Building the Evidence

A report on the status of policy and practice in responding to violence against women with disabilities in Victoria

Lucy Healey
Keran Howe
Cathy Humphreys
Chris Jennings
Felicity Julian

July 2008

ISBN 978-0-646-49704-4

National Library of Australia Cataloguing-in-Publication entry

Published by the Victorian Women with Disabilities Network Advocacy Information Service, Level 1, 123 Lonsdale St Melbourne 3000

Graphics: Margaret Krajnc

Disclaimer: Given that a number of the report recommendations relate to government departments and agencies, Victorian Government representatives on the Reference Group limited their advice to comments regarding factual and technical information contained in the draft reports. Consequently, the recommendations contained in the report reflect the views of the Victorian Women with Disabilities Network Advocacy Information Service, not the Victorian Government. Whilst every attempt has been made to seek and correct factual and technical information, all errors of omission or commission rest entirely with the authors of this report.

For copies of this report in alternative formats. Please download from www.vwdn.org.au, email vwdn@vwdn.org.au or phone 03 96623755

This research has been undertaken as a collaboration between

- The Victorian Women with Disabilities Network Advocacy Information Service, a partnership of Women's Health Victoria and Victorian Women with Disabilities Network;
- Alfred Felton Research Program, University of Melbourne and
- Domestic Violence Resource Centre Victoria

Acknowledgements

The support and involvement of many individuals and organisations in this research project are gratefully acknowledged. In particular, we wish to thank the women who agreed to be interviewed about their help-seeking experiences in dealing with the violence they lived with; workers in the family violence and disability sectors who provided input into the research; members of the project's Reference Group who provided advice and corrected factual and technical errors; and many other individuals who provided assistance during the research and feedback on all or part of the report.

We would like to thank the Reichstein Foundation for providing the funding to the Victorian Women with Disabilities Network Advocacy Information Service to undertake this research. We are also grateful to the Department of Human Services for providing additional funding that allowed us to extend the time and scope of the project.

Lucy Healey
Research Coordinator,
Building the Evidence Project,
VWDN AIS

Foreword

There are many people whose day-to-day experiences remain invisible to the broader community, with the acts perpetrated against them seemingly going unnoticed. Even when we do realise what is happening, knowing the best way to respond to the complexities of individual experience can be difficult to determine – individually and systemically. It can take a long time to catch up and work out what has to be done.

The evidence in this report is chilling, not only because of the extent to which women with a disability are experiencing violence, but also because it has taken so long to properly identify the problem and consider solutions.

The authors, contributing organisations and Reichstein Foundation are to be commended for supporting and developing this initiative, and particularly for constructing its recommendations within a human rights framework.

This human rights framework is significant. Whilst such an approach is not yet familiar, Victoria has recently enacted a Charter of Human Rights and Responsibilities, protecting rights and requiring that public authorities act compatibly with those rights. In this context, it is crucial for the Victorian community to develop an understanding of the importance of a human rights-based approach in keeping government accountable and in building a culture of human rights in this State.

A human rights-based approach involves a consideration of both "what" we will do, and "how" we are going to do it. In relation to violence against women with disabilities, it requires consideration of the rights of these women to be secure, free from cruel, inhuman and degrading treatment, to have their privacy respected and their right to life upheld.

A human rights-based approach will assist to improve women's access to services and the quality of service they receive. It will offer a useful framework for dealing with the complex and challenging issues that arise in the interplay between disability and experiences of violence, which have often conspired to render these women invisible, powerless and silent.

In short, a human rights-based approach will constitute best practice at the same time as encouraging compliance with the Charter. In fact, the prevention of violence against women was seen as one of the issues most likely to benefit from a human rights-based approach at a recent UK forum examining the relevance of this approach to the community sector.[1]

The recommendations contained in this report reflect many of the key principles underpinning a human rights-based approach to policy development and service delivery, summarised in the PANEL acronym – **p**articipation, **a**ccountability, **n**on-discrimination, equality and attention to vulnerable groups, **e**mpowerment and **l**inkages to human rights standards.

[1] British Institute of Human Rights and National Council for Voluntary Organisations (2006), *Report of the NCVO/BIHR roundtable: human rights and the VCS,* 3, available at http://www.bihr.co.uk/sites/default/files/NVCO.pdf

This report recognises that in adopting a human-rights based approach, process is as important as outcome, both because of the fundamental importance of empowerment and participation within that framework, and because the nature of the process inevitably determines the success, utility and acceptance of the outcome.

Finally, and perhaps most importantly, the women who courageously told their stories must be recognised. It is their stories that are so necessary to tell, because as the report highlights, so often the existing support structures have been ill-equipped to properly recognise and understand these women's experiences, let alone support their journey towards healing.

I commend this report to policy makers and people seeking to ensure that human rights are protected for all women, not least those women whose stories are at the heart of this report and of building the evidence.

Dr Helen Szoke
Chief Conciliator/Chief Executive Officer
Victorian Equal Opportunity and Human Rights Commission

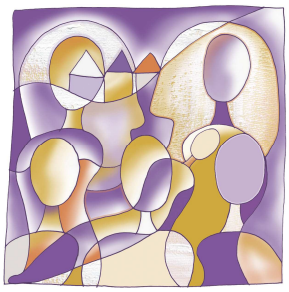
31 July 2008

Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and linguistically diverse
CRAF	Common Risk Assessment Framework
DHS	Department of Human Services
DoJ	Department of Justice
DPCD	Department of Planning and Community Development (formerly Department for Victorian Communities)
DVRCV	Domestic Violence and Resource Centre Victoria (formerly Domestic Violence and Incest Resource Centre)
DV Vic	Domestic Violence Victoria
FCLC	Federation of Community Legal Centres
HASS	Homelessness Assistance Service Standards
IRIS	Integrated Reports and Information Systems (DHS)
PADV	Partnerships Against Domestic Violence (Commonwealth of Australia)
SAAP	Supported Accommodation Assistance Program (Commonwealth of Australia)
SAFER Program	Safety and Accountability in Families: Evidence and Research – the Victorian Family Violence Reform Research Program, The University of Melbourne
TTY	Telephone Typewriter or teletypewriter (text telephone for the hearing impaired)
UNIFEM	The United Nations Development Fund for Women
VLRC	Victorian Law Reform Commission
WHV	Women's Health Victoria
VWDN AIS	Victorian Women with Disabilities Network Advocacy Information Service
WWDA	Women With Disabilities Australia

Contents

The Research at a Glance



The key finding from this research is that there are major gaps in knowledge, policy and processes that will require significant resourcing in order to improve services to women with disabilities

Research Objectives

To analyse the extent to which current Victorian family violence policy and practice recognises and provides for women with disabilities who experience violence; and to make recommendations to improve responses to women with disabilities dealing with family violence.

Findings

- Family violence sector standards and codes and guidelines say little about how to support women with disabilities
- Most services do not routinely collect data on disability and family violence
- Most family violence workers consulted had minimal or no training in supporting women with disabilities
- Little is known about the help-seeking experiences of women with disabilities experiencing violence
- The human rights of women with disabilities to be free from violence requires planned action NOW
- Family violence and disability services need:
  - sustained collaboration with each other that includes specialist advice, secondary consultation and education about women with disabilities experiencing violence .
  - education from women with disabilities
  - to undertake risk assessment and to respond appropriately
- Family violence services must
  - improve physical access
  - Provide information in accessible formats is very limited
  - Provide secure, affordable crisis, supported and permanent accommodation available
  - Provide more intensive case management and post-crisis support is needed

The Team

Chris Jennings, Felicity Julian Keran Howe, Cathy Humphreys, Lucy Healey

Executive Summary

This report presents research completed for the Victorian Women with Disabilities Network Advocacy Information Service (VWDN AIS). The VWDN AIS is a service developed in partnership between Victorian Women with Disabilities Network (VWDN) and Women's Health Victoria (WHV). The VWDN is the statewide network of women with disabilities which represents key issues of concern to women with disabilities in Victoria. The WHV is the statewide women's health service, which advocates for women and works with other organisations for better health outcomes for women. VWDN AIS invited the Alfred Felton Research Program at The University of Melbourne and the Domestic Violence Resource Centre Victoria (DVRCV) as strategic partners in this research.[2] The purpose of the research was to analyse the extent to which current Victorian family violence policy and practice recognises and provides for women with disabilities who experience violence. Research was conducted from December 2007 to June 2008.

Why we did this research

There is a dearth of awareness and knowledge in Australia and overseas about the nature and prevalence of violence against women with disabilities. There is even less about the help-seeking experiences of women with disabilities who have lived with violence, and the gaps in - and accessibility to - the relevant support services. And yet:

- An estimated 20% of the Australian population live with a disability, approximately half of whom are women (1.8 million) and 7% of whom are living with severe disabilities. This is a large, key population group.
- As our population continues to age, it is expected that the proportion of Australians developing age-related disabilities will increase.
- Women with disabilities often live and work in situations which make them especially vulnerable to violence and abuse.
- Women with disabilities experience specific forms of violence that are often invisible to others as well as experiencing the violence and abuse that is common to all women.
- There is considerable under-reporting of violence against women (with and without disabilities) in our data collection.
- Violence against women and children is not only a major factor in homelessness and poverty but in causing further disabilities.
- There are significant human rights conventions that require the family violence service response system to be inclusive and equipped to work with all clients, including women with disabilities and for data collection processes to be inclusive of people with disabilities.

Knowing this, the VWDN AIS committed to address violence against women with disabilities as one of its core tasks. In 2007, VWDN AIS' *A Framework for Influencing Change: responding to violence against women with disabilities* was launched and funding was secured from the Reichstein Foundation to undertake a

[2] Formerly the Domestic Violence and Incest Resource Centre (DVIRC), recently simplified to the Domestic Violence Resource Centre Victoria (DVRCV).

5 month research project to 'build the evidence' about the status of service provision, data collection, standards relevant to the family violence sector, workforce development needs, and monitoring and evaluation with regard to women with disabilities. Further funding was received from DHS, which permitted the extension of the project to 6 months.

Aim of research

The project aimed to work with government, universities and the relevant family violence and disability sectors to bring together a body of evidence from which recommendations could be made that would help improve family violence service responses to women with disabilities experiencing violence.

In addition, the outcomes of the project aim to inform the implementation of Victoria's Integrated Family Violence Reform and contribute to research about the Reform.[3]

Scope of research

- A literature review to ascertain the incidence and nature of violence against women with disabilities;
- The identification of legislation and Human Rights conventions and their implications for relevant services;
- Interviews with women with disabilities who have experienced violence - and workers (in specialist family violence agencies and family violence programs in mainstream agencies) - to document the processes of help-seeking;
- Identification of positive developments in service delivery by the family violence sector with regard to women with disabilities experiencing violence;
- The identification and analysis of current data collection processes by government and relevant sectors;
- The identification of relevant current family violence sector standards and an analysis of what they have to say about supporting women with disabilities;
- Documentation of the workforce development needs and training initiatives of the family violence sector and, where feasible, the disability sector;
- Documentation of recommendations for future policy, practice, research and evaluation.

