it does not have the same feeling as that secretive stuff. There are the two most important things **EMPOWERMENT AND TRANSPARENCY” Tenant..**

“Listening makes a good worker. Listening to other professionals as well and being happy to be guided by the opinions of others”. Tenant.

“Finally there is a group of services that are saying yes you have been abused, yes we recognise these things as an effect of that and Yes we can support you. It has a huge effect on the stability of the women that use the services.

Collaboration between agencies provides clear delineation of roles of workers involved to clients. Everyone working towards the mental health of the client, from within their roles and specialities, in

conjunction with each other to create a whole. This would offer clients more stability” worker.

IN CONCLUSION

This is just the beginning of looking at fresh approaches to expanding the vision to include women with trauma related distress who consistently fall through the cracks of current Mental Health practise, so that more people can get the service from our community that they are looking for.

At this point it seems that this kind of collaboration has mostly relied on individual workers who also value this approach and see its benefits.

A tenant explains...

“ if you happen to strike a good worker, you are lucky, then you can all work together for the best outcome.” Tenant.

As workers we also still encounter some resistance at times to the idea that trauma based mental health issues can be worked with within a consistent, holistic and caring environment. Unfortunately we have come across some workers who will use diagnoses in a negative way and treat women with weariness and little respect for the extreme situation they encountered as children which has lead to their difficulty in adulthood. Many of the women that come to stepping out come with a story that they are ‘too hard’ to work with and have had trouble locating services that can respond to their complex needs. What we have noticed is that when we, and a group of other workers, approach women in distress from the position that recognises their behaviour as a result of trauma early in their lives we can respond in ways that they have experienced as useful.

In this way a reconnection to a community is being rekindled. Herman states that trauma work can not be done in isolation. We certainly hope to invite everyone here to consider how collaboration can be incorporated into current practices.

The end....

