



Business Case
Illawarra Women's Trauma Recovery Centre

NSW Ministry of Health
NSW Department of Communities and Justice
July 2021



Submitted by
Illawarra Women's Health Centre
in partnership with University of NSW

Acknowledgements

The Illawarra Women's Health Centre is situated on land of the Wodi Wodi people of Warilla, part of the Dharawal Nation.

We acknowledge the traditional custodians of this land, where the Aboriginal people have performed age-old ceremonies of storytelling, music, dance, and celebration.

We acknowledge and pay respect to Elders past, present, and those of the future, for they hold the memories, traditions, and hopes of Aboriginal Australia. We acknowledge that we work in the context of generations of resilient, strengths-based, and holistic resistance to violence in Aboriginal and Torres Strait Islander communities.

We must always remember that under the concrete and asphalt, this land is, was, and always will be traditional Aboriginal land.

We thank everyone who has generously given their expertise and experience over the last two and half years to campaign for the establishment of a Women's Trauma Recovery Centre, and to build this Business Case. Most importantly, we thank the victim/survivors who have shared their stories and inspirational determination, and the staff of the Illawarra Women's Health Centre who every day support women experiencing domestic, family and sexual violence and do so with relentless professionalism and compassion.

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Cover picture

Jasmine, Voices for Change Advocate
Photograph by Silvia Liber 2020

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Project Background

Project Name	Illawarra Women’s Trauma Recovery Centre [Previously Illawarra Domestic and Family Violence Trauma Recovery Centre]
Project Date and Version	July 2021 (version 1)
Project Location	Illawarra, New South Wales
Lead Agency	Illawarra Women’s Health Centre
Other Organisations	University of New South Wales

Executive Summary

Domestic, family and sexual violence and abuse against women is a public health emergency and occurs in epidemic proportions in Australia.

The mental and physical health consequences of this violence and abuse are significant, long lasting and evidence based - impacting women, children, future generations, our community, Government services and our economy.

Based on 2015-16 data domestic and family violence costs NSW at least \$7.4 billion per year. These costs include disease burden, service and support costs and costs due to lost productivity. Another \$1.2 billion is added to this total as the 'hidden costs' of vulnerable women are included. Costs associated with sexual violence costs increase this total materially.

At all levels of government there is increasing recognition of the need to go beyond the crisis intervention model and address the long-term impact of trauma, particularly in terms of the complex psychosocial needs of women and their families.

Nationally commissioned research by Australian National Research Office for Women's Safety (ANROWS) shows our public health system does not offer adequate or appropriate support to women who experience domestic and family violence, severely limiting their ability to recover from the trauma that results from this abuse.

The impact of the COVID-19 pandemic has critically exacerbated this emergency, and simultaneously thrown into stark relief the lack of services available to women seeking support because of domestic, family and sexual violence. The domestic, family and sexual violence and related health, financial, and social impact on women from the pandemic will last for decades and the consequences will flow through our entire community.

Evidence-based practical solutions are urgently needed.

The concept of Women's Trauma Recovery Centre is a creative, practical and evidence-based solution to the epidemic of domestic and family violence in Australia. As an innovative model of care, it will transform response and recovery services for victim/survivors of domestic and family violence, and has the potential to be rolled out across Australia.

In June 2020, The NSW Ministry of Health provided funding (\$50,000) to develop this Business Case, including the in-depth co-design research undertaken by the School of Population Health, University of NSW that informs the operational framework of the Women's Trauma Recovery Centre.

The Centre is an Australia first initiative of the Illawarra Women's Health Centre. Underpinned by the research, it is community-led and co-designed with women with lived experience, professional experts and service providers and will:

- be an *integrated, specialised, and dedicated* service, offering individualised multidisciplinary and multisectoral wrap-around support to women, as needed over their lifespan.
- comprehensively address the impacts of domestic and family violence, to improve *long-term health and psychosocial outcomes for women and families*, including breaking the cycles of ongoing exposure to violence, and *intergenerational trauma*.

- provide opportunities for *research partnerships* to lead recovery responses to domestic and family violence.
- be an evidence-based model of care that can be *replicated and scaled up* across Australia.

The Women’s Trauma Recovery Centre proposal aligns with several NSW Government priorities and outcomes including the NSW Premier’s Priorities, the NSW Government’s Outcome and Performance Framework, the NSW Domestic and Family Violence Blueprint for Reform 2016-2021: Safer Lives for Women, Men and Children, and the NSW Health PARVAN Framework and Women’s Health Framework.

Over the past two years momentum and support for the Centre has grown. It is now significant and national. The Centre has multi partisan political support with endorsement from organisations such Royal Australian and NZ College of Psychiatrists, Blue Knot Foundation and Domestic Violence NSW. It is supported by a broad range of key national and state-based agencies and organisations, including NSW Police, NSW Legal Aid, Brain Injury Australia and White Ribbon Australia, and also has widespread private sector and community support.

Stakeholder contribution has been significant, representing approximately \$430,000 in pro bono support to date.

It is estimated the Centre will cost just over \$5 million per year when fully operational. This equates to approximately \$25,000 *per woman recovered*, based on an average three-year engagement with the Centre. At present, for each woman who experiences domestic and family violence it currently costs the NSW Government at least \$31,000 per woman per three years. If this trauma is left untreated and unsupported, these costs will accumulate over a lifetime.

On these calculations, the Centre clearly presents a financially attractive, economically feasible, and strategic investment. There will be a substantial, ongoing, and long-term economic and social return on investment, demonstrating a well calculated and considered decision should the NSW Government decide to fund this new and innovative model of care.

Recommendation

The Women’s Trauma Recovery Centre will be an Australian-first community-led initiative, co-designed with women with lived expertise, professional experts, and service providers.

It is recommended, on this basis of this Business Case, that the NSW Government fund the Illawarra Women’s Trauma Recovery Centre for an initial period of five years, at a cost of \$25 million.

Such an investment would be a cost effective and compassionate response to the epidemic of domestic, family and sexual violence in NSW.

Note: It is critical this Business Case read in conjunction with the University of NSW Report - *A new model of care for women experiencing trauma from domestic, family, and sexual violence. Co-design Report July 2021*. This research was funded by the NSW Government as part of the development of this Business Case.

The Case for Change

A public health epidemic

Domestic, family, and sexual violence against women is a public health emergency occurring at epidemic proportions in Australia.

One in four women has experienced violence by an intimate partner since the age of 15, and one in five experience sexual violence across their lifetime (Australian Bureau of Statistics, Personal Safety, 2017).

In NSW rates of violence against women continue to rise, despite increases in funding for primary prevention, crisis response services and strategies, and legislative changes. The NSW Bureau of Crime Statistics and Research (BOCSAR) reported in June there was an increase in sexual violence of 15% from February – March 2021. BOCSAR data also shows in the 2019-2020 reporting year, a rise of 5% in domestic and family violence across the state, even as approximately 80% of women do not report violence (Australian Institute of Health and Welfare, 2018).

The psychological, emotional, sexual, and physical health consequences of this violence are significant, long lasting, and evidence based. Inconsistent and uncoordinated service responses can compound poor health and wellbeing outcomes through secondary (systems created) trauma, and increase the risk of clients multiple and interrelated service needs not being met [*The Case for Change, integrated prevention and response to violence abuse and neglect in NSW Health*, NSW Health, 2019].

Domestic, family, and sexual violence costs NSW at least \$7.4 billion each year, based on 2015-16 data. (KPMG, 2019).

Domestic, family, and sexual violence is an epidemic in Australia.

There was an increase in sexual violence of 15% from February – March 2021.

Domestic, family, and sexual violence costs NSW at least \$7.4 billion each year.



Covid impact – a new normal

The domestic, family, and sexual violence against women epidemic has been amplified and magnified during the COVID-19 pandemic. The Queensland University of Technology Centre for Justice reported in June 2021, that findings from their national survey assessing the impact of the COVID-19 pandemic on the domestic violence workforce and their clients showed:

‘...a huge proportion, 86% of respondents to our survey, reported an increase in the complexity of their client needs, 62% reported increases in the number of clients accessing their services during the COVID-19 pandemic, while 67% of DFV workers reported new clients seeking their help for the first time during the COVID-19 crisis’.

In its submission to the 2020 Federal Inquiry into Family Domestic and Sexual Violence, the Australian National Research Office of Women’s Safety (ANROWS) noted that the evidence suggests that, ‘the health, economic and social crises that have followed COVID-19, have exacerbated pre-existing violence, and led to the intensification of certain tactics of violence’.

For many women, the pandemic coincided with the onset or escalation of violence and abuse. Two-thirds of women who experienced physical or sexual violence by a current or former co-habiting partner since the start of the COVID-19 pandemic, said the violence had started or escalated in the three months prior to the survey.

Many women, particularly those experiencing more serious or complex forms of violence and abuse, reported safety concerns were a barrier to help-seeking.⁷⁸

Whilst the impact of the COVID-19 pandemic has critically exacerbated this public health emergency, it has simultaneously thrown into stark relief the lack of services available to women seeking support because of domestic, family, and sexual violence. The domestic, family, and sexual violence related health, financial, and social impacts on women from this pandemic, and the consequences flowing through our entire community, will last for decades.



The domestic, family, and sexual violence related health, financial, and social impacts on women from the pandemic, will last for decades, and the consequences will flow through our entire community.

Long term impact

There is growing recognition the health system needs to address the long-term traumatic impact that domestic and family violence and abuse can have, particularly in terms of the complex psychosocial needs of women and their families [NSW Domestic and Family violence Blueprint for Reform 2016-2021].

‘The impacts of abuse and violence can stay with women in the medium to long term - with depression, anxiety, self-harm, suicidality, brain injury, heart disease, cancer, and it goes on. It has impacts on parenting, on economic security, and workforce participation. When left untreated, the complex trauma can perpetuate intergenerational cycles of trauma, violence, disadvantage, and children grow up in traumatised, unstable, and unsafe environments, despite the best efforts of their mothers and other caregivers.

‘Trauma is infectious, violence is infectious, and we will never prevent domestic, family, and sexual violence for as long as we ignore the complex trauma in this country’. *Dr Michael Salter, Scientia Associate Professor of Criminology, University of NSW*

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Recovery services critically inadequate

Our public health system does not offer adequate or appropriate support to women who experience domestic, family, and sexual violence, *severely limiting* their ability to recover from the trauma that results from this abuse [Salter et al., 2020].

Yet, even as rates of violence increase, women who have experienced trauma including PTSD and complex PTSD from domestic, family, and sexual violence, are not receiving the support they need to recover. This impacts the woman, her children, her employment and education opportunities, our community, and the economy.