[3] For a summary of Victoria's family violence reform initiatives, see Section 2.5 in the main body of the report.

Findings

Key findings

- Whilst there has been significant progress in incorporating women with disabilities into family violence reforms and the response system, there is still insufficient incorporation of issues facing women with disabilities, including women from Indigenous and immigrant backgrounds. There are, nonetheless, specific initiatives that have developed that serve as 'beacons' of good practice and positive developments in supporting women
- with disabilities experiencing violence and in further developing the integrative aspect of Victoria's family violence response system.

- Whilst some family violence workers have suggested a specialist service be developed for women with disabilities experiencing violence, our analysis indicates that there is strong evidence for encouraging the family violence services to obtain specialist advice, secondary consultation, and education from existing disability and family violence advocacy and peak body services.

Collaboration between disability and family violence (and other) sectors

- There is currently minimal collaboration between the family violence and disability sectors and yet our analysis of positive developments in Victoria, other jurisdictions in Australia and overseas indicates that the most beneficial responses to women with disabilities experiencing violence involve strong collaborative partnerships in which expertise is shared between these (and other) service sectors.

- Time commitment to the development of cross-sectoral partnerships, systems and building capacity relationships requires financial and human resources that are often beyond individual staff and agency commitments. The role of cross-sectoral, specialist initiatives provides 'beacons' for good practice. They not only respond to unmet needs but provide leadership for the whole sector in an area where practice and policy has been generally poorly developed.

Risk assessment

- If, as the international and Australian literature indicates, women with disabilities are at greater risk of being targeted by perpetrators of violence, we need to find ways to capture this in assessing women's risk. This is an issue requiring sensitivity in order to avoid labelling women with disabilities as automatically experiencing violence.

Access

- Access is generally understood in merely physical terms; there is insufficient understanding of the fact that awareness of – and attitudes to – 'disability' is also part of providing a supportive service to women experiencing family violence and the capacity to engage with women with disabilities. For example, one family violence worker said they were doubtful that management would see supporting women with disabilities as "part of their core business" in providing a family violence service.

- That said, physical inaccessibility is a major impediment to agencies being able to offer services that are inclusive of women of all abilities. Physical access also means the ability to reach a service and having access to all of its essential facilities.

Information and communication

- Access also involves women with disabilities having knowledge about violence and abuse and for information to be available in accessible, alternative formats (such as sign interpreters, Braille, audio, Plain and Easy English, electronic text, SMS and telephone access relay services). Few services, however, provide information in alternative formats that are accessible to women with particular functional impairments. To provide good information, services must consider the needs of women with disabilities in their planning and ensure that their staff have the appropriate training and skills.

Community education

- Women consulted expressed a desire for more information to be available about the existence and range of support available for women with disabilities – and children with disabilities – experiencing family violence.

Accommodation for women and children with disabilities

- There is a serious lack of suitable alternative emergency and secure, permanent housing options for women of all abilities. Refuge workers, for example, spoke of having no 'exit points' to help women to move out of crisis accommodation. The difficulties in finding suitable, affordable and accessible accommodation for women with disabilities, particularly those who have children with disabilities, compound the problems. There is also an urgent need to minimise the number of times women with disabilities have to move from region to region chasing safe, accessible and affordable housing.

- There is limited knowledge in the family violence sector about what accessible crisis accommodation actually exists. This knowledge does not appear to be widely available across the sector.

- There is only one independent (i.e. non-communal), specialised disability unit in the crisis accommodation system (at Molly's House), that provides accessible accommodation to women with disabilities and their children (including dependent sons).

- There are insufficient supported accommodation services in the crisis and post-crisis accommodation system for women and children with disabilities.

- For some women with disabilities, going into a refuge is not an option if the refuge is not suitable or where there are other considerations. For example, when children with disabilities are involved, the dynamics of communal living; or the disruption to a child's access to a special school or therapy, are an additional burden.

Other service issues

- Family violence workers experience working with women with mental health issues as a significant challenge. They also spoke of the difficulty for these women to be believed by services, including the court system and police.

- Workers identified the need for an increased capacity to engage in complex case management, given that women with disabilities often present with high support needs in relation to counselling, re-establishing networks and community, and ensuring that services are in place when a woman moves into a new area.

- Women reported that they needed and wanted regular, long-term, post-crisis support. If this is to be provided, there need to be improvements in tracking women so they are not 'lost to the system' when they move.

- There is a need to ensure that there are sequestered waiting rooms for victims of family violence and sexual assault when attending courts. This is, in fact, important for women of all abilities.

Data collection

- Women with disabilities are not being identified and counted in our data collection processes on violence. This means the incidence of violence against women with disabilities is invisible.

- Most services do not routinely collect disaggregated data on disability and family violence, including our national data collection, hospitals, courts, and police. Victorian SAAP agencies providing assistance due to family violence, and the respective Victorian DHS' family services and family violence services data, provide limited information that identifies only some women with disabilities.

Family violence standards, codes and guidelines

- Most of the eight Victorian family violence sector standards, codes and guidelines that were analysed have little to say about how best to support women and children with disabilities experiencing violence.

- A stronger profile on women and children with disabilities is required in all of these documents based on 10 minimum standards that have been developed.

- Family violence agencies need access to good advice upon which to base their communication strategies. For example, one service stated that they bought a telephone typewriter (TTY) machine, advertised and trained staff in how to use it, but are disappointed that it has not been used in the last year (they are, instead, using the national relay service).

- Access to appropriate information is essential to violence prevention. Such information should target women and girls with disabilities and their families from all cultural backgrounds.

Workforce development

- Consultations with family violence workers revealed that they had minimal or no training in disability awareness, no training about disability and family violence, and that they acquired their knowledge of how to support women with disabilities through 'learning on the job'.

- Consultations with family violence workers revealed that some staff found it difficult or embarrassing to ask if a woman has a disability.

- Consultations with disability and family violence sector workers (in the course of the DVRCV Violence Against Women with Disabilities Project research) revealed that workers in both sectors have readily identified training as a priority. Disability workers indicated their interest and need for training that focuses on disclosure and referral, whilst family violence workers identified broader training needs based on 'disability awareness', learning how to navigate access to disability support services, and building worker confidence in supporting women with disabilities.

- Mapping and analysis of the sector-wide training initiatives in 2007 and 2008 regarding women with disabilities experiencing violence reveal an unprecedented level of disability and family violence training; however, these initiatives will only reach a small proportion of workers in either of these sectors (for example, at most 143 disability workers out of a statewide workforce of 11,000 disability workers in 2008 in DHS' *Women with a Disability Family Violence Learning Program*).

- Consultations with family violence workers and the mapping of training research indicate challenges to workers' engagement with training opportunities. There is a need for leadership from managers and strong support from regional co-ordinators, and word of mouth, in devising ways to support workers to take up training opportunities. Family violence

workers explained that whilst their respective agencies may encourage staff to have training, their workloads have increased to such an extent that they are reluctant to do so as there is no-one to fill in for them. This means they do not have the opportunity to network or get information about training for supporting women with disabilities. To date all training programs have been delivered to less than capacity numbers, with some training days cancelled owing to lack of registrations.

- Women's experiences of mainstream health professionals' responses suggest that the latter (including psychologists and counsellors) require education about the links between family violence and disability, the impact of violence on women and children (including violence-induced disabilities), and early intervention and risk assessment skills.

- Members of the judiciary, lawyers, court officials and police require better education about family violence and its impact on women and children with disabilities.

Monitoring, research and evaluation

- Monitoring and evaluative processes to measure the prevalence and nature of violence against women and children with disabilities are lacking.

- We do not know enough about the help-seeking experiences of women with disabilities who have been subject to violence, or about the experiences of family workers in supporting women with disabilities, as this project was only able to undertake limited research in these two areas.

Recommendations

These recommendations affirm the direction of and strategies identified in the Victorian Women with Disabilities Network Advocacy Information Service's *A Framework for Influencing Change: Responding to Violence against Women with Disabilities 2007 – 2009*. They should be considered in developing the proposed whole-of-government *Strategic Framework for Family Violence Reform*, which intends to guide action on addressing violence against women in Victoria until 2013.

1. Key recommendations: A human rights approach

1.1 That the core human rights principles of equality, human dignity, mutual respect, freedom from violence, participation and empowerment, accountability, equity and access are reflected in the strategies, policies and practices adopted to improve family violence services to women with disabilities.

1.2 That this human rights approach involve a three-part strategy in order to improve the access of women with disabilities to family violence sector services *throughout the state*:

- The incorporation of issues facing women with disabilities into all aspects of the family violence service system.

- The resourcing of specific initiatives to address issues for women with disabilities that can serve as 'beacons' of good practice.

- The resourcing and further strengthening of existing specialist, disability and family violence advocacy services and peak bodies (such as VWDN AIS, DVRCV and DV Vic) to expand their capacity to provide advice, secondary consultation and education to the family violence service response system.

2. Active participation by women with disabilities

2.1 That the human rights and social justice principle that groups (including women with disabilities) be provided avenues to actively participate in policy and decision-making bodies in respect to violence against women be respected and upheld by the appointment of at least one woman with disability to each violence-related policy and decision making body.

2.2 That women with disabilities be resourced to represent their concerns in key advisory, governance and planning forums at national, state, regional and local levels, in accordance with the human rights principles of equality, human dignity, mutual respect, participation, accountability, equity, access, empowerment and freedom from violence.

3. Service delivery

3.1 That an audit of crisis accommodation (refuges, shelters, outreach and associated support services) is undertaken to establish accessibility and service issues regarding women and children with disabilities.

3.2 That secure, affordable, long-term accommodation is made available to women and children with disabilities experiencing violence.

3.3 That an emergency supported care fund is established for women and children with disabilities when their caregiver is arrested or removed from the home.

3.4 That intensive case management is promoted as a method of working with women with disabilities within practice forums.

4. Cross-sector collaboration and capacity building

4.1 That leadership at statewide, regional and local levels encourages the building of relationships, capacity and exchange of respective expertise between disability, family violence and the broader community sectors. This might, for example, include linking together Rural and Metro Access workers, the integrated family violence networks, and the Local Area Service Networks. The capacity building work needs to be investigated and supported by the SAFER Research Program.

4.2 That the government allocates specific resources for the development of cross-sector relationships and pathfinder projects between the family violence and disability sectors.

4.3 That the government supports, and disseminates information about, good practice developments in the area of disability and family violence that emerge in response to local circumstances.

4.4 That ongoing support (and funding) is provided for good practice 'beacon' developments which provide the platform for leadership and positive developments across the sector.

4.5 That local services take responsibility for developing interagency collaboration at a local level between the disability and family violence sectors.

4.6 That services take advantage of the Victorian Government's initiative (through DPCD's Office for Disability) to resource health and community agencies to develop disability action plans and that the Office for Disability and Family Violence Unit within DPCD monitor these developments.

5. Information and communication

5.1 That all services develop accessible information, with procedures in place to ensure requests for information in alternative formats are provided in a timely manner that (a) provide family violence information to women with disabilities and (b) provide information about access to programs and facilities for women with disabilities.

