Royal Commission
into Family Violence

WITNESS STATEMENT OF ALICE HANNA

I, Alice Hanna, Clinical Manager of [redacted] in the State of New South Wales, say as follows:

1. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

2. I am the Clinical Manager of Jarrah House, which is a residential drug and alcohol treatment facility for women, based in Sydney.

3. In this role, I am responsible for leading the Jarrah House clinical team towards a sustainable organisation, through the implementation of an evidence based trauma informed clinical program. I oversee clinical service operations; consultation with stakeholders; and individual case management. I also coordinate student and intern clinical placements and reporting of clinical outcomes.

Background and qualifications

4. Prior to commencing my current role, I have worked as a senior clinical nurse in acute adult psychiatry; child and family mental health; perinatal mental health and residential and outpatient drug and alcohol settings.

5. I hold a Bachelor of Nursing and a Masters of Mental Health Nurse Practitioner. I am a trained Dialectical Behavioural Therapist and I am currently engaged in psychotherapy training with the Australian and New Zealand Association of Psychotherapy.

6. I bring 21 years of clinical experience to Jarrah House.

About Jarrah House

7. Jarrah House is a non-government, not for profit organisation that provides a 10-week residential program for women who are detoxing from alcohol and other

drugs. Jarrah House has the capacity to accommodate women with their children. Most residential facilities for women to detox from alcohol and drugs do not have this capacity.

8. Jarrah House provides medicated detoxification for alcohol, benzodiazepines and opioids. Women withdrawing from amphetamines and THC (which is the active chemical in marijuana) are managed in relation to symptomology. For example, some women coming down from ice use may require three nights of temazepam to enhance sleep and women withdrawing from THC may require extra psychological support at day 8 to 10. We closely monitor all residents for emerging psychosis and this is managed in house, as appropriate.

9. The facility has 24 beds and has the capacity to take up to six children. That said, we have been (safely) operating at around 120 percent capacity, on average, over the past few years due to constant demand.

10. There has been particular demand recently for accommodating infants straight from hospital. Our facility and staffing allows us to house children from the day they are born up to eight years of age. However, in the past three years we have noticed a decline in the number of children from ages four to eight, who we understand are being placed into out-of-home care.

11. Another trend that we have observed over the course of the last 12 months, is that the majority of women being referred to our service are using ice. Historically alcohol has always been the highest proportion of detoxifications for the women accessing our service but ice has surpassed it in this period.

12. In my view, this does not mean that people are no longer drinking at unsafe levels. Rather, I think it means that ice is becoming more of a problem and creating the need for family and community services to refer these women to us more urgently due to the violence and the chaos that is associated with ice use.

13. While the facility's formal capacity is six children the number of children we can admit depends on the circumstances of those children. For example, a newborn who has come to us straight from hospital, whose mother is on an opioid maintenance program (methadone or suboxone), may be on a morphine regime for neonatal abstinence syndrome; these infants are counted as three children due to the intensive needs of the child.

14. Jarrah House is two storeys. It was purpose built and each woman gets a room to herself. We have some larger rooms for women with several children but we

endeavour to have most women in the lower level rooms so that they do not need to traverse up and down the stairs.

15. We are booked to capacity throughout the entire year. Sometimes our statistics regarding our adult bed occupancy might reflect that we are at around 80 or 90 percent capacity but that would only reflect periods in which women are transitioning in and out.

16. Our beds are highly competitive and our wait-list continuously has around 120 people on it. We carefully review that list each week, together with our intake worker to identify families that are most at risk in order to prioritise appropriately.

17. Jarrah House receives two streams of government funding, from the Commonwealth and the State. In addition, the women pay a contribution to Jarrah House of $210 per week (if they do not have a child) and an additional $90 per child admitted to our service. We also have several funded projects, which target specific aspects of our programs. For example, we recently received a funding grant to address issues related to foetal alcohol syndrome.

18. Jarrah House was established over 25 years ago by a group of women who identified the need for a specialist women only detoxification unit, which also provided child care facilities. This was intended to reduce a significant barrier to treatment access for women.

19. At that time the Women's Alcohol and Drug Advisory Centre (trading as Jarrah House) was formed, which was an independent non-government organisation and registered charity. The Advisory Centre received funding to open Jarrah House in 1987 as part of the National Campaign Against Drug Abuse.