‘Given we know the intergenerational impacts and health implications of this abuse, it is **unfathomable to me as a public health researcher, that we are not investing greater resources in supporting women’s recovery over the long term.**’ *Dr Patricia Cullen, Research Fellow, School of Population Health, University of NSW*

‘Given we know the intergenerational impacts and health implications of this abuse, it is unfathomable to me as a public health researcher that we are not investing greater resources in supporting women’s recovery over the long term.’ *Dr Patricia Cullen, Research Fellow, School of Population Health, University of NSW*

Acknowledging this, the 2019 NSW Government’s Integrated Prevention and Response to Violence, Abuse, and Neglect Framework (PARVAN), outlines the profound impact violence and abuse has on health outcomes of victim/survivors, and presents a compelling case for systemic change in *The Case for Change: integrated prevention and response to violence abuse and neglect in NSW Health* (2019).

It is important to understand that recovery is also a key component of prevention. Supporting a woman to recover from trauma:

- will significantly decrease the likelihood she will return to her abuser.
- is a protective measure towards her children.
- will decrease the most significant contributor to burden of disease for women 15-44 years.
- improve employment productivity.

An investment in recovery will therefore reduce the immediate and long-term costs to the public health system, and NSW Government costs across the criminal justice system, education sector, and community services more generally.

This is the urgent case for change.

An evidence-based solution

Central to and funded by the contract for this Business Case is the co-design research undertaken by Dr Patricia Cullen, School of Population Health, UNSW. This research is very clear in its findings: women recovering from complex trauma and Post Traumatic Stress Disorder (PTSD) caused by domestic, family, and sexual violence, need a range of support services depending on their personal circumstances, delivered in one safe space, as they need it, in a trauma, violence and culturally informed way. Refer Appendix ONE for the full report: **A new model of care for women experiencing trauma from domestic, family and sexual violence**¹.

Evidence from research undertaken last year by ANROWS (*Constructions of complex trauma and implications for women's wellbeing and safety from violence: Key findings and future directions*, 2020), confirms these services are most efficiently and effectively delivered in one safe place, from a case managed team of professionals.

Based on this research and supporting evidence, this Business Case argues an Australian first initiative, a Women's Trauma Recovery Centre, represents an excellent social and economic investment by the NSW Government. It is an innovative evidence-based solution to the issue of rising rates of domestic, family, and sexual violence and abuse. Co-designed by women with lived experience, front line service providers, and policy and program experts, it is a practical, and cost-effective response to a critical gap in current service delivery.

Based on this research and supporting evidence, this Business Case argues an Australian first initiative: a Women's Trauma Recovery Centre represents an excellent social and economic investment by the NSW Government.

It is an **innovative** evidence-based solution to the issue of rising rates of domestic, family, and sexual violence and abuse. Co-designed by women with lived experience, front line service providers, and policy and program experts, it is a practical and **cost-effective** response to a critical gap in current service delivery.

¹ A new model of care for women experiencing trauma from domestic, family, and sexual violence. Co-design report July 2021. Sydney: University of New South Wales. Cullen, P., Stevenson, S., Baffsky, R., & Walker, N. (2021)

This new model of care will be a Centre of Excellence, offering a whole-of-organisation trauma sensitive approach, that enables recovery from domestic, family, and sexual trauma, and helps break the intergenerational cycle of violence. It will be an integrated service, providing multisectoral wrap around support to women using evidence-based therapies. This will include medical and mental health care, social support, legal support, financial counselling, and ongoing individual casework and advocacy. It will provide continuity of care to women, for as long as it takes.

It will also operate as a working model that can **replicated in communities across NSW**.



The problem

Domestic, family, and sexual violence impacts nearly all aspects of a woman's life: their safety, physical, mental, and emotional health, housing, parenting, education, employment, and interaction with the legal system. Recovery from this violence and abuse, requires an appropriately timed and well-coordinated response, which is culturally appropriate, individualised, and comprehensive.

Additionally, evidence from numerous sources regarding the **long-term impact** of domestic, family, and sexual violence related trauma, especially when untreated, is extensive and unequivocal. It is deeply damaging.

Women who have experienced domestic, family, and sexual violence have:

- increased rates of **health service access**
- increased rates of **mental health disorders including anxiety, depression, post-traumatic stress, and substance use**, and
- are **over-represented in prison**².

At the population level, domestic violence is the largest single contributor to the burden of disease among women aged 25–44 years [AIHW, 2019]. Data from the Australian Women's Longitudinal Health Study (ALSWH) also shows:

- Compared to women with no abuse history, women who experienced both childhood sexual abuse and/or violence in adulthood, were two to three times more likely to have poor general health, depression, and anxiety.
- Women who had experienced domestic violence were less likely to have adequate cervical cancer screening, and more likely to have experienced cervical cancer than those who had not experienced domestic violence.
- Long term, domestic violence was associated with allergies or breathing problems, pain or fatigue, bowel problems, vaginal discharge, eyesight and hearing problems, low iron, asthma, bronchitis or emphysema, and cervical cancer.

Evidence from ALSWH also shows women who experienced domestic and family violence, had consistently poorer mental health than women who had never experienced domestic violence. The study suggests a cumulative impact of abuse and stressful events on health over the life course, and that **there is a lifetime deficit in mental health associated with domestic violence**. This health deficit remained even after the abuse had ceased.

Research in Victoria³ shows that of the 16,000 Victorians who attended hospital over a decade due to family violence, 2 in every 5 sustained a brain injury (40%). 31% of victims of family violence attending Victorian hospitals over a ten-year period, were children under the age of 15, and 25% of these children sustained a brain injury.

² Weissbecker et al., 2007, Lagdon, et al., 2014, Ellsberg et al., 2008, Hegarty et al., 2012, Loxton et al., 2017.

³ Brain Injury Australia et al., 2019

Everyday living disrupted

Domestic, family, and sexual violence victim-survivors are 10 times more likely than others to experience legal problems other than domestic violence, including a wide range of **family, civil, and crime problems**; and their legal problems led *'to greater adverse impacts on broad life circumstances and require a holistic, joined up approach to legal and human services.'* [Law and Justice Foundation, 2019].

Domestic or family violence is a leading driver of homelessness for women. According to the Australian Institute of Health and Welfare, in 2017–18, 121,100 people (42% of all clients) who presented as clients to a Specialist Homelessness Service, reported that they were escaping domestic and family violence. Of these domestic violence clients, over 26,500 were children aged nine or younger. A Homelessness Australia paper, published in 2017, states that, “For women and their children escaping domestic and family violence, access to housing that is secure, affordable, and immediately available, is the most critical factor in their support pathway.”

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Long term impact on children

One in four children are exposed to domestic and family violence. Of those women who experience domestic and family violence, approximately 65% have children in their care. *Domestic and family violence is the most commonly reported issue to NSW Department Communities and Justice for children at risk of significant harm.*

Domestic and family violence is also the leading cause of homelessness for children in Australia [Australian Domestic and Family Violence Clearinghouse 2011, *The Impact of Domestic Violence on Children: A Literature Review.*]

The long-term impact of trauma is also recognised in growing evidence around adversity in childhood. The impact on children as measured by the Adverse Childhood Experiences Scale, comprises eight domains in two major themes: abuse to the individual, and household dysfunction.

The impact of domestic and family violence on children is immense, and can often affect them for the rest of their lives. Children and young people do not have to see the violence to be affected by it.

... childhood adversities including family violence, physical abuse, and neglect, are the strongest correlates of onset of adult psychiatric disorder...

Childhood exposure to violence increases children’s risk of mental health, behavioural difficulties, learning difficulties, and poor educational outcomes in the short-term, and later in life⁴. Indeed, childhood adversities including family violence, physical abuse, and neglect, are the strongest correlates of onset of adult psychiatric disorder [Green et al., 2010]. *And they are also at higher risk of perpetrating or becoming a victim of violence, which perpetuates intergenerational cycles of violence.*⁵

Impact of not recovering



Our submission to the Federal Inquiry into domestic, family, and sexual violence (2020), refer Appendix TWO, comprehensively outlines the impact of violence and abuse on women and children – particularly when left untreated. The vast majority of submissions to the 2020 NSW Joint Select Committee on Coercive Control, also describe the significant and the long-term impact of violence and abuse on women.

Multiple studies have found that treatment for and recovery from the health impacts of violence can **reduce or prevent ongoing and intergenerational violence**⁶. Supporting women to recover from domestic, family, and sexual violence, will decrease the likelihood of women returning to or entering new abusive relationships, and it will decrease the number of children at risk of living within a domestic and family violence environment, thus breaking the cycle of intergenerational violence.

In the last 12 months 14,846 children⁷ were reported to be at risk of significant harm in NSW, domestic and family violence was the primary reported issue. It is forecast the cost of pain, suffering, and premature death in 2021-22 caused by violence against women and their children, will be borne primarily by the victim/survivors at almost \$3.7 billion. Children will also bear considerable costs of \$211 million (5%), more than by perpetrators at \$4 million (0.2%).

⁴ Campo, 2015; Laing, 2000; Whitfield et al, 2003

⁵ Campo, Kaspiew, Moore, & Tayton; Flood & Fergus; Holt, Buckley, & Whelan; Humphreys, Houghton, & Ellis; Kaspiew et al.; Richards; Stith et al. as cited in Webster et al., 2018

⁶ Trevillion et al., 2014.

⁷ Communities and Justice Corporate Information Warehouse, for the period 1.6.2020 – 30.6.2021

A problem of economic magnitude

It is estimated that one million women in NSW have experienced domestic, family, and sexual violence. This costs NSW **at least \$7.4 billion per year**. 52% of this is borne by the victim/survivors, approximately 19% by the NSW Government, and remaining 29% by the community, children of women experiencing violence, the perpetrators, employers, friends, and family. NSW Police estimate between 40-60% of their workload is domestic and family violence related.

As domestic, family, and sexual violence rates continue to rise, so too will costs, particularly taking into consideration the **cumulative financial burden** over of a lifetime of untreated trauma.

Meeting multiple needs

The co-design research undertaken by UNSW for this Business Case, confirms the 2020 ANROWS findings on the health service experiences of women with complex PTSD from domestic, family, and sexual violence. That is, ‘both women with experiences of complex trauma and healthcare professionals, pointed to models of holistic, wrap-around and place-based service provision, that aims to meet the multiple impacts of complex trauma as a blueprint for “best practice”. They gave examples including, specialist providers in community health, women’s health, sexual assault, community legal practice, and the refugee sector.’

A key recommendation from the ANROWS research was to ensure trauma-informed care was embedded within a **holistic wellbeing framework**, that integrates mental, physical, and psychosocial wellbeing – and has **sustained and long-term funding for specialist trauma programs and services**.

NSW Health PARVAN Framework, underscores these findings - outlining key design principles for best practice response to violence and abuse including: ‘person centred, holistic and seamless care’. Internationally and in Australia, interagency and service partnership models are increasingly being implemented to support healing and recovery of the ‘whole person’, and to promote ongoing health and wellbeing⁸. NGO community-based services are considered key partners.