5.2 That prevention strategies for people with disabilities, including programs on healthy relationships, which are currently lacking, be considered as part of the Victorian Government's violence prevention program.

6. Data collection

That key agencies, such as courts, police and SAAP services review and improve data collection processes in the following ways:

6.1 Women are asked: (a) do they have a disability and (b) what information about their particular needs as clients with disabilities does the agency need to know in order to provide a service? This would include recording if a client requires: accessible accommodation; supported accommodation; personal care assistance; Auslan interpreter; Independent Third Person; an advocate; a communication assistant; independent living; case management; brokerage; more time in which to communicate; or any other support needs in relation to the clients' disabilities.

6.2 Data identifies experiences of violence and the nature of disability of participants/clients at agency, regional, state and national policy levels.

6.3 Data is disaggregated according to gender, age, sexuality, cultural and linguistic background, Aboriginal and Torres Strait Islander status, and nature of disability (for example, physical, hearing, vision, speech and/or cognitive impairment an/or mental illness). The presence of *multiple* disabilities needs to be recorded for each person.

6.5 The category of 'carer' is provided when collecting data about the relationship between a victim and a perpetrator.

6.6 Auslan is incorporated in language categories along with other non-English languages.

6.7 Existing data is further analysed to explore reasons for – and policy issues indicated by – the difference in access to housing and accommodation for women with disabilities experiencing violence compared with other groups seeking access to housing and accommodation.

7. Family violence sector standards, codes and guidelines

7.1 That family violence sector standards, codes and guidelines include in their shared understanding of family violence an acknowledgement of the diverse domestic arrangements in which it occurs and recognise the potential for carers to be perpetrators of violence against women with disabilities.

7.2 That family violence sector standards, codes and guidelines include information about supporting women and children with disabilities *throughout* the document and also include a *dedicated* section about supporting women and children with disabilities.

7.3 That family violence sector standards, codes and guidelines discuss the importance of collecting disability data. This needs to include information about 'victims', 'perpetrators', any children involved and the nature of disability (including the presence of multiple disabilities).

7.4 That family violence sector standards, codes and guidelines discuss the importance of collecting information about particular needs of clients with disabilities so that the agency can provide a service. This would include recording if a client requires: accessible accommodation; supported accommodation; attendant care; Auslan interpreter; Independent Third Person; advocate; communication assistant; independent living; case management; brokerage; more time in which to communicate; or any other support needs in relation to the clients' disabilities.

7.5 That family violence sector standards, codes and guidelines identify the 'presence of a disability' as part of the common risk assessment procedure.

7.6 That family violence sector standards, codes and guidelines explicitly discuss the provision of information in accessible formats with procedures in place to ensure requests for information in alternative formats are provided in a timely manner and what inclusive communication practices entail. This means using a range of methods of communication (for example, in gaining and recording consent) including:

- Clear standard print (Vision Australia's guidelines recommend at least 12 point font, preferably Arial or Univers) or large print (Large Print as recommended by the Round Table for the Print Disabled in 18 point, but users may have their own preferences)
- Audio on CD (CDA or DAISY CDs), mp3 files on a website for downloading (Vision Australia can provide information regarding suitable audio formats)
- Braille
- Format accessible to people with cognitive disabilities, for example, Easy English and Plain English
- TTY and SMS

- Electronic text in CD in conjunction with access software, for example, Braille printer, voice synthesiser
- Electronic text in email in conjunction with access software
- Accessible websites (Vision Australia can provide guidelines).

7.7 That family violence sector standards, codes and guidelines explicitly discuss the issue of physical accessibility of services and programs for clients with disabilities. There needs to be an endorsement of the principles of universal design whereby all future products, environments and communications should be designed to consider the needs of the widest possible array of users.

7.8 That family violence sector standards, codes and guidelines discuss explicitly the development of cross-sectoral collaboration, partnerships and protocols between family violence and disability sectors at local and regional levels.

7.9 That family violence sector standards, codes and guidelines provide a context to supporting women and children with disabilities by demonstrating awareness of the relevant disability legislation and other useful resources. This includes:

- Legislation that makes it unlawful to discriminate against people with disabilities (the Commonwealth *Disability Discrimination Act 1992*, the Victorian *Equal Opportunity Act 1995*)
- Legislation that protects the rights and responsibilities of people with disabilities (Victoria's *The Disability Act 2006* and the *Charter of Human Rights and Responsibilities Act 2006*)
- The UN Convention on the Rights of Persons with Disabilities
- WWDA's 2007 *More than just a ramp: a guide for women's refuges to develop disability act action plans*
- The *Disability Discrimination Act (1992)*
- VWDN AIS' online resource collection www.vwdn.org.au/clearinghouse.htm
- DVRCV's webpage on disability and family violence www.dvrcv.org.au

7.10 That family violence sector standards, codes and guidelines are informed by a gender perspective on family violence and disability.

7.11 That family violence sector standards, codes and guidelines are informed by a human rights/social justice perspective on family violence and disability.

7.12 That family violence sector standards, codes and guidelines discuss the need for workforce development to include disability awareness training in relation to family violence.

8. Workforce development

That funding agreements require workforce development strategies that give particular consideration to identifying the need for strengthening and furthering training, and:

8.1 That family violence is made a *compulsory component* of all of the TAFE community sector profession courses (Certificate IV) and includes a focus on disability and violence. Additionally, training on violence against women needs to include education about women with disabilities being at greater

risk of being targets of violence and thus incorporate how to respond to women with disabilities in all generic training programs. This will ensure a maximum number of family violence workers have access to skills and expertise on supporting women with disabilities;

8.2 That the *Strategic Framework for Family Violence* Reform incorporates and sustains the disability and family violence training currently being offered. For example, there needs to be ongoing funding of training programs for disability workers (such as DHS' *Women with a Disability Family Violence Learning Program* and associated practice forums);

8.3 That training programs emphasise and explore the ramifications of the fact that women with disabilities experience violence in diverse residential settings;

8.4 That government provides funding to enable education about family violence and its impact on women and children with disabilities to be incorporated into the training of the judiciary, lawyers, and court officials;

8.5 That the relevant legislative frameworks for disability and family violence are incorporated into the training of workers in the disability and family violence sectors;

8.6 That all domestic and family violence workers are trained to respond to the needs of all women, including women with disabilities, and that they develop policies to ensure access and non-exclusion from service provision;

8.7 That the promotion of training in relation to marginalised issues needs leadership from managers and strong support from regional coordinators and word of mouth.

9. Monitoring, research and evaluation

9.1 That a statewide research project be undertaken in order to understand the help-seeking experiences of women with disabilities living with violence and the experiences of family violence workers in supporting women with disabilities across metropolitan, rural and remote areas.

9.2 That statewide research be undertaken in order to ascertain the prevalence and extent of violence against women and children with disabilities in the full range of residential settings.

9.3 That monitoring and evaluation of the impact of the Victorian family violence reform initiatives on supporting women with disabilities experiencing violence be undertaken, as part of the SAFER Research Program.

9.4 That women with disabilities are prioritised in the development of the Victorian Family Violence Prevention Plan and in its implementation at policy and practice levels.

9.5 That further research, possibly through the SAFER Research Program, is undertaken to investigate the extent to which women with disabilities are offered an exclusion condition in an Intervention Order and how their safety (and that of their children) can be assured.

10. National-level recommendations

The preceding recommendations are Victorian-focused. The recommendations below are identified for consideration at the national level.

10.1 That a national strategy on violence against women with disabilities be developed that would include:

- Raising community awareness about violence against women with disabilities in diverse domestic and residential settings. This should be underpinned by a consistent definition of family violence across Australian jurisdictions that include carers as potential perpetrators of violence.
- That a national research project be undertaken in order to: ascertain the prevalence and extent of violence against women and children with disabilities in the full range of residential settings; and understand the help-seeking experiences of women with disabilities living with violence and the experiences of family violence workers in supporting women with disabilities.
- The continued dissemination of information in a range of alternative formats at national, statewide, regional and local levels.
- Professional and educational development in universities and TAFEs across all relevant sectors.
- A national research and service mapping project about the needs of women with disabilities living with violence to identify gaps for additional resources.
- The establishment of national monitoring and evaluative processes to measure the prevalence and nature of violence against women and children with disabilities.
- The establishment of a national data collection snapshot to provide data on women with disabilities within domestic and family violence statistics.

10.2 That a national audit of SAAP-funded services (including women's refuges, shelters, outreach and support services) be conducted with a particular focus on accessibility for women with disabilities experiencing violence.

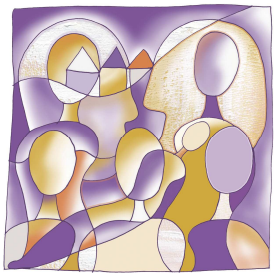
10.3 That a research methodology, that provides a model to capture data inclusive of women with disabilities and their concerns, be developed and promoted to relevant data collection and research bodies, for example Australian Bureau of Statistics.

10.4 That the Commonwealth Government's homelessness strategy gives recognition to the high level of homelessness for women with disabilities experiencing violence (and people with disabilities, more generally).

10.5 That the above recommendations be overseen by a national working party on violence against women with disabilities and linked to the National Council to Reduce Violence Against Women and Children.

10.6 That women with disabilities be resourced to represent their concerns and actively participate in key policy and decision-making bodies in respect to violence against women at national level, in accordance with the human rights principles of equality, equity, access, participation, empowerment and accountability.

1 Introduction



This report presents research completed for the Victorian Women with Disabilities Network Advocacy Information Service (VWDN AIS). The VWDN AIS is a program developed in partnership between Victorian Women With Disabilities Network (VWDN) and Women's Health Victoria (WHV). The VWDN is a network of women with disabilities who represent key issues of concern to women with disabilities in Victoria. The WHV is the statewide women's health service, which advocates for women and works with other organisations for better health outcomes for women. VWDN AIS invited the Alfred Felton Research Program at The University of Melbourne and the Domestic Violence Resource Centre Victoria (DVRCV) as strategic partners to undertake this research.[4] The purpose of the research was to analyse the extent to which current Victorian family violence policy and practice recognises and provides for women with disabilities who experience violence. Research was conducted from December 2007 to June 2008.

The report is directed primarily to family violence policy makers and service providers in Victoria.

1.1 Background to the research

There is a dearth of awareness and knowledge in Australia and overseas about the nature and prevalence of violence against women with disabilities. There is even less about the help-seeking experiences of women with disabilities who have lived with violence, and the gaps in - and accessibility to - the relevant support services.

Knowing this, the VWDN AIS committed to address violence against women with disabilities as one of its core tasks. In 2007, VWDN AIS' *A Framework for Influencing Change: responding to violence against women with disabilities* was launched and funding secured from the Reichstein Foundation to undertake a 5 month research project to 'build the evidence' about the status of service provision, data collection, standards relevant to the family violence sector, workforce development needs, and monitoring and evaluation with regard to women with disabilities. Further funding was received from DHS, which permitted the extension of the project to 6 months.

