



## CASE STUDIES 2016



## Foreword

*Toora Women Inc. is a not-for-profit organisation which has been delivering specialist services to women in the ACT and surrounds since the early 1980's, operating from within the Mission of Safety, Respect and Choice for Women.*

*Our current programs range across a variety of settings such as crisis, transitional and head tenancy accommodation, day programs, counselling and outreach support.*

*Toora sees little difference in the presenting issues of women coming into our organisation, regardless of the service they attend. For instance, a significant number of clients in our alcohol & other drug (AOD) service are homeless and/or have experienced domestic violence (DV) or other trauma. Conversely, a significant number of our homelessness and some of our DV clients have active alcohol & other drug addictions.*

*Toora acknowledges the complexity of our client's lives. Clients often present with multiple issues which affect them in all aspects of their wellbeing. For this reason, Toora provides holistic services which look at addressing the wide range of problems the women are experiencing. We anticipate that our holistic approach allows us to provide better support through a broader treatment and to achieve better outcomes for our clients.*

*This year we focused on strengthening our multi-disciplinary approach based upon the client's needs, not their funding pathway and the strategy we are working towards is 'one Toora, one team and one client journey'. Toora works to an empowerment model that validates women's experience, encourages them to make their own informed choices and supports them in those choices along the way.*

*The following case studies highlight this complexity and the incredible resilience clients demonstrate in achieving their desired goals.*

*Susan Clarke-Lindfield  
Executive Director  
January 2017*



## Toora Homelessness Supported Accommodation

Ashleigh, aged 31 and her two children aged 9 and 4, were referred to Toora Domestic Violence and Homelessness Services by Onelink as they were facing eviction from their private rental. Their landlord was evicting them as Ashleigh could not pay her rent and owed a substantial amount in rent arrears. Ashleigh had not been able to pay rent since her ex-partner had been incarcerated and was being harassed by the landlord regularly about the rent arrears and with threats of eviction.

When Toora Domestic Violence and Homelessness Services first met with Ashleigh for an assessment, Ashleigh was suffering from severe depression and anxiety, and she had a fear of leaving her house. She expressed that she only went out to her children's school, the hospital and the shops. Ashleigh's fear of leaving her house also affected her children's attendance in school, and they had a high rate of absenteeism from school. Child and Youth Protection Services (CYPS) were also involved with the family and were appraising Ashleigh's mental health and capacity to care for her children. Ashleigh and her children had moved often from place to place with her ex-partner and Ashleigh expressed that because of the constant moving around, the children and her had found it difficult to make friends. Ashleigh did not have any family or friends to support her and the children, and was feeling socially isolated.

Before Ashleigh moved into Toora's residential service, her case coordinator advocated with RSPCA ACT to house their pet, to whom Ashleigh and the children were very emotionally attached, and did not want to surrender to rehome. RSPCA ACT agreed to provide the pet with emergency boarding for a certain period of time. Toora Domestic Violence and Homelessness Services also linked her with Street Law for information and support around Ashleigh's rights as a private tenant. Once their pet was lodged with RSPCA ACT, Ashleigh and her children entered our residential service, started feeling safe and not terrorised by the landlord anymore, and Ashleigh then expressed that she was feeling a little less anxious.

Ashleigh's case coordinator connected her with Tuggeranong Child and Family Centre for support with the children, and also advocated with and worked collaboratively with CYPS and YMCA to provide Ashleigh with vacation care options and school holiday programs for the children. Ashleigh's case coordinator also advocated and was able to procure extra support for the family from the school. The children were linked by Ashleigh's case coordinator to their local PCYC for activities for the children and also for Ashleigh to have another connection in the community. Ashleigh's case coordinator continued to liaise with and work collaboratively with CYPS to ensure Ashleigh has the right support in place, and CYPS was pleased with the family's progress.

Ashleigh, with the support of her case coordinator, engaged with a doctor and started seeking support to address her depression and anxiety. Ashleigh was then able to access counselling sessions with a psychologist through her mental health plan. Ashleigh is now regularly meeting with her doctor and her counsellor to address her physical and mental health concerns. Once Ashleigh's immediate needs were met, and she had started building strategies with her counsellor to support her mental health, Ashleigh identified in her case management meeting that she would like to start to look for some work. Her case coordinator connected Ashleigh to the CIT return to work for mum's program. Ashleigh attended classes while the children were in school, and she expressed that she was feeling good and achieving goals with the supports she had in place. The children's attendance in school improved and they were participating in activities outside of school. Ashleigh observed to her case coordinator that the children were happier.