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⁸ Desmond, 2011; Taylor & Green, 2014

A collaborative interagency approach

The Case for Change (NSW Health) reports it is clear from the evidence that ‘a collaborative interagency approach is critical in responding to clients of the public health system. Evidence of the negative consequences of fragmentation, disconnection and ‘siloed’ service delivery, and the benefits of collaboration, mean that coordinated approaches and integration, are widely regarded as best practice in responding to clients who have experienced violence, abuse, and neglect, particularly for individuals and families, who may be experiencing multiple and complex needs’.

Further, Breckenridge et al.’s (2016) meta-evaluation of collaborative interagency interventions and integrated service responses to violence against women, highlights that of 48 evaluations reviewed, relating to 33 integrated service programs or initiatives across Australia, most reported qualitative positive impacts to clients, practitioners and services.

Common benefits to integrated and collaborative prevention and response to violence, abuse, and neglect identified through the literature⁹, include:

- Improved health outcomes for victims and survivors
- Reduction in secondary (systems-created) trauma, in part through coordinated and transparent information sharing arrangements
- Better meeting immediate and long-term needs through a continuum of post-crisis care
- Improved access to services through robust referral pathways and service agreements
- Cost effectiveness and service efficiency through minimising duplication

Despite the evidence and the research, currently there is **nowhere** in the public health system, or across the community service sector, where women can access integrated, comprehensive long-term support to recover from the health impact of this violence.

There is a limited range of short-term programs provided by different services (government and non-government), which are largely siloed and only available piecemeal to women, often at different times depending on the waiting lists, and their capacity to pay for services.

More generally, there is a chronic lack of long-term domestic, family, and sexual violence services across the sector, particularly for non-housing related support.

Despite the evidence and the research, currently there is **nowhere** in the public health system, or across the community service sector, where women can access integrated, comprehensive long-term support to recover from the health impact of this violence.

⁹ Breckenridge, 2016; Humphreys & Healey, 2013; Polaschek, 2016; WHO, 2013

A home base

The co-location of services is crucial in reducing barriers to help and promoting safety and recovery from the impacts of domestic, family, and sexual violence. Multiple appointments with services, in multiple locations, can pose an insurmountable obstacle for women in crisis periods, particularly where they also have parenting responsibilities [Salter et al., 2020]. Many clients engage with a range of services across their lifetime, and navigating the service system itself can be traumatic (Royal Commission into Institutional Response to Child Sexual Abuse, 2017).

Research by Hegarty et al., [2012] demonstrated the need for a holistic service model for addressing complex needs of women who experience sexual violence. Women interviewed for this study, emphasised the importance of being able to easily access appropriate ongoing trauma-informed services, that share information, provide referrals, and support women in always accessing help for their complex issues, not only during a crisis period.

Multi-disciplinary and integrated service initiatives are a key feature of the public health model, which emphasises collective action, evidence-based interventions, and the crucial role of the health sector in preventing poor or worsening health outcomes, for victims of violence and abuse through early intervention and coordinated care¹⁰.

There is an urgent need for a dedicated service to provide a coordinated and comprehensive response to domestic, family, and sexual violence, and to break the intergenerational cycle of trauma and violence.

NSW Health provides *health* support through its PARVAN Framework, but there is no service or centre that currently offers multisectoral continuous support. This is a key principle of the Women's Trauma Recovery Centre. The Centre will complement the work of NSW Health, enabling cost effective and therapeutically efficacious support.

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This is a key principle of the Women's Trauma Recovery Centre.

¹⁰ WHO, 2012; Garcia-Moreno et al., 2015

What happens if we continue as 'business as usual'?

As outlined above, the immediate and long-term negative health consequences of violence are serious, continue long after the abuse has ended, and, for many victim/survivors are lifelong. People who have experienced or been exposed to violence have a greater risk of developing a range of poorer health outcomes, report poorer physical health overall, are more likely to engage in practices that are harmful to their health, and experience difficulties accessing the appropriate health service (WHO, 2002).

The NSW Domestic and Family Violence Blueprint for Reform 2016-2021, reflects the growing recognition that the health system needs to address the long-term traumatic impact that domestic and family violence and abuse can have, particularly in terms of the complex psychosocial needs of women and their children. The NSW Government's PARVAN Framework acknowledges the profound impact violence and abuse has on health outcomes of victim/survivors and **argues for systemic change.**

For many women, the COVID-19 pandemic coincided with the onset or escalation of violence and abuse, and 'an increase in the prevalence, severity and complexity of violence'. Two-thirds of women who experienced physical or sexual violence by a current or former co-habiting partner since the start of the COVID-19 pandemic, said the violence had started or escalated in the three months prior to the survey. Many women, particularly those experiencing more serious or complex forms of violence and abuse, reported safety concerns were a barrier to help-seeking.

Domestic, family, and sexual violence is getting worse, mental health rates are increasing, and the NSW Government is *currently* unable to meet demand. We also know that for many reasons, many women choose not to report violence and abuse although they need support and treatment. We know they are more likely to do this in a trauma informed safe place that responds to their needs in a person-centred non-judgemental, and empowering manner. **We know this decreases existing trauma, reduces the likelihood of systems-based re-traumatization, and ultimately leads to recovery.**

If we continue as 'business as usual', the unmet demand on NSW Health and other agencies including NSW Police, Department of Communities and Justice, including child protection, out of home care, youth justice and housing, will continue to increase, leaving women and children unsafe and unsupported. This in turn, puts the NSW Government and broader community services workforce at risk of burnout and vicarious trauma.

Business as usual is not an option.

Having an evidence-based community trauma service, that holistically supports women suffering the trauma of domestic and family violence, will complement and support the NSW response to this unmet and growing demand.

If we continue as 'business as usual', unmet demand on NSW Health and other agencies including NSW Police will continue to grow, leaving women and children unsafe and unsupported, and putting at risk the NSW Government workforce, through burnout and vicarious trauma.

Business as usual is not an option.

The opportunity

In 2015 the Illawarra Women's Health Centre (refer Appendix SIX) developed the concept of a Women's Trauma Recovery Centre, having identified a gap in local support services and programs specifically responding to the complex needs of women experiencing long-term impacts of domestic, family, and sexual violence.

In 2019, the Centre called together 70 regional leaders and stakeholders, to develop a shared vision of a comprehensive "one-stop" trauma recovery service for women. The principle of a Women's Trauma Recovery Centre was **unanimously** supported.

Over the last two years, the level of support locally and within NSW, has gathered incredible momentum. Refer Appendix THREE for a comprehensive, but not exhaustive, list of organisations and agencies that endorse the establishment of a Women's Trauma Recovery Centre.

The Women's Trauma Recovery Centre is an innovative, practical, and cost-effective solution to the serious need for recovery services for victim/survivors with domestic, family, and sexual violence related trauma.

Domestic, family, and sexual violence is an extraordinarily 'wicked' and urgent problem that is not going away. The impact on the individual, her family, the community, and the economy, is significant, and continues to escalate if the trauma is left untreated. It will continue to cost all of us if we do not respond by providing the right kind of support, immediately.

Now is the time for the NSW Government to capitalise on the exceptional research undertaken to design the operational framework of this Centre, the skills and expertise available to the project, the community support, and political goodwill underpinning this Business Case - by investing in the establishment of a Women's Trauma Recovery Centre.

The Women's Trauma Recovery Centre is an innovative, practical, and cost-effective solution to the serious need for recovery services for victim/survivors with domestic, family, and sexual violence related trauma.



Step TWO: Objective of a Women's Trauma Recovery Centre

The proposal for a Women's Trauma Recovery Centre is based on the current and growing need for a trauma recovery service which evidence indicates must provide trauma informed, wrap around, multisectoral support, that is financially and geographically accessible, and timely.

The sooner we respond to trauma caused by domestic and family violence, the more cost effective and efficient the recovery is, for everyone impacted.

An Australian first

At present there is no such service in Australia. The objective of this project is to establish and demonstrate the efficiency of this new model of care for victim survivors of domestic, family, and sexual violence.

Dedicated researched evidence

As noted above, research by Dr Patricia Cullen, School of Population Health UNSW, funded by NSW Ministry of Health, as the central component of Business Case, provides the evidence base for a functional and effective operational trauma recovery service framework.

Based on this research, the Womens Trauma Recovery Centre will:

- be an *integrated, specialised, and dedicated* service, offering individualised multidisciplinary and multisectoral wrap-around support to women, as needed over their lifespan.
- comprehensively address the impacts of domestic and family violence, to improve *long-term health and psychosocial outcomes for women and families*, including breaking the cycles of ongoing exposure to violence, and *intergenerational trauma*.
- provide opportunities for *research partnerships* to lead recovery responses to domestic and family violence.
- be an evidence-based model of care that can be *replicated and scaled up* across Australia.

The overarching goal of the Women's Trauma Recovery Centre is to be a best practice model of care and healing that leads to recovery from trauma related to domestic, family, and sexual violence.

Measures of success

The success measures for the Centre are captured in the outcomes detailed in the Program Logic Framework, Table ONE, next page. They include:

- *For clients*: improved physical, mental and emotional wellbeing, improved access to health services and care, and prevention of ongoing violence or new experiences of violence and abuse
- *For children*: strengthened caregiver capacity, reduced exposure to family violence that will improve physical, mental, emotional, and psychological wellbeing
- *For the service system*: improved linkage between health/legal/policing/housing/government social services/NGOs and reduced duplication of services
- *For the economy*: increased engagement in education, training, or employment
- *For NSW*: a new and world leading model of care established and tested.