Scope of the research

Working in conjunction with relevant Victorian services, government departments and universities, the research involved bringing together information on how services respond to women with disabilities:

- A literature review to ascertain the incidence and nature of violence against women with disabilities;
- The identification of legislation and Human Rights conventions and their implications for relevant services;
- Interviews with women with disabilities who have experienced violence - and workers (in specialist family violence agencies and family violence

[4] Formerly called the Domestic Violence and Incest Resource Centre (DVIRC), it is now the Domestic Violence Resource Centre Victoria (DVRCV).

programs in mainstream agencies) - to document the processes of help-seeking;

- Identification of positive developments in service delivery by the family violence sector with regard to women with disabilities experiencing violence;
- The identification and analysis of current data collection processes by government and relevant sectors;
- The identification of relevant current family violence sector standards and an analysis of what they have to say about supporting women with disabilities;
- Documentation of the workforce development needs and training initiatives of the family violence sector and, where feasible, the disability sector;
- Documentation of recommendations for future policy, practice, research and evaluation.

1.2 Aim of the research

The project aimed to work with government, universities and the relevant family violence and disability sectors to bring together a body of evidence from which recommendations could be made that would help improve family violence service responses to women with disabilities experiencing violence.

In addition, the outcomes of the project aim to inform the implementation of Victoria's Integrated Family Violence Reform and contribute to the evaluation of the Integrated Family Violence Reform Strategy.

1.3 Approach to the research

A participatory approach to the research was taken, meaning that – to the extent it was feasible given time constraints – efforts were made to enable participants to provide feedback and thus be involved in shaping the research, its findings and recommendations.

Sources of information

There were a number of sources of information for this research.

Documentary analysis

- A national and international search and review of literature relating to access to services for women with disabilities experiencing violence, the nature and prevalence of violence against women with disabilities, and relevant legislation and human rights conventions (see section 2).
- Quantitative data on violence against women with disabilities in Australia and Victoria was examined with a particular focus on data collection processes and what data is – and is not – collected (section 5).
- Eight family violence sector documents (service standards, codes of practice and practice guidelines) relevant to supporting women with disabilities experiencing violence were analysed with a view to identifying gaps in relation to supporting women with disabilities (see section 6).
- Documents detailing positive developments relating to family violence and women with disabilities in other Australian jurisdictions (i.e. beyond Victoria) and overseas (see section 8).

Women with disabilities who had experienced violence

Four women were interviewed during April and May with a view to exploring each woman's experience of seeking help from services to deal with the violence (see section 3). The women interviewed lived in private residential or public housing situations; that is, none were living in institutional settings.

Family violence workers

At least thirty family violence workers were consulted prior to and during this project and were pleased to have their views incorporated into this report (see section 4), including:

- Fifteen rural and metropolitan workers who participated in semi-structured interviews conducted in 2007, prior to its commencement (see section 4);
- Three workers based in Cardinia-Casey who participated in a focus group in March 2008, as a follow-up to issues raised by their colleagues in the 2007 interviews (see section 4);
- Family violence workers were consulted in the course of mapping training initiatives around violence and women with disability (see section 7) and positive developments in supporting women with disabilities (see section 8);[5]
- Attendees at Domestic Violence Victoria's (DV Vic) practice development forums in February and May and at a meeting of Rural and MetroAccess disability workers at DHS in April which provided further opportunities to understand worker perspectives.

Key stakeholders

Key stakeholders with a particular interest in the findings of this project include: women with disabilities, the Department of Human Services, Department of Planning and Community Development, Department of Justice, Victoria Police, Courts, the family violence peak body, Domestic Violence Victoria (DV Vic), and the resource body, Domestic Violence Resource Centre Victoria (DVRCV), family violence specialist services, family violence workers in mainstream or generic services (such as community health services), disability services, and The University of Melbourne.

The Project Team has been involved in bringing issues of concern regarding women with disabilities experiencing violence to a number of current family violence projects, including:

- Framework Reference Group (CRAF, DPCD)
- Victorian Family Database Project (DoJ)
- Benchmark data project (DPCD)
- Family Violence Learning Program for workers in disability and family violence (DHS).

The Project's Reference Group

Government and non-governmental staff from bodies and programs associated with the integrated family violence service system were invited to join the Project's Reference Group. This included staff from the Department of Justice; the Family Violence Coordination Unit and Office of Disability in Planning and Community Development; Children, Youth and Families, Office of Housing and Disability in Human Services; and Victoria Police. We also had membership from the peak body for domestic violence agencies (Domestic Violence Victoria), a regional leadership position (represented by the Grampians Regional Integrated Family Violence Leadership Coordinator); a metropolitan family violence outreach service (represented by Eastern Domestic Violence Outreach Service), and the Health Promotions Officer of Cardinia-Casey Community Health Service, who had

[5] These two components of the Building the Evidence Project were undertaken by Chris Jennings of the Domestic Violence Resource Centre Victoria.

been involved in consultations with family violence workers in a collaborative project with VWDN AIS in mid 2007; and the Project's research team (see steering group).

The purpose of the Reference Group was for members to:

- Provide advice to the project team in the development of the project;
- Share information with regard to violence against women and to identify issues of concern for women with disabilities and current policy and service delivery initiatives within their respective organisational networks;
- Advise on and assist with the dissemination of findings.

Given that a number of the report recommendations relate to government departments and agencies, Victorian Government representatives on the Reference Group limited their advice to comments regarding factual and technical information contained in the draft reports. Subsequently, the recommendations contained in the report reflect the views of the Victorian Women with Disabilities Network Advocacy Information Service, not the Victorian Government.

Project steering group

The Project's Steering Group was comprised of the Executive Officer of the VWDN AIS, Keran Howe, who was responsible for the overall coordination of the project; Professor Cathy Humphreys, Alfred Felton Chair in Social Work at The University of Melbourne; the Coordinator of the Research, Lucy Healey; Chris Jennings, Violence and Women with Disabilities Project at the Domestic Violence Resource Centre Victoria; and the Project's Research Officer, Felicity Julian. The team met regularly for the duration of the project.

1.4 Limitations to the research

Budget constraints limited the timeframe in which the research was to be completed and narrowed the scope of the investigation.

A pragmatic decision was made to narrow the scope of the research to focus on the family violence sector, wherever possible. However, opportunities were taken to raise awareness about the issue of violence against women with disabilities in the disability sector and collaborate with government initiatives in this regard.

We were unable to consult with as many women as we had hoped. Our passage through The University of Melbourne's human research ethics committee to seek approval to consult with women with disabilities was smooth but protracted, and so we were not able to begin the process of contacting women until we had entered the second half of the project, thereby constraining the time available to consult with women with disabilities. The process of screening women for eligibility, arranging interview times and debriefing takes time and cannot be hurried.

1.5 Language and definitions

There is little consensus on the terms used to describe violence against women and children. 'Family violence', 'domestic violence', 'family and domestic violence', or 'intimate partner violence' are used in different services, policy contexts, research and communities.

The VWDN AIS (and other advocacy groups) have been concerned that whatever the term, it needs to encapsulate the diverse domestic and residential arrangements in which unrelated people, including women with disabilities, may be living together in intimate (not necessarily sexual), family and/or care

arrangements. The potential for power and control over women with disabilities in such relationships is a complex phenomenon that has yet to be fully heard in the public domain from the perspective of women with disabilities.

The term 'family violence' is mostly used in this report as it has become common usage in Victorian government policy and legislation, and increasingly in the non-government sector, though not without its critics.

The Victorian Government is currently working toward an expanded definition of family violence in new family violence legislation that will incorporate the experiences of people with disabilities living with violence, (for example, see the most recent media release from the Office of the Attorney-General on 24 June, 2008, titled 'Family Violence Protection Bill to Support Victims'; and 13 August 2007).[6]

For the purposes of this report, the term 'family violence' is understood, for the most part, as perpetrated by men exerting power and control over women and children, involving:

> *Violent, threatening, coercive or controlling behaviour that occurs in current or past familial, domestic or intimate relationships…This encompasses not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear* (VLRC 2006: 15, note 9).

The integrated family violence service system is understood as being comprised of three key arenas of service:

- Specialist family violence services including: case management, practical support and counselling, housing (SAAP), peer support, Healing Centres, Indigenous family violence initiatives, the Men's Referral Service;
- Mainstream services, including: education, healthcare, mental health, drug and alcohol, legal, family, disability;
- Legal and statutory services, including: police intervention, courts, correctional services, child protection services (DVC 2007: 9).

[6] For media release of 24 June 2008, see http://www.dpc.vic.gov.au/domino/Web_Notes/newmedia.nsf/798c/798c8b072d117a01ca256c8c0019bb01/2493d2dcd9715e0aca257472008397ac!OpenDocument see http://www.dpc.vic.gov/au/domino/Web_Notes/newmedia.nsf/798c8b072d117a01ca256c8c0091bb01/9f3c8bca0ea3c78aca257336007c691f!OpenDocument

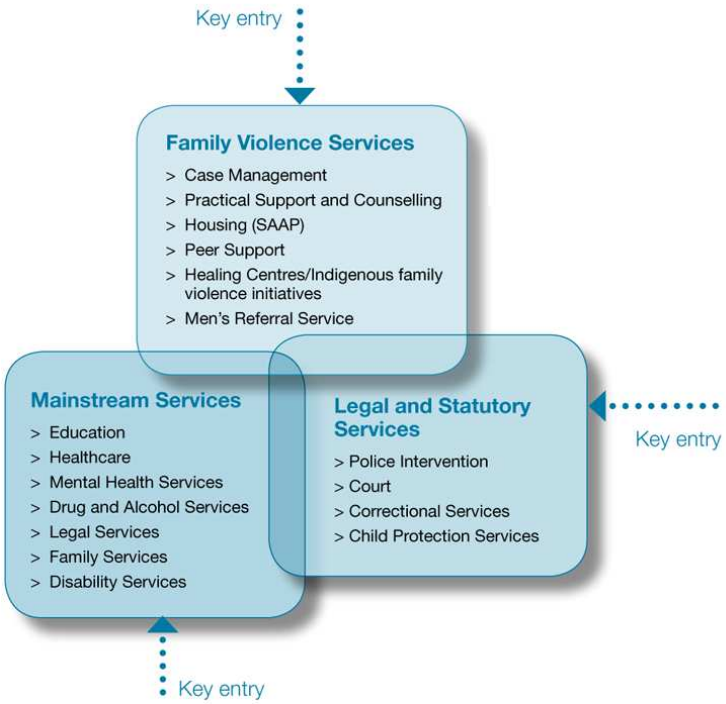


***Diagram showing entry points to the integrated family violence service system (Source: DVC 2007:9)**

1.6 Outline of report

The following section, section two, incorporates a literature review of the relevant issues concerning violence against women with disabilities. It begins with a discussion about the implications of different understandings of disability and the significance of a human rights approach before moving to discussions about the incidence and nature of violence, and responses to it in the context of services, and Federal and Victorian State Government policy.

Section three explores the experiences of Victorian women with disabilities in seeking assistance from the family violence response system.