Ashleigh was supported by her case coordinator to be placed onto the priority register with Housing ACT and is now in independent accommodation with Housing ACT. Ashleigh continues to be engaged

with the services she has been linked with in the community. CYPS has since expressed that they were happy with Ashleigh's progress and found that she had the capacity to take care of her children. Ashleigh's children have now settled into their new home, and she has completed the return to work program and also participated in work experience as part of the program. Ashleigh is now hoping to gain part-time employment. Ashleigh and her children are also happy about the return of their pet to the family.

## **Heira Domestic Violence Supported Accommodation**

Amrita, a 52-year-old woman from Pakistan, came to Toora Domestic Violence and Homelessness Service (TDVHS) through the referral and support of Salvation Army's Human Slavery and Trafficking Program and First Point. Amrita was working as a maid for a family in the diplomatic community, and had been frequently physically and verbally assaulted by a member of the family.

When Amrita first came to TDVHS, she had no money and her employers had not paid her wages for over four months. Amrita was employed by the family while they were overseas and Amrita spoke no English. TDVHS workers had to use the Translator and Interpreter Services (TIS) and TDVHS workers who could speak Hindi for every interaction with Amrita. Amrita had been living in Australia for close to two years, but had not been allowed outside the house that she was living in and hence did not have any knowledge about life and culture in Australia. Amrita reported that she was paid less than other employees of the family as she could not speak English. TDVHS supported Amrita with safe accommodation and provided Amrita with the basic necessities that she needed.

As Amrita was in Australia on a domestic workers visa with very strict conditions and was not permitted to work for anyone except her current employer, TDVHS workers supported Amrita with accessing the assistance of a Migration Lawyer to check her immigration status and rights. The Migration Lawyer advised Amrita that she was in breach of her visa conditions when she left her employment and that her only option was to go back to Pakistan. Amrita wanted to go back to Pakistan, but she also wanted support with getting the money she was due from her employer. Because Amrita's employer was part of the diplomatic community there was not much that could be done from a legal standpoint to force her employer to pay her.

With Amrita's consent and joint case management with Salvation Army's Human Trafficking and Slavery Program and the Salvation Army Legal team, the Australian Federal Police (AFP) were informed of Amrita's situation. With the support of the AFP, Amrita was granted a bridging visa as her employer had advised DIABP that Amrita was no longer in their employment and Department of Immigration and Border Protection had advised TDVHS that they were cancelling Amrita's visa. TDVHS workers, while closely working with the AFP, were able to support Amrita to access financial support from Red Cross for her daily living expenses.

When Amrita came to TDVHS, she was suffering from debilitating head aches and had other physical health issues. TDVHS workers connected Amrita with the doctor at Companion House to assess her and support her with her medical needs. With the financial support from Salvation Army to see the doctor, TDVHS workers supported Amrita with attending multiple medical and related appointments. TDVHS further supported Amrita with accessing financial assistance from Red Cross for the physiotherapy sessions she required and for her other medical needs.

Since staying at TDVHS was the first immersion into Australian culture for Amrita, she found it challenging to live with the other residents in shared accommodation. With the support of her TDVHS worker, Amrita was able to develop her living skills around shared accommodation and started

participating in house meetings and attending social outings that TDVHS workers organised for the clients.

With the joint case management support from Salvation Army and TDVHS, Amrita was connected to the International Organisation for Migration (IOM) to support Amrita with a plane ticket to Pakistan and to help Amrita with the process of settling back once she is back home. With the collaborative support of AFP, Salvation Army, IOM, Red Cross and TDVHS, Amrita was able to return to Pakistan.

### **Aleta Outreach Program**

Alicia, a 42-year-old woman from Thailand, was referred to Toora Domestic Violence and Homelessness Services for outreach support by DVCS. Alicia, her ex-husband and their two children aged 10 and 8, were living together in their family home, until her ex-husband was incarcerated after an incident of violence against Alicia. Alicia and her children continued to live in their family home.