TABLE ONE: Women’s Trauma Recovery Centre, Program Logic Framework

PROBLEM	INPUTS	INTERVENTION Core components and flexible activities	OUTCOMES			GOALS
			Short-term (Outcome measure) Primarily attributed to the program [5 years]	Intermediate (Outcome measure) Partly attributed to program, beginning of shared attribution [10 years]	Long-term (Outcome measure) [20 years]	
There are no cost-effective, evidence-based comprehensive services for women recovering from domestic, family, and sexual violence.	<ol style="list-style-type: none"> Trauma and violence informed specialist staff Culturally safe and women’s only space Accessible to all women: physical, information, procedural and attitudinal access Partnerships to facilitate service integration and linkages: To overcome barriers of access and fragmented service delivery Community (political and financial support) Government 	<p>Core component 1: Key in house services delivered at the right time - primary health care, legal support, mental health care, housing support, financial advocacy</p> <p>Core component 2: Soft-entry pathways</p> <p>Core component 3: Service integration and linkages (co-location, referral pathways)</p> <p>Core component 4: Case-management</p> <p>Core component 5: Crisis support</p> <p>Core component 6: Social and community groups</p>	Women’s health and wellbeing			<p>A best practice and sustainable model of care that leads to recovery from trauma of domestic and family violence.</p> <p>Recovery is:</p> <ul style="list-style-type: none"> : Gaining and retaining hope : Engagement in an active life : Personal autonomy : Social identity : Meaning and purpose in life : A positive sense of self
			Improved physical, mental, and emotional wellbeing. Reduced markers of trauma (Client reported outcome instrument)	Reduced engagement with the Centre		
			Improved access to health services and care (TRC service database)			
			Improved identification of disability needs and linkages with appropriate providers/services (TRC service database)			
			Prevention of ongoing violence or new experiences of violence and abuse			
			Children’s health and wellbeing			
			Strengthened caregiver capacity Reduced exposure to family violence (Client reported outcome instrument)	Prevention of intergenerational cycles of violence – both as perpetrators and victim/survivors		
			Early referrals to child service providers as necessary (TRC database)			
			Safety and security			
			Satisfaction with crisis support within the Centre (Client reported outcome instrument)			
			Satisfaction with engagement (and advocacy) processes with policing, justice and housing (Client reported outcome instrument)			
			Economic			
				Reduced contacts with emergency services (ED, police, ambulance) (NSW Health and BOCSAR)		
			Increased engagement in education, training, or employment (self-report) Increased enrolment in further study (Client reported outcome instrument)			
			Income security and financial independence/separation (from perpetrator) (Client reported outcome instrument)			
			Service system			
				Improved efficiency and coordination of services	Reduced burden on system Improved service outcomes	
			Reduced system traumatisation (Client reported outcome instrument)			
			NSW State			
			New model of care developed and tested sufficiently to be suitable for replication.	Efficacy of model of care demonstrated as tested across multiple sites	Effective model of care embedded in public health system	



Step THREE – Define the Strategic Context and Alignment with Government priorities and outcomes

There is significant state and federal attention focused on the growing rates of violence in our community, the long-term impact violence has on women, the pressure these place on current service delivery, the need for services to go beyond crisis response, and the overall cost of this situation to the country.

Australia's first National Women's Safety Summit is convening in September 2021 and in the last year, the NSW Attorney General has introduced a suite of legislative and policy changes to better support women's safety. In the May 2021 Budget, the NSW Government committed an extra \$60 million funding to support frontline services.

In addition to the Women's Trauma Recovery Centre proposal responding to this context, it also aligns with several NSW Government priorities and outcomes. Below are some key examples.

NSW Premier's Priorities

Among the 14 social priorities set by the **NSW Premier** in June 2019; the Women's Trauma Recovery Centre will contribute to breaking the *cycle of disadvantage* by supporting:

1. Priority 3 - **Keeping children safe**: protecting our most vulnerable children.

By supporting mothers to recover from trauma and supporting them to remain out of violence and abusive relationships, the Centre's activities support the objective to 'decrease the proportion of children and young people re-reported at risk of significant harm by 20 per cent by 2023'.

2. Priority 5 - **Reducing the number of domestic violence reoffenders** by 25% by 2023.

Supporting women to remain out of violent relationships, recover mentally, emotionally, and financially, navigate the criminal justice system and the family law system, by providing them with appropriate and timely support and access to services, will mean the perpetrator will have less opportunity to re-offend.

3. Priority 7 - **Reducing homelessness across NSW** by 50 per cent by 2025.

Domestic, family, and sexual violence is the primary driver of homelessness. Modelling by Equity Economics in 2021 estimates as many as 7,700 women are returning to violent partners, with another 9,000 domestic violence victims forced into homelessness. The Centre will contribute to this priority by supporting women to access appropriate services in a timely manner, including housing. Also, enabling recovery increases a victim/survivor's ability to find and retain employment and education, leading to an independent financial capacity to maintain safe and secure accommodation.

NSW Government's Outcome and Performance Framework

Our proposal supports the Framework within the:

1. **Health Cluster**, which 'focuses on its priorities of providing quality healthcare' contributing to the following outcomes:

- a. People can access care in 'out of hospital' settings to manage their health and wellbeing.

Specifically, 'healthcare extends beyond the hospital, *and connects across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations.*'

The Indicator for this Outcome is to 'reduce preventable visits to hospital by caring for people in the community'.

- b. Keeping people healthy through prevention and health promotion.

Specifically, '*reduce preventable diseases and death, help people manage their own health including mental health, and promote equitable health outcomes in the community.*'

- c. Our people and systems are continuously improving to deliver the best health outcomes and experiences.

Specifically, 'a skilled workforce with access to world-leading education and training, *'a system that harnesses research, ... is essential to continuously improve outcomes and experiences of care across the system.'*

2. **Stronger Communities Cluster**, which 'delivers community services that support a safe and just NSW contributing to the 'children and families thriving' outcome.

Additionally, the [NSW Government Domestic and Family Violence Outcomes Framework](#), which links to the [Human Services Outcomes Framework](#), has identified four outcome domains which the Women's Trauma Recovery Centre model of care would support, specifically:

- Safety: All people are safe from domestic and family violence
- Health: Improved mental health and wellbeing
- Home: Reduce homelessness
- Empowerment: The customer is at the heart of decision-making that affects them. Service design is determined by customer experience.

NSW Domestic and Family Violence Blueprint for Reform 2016-2021: Safer Lives for Women, Men and Children

This proposal strategically aligns with the NSW Domestic and Family Violence Blueprint for Reform 2016-2021: Safer Lives for Women, Men and Children. It directly contributes to;

1. Action THREE, 'Supporting Victims' by creating a *'system that is responsive to different types of client needs; and provides access to information and support at any stage of experiencing domestic and family violence. A networked and coordinated system that is able to wrap around the victim and address their varying and multiple needs.'*

Further, 'it is critical that victims of domestic and family violence *receive flexible, person-centred services to support them through immediate crises, and as they deal with the longer-term effects of their trauma.'*

Services that may be needed include police, justice, health care, housing, family support, and counselling services. Victims who are unable to access these services, can face serious consequences, including homelessness, financial distress, child protection interventions, and increased risk to their safety.

Service users and providers reported that the domestic and family violence service system, is for the most part 'complex and fragmented.'

2. ACTION FIVE: 'Delivering Quality Services' - which aims for a 'system that provides **consistent, high-quality responses to those experiencing, exposed to,** or using domestic and family violence, regardless of location or where they first came into contact with the service system'.



NSW Domestic and Family Violence Prevention and Early Intervention Strategy 2017 – 2021

This strategy supports the *Blueprint for Reform*, and our proposal clearly aligns with Action 5, ‘the system adopts **new and innovative** ways of working and being effective’, which is aimed at ‘encouraging innovative thinking and approaches in all aspects of service delivery’- noting that ‘**there is an opportunity to significantly shift the social and economic outcomes for domestic and family violence.**

New approaches, and doing existing things differently, will be achieved by bringing together the deep knowledge of communities and experts, and working to create new thinking about the problem, and ways to address it.’

There is an opportunity to significantly shift the social and economic outcomes for domestic and family violence.

NSW Health PARVAN Framework and Women’s Health Framework

As outlined in *The Case for Change* (2019), which underpins the PARVAN Framework, NSW Health and (its) partner agencies should; ‘aim to promote increased service accessibility, and an integrated patient journey; holistic collaborative care, enhanced service integration, equitable and comprehensive responses - addressing context-specific needs for vulnerable clients; increased staff confidence and capacity in responding to victims of interpersonal violence’.

The community is consistently disturbed by high profile domestic, family, and sexual violence cases, each time calling for more to be done to protect and support women from violence and abuse. **The political and strategic environment is ripe for an intervention** that addresses the cycle of violence, by listening to and supporting women to recover from trauma.

The political and strategic environment is ripe for an intervention that addresses the cycle of violence by listening to and supporting women to recover from trauma.

The multiple benefits of a Women's Trauma Recovery Centre are shown as outcomes in the Program Logic Framework above. The explanation as to why these benefits are relevant to the Government are detailed in Step ONE. Multiple frameworks, strategies and documents that are provided as examples are in Step THREE.

The benefits a Women's Trauma Recovery Centre would accrue for individual women are clear – recovery from trauma will enable a more productive, healthier, and fulfilling life.

The benefits for NSW are more far reaching, and include improved response to domestic, family, and sexual violence; reduced hospitalisations; decreased burden on the public mental health system; and increased co-ordination of services leading to more efficient and effective service delivery and public sector cost reductions. The scale of these benefits is difficult to quantify given this is a new and innovative concept – there is no real comparison. To accurately forecast economic and social benefits, it would be worthwhile to undertake 'Impact Modelling' of the Centre.

However, the high-level cost estimates provided in Step SEVEN, indicate the cost per client to the Centre would be approximately \$21,000, based on an estimated 300 clients over three years. By comparison, an average cost per day of residential mental health services in NSW is \$624 [AIHW, May 2021]. On average people suffering PTSD who use residential care stay for 3 weeks, cost the NSW Government almost \$14,000. The care costs extend both before and after a stay. Similarly, specialised mental health public hospital services average cost per patient per day is \$1,223, equating to \$25,680 for a three week stay. Total cost to the Government for a hip replacement is approximately \$25,000.

At the same time, the cost of mental health care continues to rise with the per capita expenditure on state and territory specialised mental health services, adjusted for inflation, increased by an average annual rate of 1.5% between 2014–15 and 2018–19.

Community based specialised and dedicated trauma care for women represents a potentially significant cost saving to the government.

The benefits a Women's Trauma Recovery Centre would accrue for individual women are clear – recovery from trauma will enable a more productive, healthier, and fulfilling life.

Community based specialised and dedicated trauma care for women represents a potentially significant cost saving to the government.

NSW - a thought leader

As a new model of care, the concept of a Women’s Trauma Recovery Centre has generated significant interest and support across Australia, and internationally.

Should the NSW Government fund the project, it would be seen as an innovative thought leader, providing best practice recovery care services to women experiencing domestic, family, and sexual violence.