Section four engages in a similar exploration but from the perspective of workers' experiences of supporting women with disabilities in the family violence response system.

Section five focuses on data collection by government and relevant sectors concerning disability and violence against women and provides an analysis of current, publicly available data on violence against women with disabilities in Victoria.

Section six focuses on eight standards, codes and guidelines that we identified as being relevant to the family violence response system with a view to analysing what they have to say about supporting women with disabilities.

Section seven examines workforce developments and training initiatives in the family violence sector and, where feasible, the disability sector for the preceding and following years. It begins, however, with a discussion of some earlier developments in family violence training that were outcomes of the Statewide Steering Committee to Reduce Family Violence.

Section eight documents a number of positive developments in services' responses to women with disabilities experiencing violence. It begins with four examples in Victoria and then provides briefer outlines of developments in jurisdictions beyond Victoria: elsewhere in Australia, the UK, Canada and the US.

The final substantive section provides a brief conclusion to the report. As each section concludes with either a brief summary or conclusion along with recommendations, we have not repeated recommendations in this final section. Instead, the full list of recommendations is included in the Executive Summary.

A list of references and appendices referred to throughout the report are presented in the final pages of the report.

2 Situating violence against women with disabilities

2.1 Understanding disability

Defining disability has been a contentious issue and, until the rise of disability movements, has rarely reflected the perspective of people with disabilities (Government of Canada 2003; Smith and Hutchison 2004; Snyder and Mitchell 2006; Thomson 1997; WWDA 2007b; Gallagher 2002). Until recently, disability has been largely understood in the context of the medical model, locating disability as a problem within the person that required medical intervention to address the individual's 'pathology'.

The Victorian Women with Disabilities Network and others have adopted the social model of disability, which understands disability as a social construct. Within the social model, 'disability' is not seen just as the person's 'condition', it is the result of disabling social structures, attitudes and behaviours that create disabling environments in which we are all embedded.

A new approach to understanding disability, which is a further development of both the social and medical models, is referred to as the biopsychosocial model. Developed from the United Nation's World Health Organisation's 2001 International Classification of Functioning, Disability and Health (ICF), it acknowledges disability *not* as a special condition of the few but as indicative of human variation. This approach acknowledges the prevalence of disability in the context of aging world populations, the disproportionate concentration of disability among people in poverty, those social groups lacking access to preventative measures and interventions, and the emergence of new disabilities (related to socioeconomic status and 'lifestyle risks'). [7]

Disabling environments prevent people with disabilities from accessing human services, transport, housing, work opportunities and education. This, then, is the context in which women with disabilities who experience violence are 'triply disadvantaged' - as women, with a disability, experiencing violence (Jennings 2003).

In terms of the family violence response system, it is important to note that women with disabilities experiencing violence are not 'all the same'. Women with disabilities experience a multiplicity of different functional impairments and the concomitant myths and social attitudes relevant to each specific impairment. Furthermore, most people with disabilities live with impairments that are multi-faceted, which defy a single categorisation such as 'physical', 'sensory', 'cognitive' and 'mental health'. This research encompasses all of these functional impairments as part of its conceptualisation of disability. As the Victorian Office for Disability notes,

[7] See Accessing Safety Initiative of the Vera Institute of Justice and the US Department of Justice for a discussion of this new approach: available: www.accessingsafety.org [accessed 12/5/08]; ICF Australian user guide (2003) available: www.aihw.gov.au/publications/index.cfm/title/9329.

> *Disability is complex and multi-dimensional. Disabilities may be apparent or hidden, severe or mild, singular or multiple, stable or degenerative, chronic or intermittent. They can be congenital, or occur as a result of accident, illness or ageing* (Office for Disability 2008: 3).

An individual woman's specific functional needs, her gender, sexuality, race, ethnicity, cultural background, economic status, and the expectations of self and family, all determine her experience of disability. Similarly, responses from service systems to violence against women with disabilities have a bearing on a woman's experience of violence.

The term 'disability' is used in different contexts to apply to impairment alone or the impairment and the concomitant impact of disabling social structures. This research refers to disability as both impairment and the concomitant impact of disabling social structures.

Finally, Australia's Commonwealth *Disability Discrimination Act 1992* understands disability as something that anyone might experience at some stage in their life. At the same time, international opinion seeks to ensure the civil, political, economic, social and cultural rights of people with disabilities through the ratification of the *UN Convention on the Rights of Persons with Disabilities* and the Optional Protocol – a landmark development not only in understanding disability but in empowering people with disabilities and according to them the respect that all population groups should have the right to enjoy. The sum result is an understanding that recognises that people with disabilities must be empowered to fully participate in and contribute to society - and must be engaged with as full participants and contributors to society.

2.2 Incidence and nature of violence against women with disabilities

Worldwide, an estimated one in three to one in five women experience sexual assault and/or domestic violence at some stage in their lives (UNIFEM 2005; Mouzos & Makkai 2004; ABS 2005).

One in five Australian people (over 3 million, or 20% of the population) report having disabilities, of whom approximately half are women (ABS 2004: 3); the proportion is similar for Victorians.[8] Of these, 7% experience specific restrictions in core activities of self care, mobility, communication, or their ability to participate in schooling or employment. VWDN AIS estimates that 89,000 women with disabilities in Victoria experience violence.

Considerations in measuring violence against women with disabilities

We do not know the full extent of the prevalence of violence against women with disabilities, given the dearth of research about the issue, the fact that data on disability is not systematically collected in Australia or elsewhere, and the fact that family violence and sexual assault are under-reported crimes (VLRC 2003: Heenan & Murray 2006; Howe 1999; WWDA 2007b: 40-41, 43; Chang et al 2003; Copel 2006). When statistics about disability and violence are collected, the

[8] The ABS survey defined disability as "*any limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities*" (ABS 2004: 3).

data is not always robust, timely or disaggregated, making it difficult to engage in comparative analyses.

Methodological problems include:

- The lack of consensus about what constitutes 'violence' as it relates to women with disabilities. The literature on violence against people with disabilities uses a number of terms, including: domestic or family violence, sexual assault, abuse, victimisation, intimate partner violence, hate crimes, neglect and so on. Women With Disabilities Australia notes how the reclassification of violent crimes against people with disabilities, particularly those occurring within service or institutional environments, are given euphemisms such as "'*abuse'*, *'misconduct'*, *'neglect'*, *'maltreatment' and 'incidents*'" (WWDA 2007b: 15; see also Sobsey 1994).

- Some research examines specific types of violence (such as sexual violence) but not other forms.

- Some research focuses on violence committed by certain types of perpetrators, for example, an intimate partner, to the exclusion of other persons, such as carers. The impact of not measuring non-partner carer violence is that it might under-represent women with the most severe disabilities.

- Some research uses "*convenience samples*" rather than representative community samples (Martin et al 2006: 825; see also Brownridge 2006: 817 and Nosek et al 2005c for shortcomings in research).

- Research uses different categories and definitions of disability; in particular, the inclusion or exclusion of women with mental health problems is contentious.

What we know of the incidence of violence against women with disabilities

There is, however, a substantial body of literature indicating that women with disabilities are at much greater risk of domestic violence and sexual assault than women without, and are more vulnerable to institutionalised forms of violence (Brownridge 2006; Sobsey 1994; Chenoweth 1996[9]; Martin et al 2006; Curry, Hassouneh-Phillips and Johnston-Silverberg 2001; Hassouneh-Phillips and McNeff 2005; Nosek et al 2001; Nannini 2006; Frohmader 2005; Milberger et al 2002; Barile 2002; Grattet & Jenness 2001; Urbis Keys Young 2004).[10]

Few studies of violence against people with disabilities include comparisons with people without disabilities. In one of the few large-scale studies that does, Brownridge (2006) analysed 7,027 Canadian women's experiences of partner violence. He found that women with disabilities had 40% greater likelihood of experiencing violence in the previous five years than women without disabilities. Further, he found that these women were at particular risk of severe violence.

Martin et al (2006) examined data from 5,326 women collected by the North Carolina Behavioural Risk Factor Surveillance System in 2000 and 2001.[11] The

[9] Chenoweth (1996) cites several earlier studies from the 1980s and early 1990s.
[10] By comparison, there is very little Australian or international research that looks at the experiences of children and young people with disabilities and violence, although child abuse often occurs alongside family violence (see Baldry et al 2006)
[11] This is a telephone-based, household survey of a representative sample of non-institutionalised adults that collects health and socio-demographic data for the Centres for

questionnaire surveyed women for the presence of disability and experiences of physical and sexual assault within the preceding year. Of the total women surveyed, 26% had some type of disability: of these, 68% reported having a physical, mental or emotional limitation on their activities; 61% self-identified as having a disability; 42% reported having trouble learning, remembering or concentrating; and 26% reported using some type of special equipment such as a cane, wheelchair or special telephone. The study found that women with disabilities were more than four times more likely to have been sexually assaulted within the past year compared to women without, but were at similar risk of physical assault compared to women without. As it did not include women with disabilities living in institutionalised settings, it is possible the prevalence rate of violence against women with disabilities is under-represented in the findings.

One of the largest Australian studies of violence of all types against women with disabilities was undertaken by Cockram (2003) in Western Australia and is worth reporting on at length although it did not involve a comparison with women without disabilities or include women with disabilities living in institutionalised settings.

Cockram analysed questionnaire responses gathered from 107 agencies from which an estimated 709 women with disabilities experiencing domestic violence had sought help in the two years preceding the research. Of these, 145 or 20% of the women were from a culturally and linguistically diverse background and 201 or 28% were Indigenous. She found that 270 or 38% had disabilities that were a consequence of family violence used against them (Cockram 2003: 3).

The agencies reported that women with disabilities, like women without, typically experienced more than one type of violence. The most common was emotional, (experienced by 513 or 72% of the women) followed by: controlling behaviours involving restricting access to family, friends, phone calls and removing or controlling communication aids (395 women or 55%); sexual violence, including rape and sexual harassment (360 women or 58%); physical violence (355 women or 50%); stalking (275 women or 39%); threats to third parties such as children (230 women or 32%); threats to withdraw care (205 women or 29%); discriminatory practices, including withholding or forcing medicine, removing or disabling a wheelchair, criticisms relating directly to a disability (190 women or 27%); and spiritual deprivation (70 women or 9%).

Cockram's study, along with others, show that women with disabilities experience the same kinds of violence as non-disabled women, with the same consequences, but are also at risk of experiencing types of violence that are specifically related to their disabilities, such as: withholding orthotic equipment (wheelchairs, braces) and medications; forced and involuntary sterilisation or termination of pregnancy; withholding transportation, or essential assistance with personal tasks such as dressing or getting out of bed (Curry et al 2001; Nosek et al 2001; WWDA 2007b; Frohmader 2005; Howe & Frohmader 2001; Dowse & Frohmader 2001). [12] In one study, participants with disabilities were more likely to identify restraint and control as abusive in comparison to those without disabilities (Gilson et al 2001a).