When Toora Domestic Violence and Homelessness Services first met with Alicia, she was suffering from extensive trauma due to her experience of domestic violence during the course of her relationship with her ex-husband. Alicia had suffered physical, emotional and financial abuse from her ex-husband. Alicia's children were also angry with their mother, because their father had to leave their family home. Alicia's relationship with her children was therefore strained. CYPS were involved with the family due to the domestic violence and were investigating Alicia's capacity to care for her children.

Toora Domestic Violence and Homelessness Services supported Alicia with obtaining a Domestic Violence Order against her ex-husband. Alicia had been denied access to any income by her ex-husband and she was struggling to provide for the family. Alicia was not working and has limited English skills. Alicia's case coordinator supported and successfully advocated for Alicia with Centrelink to receive a family benefit payment. Alicia's case coordinator also successfully advocated on her behalf at the school that her children attend, to provide them with counselling, free uniforms and book packs. Alicia was further linked to Kippax Uniting Care for emergency relief support.

Toora Domestic Violence and Homelessness Services worked collaboratively with DVCS to support the children through their YPOP program and also to upgrade the security of Alicia's family home when her ex-husband was released from prison. Alicia's case coordinator also worked collaboratively with CYPS to link the children with St Vincent De Paul school holiday camps and with Barnardos mentoring program.

Alicia was also linked with legal support through Legal Aid ACT for assistance with obtaining a Domestic Violence Order, for property matters and custody of the children. Toora Domestic Violence and Homelessness Services provided Alicia with emotional and practical support to attend these legal appointments. Alicia was also referred to Victims Support ACT for counselling, and also linked with Companion House for support with addressing the trauma.

With Toora Domestic Violence and Homelessness Services support, Alicia still lives in her family home with her children. Alicia volunteers with her church and has a few friends within her community supporting her. Alicia's children have connected well with the mentoring program and have also enjoyed the school holiday camps. With the supports in place, Alicia's relationships with her children have significantly improved and CYPS were well satisfied that Alicia is capable of caring for them. Alicia has learnt to budget and live within her means and to provide for her family. Alicia is still engaged with the supports she has been linked with in the community, and is successfully sustaining her independent accommodation.

## Coming Home (Exiting Prison) Program

Nina, a 29-year-old Aboriginal woman, was referred to Toora Domestic Violence and Homelessness Services under the Coming Home Program by ACT Corrective Services Throughcare Unit. Nina was referred to the Coming Home Program to assist with her reintegration back into the community after her release from incarceration.

Nina suffered with depression and anxiety due to the trauma suffered from significant events in her past including experiencing domestic and family violence. Nina's trauma was frequently triggered in normal day-to-day situations and she was finding it hard to cope. Nina expressed to her case coordinator that she uses marijuana regularly to self-medicate when she is triggered. Nina stated that she has been using marijuana for a number of years and that her addiction has resulted in her being estranged and isolated from her friends and family and hence has little meaningful connections with people in her life.

Initially, Nina found it hard to engage with her case coordinator, but regular meetings and consistency have helped to shift Nina's lack of trust. She started opening up and building a relationship with her case coordinator. As part of her case management, Nina and her case coordinator were able to explore her emotional triggers, when they were likely to occur and discussed strategies around how to de-escalate using a safety plan and mindfulness. Nina developed these strategies with the support of her case coordinator.

Nina was supported by her case coordinator with a referral to Toora AOD Service and Toora Counselling Service to assist her with her drug use and trauma while also working on building her self-esteem and confidence. Nina was further reconnected with Winnunga Nimmityjah Aboriginal Health Service to address her physical and emotional wellbeing. Once Nina started addressing her addiction issues, she started engaging with her community supports and being more socially active within her community.

When Nina became pregnant with her third child, Toora Domestic Violence and Homelessness Services ensured that she had the necessary supports around to help her during her pregnancy and support following the baby's birth. Nina was linked in with the social worker with ACT Health as well as with Tuggeranong Child and Family Centre to receive midwife support, antenatal support and to connect with the 3-year program for newborns at the Centre. Nina has two other children who are in foster care, and CYPS was also involved in Nina's third pregnancy. Toora Domestic Violence and Homelessness Services worked collaboratively with Winnunga Nimmityjah Aboriginal Health Service to successfully advocate with CYPS for a restoration plan after CYPS removed the child initially after birth. Along with the 3-year program at Tuggeranong Child and Family Centre, Nina is also involved in a program that supports restoration for families as directed by CYPS. Nina was also linked with and supported by Karinya House for Mothers and Babies. Nina's case coordinator was part of a number of case conferences with all these agencies around supporting Nina with her pregnancy and parenting.