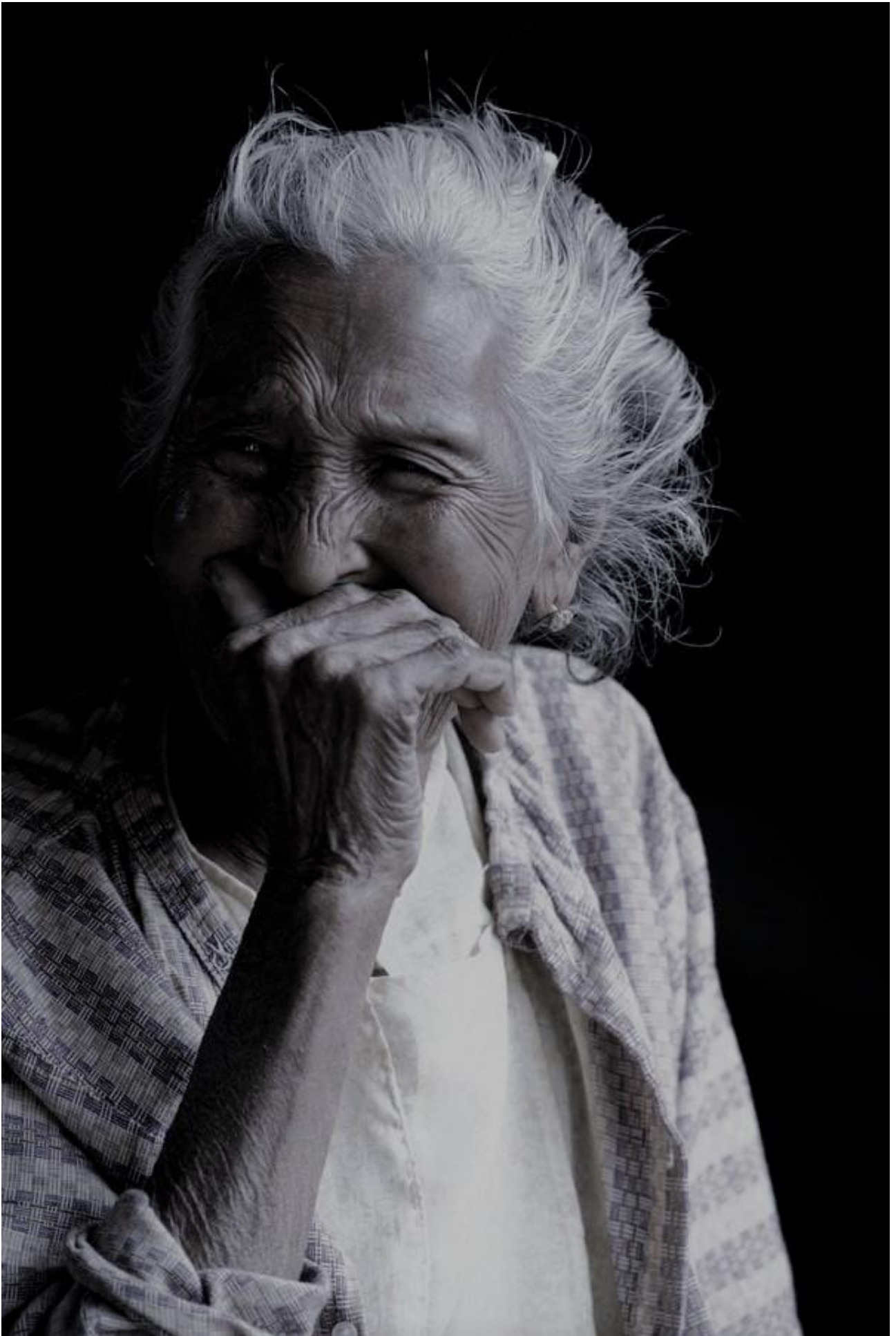
The concept of a Women's Trauma Recovery Centre has generated significant interest and support across Australia, and internationally.

Risks

For the Centre to be successful, it will depend on adequate funding (both capital and operational), the right level and expertise of staff, strong and functional partner relationships, and collaborative arrangements with partnership services and agencies. It will also need to manage the risks as outlined in the table below.

TABLE TWO: Overview of project risks

Establishment	Operational
Low - medium level risks	
<ul style="list-style-type: none"> - Availability of range (and number) of professionals and services required. - Longer than anticipated lead time to establish - Loss of key personnel during establishment phase 	<ul style="list-style-type: none"> - Availability of range (and number) of professionals and services required. - Service provider partnerships and collaboration breakdown - Business sustainability is compromised - Demand of services does not meet sustainability threshold - Evaluation of model’s impact does not meet expectations
Medium – high level risks	
<ul style="list-style-type: none"> - Lack of funding for capital establishment - Difficulty in identifying Centre location/infrastructure - Lack of foundational partner for business development and ongoing business sustainability. - Underestimated demand for services, exceeding capacity to supply 	<ul style="list-style-type: none"> - Funding beyond pilot stage is not continued - Unanticipated establishment costs



Step FIVE Stakeholders

On a Friday evening in March 2019, the Illawarra Women's Health Centre held a regional forum to gauge interest and garner support for a comprehensive Women's Trauma Recovery Centre.

Over 70 leaders representing the community, legal, medical, health, and domestic and family violence sectors, the private sector, religious organisations, and local and state Government attended, as did women with lived experience of violence and abuse.

Support for the concept of a 'one stop, wrap around service' for victim/survivors of domestic and family violence was unanimous.

High level Engagement

Following this, a high-level multi-sector Consultative Working Group was constituted to drive momentum and further build support at the local, state, and national levels for the Centre. A Professional Advisory Group was formed to provide technical input.

The Consultative Working Group is chaired by the Executive Director of the Illawarra Shoalhaven Local Health District (ISLHD) and has met monthly since April 2019 (2.5 years). The group comprises of the Lord Mayor, Wollongong City Council, Mayor Shellharbour Council, and government and private sector representatives, including:

- Director, **Department of Communities and Justice**
- Executive Director, **Integrated Care, Mental Health, Planning, Information & Performance and Medical Director, Ambulatory and Primary Health Care, ISLHD,**
- Commander, **Oak Flats, NSW Police,**
- Coordinator, **Illawarra Community Legal Centre, and**
- Community engagement Manager, **BlueScope.**

The Department of Premier and Cabinet was consulted in June 2020 and provided advice and support.

Among members of both groups are those with diverse lived expertise of domestic, family, and sexual violence, and representatives of frontline service providers. Collectively these working groups have provided substantial insight and informed the initial concepts for the Centre.

The Terms of Reference, full membership list, agendas, minutes, and progress reports from the Consultative Working Group, are available on request.

Stakeholder Engagement

Over this time, the Centre developed operational relationships and support from key stakeholders including:

- **Blue Knot Foundation**
- **Domestic Violence NSW**
- **Australian and New Zealand Royal College of Psychiatrists**
- **Waminda South Coast Women's Health and Welfare Aboriginal Corporation**
- **Illawarra Committee against Domestic Violence**
- **Illawarra Mercury and WIN Corporation**
- **Brain Injury Australia**
- **White Ribbon Australia.**

In addition to established local providers, preliminary discussions have been had with key external services, such as *Rape and Domestic Violence Services Australia*, to provide off-site 24-hour telephone support to Centre clients, *Health Care Specialty Hospitals and Services* for residential mental health options, and Macquarie University to establish its world leading *Concussion Connect* program at the Centre.

Refer Appendix THREE for a full list of organisations that support the Women's Trauma Recovery Centre. Letters of support are available on request.

Multi party political support over three levels of government has been secured, with local, state, and federal members advocating for the Centre locally, publicly, and in both NSW and Commonwealth Parliament.

Stakeholders have actively contributed to the development of the Women's Trauma Recovery Centre Project by:

- Providing expert input and access to networks, to enhance the breadth of consultation
- Publicly advocating for the Women's Trauma Recovery Centre
- Participating in research and providing evidence through - face to face and online meetings; personal and online interviews; written and oral surveys; emails; telephone conversations; case studies; and
- Providing goods and services in-kind

This contribution is significant, representing approximately **\$430,000 in pro bono support to date**. These contributions and the risks related to stakeholders are outlined in the tables below.

TABLE THREE: Stakeholder contributions

<p>Illawarra Women’s Health Centre</p>	<p>Investment from Board and Leadership Team to initiate and lead the campaign and project; ongoing investment of personnel, time, and funds; appointment of a Project Manager and Digital Communications support. Value: \$180,000+ <i>Personnel and operational evidence available on request</i></p>
<p>Women with lived expertise of domestic, family, and sexual violence.</p>	<p>Contributions through advocacy, research, conceptual and operational guidance, and advice. Value: \$25,000</p>
<p>University of NSW</p>	<p>Primary partner from April 2019, concept development, co-design research, technical advice, advocacy, strategic relationship building. Support provided in-kind. Value: \$130,000 <i>Statement of Contribution, available on request</i></p>
<p>Existing high-level Consultive Working Group</p>	<p>Operational two and a half years, active members, monthly meetings, progress reports, donated gift in time and expertise across the Committee. Value: \$5,000 <i>Monthly meeting agendas, reports, and updates available on request</i></p>
<p>Violet Co</p>	<p>Development of Business Case, legal advice, and support. Support provided in-kind. Value \$10,000 <i>Statement of Contribution, available on request</i></p>
<p>Royal Australian and New Zealand College of Psychiatrists</p>	<p>Concept development, technical advice, advocacy, strategic relationship building. Support provided in-kind. Value: \$20,000 <i>Statement of Contribution, available on request</i></p>
<p>WAPLES</p>	<p>Marketing, media since April 2019. Support provided in-kind. Value: \$60,000 <i>Copies of collateral and media coverage available on request</i></p>
<p>Illawarra Mercury</p>	<p>Media campaign and photographic exhibition. Support provided in-kind. <i>Copies of photographs and media coverage available on request</i></p>
<p>Stockland Shellharbour and GPT (Companies)</p>	<p>Public Relations <i>Copies of media coverage available on request</i></p>
<p>WIN TV</p>	<p>Production of digital assets, promotional videos to be provided, in kind.</p>

TABLE FOUR: Risk to stakeholders in project development

Poor health outcomes	Women using Women’s Trauma Recovery Centre do not receive adequate, appropriate, or sustained support, resulting in poor health and wellbeing outcomes.
Funding insufficient	Partial funding will jeopardise success of project and involvement of stakeholders.
Poor investment return	Investment in Women’s Trauma Recovery Centre does not deliver expected health outcomes and impact.
Reputational damage	Primary partner and key stakeholders, especially loss of social capital.

TABLE FIVE: Risk of involving or not involving stakeholders

Involving	Not involving
Differing expectations leads to conflict: service and advocacy support is removed	Inadequate community and sector political support, leading to Centre poorly supported when established, limited private sector funding, and limited utilisation.
Workload of managing multiple stakeholders is not properly resourced, leads to unmet need and potential conflict, and withdrawal of support.	Operational framework poorly designed due to limited input from women with lived expertise, and professional service providers.
Expectations of stakeholder partnerships is not fulfilled once operational, jeopardising ongoing funding.	Potential service and referral partnerships are not established. Concept of ‘wrap around service’ and ‘one stop shop’ not able to be realised, limiting health outcomes and impact for clients.
	Speculative funding required, no Government funding of initial project, ongoing sustainable funding, and withdrawal of funding.