Disease Control and Prevention and administered by the North Carolina State Centre for Health Statistics in Raleigh (Martin et al 2006: 826).

[12] See Appendix 1 for an information sheet about the nature of violence experienced by women with disabilities developed from Frohmader (2005) for use during this project.

The nature of the disability

The literature indicates that vulnerability to violence varies with the nature of the functional impairment.

Given the incidence of violence against women with cognitive disabilities, much of the literature focuses on sexual assault and notes very high rates of assault. However, Carlson notes qualitative studies suggest domestic violence amongst people with intellectual disabilities is congruent with findings of sexual assault amongst people with intellectual disabilities (Carlson 1997).

In Cockram's study, agencies reported that women often had more than one type of disability. The most prevalent disability reported was psychiatric (391 women or 55%) followed by physical (230 women or 32%); intellectual (210 or 30%); neurological, including acquired brain injury (115 or 16%); and sensory, including hearing and sight impairments (75 or 10%) (Cockram 2003: 4).

Drawing on data from a national survey on sexuality in the US, Young, Nosek, Howland & Rintala (1997) compared 421 women without disabilities to 439 women with physical disabilities. They found that both groups of women had equally high lifetime prevalence of physical, sexual or emotional abuse (62% of both groups had experienced some type of abuse during their lives) and 13% of women with physical disabilities had experienced physical or sexual abuse during the previous year. Other studies have found that women with disabilities experience violence at similar or higher prevalence rates (see Nosek et al 2001; Murray & Powell in press; Chenoweth 1996).

Young et al (1997) also found that women with physical disabilities experienced physical or sexual abuse for a longer period of time than women without. This accords with other research which indicates that women with disabilities are more likely to experience more severe violence, for longer periods of time, and more frequently than non-disabled women (Swedlund and Nosek 2000; Nosek et al 2001; Frantz et al 2006).

Perpetrators

Women with disabilities experience violence at the hands of a greater number of perpetrators. Perpetrators have been found to be family members, personal assistants, support staff, service providers, medical staff, transportation staff, foster parents, and peers (Frantz et al 2006).

It appears that family members, who may also undertake care tasks, are most commonly identified as the key perpetrator group (Murray & Powell, in press; Martin et al 2006) but, as discussed earlier, this may be indicative of methodological constraints. Cockram found that 309 (43%) experienced violence against them by their male spouse or live-in partner. A further 80 women (11%) experienced violence by a female partner; 105 (15%) experienced violence from a parent; 60 (8%) experienced violence from another relative; 55 (7%) experienced violence from a child; 45 (6%) experienced violence from someone else, such as a neighbour; 30 (4%) experienced violence from a carer. Work mates, health professionals, housemates and clergy were also reported in smaller proportions. In addition, 165 (23%) of the women had experienced family and domestic violence for more than six years.

Sobsey and Doe (1991) studied sexual violence against 116 people with disabilities (82% of whom were women and 77% of whom had intellectual, neurological or learning impairments). They found in 56% of instances the

perpetrators had a relationship to the victim similar to that found among victims without disabilities. However, in 44% of instances, the perpetrator had a relationship with the victim that appeared to be specifically related to the victim's disability – a disability service provider (27.7%), specialised transport provider (5.4%), specialised foster parent (4.3%) and clients of a disability service (6.5%)

It has long been recognised that there is a chronic culture of institutional violence against people with disabilities by carers involved in intimate tasks (that is, against people with disabilities living in group homes, hospitals, residential schools, day support programs, respite care settings, and prisons) but less attention has been given to the perpetration of violence by carers and personal assistants in non-institutional settings (WWDA 2007b: 23-24, 36). However, carers and personal assistants working in both institutional and private residential settings are a significant potential perpetrator group (for discussions in the US on the incidence of abuse by personal assistants, see Powers et al 2002; Saxton et al 2001; Sobsey 1994; Strand et al 2004).

A current national UK research project into the service needs of women with physical and sensory disabilities experiencing abuse from partners, other family members or personal assistants, has found that violence from personal assistants is a key form of abuse experienced by women who participated in their consultations. They also found that the dynamics of abuse perpetrated by a carer or helper is experienced as "*complex and particularly distressing*" (Hague et al 2007: 46). In a small, non-randomised study of 84 adults with disabilities who received personal assistance from family members, informal providers or agency staff in the US, more than 60 % of the respondents reported "*mistreatment*". Most commonly, "*primary providers*" engaged in verbal and physical abuse, theft or extortion (reported by 30% of respondents); and "*other providers*" engaged in verbal abuse, neglect, poor care and theft (Oktay & Tompkins 2004). Whilst the authors recognised methodological constraints, they nonetheless reported their findings were similar to other research on abuse rates (Oktay & Tompkins 2004: 185).

Why women with disabilities are more vulnerable to violence

Sobsey and Doe note that "*the indirect effects of disability seem to have a much greater influence on increasing vulnerability... factors which are not specifically a result of disability, but rather* ***result from society's response to disability***" (Sobsey and Doe, 1991: 252) This finding is consistent with Justice and Justice's finding that "*disability is a risk factor in cultures that devalue people with disabilities, but not in cultures that place a higher value on them*" (cited in Sobsey and Doe, 1991: 253).

Brownridge found that *perpetrator-related characteristics alone* accounted for the elevated risk of partner violence amongst women with disabilities**.** Male partners of women with disabilities were 2.5 times more likely to behave in a patriarchal dominating manner and 1.5 times more likely to behave in sexually proprietary ways than were male partners of women without disabilities (Brownridge 2006). Similarly, Oktay & Tompkins found a positive correlation between reports of mistreatment in relation to the characteristics of the care provider (for example, being male and working long hours), not to recipient characteristics (2004: 186).

Studies note women with disabilities have increased vulnerabilities owing to: restricted mobility making it difficult for them to protect themselves from dangerous or violent situations; relying on assistance with personal tasks from the perpetrator; and being identified by predators as easy prey. This also means that women with disabilities have fewer pathways to safety and away from the violence. Women with disabilities who are Indigenous or from culturally and

linguistically diverse backgrounds are potentially at even greater risk of violence, however, we have virtually no available data on disability, gender and cultural background in Australia (WWDA 2007b: 24-25).

In summary, a review of the literature with regard to the nature of violence against women with disabilities suggests a number of key findings.

Women with disabilities:

- Experience violence in similar ways to other women and also experience violence specifically related to their disability;
- Are at greater risk of experiencing violence;
- Experience violence at similar or higher prevalence rates than those without;
- Experience prolonged, severe, frequent violence;
- Experience violence at the hands of a greater number of perpetrators;
- Are not believed when they report experiences of violence;
- Think they will not be believed and so do not report experiences of violence.

These findings suggest a critical need for family violence services and programs to give precedence to responding to violence against women with disabilities and to have the resources necessary to respond effectively. However, a review of the literature on service responses suggests that this is not currently the case.

2.3 Service responses to violence against women with disabilities

Very little research has been undertaken in Australia or overseas about the experiences of women with disabilities in seeking assistance when living with violence (Cockram 2003; Jennings 2003).

Understanding access

Many women with disabilities do not have access to an adequate independent income, information, housing, employment, services (lawyers, GPs, counsellors etc.), and transport (Zweig et al 2002; Olle 2006: 52ff; Frohmader 2005; Jennings 2003: 26). This means the majority do not have access to the resources they need to protect themselves from violence. Meanwhile, family violence and family support services are not equipped to meet the needs of women with diverse disabilities (Jennings 2003; Chang et al 2003). Their facilities may not be physically accessible and their programs may be inappropriate. Services may lack the funding to redevelop their premises to make them physically accessible and staff may lack the confidence and expertise in working with women with disabilities. Similarly, disability services do not adequately understand family violence issues and lack the capacity to identify or respond to abuse (Cattalini 1993; Nosek et al 2001; Chang et al 2003; VLRC 2006).

Clearly, access needs to be understood in the broadest possible sense of the word – where a person not only knows about the service but is able to make use of it and obtain the benefit of its functions. Cattalini (1993: 21ff) provides a helpful classification of elements which determine access, involving: knowledge of the issue, information about services, physical access, appropriateness of services, service philosophy, and community attitudes. For their part, services may be

aware that they are not identifying women with disabilities amongst their clientele but have no insight into how to make their service more accessible.

Understanding violence

As with all women, not all women with disabilities understand that what they are experiencing is violence and that they should not have to endure it (Chenoweth 1996; Keys Young 1998; Jennings 2003: 22; Cattalini 1993; Copel 2006; Hassouneh-Phillips & Curry 2002; WWDA 2007b). There is, however, an additional element to this for women with disabilities who have experienced discrimination *as* women with disabilities and/or are dependent on others for assistance. Murray & Powell (in press) discuss this in relation to sexual assault and adults with a disability. In a study of the perceptions and experiences of women with physical and cognitive disabilities related to abuse by paid and unpaid personal assistance providers, Saxton et al (2001) found confusion in being able to recognise, define and describe 'abuse' (their term) in the relationship between the personal assistant carer and the woman, particularly when the carer was an unpaid family member and/or friend. Others suggest that the internalisation of oppression makes it difficult for women with disabilities to speak about the violence (WWDA 2007b: 41; see also Sobsey 1994; Gilson et al 2001b; Chenoweth 1996).

Making information available

Related to the above, women with disabilities sometimes simply do not know about the existence of services that might be helpful to them in dealing with the violence (WWDA 2007b: 14; Frantz et al 2006). It is not yet common practice for services to make information available - and to communicate - in alternative formats (such as sign interpreters, Braille, audio, plain English, the use of email and telephone access relay services) so that it is suitable for people with diverse disabilities (Jennings 2004). Nor is it common for services to disseminate information that includes the experiences of women with disabilities (Jennings 2004).[13]

Physical access

Physical access to a service depends on being able to reach it and being able to enter and access all essential facilities. For many women with disabilities, the nature of their disability makes it difficult to flee from a violent situation or even to make contact if verbal communication is difficult or if they are dependent on a carer who is the perpetrator (Nosek & Howland 1998; Jennings 2003: 22). Transport is a major impediment to accessing services and crisis services do not typically have accessible transport (Swedlund & Nosek 2000; Chang et al 2003).

These difficulties are further compounded for women with disabilities who have children with disabilities (Baldry et al 2006: 194). Crisis refuges may not be physically accessible to many women – and their children - with disabilities; there may be insufficient space in which to accommodate aids or to house personal carers and assistant dogs. Further, women with disabilities - and women with or without disabilities with *children* with disabilities – may be loath to leave their homes if they have been modified to meet their disability needs (see Breckenridge & Mulroney 2007: 91 for a discussion of women's decisions to remain in the home).

[13] But see DVRCV's new webpage, which is also discussed in Section 8 of this report.