Toora Domestic Violence and Homelessness Services have also worked closely with the Throughcare Unit to support Nina with accessing mental health support, and in gaining a driver's licence which has supported Nina's independence and improved her ability to be involved in the community. Nina's case coordinator was also able to successfully support her with the request for a housing transfer through Housing ACT due to safety concerns from her ex-partner.

Nina continues to engage with the various agencies within the community, is sustaining her tenancy and has reintegrated back into her community.

## Head Tenancy Program

Sharon, a 37-year-old Aboriginal woman, was referred to Toora Domestic Violence and Homelessness Services by Housing ACT to provide head tenancy support. Sharon suffers from severe mental health issues as well as AOD issues. Due to her mental health and addictions, Sharon is isolated and withdrawn, and has trouble with daily living skills like food shopping, cleaning, self-care, budgeting, paying bills etc.

Sharon has been linked with Winnunga Nimmityjah Aboriginal Health Service and with the mental health services to address her physical and mental health concerns. Sharon's case coordinator supports her with her medical and mental health support appointments.

Toora Domestic Violence and Homelessness Services is engaging with Sharon weekly either face to face or by phone. Though Sharon was previously living in squalor and her previous property had large amounts of rubbish, through intensive case management support Sharon has been supported to regularly clean her unit and dispose of the rubbish properly. Sharon is now supported by her carer in some of her daily living tasks like shopping and cooking meals. Sharon recently was able to buy some new furniture and linen, and now has a great sense of pride and achievement about her home.

Sharon has been involved in the justice system and is being supported by her case coordinator, and Aboriginal Legal Services around her legal issues. Toora Domestic Violence and Homelessness Services continue to support Sharon to sustain her tenancy.

Sharon was not at the stage where she was ready to address her addictions, but if (and when) this time comes, she will be referred to Toora's AOD Day Program.

## Women and Children Program

Tanisha, a 35-year-old woman, and her 7-year-old child were referred to Toora Domestic Violence and Homelessness Services by Onelink for support and accommodation after they fled their home due to domestic violence from her ex-partner. Tanisha, who is originally from New Zealand, is not a permanent resident of Australia, but has been living in Australia for the last 10 years. Tanisha stated that she left the relationship with her ex-partner a few times. She kept going back to the relationship due to the financial hardship that she faced when she was on her own.

Though Tanisha is not eligible for any assistance from Centrelink, Tanisha's case coordinator successfully advocated for Tanisha to receive a Newstart payment for a period of 6 months. Tanisha has also been connected with Legal Aid Migration Clinic for information and support around becoming a permanent resident. Tanisha's experience of domestic violence in her 10-year relationship with her ex-partner has affected her significantly and Tanisha suffers from depression and anxiety. Tanisha was open to accessing counselling to support her with working on her mental health. Her case coordinator connected her with Women's Health Service for counselling support.

Tanisha now shares custody of her child with her ex-partner and hence does not have her child living with her full time. This has given Tanisha the space and ability to work on achieving her goals and she has now been linked with employment services with the support of her case coordinator and is looking to engage in employment and education. Tanisha's case coordinator is also supporting her with linking in with a church group to lessen Tanisha's social isolation. Tanisha is currently, with the support of her case coordinator, looking into affordable private rental and shared properties that are close to her child's school.

## Family Program

Adam, aged 36, and his five children aged from 2 to 13, were referred to Toora Domestic Violence and Homelessness Program after leaving a domestic violence relationship with the children's mother. Although Toora is traditionally a women's service, we accepted the referral based on Adam's circumstances and our close partnership with EveryMan Australia.

Adam experienced verbal, emotional, physical and financial abuse from his ex-partner. Adam's ex-partner was also abusive towards their children.

Adam was willing and open to working with his case coordinator around parenting support, and support to gain independent accommodation. From the start of his case management meetings, Adam was focused on creating a calm and stable home and life for his children after the trauma they had experienced due to the violence. Adam has been involved in their schooling as well as in the enrolment of his children in after school sporting activities. Adam's case coordinator has worked collaboratively with CYPS and DVCS around ensuring that the children are safe and receive the care they need.