High-level stakeholder consultation and engagement plans

Active stakeholder consultation has been an ongoing characteristic of this project. The Stakeholder Consultation Plan and Stakeholder Engagement Plan (refer Appendix FOUR) will adapt over time to stakeholder and project needs, and will be a formal mechanism to:

- understand the needs and wants of each stakeholder in relation to the Centre and its services.
- determine for each organisational stakeholder their ongoing commitment - their level of interest in the Centre, its services, and operations, and their ability to impact on its outcomes (positively and/or negatively).
- the mutual; expectations, roles and responsibilities when engaging operationally with the Centre.

Refer Appendix FOUR for a summary of stakeholder representatives to be engaged operationally once the Centre is established.

Stakeholder research

In April 2019, the Illawarra Women's Health Centre formed a partnership with the School of Population Health University of NSW, to develop and lead co-design research that would provide an evidence based operational framework for the Centre.

To ensure the Centre reflects community priorities and supports the long-term needs of women and their families, this community-led co-design was undertaken. This design process aimed to generate new knowledge of an Australian-first model of domestic, family, and sexual violence response and recovery, that can be replicated in other settings to improve the health, well-being, and lives of women and their families.

The first step of the co-design was to hear what experts by experience and other key stakeholders say is needed to support recovery and healing from domestic, family, and sexual violence. To do this, in-depth interviews with women with lived expertise of domestic, family, and sexual violence, as well as expert professionals, representatives from key organisations those that respond to domestic, family, and sexual violence were undertaken.

An intersectional approach was taken to ensure as many voices and experiences as possible were heard, including women from LGBTQI communities, Aboriginal and Torres Strait Islander women, women with a disability, and women from culturally and linguistically diverse communities. Nineteen women with lived expertise, and twenty-seven service providers and clinicians were interviewed.

Secondly, using purposive sampling, potential respondents were drawn from the in-depth interviews, as well as additional members of the Women's Trauma Recovery Consultative Working Group and Professional Advisory Group were invited to participate in a series of online co-design surveys. Two rounds of the surveys were undertaken between February and May 2020. The survey asked respondents to identify priority areas for the Centre in terms of interventions, practitioners, and physical features.

Finally, between survey rounds 1 and 2, we held two workshops in March 2021, to test the core components, and further shape the guiding principles and goals.

The UNSW research report outlines the findings from the co-design process, including the core components of the model of care, the principles, and goals of the centre.

The Illawarra Women's Health Centre formed a partnership with the School of Public Health, University of NSW, to develop and lead co-design research that would provide an evidence based operational framework for the Centre.

National recognition

Over the past two years momentum and support for the Centre has grown - it is now significant and national. The concept has community, private sector, service provider, and multi-partisan political support. As noted above, there is substantial evidence that key stakeholders support the proposal for a Women's Trauma Recovery Centre and this business case.

In April this year, the Federal House of Representatives Standing Committee on Social Policy and Legal Affairs released its findings after an eight-month inquiry into family, domestic, and sexual violence.

Following the joint submission by the Illawarra Women's Health Centre and UNSW, personal testimony from the Women's Trauma Recovery Centre team, and multiple statements of support in other submissions, the Committee recommended (recommendation 77) fully supporting the establishment of the Centre.

The Committee recommends that the Australian Government, in partnership with the NSW Government, fund a trial program of the Illawarra Women's Health Centre's Women's Trauma Recovery Centre. This funding could be part of a pilot program over a five-year period with a view, subject to positive evaluation, to rolling out similar services around the country.

Further, 'The Committee considers the establishment of a multi-disciplinary Women's Trauma Recovery Centre as **a pioneering and evidence-based response to the health impacts of family domestic and sexual violence**. The Committee considers this initiative is worthy of funding by the Australian Government with the New South Wales Government in light of its **potential for impact on a broader scale**'.

The Illawarra Women's Health Centre has been invited to the National Women's Safety Summit in 2021 to discuss recovery needs for women experiencing domestic, family, and sexual violence trauma and present on the Women's Trauma Recovery Centre. The Centre has also been asked to address the regional conference for the International Society for the Study of Trauma and Dissociation later this year.

The Federal House of Representatives Standing Committee on Social Policy and Legal Affairs - recommendation 77:

The Committee recommends that the Australian Government, in partnership with the NSW Government, fund a trial program of the Illawarra Women's Health Centre's Women's Trauma Recovery Centre. This funding could be part of a pilot program over a five-year period with a view, subject to positive evaluation, to rolling out similar services around the country.

The Committee considers this initiative is worthy of funding by the Australian Government with the New South Wales Government in light of its *potential for impact on a broader scale*'.



Step SIX: Potential Strategic Responses

Options for strategic responses and interventions

Drawing on its own operational experiences, community feedback, and extensive informal consultation with the domestic and family violence sector, the Illawarra Women's Health Centre identified a critical gap in service delivery for women recovering from domestic, family and sexual violence. There is a significant body of work referred to previously in this document, in addition to the recent NSW based research undertaken by ANROWS in 2020 and UNSW as part of this contract, that both confirms this gap and highlights the key principles of a model of care that would offer the best strategic response.

The core components and key principles developed in the co-design research undertaken as part of this contract are outlined below and reflected in the Program Logic (Step TWO). They define the operational framework of the Women's Trauma Recovery Centre model of care. Supporting this approach are the *Key Points of Best Practice* articulated in ANROWS research, refer Appendix FIVE.

Alternative options to developing this new, best practice model of care that were considered and rejected based on the evidence include:

- Business as usual
- Increased mechanisms for data sharing across existing services
- Online service delivery including coordination of multiple service providers
- Private sector delivery with government incentives

Research shows addressing multiple needs of women with experiences of trauma is fraught within a fragmented, single-issue service system. Common issues across these options include physical, mental, emotional, cultural safety, access, affordability, and timeliness of services, as well as efficiency of therapeutic treatments and services, and cost effectiveness.

A new and strategic model of care

This innovative and client centred model comprises **six core components** underpinned by **eight guiding principles**. These components are operationalised through **key resources** which are essential to the delivery of the model. These are broadly grouped into the physical space, the people, and the partnerships.

Drawing on its own operational experiences, community feedback and extensive informal consultation with the domestic and family violence sector, the Illawarra Women's Health Centre identified a critical gap in service delivery for women recovering from domestic, family, and sexual violence.

TABLE SIX: Women’s Trauma Recovery Centre Operational Framework

<p>Core components</p>	<ol style="list-style-type: none"> 1. Wrap around multisectoral direct service provision: primary health care, legal support, mental health care, housing support, financial advocacy, delivered in one place at the right time for as long as needed. 2. Soft-entry pathways 3. Service integration and linkages, including co-location and referral pathways) 4. Case-management 5. Crisis support 6. Social and community connection
<p>Guiding principles</p>	<ol style="list-style-type: none"> 1. Respect: the dignity, integrity and lived expertise of every woman is respected 2. Self-determination: offering real choices and active support to make decisions 3. Compassion: offering, non-judgemental and person-centred approach that responds to each woman’s individual circumstances compassionately 4. Integrity: honesty, transparency, and trustworthiness are foundational to all relationships within the Centre and with the broader community 5. Safety: a place where clients and staff feel culturally, emotionally, and physically safe 6. Equity: the Centre will work towards equitable distribution of power across the organisation to represent and value women’s multiple diversities 7. Healing: Aboriginal and Torres Strait Islander peoples’ ways of knowing, being and doing are central to healing for women, families, communities, and Country 8. Community: the Centre is community-led and responsive, and an integrated component of the public health system
<p>Key resources</p>	<ol style="list-style-type: none"> 1. Trauma and violence informed specialist staff, including peer workers with lived expertise 2. Physically, emotionally, and culturally safe space 3. Partnerships to facilitate service integration and linkages

The evidence base for a Women’s Trauma Recovery Centre situated in the Illawarra is strong and conclusive.

It is an innovative solution to a critical gap in current service delivery, as it responds to the long-term recovery needs of women who have experienced domestic, family, and sexual violence trauma. The demand for these services is growing with rates of violence, violence related mental health issues increasing, the impact of which is compounded and amplified by the COVID pandemic, coupled with limited or no access to services. The longer trauma is left untreated, the greater impact it will have. A Women’s Trauma Recovery Centre is an appropriate strategic response. It will provide the NSW government with a positive cost / benefit outcome.

A Women's Trauma Recovery Centre is an appropriate strategic response. It will provide the NSW government with a positive cost / benefit outcome.

The cost of violence

The **negative impacts** on our community attributed to trauma caused by domestic and family violence and/or sexual assault include:

- high levels of burden of disease affecting individual quality of life, and health services including hospitals;
- homelessness;
- lost workplace productivity and decline in workforce participation; and
- intergenerational trauma, which has a multiplier effect on all the above.

It is estimated this costs NSW, at minimum, \$7.4 billion per year (estimated in 2015-16).

This total does not reflect the ‘hidden’ aspect of violence against women. There are many circumstances where victims do not report their experiences to the police, other authorities, service providers, or family and friends. There are also circumstances in which women or service provider professionals may not recognise their illness or injury as domestic, family, and sexual violence related, as in the case of coercive control, or acquired brain injury. It also does not account for the underrepresentation of violence against vulnerable women which may add \$1.2 billion.

TABLE SEVEN: *Cost of domestic and family violence (KPMG, 2019)*

Cost component	Australia	NSW (32%)
Pain, suffering and premature mortality	\$10.4 billion	\$3.3 billion
Impact of violence on the private and public health systems is estimated to cost victims, their communities and government	\$1.4 billion	\$448 million
The impact of violence on production and the business sector	\$1.9 billion	\$608 million
Consumption related activities.	\$1.9 billion	\$608 million
The second generational impacts. *	\$333 million	\$106 million
The impact on the justice, services and funeral sectors is estimated to cost the Australian economy **	\$1.7 billion	\$544 million
Transfer costs	\$1.6 billion	\$512 million
	TOTAL	\$7.4 billion

*Children who are exposed to acts of abuse or violence in the home experience significant lifelong impact. These impacts can include potential psychological and behavioural issues, child abuse, health issues, and other effects on wellbeing and development. Over the longer term, this may contribute to impacts on economic outcomes, including reduced productivity.

** This significantly underestimates the cost to NSW Police who spend 40-60% of their resources on domestic and family violence.

Violence against children

If a child witnesses or experiences domestic and family violence, the impact can have serious lifelong consequence on the child's development and wellbeing. 65% of women who had children in their care when they experienced violence by a current or former partner, reported that the children had seen or heard the violence (ABS, 2017). Women who as children witnessed partner violence against their parent, were more than *twice as likely to be subjected to partner violence themselves* (ABS, 2017).