Service agency shortcomings

Lack of skills of service workers and/or agencies in providing appropriate care and support has been noted as a barrier in a number of studies (Chang et al 2003: 704; Trotter et al 2007; Nosek et al 2001; Cockburn 2003; Macklin 2005). Trotter et al (2007: 3) note that women with disabilities face institutional barriers in leaving violent situations when professionals they make contact with fail to ask about violence or make it difficult for women to seek help. This may also discourage or make it difficult for women with disabilities to disclose experiences of violence. The UK's Leeds Inter-Agency project found that women who disclose violence to disability services were told they could not be helped as it was not the organisation's expertise (cited in Trotter et al 2007: 3). The same shortcomings have been found in Australia, where women with disabilities who have sought help have found that workers do not have the skills to provide an appropriate service or have found staff to be discriminatory and not inclusive of them (WWDA 2007b: 42; Jennings 2003: 27; Keys Young 1998: 75). Services also lack the expertise and flexibility to support children with disabilities who have behavioural or communication difficulties. Mothers of these children, who may also have disabilities, often face difficult decisions about the crisis support they accept if it means that moving out of the area will interrupt a child's access to special schooling or therapy (Baldry et al 2006: 194).

Research conducted in Melbourne's Western Metropolitan Region by Jennings reports women with disabilities:

- Frequently felt that neither disability nor family violence services had the "*time or patience to work with them*";
- Felt that staff devalued the trauma of the violence when they disclosed violence;
- Rarely felt confident about having their needs met when requiring crisis accommodation and
- Were often "*diverted to limited and segregated services*" because "*women's services and generic agencies*" were not inclusive of or accessible to women with disabilities (Jennings 2003: 27).

Jennings discusses the challenges of ensuring the safety and empowerment of women with disabilities given the lack of support packages and the lack of affordable, accessible accommodation options for many women with disabilities (Jennings 2003: 28).

Cockram's Western Australian study found that 47 out of 72 disability health and violence response agencies (66 %) reported dissatisfaction with the adequacy of their service in supporting women with disabilities experiencing violence (Cockram 2003: table 10).

Criminal justice services

There are significant implications for the criminal justice response to violent crimes committed against women with disabilities in Australia (French 2007; Murray & Powell in press; VLRC 2006; Goodfellow & Camilleri 2003; Cattalini 1998) and overseas (as noted by several contributors, notably Dubin, Whatley, Sobsey and Sorenson, to the American journal *Impact*'s 2000 special issue on violence and women with developmental or other disabilities and also Zweig et al 2002).

The legal definition of domestic and family violence varies across state and territory jurisdictions in Australia. In recent years, however, there have been

moves to broaden the definition in various states in an attempt to provide protection from violence by carers for people with disabilities who may be living in a range of institutionalised or domestic settings (see VLRC 2006: 110-111; the Victorian *Family Violence Protection Bill 2008*; WWDA 2007b; WWDA nd).[14]

Research indicates that many cases involving crimes committed against women with disabilities are inadequately investigated, remain unsolved or result in minimal sentences (WWDA 2007b: 43). This may be compounded by stereotypical views about women with disabilities held by those in the criminal justice system (for example, that women with cognitive disabilities lie, are sexually promiscuous and not reliable witnesses); and barriers to communication in interview settings that do not take account of the functional needs of women with disabilities (for example, issues with memory, recall and suggestibility may be relevant when interviewing women with cognitive disabilities) (see Keilty & Connelly 2001 and Goodfellow & Camilleri 2003).

More recent Australian studies indicate the difficulties that people with disabilities have in being believed and treated as credible witnesses and complainants (VLRC 2004, 2006: 40; Goodfellow & Camilleri 2003: 54ff; French 2007: 76). In Victoria, the Victorian Law Reform Commission and disability advocacy groups have made a number of recommendations that have resulted in improved protocols for the investigation of family violence by police; for example, encouraging police to consider the use of an Independent Third Person and the use of video and audio taped evidence in appropriate circumstances (Victoria Police 2004; VLRC 2004: 325).

The report on barriers to justice for persons with disabilities in Queensland (French 2007) comprehensively looks at service responses by police, the courts, and corrective and young offender services. With respect to police responses, it notes a number of similar problems to those described by others, some of which include:

- A failure to adequately investigate violent crimes against people with disabilities;
- A tendency not to believe persons with disabilities;
- A reluctance to investigate allegations made by people with disabilities about violence perpetrated against them by family members;
- Failure to act owing to the view that there is no alternative to the abusive situation (French 2007: 62-63).

With regard to the experiences people with disabilities have in accessing the courts and legal services, the report notes the following problems:

- Lack of affordable legal services (and publicly funded legal assistance);
- Negative attitudes towards people with disabilities;
- Refusing to take instruction from a person with a cognitive or psychosocial impairment;
- Lack of expertise in working with people with disabilities, including lack of expertise in communicating with and interviewing people with disabilities and using alternative modes and formats of communication;
- Absence of flexible court procedures and practices to accommodate the needs of people with disabilities, including the use of alternative technology (see French 2007: 76-76 for a fuller discussion).

[14] Development on the Victorian *Family Violence Protection Bill* as it makes its way through the parliamentary process can be monitored through www.legislation.vic.gov.au. The legislation could be subject to change as it passes through Parliament and is not finalised until this process has been completed.

Service philosophy

Services often do not consider the needs of women with disabilities when planning and developing their services. Services sometimes justify their lack of service provision to women with disabilities citing insufficient funding and resources to make their service or programs accessible (Barile 2002). In other words, there is an attitudinal problem and, conceivably, an issue of duty of care, if not discrimination (Cattalini 1993). This can also extend to lack of reporting and cover up of violence in institutional settings (most notably, see Sobsey 1994). As previously discussed, Women With Disabilities Australia cite a number of factors within residential, institutional and service settings in which there is not only a normalisation of violence but a culture of fear amongst staff if they 'whistle blow' (WWDA 2007b: 44).

Cross-sectoral collaboration

Lack of cross-sectoral collaboration has been noted as a significant barrier in responding adequately to women with disabilities experiencing violence (Murray & Powell, in press; Jennings 2003: 26 & 29; Keys Young 1998: 75; Chang et al 2003: 706; Zweig et al 2002: 178; VWDN AIS 2007).

Laing et al (2008) are currently engaged in a project exploring collaboration between the domestic violence and mental health sectors in NSW In a survey of 107 respondents from mental health services (56% of respondents) and domestic violence respondents (44% of respondents), they found 45% of mental health practitioner respondents and 72% of domestic violence respondents considered collaboration with other organisations was insufficient. However, the collaboration between the two sectors indicated that: 76% of mental health respondents had contacted a domestic violence service and 69% had referred a client to a domestic violence service; and 98% of domestic violence respondents had contacted a mental health service and 89% had referred a client to a mental health service. Common significant barriers to collaboration between the two sectors for mental health and domestic violence respondents were high workloads and lack of appropriate community resources.

Alternatively, a number of studies cite positive collaboration as a result of research, reporting the types of services provided, the challenges faced, and strategies used to provide services to women with disabilities at community-based domestic violence programs. For example, in the US state of North Carolina, workshops for advocates to learn how to address the specific needs of women with disabilities were developed. These also had the intention of building cross-agency partnerships (Chang et al 2003: 707). Macklin's examination of an action research project undertaken in a regional NSW community focused on issues of abuse prevention and sexuality for people with cognitive disabilities. It demonstrated positive outcomes of improved collaboration between the disability service and local services, including domestic violence, police, women's health, and the court system. This in turn facilitated greater access to services by clients of the disability organisation. This research shows the importance of sustaining support for cross-sectoral collaboration.

Community/societal attitudes

The literature indicates continuing stereotypes of disability that devalue and marginalise people and in particular, women with disabilities (Thomson 1997; Smith & Hutchinson 2006; Snyder & Mitchell 2006). It is these attitudes which render people with disabilities vulnerable to violence, not the disability itself. As

the Victorian Law Reform Commission's *Review of Family Violence Laws* showed, "*People with disabilities experience forms of violence which are not only often condoned, but to a certain extent institutionalised in our society*" (VLRC 2006: 40). Such attitudes feed social inertia and restrict awareness of the need for access for all (Cattalini 1993; Cockram 2003; Sobsey 1994). It is common for women's and children's disabilities to be used against them by men – with and without disabilities themselves – exercising power and control over them. Patriarchal ideologies and "*disablist attitudes and assumptions*" thus combine to further damage the self-esteem of women living in violent circumstances and a cycle of isolation and powerlessness is perpetuated (Trotter et al 2007: 2).

Reluctance to disclose

In addition, women with disabilities – like women without – may feel shame about the experience of violence and be deterred from disclosure. Some may believe that violence is acceptable if, through experience, the perpetrators of violence against them go unchecked. A woman with disabilities may also be concerned that she simply will not be believed and that her claims will be treated as lies, exaggeration, or evidence of mental impairment (Zweig et al 2002; Murray & Powell, in press). As already noted, Women With Disabilities Australia and others have suggested that "*internalised oppression and silence contributes to an already unresponsive service system*" (WWDA 2007b: 41; see also Gilson et al 2001; Sobsey 1994; Chenoweth 1997).

Accommodation options

Weeks' and Oberin's national survey of women's refuges, shelters, outreach and support services found that demand for accommodation services far exceeded availability (2004). Owing to this and many factors already discussed above, women with disabilities who experience violence face fewer alternative accommodation options than women without and are presumably at greater risk of continuing to live with the perpetrator of the violence. We do not know, however, the true extent of this problem in Australia (or elsewhere). Weeks' and Oberin's survey did not identify accommodation issues for women with disabilities experiencing violence but the recently released Commonwealth Government Green Paper - *Which Way Home? A new approach to homelessness* - provided some (albeit limited) evidence of this by drawing on National Data Collection Agency information. The paper clearly identifies family and domestic violence and mental illness as "*common risk factors [amongst others] that often work together to increase the risk of homelessness*" and that there is a "*high incidence of disability, mental illness and alcoholism…in the majority of older people who experience homelessness*" while receiving income support, particularly disability support payments (Commonwealth of Australia 2008: 15-16). Further, a report by the NSW Ombudsman in 2004 found that people with disabilities (particularly those with 'mental illness', physical and cognitive disabilities) are some of the most significant groups excluded from SAAP programs in NSW (NSW Ombudsman 2004: 8). This report also found that there were high numbers of people with disabilities exiting early from SAAP services or who had difficulty in accessing SAAP services.

2.4 Human rights approach to violence and disability

This section explores principles of equality, human dignity, mutual respect and freedom as essential features of the concept of human rights as articulated in the Universal Declaration of Human Rights and adopted in human rights treaties.
There is evidence that there are many benefits to a human rights approach to disability and the disadvantages that people with disabilities are vulnerable to, including poverty, social exclusion, discrimination, poor health, unemployment and low educational attainment. The Melbourne-based Human Rights Law Resource Centre has argued that these include:

- Empowering marginalised and vulnerable individuals, communities and groups;
- Providing a framework for the development of more effective, efficient and holistic public and social policy,
- Promoting flexible, responsive, respectful and humane public and social services;
- Challenging 'poor treatment' and improving the quality of life of marginalised and disadvantaged individuals and groups;
- Assisting in the development of improved and effective social inclusion and poverty reduction strategies.[15]

Convention on the rights of persons with disabilities

Over time, a social justice and gendered approach has become an increasingly important element in guiding policy, legislation and practice, but the development of *treaty* rights for people with disabilities has lagged behind those for other key population groups. For example, the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) was adopted by the United Nations in 1979 (and ratified by Australia in 1984) but the *Convention on the Rights of Persons with Disabilities* was only adopted by the United Nations in late 2006, was ratified by 20 UN members on 3 April 2008, and came into force 30 days after that date.