Adam has identified in case management meetings that he wanted support around DV counselling and that he wanted to participate in an anger management course. Adam's case coordinator linked Adam with EveryMan Australia for both the counselling and the anger management course.

Adam, with his case coordinator's support, is in the process of lodging a housing application for independent accommodation.

## Lesley's Place and Marzenna House Residential AOD Programs

Emily is a 48-year-old woman. Her drugs of choice were heroin and alcohol. She started with binge drinking when she was 18 years old and then when she was 31 years old, she started using heroin with her a new partner. This lasted for 10 years, the relationship ended and she continued using for another 5 years.

Emily presented with past relationship traumas. She identified her last relationship with her ex-partner as emotionally abusive coupled with domestic violence. There was co-dependency of both substance and emotional abuse. Emily's father died in the early 90's and that was very traumatic for her. She lost all contact with her family. Her family did not want to talk to her anymore because of her drug addiction.

When Emily arrived at Toora AOD Services, she was homeless due her addiction and she couldn't continue working in her profession, also as a result of her addiction and had to stop working.

Emily suffers from depression and anxiety. She was accessing Toora AOD's outreach program for support when she was working and she had also attended the Karrilika program for 6 months.

Emily arrived at Toora AOD Service, Lesley's Place in early February last year and a month later she was transferred to Marzenna House, another Toora AOD program. When she was at Lesley's Place, Emily started doing the Day Program 3 days a week and also attended NA & AA meetings at least 3 sessions a week. She was attending house meetings, got in contact with peers and had regular contact with her Sponsor.

While living at Marzenna House she graduated from the Day Program and continued with the rest of her recovery treatment activities. She also started with AOD counselling with Toora Counselling Service and with her psychologist in the community.

Emily worked really hard on her self-esteem, on her self-confidence, her grief and loss issues, her domestic violence issues and especially with her resentments. She started to realise and come to terms with core issues and worked on them with her counsellor and psychologist. She discovered that meditation and mindfulness was helping her a lot with anxiety and concentration, so she started practicing these on a regular basis. She engaged fully in case management and worked on her goals to become solid in her recovery.

Emily started studying at CIT whilst at Toora AOD Services to finish her Diploma in Business and Management. She attended Bethel which is a one-week silent retreat program. She also attended a number of courses on: Self-Confident (in herself as a woman), Being Grateful in Life, and Being Happy with Oneself.

Since she started with Toora AOD Services, Emily has reconnected with her family and this is very important for her. The reconnection with her brother was especially important as he suffers from terminal cancer. She has since been able to support him and his situation. She also reconnected with her other brothers and sisters who are very happy to see Emily get better and continue in her recovery.

Emily has a strong fellowship connection and she is very proactive with NA groups. She has started participating in voluntary positions in the community and is on a committee for secretaries in ACT and since then was given a position on their Board. Emily started doing some occasional paid work while she was at the Marzenna Program. She was offered a property with ACT Housing and was also offered a part time job at the local hospital in their administration.

After 8 months with Toora AOD Services, Emily moved into her new home to continue her life and recovery in the community.

Emily is in the Toora AOD Outreach program and is in contact with her case manager once a fortnight. She is fully engaging and participating in this service. Emily is using her skills and tells us that she has learnt from Toora AOD Services and Day Program and is applying them well in her everyday life. She is continuing her routine with her meetings, counselling sessions, her job and recovery routine in general. She continues to write everything in her Weekly planner.

Last Christmas for the first time in years, Emily organized a Christmas Party for her family and she was very happy about it. In January Emily will be working full time and will finish up outreach support with AOD Service. She will continue to be in the counselling program for as long as required.

In summary, Emily has now been abstinent for 14 months. She is having counselling with Toora AOD Counselling, attending regular NA & AA meetings, having a strong connection with her peers and NA sponsor and being proactive with her voluntary work on groups and committees. Her family relationship is getting stronger. She continues her meditation in on a regular basis and still uses Toora's routine for her day to day structure. She is working full time and feeling content with her life.

### **AOD Day Program**

Laura is a 32-year-old Aboriginal Woman who first contacted Toora AOD Service in late 2015 when a Barnardos worker suggested she attend the Day Program as she had her children removed from her care due to domestic violence and drug issues. She was on the outreach program but was closed early in the new year due to lack of engagement.