The estimated total cost of **violence against children** from a lifetime perspective has been estimated at \$20.6 billion in NSW [Deloitte Access Economics, 2019]. The average annual financial cost per child is \$24,832 in NSW and **non-financial cost is \$47,679 on average per child** in NSW. The costings show that a large proportion of the annual cost accrues to child and family services, while in the longer term, the lifetime burden shifts significantly to the health care system.

Most importantly, it is one of the most traumatic and potentially damaging experiences that can have lifelong adverse consequences for the children and young people themselves. In keeping them safe, it is imperative that investment focuses on three things:

- Reducing the lifetime cost of children in the child and family service system through evidence-based services that can augment their life trajectories, decrease service utilisation, and hence improve outcomes over the longer term.
- Decreasing the prevalence and incidence of violence through better investment in prevention and early intervention services, particularly around **intimate partner violence** and peer violence.
- Strengthening the whole-of-government approach.

Women who as children witnessed partner violence against their parent were more than *twice as likely to be subjected to partner violence themselves* (ABS, 2017).

The estimated total cost of violence against children from a lifetime perspective has been estimated at \$20.6 billion in NSW [Deloitte Access Economics, 2019].



The cost of the Women's Trauma Recovery Centre

The estimated cost across 5-years of the proposed Women's Trauma Recovery Centre in the Illawarra is \$25.5 million, excluding cost of establishment and premises (refer STEP Seven).

Using a projected client base of 300 women per year, this represents an average cost of **\$17,000 per woman, per year**.

If we assume a recovery rate of 30% per year and an average 3-year engagement with the Centre, this equals **\$25,000 per woman per recovery**. Comparatively, the cost to NSW Health for a hip replacement is \$25,000.

Using the data above, a crude calculation reveals it currently costs the NSW Government a minimum of \$31,800 every three years, per woman who has experienced domestic and family violence.

TABLE EIGHT: *Cost of domestic and family violence per woman*

Cost to NSW per year (2015-16, incl vulnerable women)	\$8.4 billion
NSW Population (Sept 2020)	8,166,000
Number of women over 15yo	3,240,000
1 / 4 experienced domestic and family violence	810,000
Cost per woman per year	\$10,617

This will continue to accumulate over a lifetime if the trauma is untreated and unsupported, costing almost \$100,000 over 10 years. However, to accurately forecast economic and social benefits, it is recommended modelling of the impact the Women's Trauma Recovery Centre is undertaken.

Regardless, it is clear the Centre presents a financially attractive, economically feasible, strategic investment. There will be a substantial, ongoing, and long-term economic and social return on investment, should the NSW Government decide to fund this new model of care.

Positive returns will accrue across NSW Government services, and there will be significant relief to the overburdened public delivery of services including, but not limited to, NSW Health (for example, PARVAN, mental health), NSW Police, and the Department of Communities and Justice (especially in child protection, out of home care and housing).

Step SEVEN: High Level Cost estimates

As an Australian first, no benchmark costings exist for this innovative initiative.

However, the indicative high-level costings below are based on the core components of the Centre, as outlined above in Table SIX. They have been developed in consultation with the Royal Australian and New Zealand College of Psychiatrists, and through market research.

The estimated total **operating budget** per year is **\$5.1million**, equating to **\$25.5 million over five years**. The indicative **capital investment budget, excluding premises**, is in the range of \$1,150,000 - 1,490,000. The cost of renting premises is estimated to be approximately \$300,000. This equates to total per year of between \$4.8 million and \$5.8million.

Further discussions are required to identify **location**, and this will be determined by whether the Centre rents the premises, is gifted the premises, or a capital budget is required to purchase an appropriate building and develop the relevant infrastructure. All options are feasible. There is also a compelling argument for consideration to be given to building a fit-for-purpose Centre as part of the new Shellharbour Hospital precinct.

Assumptions

The assumptions that have informed the budget include:

- Initial operating period is **five years**, to allow for appropriate, clinically based evaluation of outcomes and impact, and given recovery time is estimated to take an average of three years.
- A budget is comprised of three components:
 - : Direct service delivery
 - : Business development, including sufficient resources to allow for continuous improvement.
 - : Sustainability, beyond the first five years to ensure continuity and viability of the Centre. A financial investment from the outset to set up resources for the purpose of developing and securing long term sources of recurring funding including income generating assets, products, and services; partnerships; and philanthropic activities.
- Costs are for **Centre based support only**, and do not include engagement with key external providers. For example, Rape and Domestic Violence Services for a dedicated partnership to provide 24-hour telephone support to Centre clients (as identified in the research), or a referral partnership with Health Care Specialty Hospitals or Services for residential mental health options.
- The Centre is established in the **Illawarra**.

As noted above, the cost of premises is shown separately, as physical infrastructure is yet to be determined. Estimated rental costs are shown separately.

Estimates

Two *indicative* budgets are presented below:

1. **Annual Operational Budget**, high level (five years, not adjusted for CPI). Detailed budget available on request.
2. **Capital Budget and cost of premises**

TABLE NINE: Annual operational budget and five-year total

Budget Line	Amount
Human Resources (discounted for Medicare rebate)	4,048,847
Operating Costs	450,000
Resources	120,000
IT and Digital	150,000
Equipment	40,000
Brokerage	50,000
Service Delivery - subtotal	4,858,847
Business Development	250,000
Operations, development, sustainability - annual total	5,108,847
5 YEAR TOTAL	25,544,233

TABLE TEN: Indicative Capital budget and annual cost of premises

Budget line	Amount
Land and building improvements	\$250,000 – \$500,000
Fit out	\$250,000 – \$300,000
IT	\$250,000
Furniture	\$200,000
Maintenance	\$200,000 – \$240,000
subtotal	\$1,150,000 - \$1,490,000
Building rental space	\$240,000 – 300,000
Total	\$1,390,000 - 1,790,000

Conclusion

The Business Case for a Women's Trauma Recovery Centre in the Illawarra is compelling.

The research undertaken specifically for a Women's Trauma Recovery Centre by the University of NSW, funded by the NSW Ministry of Health, emphasises the intersection of domestic, family and sexual violence with multiple health, economic and social consequences, and that it is critical women have access to coordinated systems of care that support recovery.

Holistically addressing experiences of domestic, family and sexual violence with collaborative, wrap-around and place-based support will ensure that services address the multiple and complex impacts of trauma.

In Australia, there are currently no integrated, comprehensive, and long-term support service models that facilitate recovery from domestic, family and sexual violence. The Women's Trauma Recovery Centre is such a model. It will be a 'one stop wrap-around service' and is a practical and timely solution to the lifelong impacts stemming from domestic, family and sexual violence, including breaking the cycles of ongoing and intergenerational violence, abuse and trauma.

It is estimated the Centre will cost just over \$5million per year when fully operational. This equates to approximately \$25,000 *per woman recovered*, based on an average three-year engagement with the Centre. For each woman who experiences domestic and family violence it currently costs NSW at least \$31,000 per woman per three years. If left untreated and unsupported this will accumulate over a lifetime.

On these calculations, the Centre clearly presents a financially attractive, economically feasible and strategic investment. There will be a **substantial, ongoing, and long-term economic and social return on investment**, should the NSW Government decide to fund this new and innovative model of care.

Over the past two years momentum and support for the Centre has grown, it is now significant and national. The concept has community, private sector, service provider, and multi-partisan political support.

The Centre will be an Australian-first community-led initiative, co-designed with women with lived expertise, professional experts, and service providers.

It is a cost effective and compassionate response to the epidemic of domestic, family and sexual violence in Australia.

Appendices

Appendix ONE

A new model of care for women experiencing trauma from domestic, family, and sexual violence. Co-design report July 2021. Sydney: University of New South Wales. Cullen, P., Stevenson, S., Baffsky, R., & Walker, N. (2021). Attached.

Appendix TWO

Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Family, Domestic and Sexual Violence, Illawarra Women's Health Centre and the University of NSW. (2020). Attached.

Appendix THREE

Consultative Working Group membership

Lord Mayor Wollongong City Council	Gordon Bradbury
Manager, Community Cultural and Economic Development, Wollongong City Council	Sue Savage
Mayor, Shellharbour City Council	Marianne Saliba
Group Manager Corporate Strategy, Shellharbour City Council	Melissa Boxall
Manager, Community and Cultural Development, Kiama Municipal Council	Nick Guggisberg
CEO, Community Industry Group	Nicky Sloan
Lived Experience	Helen Simpson, Emme Rodriguez
Chief Executive, ISLHD	Margot Mains
Executive Director: Integrated Care, Mental Health, Planning, Information & Performance, ISLHD	Caroline Langston
Medical Director, Ambulatory and Primary Health Care, ISLHD	Dr Katherine Brown
Director Department of Communities and Justice	Kim McMullan
Commander, Oak Flats NSW Police	Dean Smith
Team Leader Domestic Violence, Oak Flats NSW Police	Paul Brodie
Centre Coordinator, Illawarra Legal Centre	Truda Gray
Research Fellow, UNSW	Dr Patricia Cullen
Executive Director, Waples	Vicki Tiegs
Managing Director Wollongong Diagnostics	Arunima Gupta
BlueScope	Craig Nealon
CEO, Brain Injury Australia	Nick Rushworth

Examples of organisations and agencies supporting the development of a Women’s Trauma Recovery Centre

<p>NSW, national</p>	<ul style="list-style-type: none"> - Domestic Violence NSW - Women’s Health NSW - Australian and New Zealand Royal College of Psychiatrists - Blue Knot Foundation - Brain Injury Australia - White Ribbon Australia - University of NSW - University of Wollongong - National Centre for CTE Research - Macquarie University concussion and repetitive head trauma research group. -
<p>Illawarra</p>	<ul style="list-style-type: none"> - Illawarra Shoalhaven Local Health District - NSW Police, Oak Flats Command - Illawarra Womens Domestic Violence Court Advocacy Service - Illawarra Committee against Domestic Violence - Waminda South Coast Women's health and Welfare Aboriginal Corporation. - South Coast Labor Council - Community Industry Group - Housing Trust - Barnardos Illawarra - Supported Accommodation and Homelessness Services Shoalhaven Illawarra. SAHSSI - Illawarra Community Legal Centre - Women Illawarra
<p>Private Sector</p>	<ul style="list-style-type: none"> - Stockland Shellharbour - BlueScope - Waples - Foye Legal - Healthe Care Specialty Hospitals and Services
<p>Media</p>	<ul style="list-style-type: none"> - Illawarra Mercury - WIN Television

Appendix FOUR

Stakeholder Consultation Plan

Active stakeholder consultation has been an ongoing characteristic of this project. Ongoing engagement continues as relevant and will be further planned to move the Centre campaign forward.