20. Jarrah House originally operated from the grounds of Canterbury Hospital before relocating in mid-2005 to the current site [redacted]

21. About 10 years ago, the World Health Organisation recognised Jarrah House as the only facility in Australia that accommodated women and their children in the detoxification period.

22. As foreshadowed above, many of the women who are referred to our service have used ice and there is great urgency in finding a bed. Sometimes we are contacted by Chemical Use in Pregnancy staff in relation to a woman who has just had a baby and we are told that if we cannot accommodate her, her baby will be removed by child protection services. We have a good working relationship with

those in the prenatal and postnatal wards across New South Wales and when this sort of referral comes through, we do all we can to assist.

23. We also have a good working relationship with child protection services, although we do not have any formal arrangements in place. I always ensure that we are transparent with child protection services from the outset in relation to our 10-week program. This ensures expectations regarding discharge planning are identified as early as possible because long term female specific residential alcohol and other drug facilities have long waiting lists. After women complete our program, we will often refer them to the longer term rehabilitation facilities such as Kamira in Wyong or Kathleen York House or Phoebe House. Other women are referred to services within their local communities as appropriate

24. We work closely with child protection services in relation to women in these circumstances, to ensure the right plan is in place for them and their child(ren), especially because it is very common for it to be too unsafe for those women and children to go home due to the risk posed by a violent partner.

Family violence – a significant issue

25. Approximately two years ago, Jarrah House as a residential service for children, decided to incorporate the New South Wales Public Hospitals Mandatory Domestic Violence Screening Tool into our comprehensive admission assessment.

26. Some women do not disclose to us that they have been subjected to violence, and I suspect this is out of fear (for example, out of concern that our notes could get subpoenaed etc). Due to this sort of underreporting, I do not know exact figures but I would say, anecdotally, that 80 percent of women accessing our service are, or have been, exposed to family violence.

27. A lot of the women accessing our service have grown up in violent homes and sometimes those women become quite desensitised to violence and, as adults, end up in harmful relationships with partners who are also violent.

28. It is common for women to be directed to treatment not only to deal with their drug use but also because of violence in the home and risk of harm to themselves and their children from violent partners.

29. We had a family violence feature to our program a couple of years ago, which was quite confronting for women who had recently experienced domestic violence so

we have embedded education around safety, self-esteem, relationships, parenting and cycles of violence throughout our group programs. Our six-week Dialectical Behaviour Therapy program addresses emotional regulation and relationship dynamics in a less confronting way.

30. We have recently been approached by interns at the Australian College of Applied Psychology, who have developed a program designed to create positive change in the context of domestic violence that they would like to run at Jarrah House.

31. We are in the process of considering this and other ways of enhancing our program to best identify and deal with family violence issues.

32. When women want to have family members visit, we ask them to put their request in writing so that we know exactly who is attending and if there is an Apprehended Violence Order against that person, we are very clear with the women that they are not permitted to visit.

33. In circumstances where women choose to go home, with their child(ren) and we suspect that they will be exposed to violence, we have a very transparent conversation with the woman during case conferencing sessions with their Family and Community Services Workers. We make Risk of Harm notifications around the welfare and safety of the child(ren) as necessary.

34. Each woman that comes to Jarrah House gets a set program and their case manager conducts weekly individual case management sessions to discuss progress in the program whilst working collaboratively on discharge planning. We have a focus on child inclusive practice and it is quite fascinating interacting with the children in our care. Some of the things that they say to us and what they demonstrate in their play gives us a very sad insight into what is happening in the family home.

Aboriginal drug and alcohol worker

35. Last year an Aboriginal drug and alcohol worker commenced at Jarrah House who has done some fantastic work engaging with the Aboriginal community, both locally and across the State of New South Wales. She has become our key person to facilitate Aboriginal women into treatment.

36. Before this, about 20 percent of the women we have accommodated were Aboriginal women and they were not staying in the program for the 10-week

period. At that time, it was unusual for Aboriginal women to stay for more than four or five days.

37. Since our Aboriginal drug and alcohol worker started, the number of Aboriginal women accessing treatment has doubled and about 90 percent of those women are completing the whole 10 week program.

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Alice Hanna
Dated: 7th of July 2015