One month later, Laura contacted Toora AOD services again and an assessment was re-done putting her back on the outreach program. Laura stated she had been on an "Ice binge" for the last month

with her ex-partner and needed to do something with her addiction. Her ex-partner was now in the AMC for domestic violence related charges and Laura saw this as her opportunity to try and change her life. Laura's contact was sporadic and then she disengaged again. Laura had been sent to the AMC and when a worker was conducting outreach to the prison, Laura was seen. While at AMC Laura completed another assessment to engage with Toora AOD Services upon her release. Laura said she had a psychotic episode from using Ice and had been arrested by the police after being found walking around a shopping area with a kitchen knife. Laura said she had to leave the house because "little people were in her house jumping around everywhere". A Toora AOD case coordinator went to a Probation and Parole meeting where it was ordered by a judge that Laura would have to do Rehabilitation instead of jail. It was suggested that Lesley's Place be the best place for Laura. The case coordinator explained that due to the demand for a bed at Lesley's Place's, that she could start the Day Program while waiting for a residential opening to occur.

Laura started the Day Program and was a regular participant. Laura was starting to engage well on the program and with other participants and was starting to realise the effects that Ice use had been having on her life. Over a 5-month period, Laura only missed 5 days of Day Program, 3 of those days were because she relapsed on Ice while she was in the community and had to go back to the AMC for a short period. Workers continued engagement and kept Laura's place on the Day Program open.

In July Laura was diagnosed with Psychosis which may have been related to/triggered through her drug use and was placed on Seroquel and Mirtazapine. Laura then came to Lesley's Place and although she was struggling with her mental health (she was seeing people that weren't there and hearing her mother's and children's voices in her head), she was coping with day to day activities and requirements.

Sometime later, Laura was getting increasingly paranoid, saying she thought there were video recorders recording her and that she kept seeing a man in a black balaclava. Workers took Laura to her mental health worker so she could get her medication reviewed, but found out her doctor was away for the next 8 weeks. In the interim, another crisis plan was completed with Laura and workers debriefed with her at the end of each day. Laura's mental health improved to the point of no longer seeing or hearing anything. When Laura was re-assessed when her Doctor returned, it was planned to reduce her medication to stop altogether as the Doctor still felt her mental health issues were due to her Ice addiction.

Staff got increasingly concerned as Laura and other residents of Lesley's Place were showing "old behaviours", screaming fights in the house, secrets, and breaking of the house rules. It was also suspected that some women in the house had lapsed, but no evidence was found of this by the time women were finally taken for a screen. After another breach of the house rules, all the residents were discharged including Laura.

Laura continued at Day Program despite being discharged from Lesley's Place and completed the program for the second time. Laura stated that the program had been extremely beneficial to her and she had learnt skills that she never thought she would. Laura's mental health continued to improve and she started to support other women through the program. Laura remained abstinent from Ice and stated that she realised she needed to put herself first and not be pushed around by others. Laura was pleased she had continued with the program from the community and also started seeing a counsellor. Workers supported Laura to start rebuilding relationships, as Laura was desperate to be reconnected with her children.

Her caseworker arranged a contact visit to see her children, through Barnardos. Laura was so excited that she later became so overwhelmed by feelings of guilt and shame that she lapsed and used Ice

again. This immediately sent Laura back into psychosis as she had used a considerable amount of Ice. The CATT team and an Ambulance were called to her house to do welfare checks on her. Laura distanced herself from Toora for a short while and then when she made contact she informed workers she had breached again. Laura's case coordinator continued to support her and attended court with her. It was decided that although Laura had breached, overall she had been doing extremely well and she has come a long way from where she was less than a year ago. Laura remained out of the AMC and in the community and reengaged with Toora AOD Service on outreach and was also seeing her counsellor weekly.

Laura continued to engage and after remaining abstinent from Ice for some months, Laura was granted her first contact visit with her children for over a year. A case coordinator went with Laura to support her, as this visit was out of state. This additional support enabled Laura not to become too overwhelmed this time.

Laura now has weekly phone contact with her children and her next step is to go back to Court to ask for restoration of them. Laura still engages with Toora for weekly case management and counselling.

2016