Stakeholder	Example	Role in Women's Trauma Recovery Centre	Development phase	Operational
Primary				
Women with lived expertise of domestic and family violence relationship	Women who have PTSD because of domestic, family and sexual violence.	Direct users of the Centre	<ul style="list-style-type: none"> - Direct participation in co-design research: <i>A NEW MODEL OF CARE for women experiencing trauma from domestic, family, and sexual violence</i>, UNSW, 2021 - Participation in Consultative Working Group - Individual engagement 	<ul style="list-style-type: none"> - Centre's Lived Expertise Advisory Committee - Staff engagement and consultation - Annual Client surveys
Secondary				
Centre service providers: employees, co located practitioners and referral partners.	Local legal and housing service providers	Case managed individual support and advocacy.	<ul style="list-style-type: none"> - Direct participation in co-design research: <i>A NEW MODEL OF CARE for women experiencing trauma from domestic, family, and sexual violence</i>, UNSW, 2021 - Participation in Consultative Working Group - Individual consultations 	<ul style="list-style-type: none"> - Annual stakeholder surveys - MOU reviews - Ongoing engagement and feedback
Tertiary				
Broader domestic, family and sexual violence sector	Domestic Violence NSW White Ribbon Australia; Brain Injury Australia	Aligned organisations working to reduce domestic and family violence and support victim/survivors to recover. Offer 'value add' information, insights, resources, and	<ul style="list-style-type: none"> - Participation in Consultative Working Group - Individual consultations - - Direct participation in co-design research: <i>A NEW MODEL OF CARE for women experiencing trauma from</i> 	Ongoing consultation to continue as relevant

		personnel, to support Centre operations.	<i>domestic, family, and sexual violence, UNSW, 2021</i> – Joint advocacy	
Fourth				
Allies and private sector	Violet Co Waples Marketing Stockland Shellharbour BlueScope Illawarra Mercury WIN Television ABC Illawarra	Centre support: operations and sustainability through legal, operations, finance, marketing, media, business development, and philanthropy.	<ul style="list-style-type: none"> – Regular project briefings with individual stakeholders – legal, finance, business – Asset and project briefings – Socialising/corporate hospitality 	<ul style="list-style-type: none"> – Ongoing consultation to continue as relevant to the stakeholder.
Fifth				
Community, NSW public	Illawarra Community	<ul style="list-style-type: none"> – Ensuring community-based service reflects community strengths, needs, diversity and priorities. – Building, maintaining, and growing community support 	<ul style="list-style-type: none"> – Networking and meetings to engage high end individuals, corporates, and persons of influence to be ambassadors, champions, door openers and connectors to the benefit of the Centre and stakeholders – Events, displays and exhibitions – Social media – Philanthropic activities and ‘calls to action’ 	<p>Ongoing consultation to continue as relevant including:</p> <ul style="list-style-type: none"> – public events – social engagement and online feedback mechanisms – Executive team ‘open door’ policy – Women’s Trauma Recovery Centre

Stakeholder Engagement Plan

Engagement is with careful consideration to maintain confidentiality and manage expectations before the Centre is adequately resourced and committed to.

Stakeholder	Role in Women's Trauma Recovery Centre	Development phase	Operational
Women who have PTSD because of domestic, family and sexual violence.	Direct users of the Centre	<ul style="list-style-type: none"> Centre's Lived Expertise Advisory Committee. Individual engagement and feedback 	<ul style="list-style-type: none"> As clients, through Centre best practice feedback mechanisms, including complaints and compliments policy and procedure, regular client satisfaction and feedback surveys Independent monitoring and evaluation processes, 'built in' to the Centre operations
Local legal and housing service providers	<ul style="list-style-type: none"> Case managed individual support and advocacy. Community based feedback on operations. 	<ul style="list-style-type: none"> Individual consultations and development of in-principal partnerships Membership of Consultative Working Group 	<ul style="list-style-type: none"> Ongoing and regular formal and informal communication and reviews including through existing interagency forums and committee. Independent monitoring and evaluation processes, 'built in' to the Centre operations Ongoing Centre and industry research to maintain relevance and meet client needs.
Domestic Violence NSW White Ribbon Australia; Brain Injury Australia	Aligned organisations working to reduce domestic and family violence and support victim/survivors to recover. Offer 'value add' information, insights, resources, and personnel, to support Centre operations.	<ul style="list-style-type: none"> Individual consultations Joint events (eg <i>Resistance Resilience Recovery</i> exhibition) Membership of Consultative Working Group Development, sharing and exchanging of relevant collateral and assets that serve mutual benefit to the Centre and Sector stakeholders. 	<ul style="list-style-type: none"> Ongoing and regular formal and informal communication and reviews including through existing interagency forums and committee. Joint events (eg <i>Resistance Resilience Recovery</i> exhibition) Joint advocacy Conference attendance and key note speaker opportunities (eg DVNSW Conference)
Violet Co Waples Marketing Stockland Shellharbour BlueScope Illawarra Mercury WIN Television ABC Illawarra	Centre support: operations and sustainability through legal, operations, finance, marketing, media, business development, and philanthropy.	<ul style="list-style-type: none"> Illawarra Mercury Campaign #roadtorecovery – existing and growing media partnerships WIN Network commitment to 'in kind' support Networking and meetings to engage high end individuals, corporates, and persons of 	<ul style="list-style-type: none"> Ongoing engagement to continue as relevant and will be further planned as the Centre and its needs move forward.

		influence to be ambassadors, champions, door openers and connectors to the benefit of the Centre and stakeholders	
Illawarra Community	<ul style="list-style-type: none"> - Ensuring community-based service reflects community strengths, needs, diversity and priorities. - Building, maintaining, and growing community support 	<ul style="list-style-type: none"> - Create and develop digital, social, and media platforms to communicate, promote, profile, and engage the public and community in the Centre. - Extend and further develop the existing <i>Resistance Recovery Resilience</i> Photo Exhibition asset - Dedicated public philanthropic campaign to raise support and funds to support the Centre. 	<ul style="list-style-type: none"> - Ongoing engagement to continue as relevant to the stakeholder, asset, campaign, and further planned as the Centre and its needs move forward.

Stakeholder representatives to be engaged *operationally* on establishment of Centre

Agency developing the proposal	Illawarra Women’s Health Centre University of NSW
Agencies impacted by the proposal	<p>Local agencies and organisations that will be directly impacted by the Women’s Trauma Recovery Centre have contributed to developing the principles, goals, and operational aspects of the Centre, through the Consultative Working Group, Professional Advisory Group, research participants, and strategic alliances with Illawarra WHC. Includes the following Illawarra agencies:</p> <ul style="list-style-type: none"> - Illawarra Shoalhaven Local Health District - Regional Office, Department of Communities and Justice - NSW Police, Oak Flats Command - NSW Police Southern Region domestic and family violence Coordination. - Illawarra WDVCS - Women Illawarra - Illawarra Community Legal Centre - Various private legal firms - Southcoast Private Hospital - Barnardos Illawarra - Illawarra Committee Against Domestic Violence - Waminda South Coast Women's Health and Welfare Aboriginal Corporation
Users	Women with lived expertise and service providers have been involved throughout the process - represented in Consultative Working Group, the Technical Advisory Group, and as research participants.
State and national organisations	<ul style="list-style-type: none"> - National Centre for CTE Research - Macquarie University concussion and repetitive head trauma research group. - Health Care Specialty Hospitals and Services - Blue Knot Foundation - White Ribbon Australia
Central agencies	Ministry of Health, Department of Communities and Justice, NSW Police.

Appendix FIVE

Australia's National Research Organisation for Women's Safety. (2020). Constructions of complex trauma and implications for women's wellbeing and safety from violence:

Key findings and future directions (Research to policy and practice, 12/2020). Sydney: ANROWS

Key points of best practice

- **No wrong door with "soft" and low entry points:** Women who present with experiences of complex trauma should be able to enter into health, legal and other systems through multiple pathways that are supportive and helpful, with low or no barriers to entry.
- **Focus on self-determination and recovery:** The explicit task of services and agencies should be to support the client to be self-determining, autonomous and thriving.
- **Safety first:** Women's safety needs are assessed and addressed, including safety from perpetrators and their housing and security needs. The service also needs to feel safe for women, including in its physical design and culture of clear boundaries.
- **Flexibility:** Within those clear boundaries, services are flexible and able to accommodate the needs of women with experiences of complex trauma, which may include difficulties attending sessions or after-hours crises.
- **Continuity and predictability of care:** Women are able to establish a connection and a safe relationship with a key staff member that endures over time, and decisions about the woman's care are ultimately made with the woman.
- **A "whole of life", "whole of person" perspective:** Current presentation and need is framed by a holistic view of women's experiences and selves that addresses how women's histories influence their expectations of and interactions with the service.
- **Stepped care within services:** Women receive more intensive care when/if their needs escalate and are referred back to lower threshold care when stabilised (i.e. retained in care rather than being dropped out of treatment because they are no longer "acute"). Stepped care should be available within services where possible or else through close collaborations between services.
- **Multi-disciplinary teams offering multiple modalities of treatment:** Services address physical, psychosocial and mental health needs, as well as practical life challenges, incorporating cultural knowledge and expertise where necessary.
- **Psychoeducation:** Women have the opportunity to learn about the impact of trauma on their lives.
- **Welcoming physical environments, including spaces for recovery after treatment:** Women are often disorientated after trauma-related service, and it may not be safe for them to travel, hence it is important that the physical environments of services are welcoming and can provide rest spaces.
- **Case management and advocacy:** Clients are supported to navigate complex and challenging systems, including police and the NDIS.
- **Supporting parenting:** Services can accommodate parenting and also promote good parenting as part of the service.
- **Practical accommodation of clients' needs:** Services have brokerage or provisions in place to address women's problems with childcare and transport.
- **Investment in staff care, support and vicarious trauma prevention, and the promotion of vicarious resilience:** A culture of care should be evident among and between workers and extended to clients.

Appendix SIX

The Illawarra Women's Health Centre

Nationally accredited, the Illawarra Women's Health Centre has a focus on mental health, women experiencing domestic and family violence and sexual assault, and sexual and reproductive health. The community-based Centre sees over 6,000 women a year and has an exceptional reputation, providing integrated care and social support to women with complex needs, using a social model of health and a community development approach to service delivery.

The Centre is a women's only space, and its doctors, nurses, psychologists, counsellors, and social workers are all female, experienced, and trauma informed. The Centre offers specialised domestic and family violence programs for girls, boys, young women, and women with intellectual disabilities. It developed the first in Australia Mothers and Sons Program, which focuses on raising young boys into respectful men.

The Centre also runs a wide range of health and wellbeing programs and group activities. These include community led group activities, as well as structured programs on healthy relationships and self-esteem. The groups are critical to reducing social isolation (a risk factor and symptom of domestic violence) and building community cohesion and capacity.

2019-2020 Annual Report https://womenshealthcentre.com.au/wp-content/uploads/2021/01/Report_19-20_V3.pdf



For further information

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