The Convention recognises and protects the rights of people with disabilities to participate in social and political life and their rights to education, health, work, adequate living conditions, freedom of movement and equal recognition before the law.

Two key articles are particularly relevant regarding the rights of women with disabilities to be free of violence:

- Article 6: "Women with disabilities", states that "*women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms*" and "*State Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention*".

- Article 16: "Freedom from exploitation, violence and abuse", specifically recognises, amongst other things, that "*persons with disabilities, both*

[15] We are grateful to the Human Rights Law Resource Centre Ltd for giving permission to use material included in their letter to the Attorney-General's Department on the ratification of the *UN Convention on the Rights of Persons with Disabilities* and the Optional Protocol, dated 18th February 2008.

within and outside the home [shall be protected] from all forms of exploitation, violence and abuse, including their gender-based aspects"; that "*State Parties shall take all appropriate measures to promote the…recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse*"; and "*shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted*" (*Convention on the Rights of Persons with Disabilities*).

Australia has signed the Convention and is presently considering the impact of ratifying the *Convention on the Rights of Persons with Disabilities*, although some of its provisions exist in Australia's *Disability Discrimination Act 1992*.[16] Once Australia ratifies the Convention, it is legally bound to ensure that all domestic legislation complies with the treaty's provisions.

Convention on the Elimination of Discrimination against Women (CEDAW)

CEDAW is the major human rights treaty for women and was ratified by Australia in 1983. CEDAW requires signatory states to undertake specific measures to end discrimination against women in all forms, including:

- To incorporate the principle of equality of men and women in their legal system, abolish all discriminatory laws and adopt appropriate ones prohibiting discrimination against women ;
- To establish tribunals and other public institutions to ensure the effective protection of women against discrimination;
- To ensure elimination of all acts of discrimination against women by persons, organisations or enterprises.

The CEDAW convention does not specifically mention women with disabilities. To address this omission a general recommendation (Recommendation 18, 1991) requests States Parties to provide information on women with disabilities in their periodic reports, and on measures taken to deal with their particular situations (WWDA 2008).

The Office for Women has responsibility for monitoring Australia's obligations under CEDAW, including preparation of Australia's report under the Convention (required every four years) and providing advice on new developments relating to CEDAW.

United Nations Development Fund for Women (UNIFEM)

[16] There are nine United Nations human rights treaties, which are the core of the international system of human rights' promotion and protection and are *legally binding* for those States that ratify or accede to them. Each treaty (convention or covenant) has a treaty body, a committee of experts, who monitor the implementation of treaty obligations by its State parties. In addition to the nine core treaties, there are numerous other universal instruments relating to human rights, including declarations, principles, guidelines etc. These latter instruments have no binding legal effect. See Women with Disabilities Australia – human rights webpage: www.wwda.org.au; Human Rights & Equal Opportunity Commission – Human Rights Explained webpage: www.humanrights.gov.au/education/hr_explained.

The United Nations Development Fund for Women (UNIFEM) was established in 1996 by a UN General Assembly Resolution as the United Nations Trust Fund in Support of Actions to Eliminate Violence Against Women. It is the leading global multi-lateral means through which national initiatives aimed at ending violence against women are supported. The United Nations General Assembly mandated the UNIFEM to strengthen activities to eliminate violence against women in order to accelerate implementation of the recommendations set out in the Beijing Declaration and Platform for Action. Outcome 6 of the *UNIFEM Strategic Plan 2008-2011* is to ensure

> *the most marginalized women (including, among others, HIV-positive women, women informal sector workers, migrant women, indigenous women, women survivors of sexual and gender-based violence in conflict situations and women with disabilities) have increased resources, capacities and voice to ensure that their priorities are included in relevant policies, programmes and budgets* (UNIFEM 2007: 15).

The Victorian Human Rights Charter

In January 2008 a new act of parliament, the *Victorian Charter of Human Rights and Responsibilities Act 2006* (the Charter), came into effect. The Charter protects the rights and freedoms of individual Victorians, enshrining a body of civil and political rights derived from the *International Covenant on Civil and Political Rights*.

The Charter requires State and local governments, statutory authorities and other public authorities to take human rights into consideration when making laws, setting policies and providing services. It therefore has important implications for the family violence service response system; for example, requiring services to be inclusive and equipped to work with all clients, including women with disabilities, as well as requiring data collection processes to be inclusive of people with disabilities.

2.5 Policy and legislative context in Australia

This section considers legislation governing the rights of people with disabilities and legislation concerning family and domestic violence as it impacts upon all women and children.

Federal Government and community responses

The most significant legislation regarding people with disabilities at Commonwealth level is the *Disability Discrimination Act 1992*, which makes it illegal to discriminate against people with disabilities and draws on two international human rights declarations: the *Declaration on the Rights of Disabled Persons* and *Declaration on the Rights of Mentally Retarded Persons*.

The Commonwealth policy response to family and domestic violence from 1997 to 2003 was through the *Partnerships Against Domestic Violence* (PADV) initiative. The initiative funded:

- The Australian Domestic and Family Violence Clearinghouse
- 'Violence Against Women, Australia Says No' media campaign
- Prevention and early intervention with children
- Projects addressing violence in Indigenous communities
- The development of men's behaviour change (perpetrator) programs (see Phillips 2006).

Recently, the Federal Government's changes to Family Law have introduced mandatory Family Dispute Resolution for all separating couples with children and the establishment of Family Relationship Centres (Kirkwood 2007: 19). Concerns have been raised if Family Dispute Resolution is used in cases where family violence exists or has occurred.

With the change of government in 2008, an initiative of the Federal Government is the newly established National Council to Reduce Violence Against Women and Children, which met for its first quarterly meeting in Melbourne in June 2008. The aim of the Council will be to oversee the Government's commitment to establish the *National Plan to Reduce Violence Against Women and Children*. Coordinated by the Office for Women, the work of the Council will be supported by the Australian Domestic and Family Violence Clearinghouse and the Australian Centre for the Study of Sexual Assault. There is no representation of women with disabilities on the Council.

The *National Plan to Reduce Violence Against Women and Children* is in keeping with one of the key strategies of UNIFEM, which is to "*establish baselines and monitor progress, by regularly collecting information on: …the existence and quality of national plans of action for gender equality and for ending violence against women*" (UNIFEM 2007: 12).

Violence against people with disabilities, and in particular women and children with disabilities, has not had a strong profile on the Commonwealth family violence agenda, although there are three significant developments.

In 2001, a National Disability Abuse and Neglect Hotline was established as an Australia-wide telephone hotline for reporting abuse and neglect of people with disabilities using government funded services. This service is fully funded by the Australian Government's Department of Families, Housing, Community Services and Indigenous Affairs.

Secondly, an important outcome for women with disabilities was the publication of *It's not ok – it's violence: information about domestic violence and women with disabilities,* funded through the PADV program, and recently updated and re-published as part of WWDA's *Violence Against Women with Disabilities Resource Manual* (WWDA 2007b).[17]

Finally, a significant community response was the holding of a national forum called *Diverse and Inclusive Practice: Redrawing the Boundaries – Domestic Violence, Disability and Cultural Safety 2007*. Hosted by the Australian Domestic and Family Violence Clearinghouse in November 2007, a number of recommendations were made. In broad terms, they were concerned with: the implications of signing the UN Convention on the Rights of Persons with Disabilities; recommendations to the Human Rights and Equal Opportunity Commission; safety and protection issues (including a national audit of refuges to establish service gaps in regard to emergency housing for women and children with disabilities and establishing a fund to provide emergency care for women with disabilities when their caregiver has been violent, and increasing emergency housing options); data collection; training and professional development; organisational policy issues; community education and other issues (see Wilcox 2007). It was also recommended that a national working party be established to oversee the implementation of recommendations relating to the above.

[17] Four booklets make up this manual: *A Life Like Mine! Narratives from women with disabilities who experience violence; Forgotten Sisters: A global review of violence against women with disabilities; It's Not OK – It's Violence: Information about domestic violence and women with disabilities;* and *More Than Just a Ramp: A guide for women's refuges to develop Disability Discrimination Act action plans*. Available via: www.wwda.org.au

Victorian State Government and community responses

Discussion of family violence and sexual assault strategies in Victoria's social policy, *A Fairer Victoria,* makes no specific reference to violence against women with disabilities. It commits generally to improving access to public services for people with disabilities through the development of disability action plans for each department.

The Office for Disability in the Department of Planning and Community Development is responsible for a whole-of-government approach to policy and programs for people with disabilities and is responsible for supporting community and health services in developing Disability Action Plans over the next two years. This has significance for the development of Disability Action Plans in the family violence sector (discussed later in this report).

Three further legislative and policy documents address disability but not specifically violence against women with disabilities:[18]

- The *Victorian State Disability Plan 2002-2012*, seeks to ensure access to appropriate support for people with a disability who have experienced, or are at risk of experiencing, physical, emotional or sexual assault or sexual harassment; and improve the response of the criminal justice system to the needs of people with disabilities. This involves building closer links between the Department of Human Services and justice agencies (police, courts, corrections and others).
- The *Disability Act 2006* (operational in July 2007) articulates a whole-of-government approach to enabling people with disabilities to more actively participate in the community. It is guided by human rights principles, including the right to live free from abuse, neglect and exploitation.[19]
- The Victorian *Equal Opportunity Act 1995* (along with the *Commonwealth Disability Discrimination Act 1992*) makes it unlawful to discriminate against a person because they have a disability and requires that people with a disability be given equal opportunity to participate in and contribute to the full range of public life, including having access to goods, services and facilities provided by government departments.

Finally, whilst the *Victorian Charter of Human Rights and Responsibilities Act 2006* (discussed above) does not specifically address disability and violence against women with disabilities, it has important implications for the fundamental rights to non-discrimination, equality before the law, the rights to privacy, liberty and security of person for women with disabilities experiencing violence and for the family violence response system. The Victorian Charter is intended to ensure that human rights are taken into account when developing, interpreting and applying Victorian law and policy and seeks to do so through a number of mechanisms that involve the legislature, the executive (including public authorities in the family violence response system) and the courts.

---

[18] Discussion draws on VWDN AIS' *A Framework for Influencing Change: Responding to Violence against Women with Disabilities 2007-2009.*

[19] These clearly inform the Victorian Government's resource guide for disability service providers, prepared by the Department of Human Services, called *Understanding the Quality Framework for Disability Services in Victoria (2007)*. Whilst guided by human rights principles, it is not, however, informed by a gendered approach. This may have implications for building the capacity of the sector to engage with violence against women and children with disabilities and for cross-sectoral collaboration with the family violence sector. However, DHS has developed a policy to assist disability services to respond to physical and sexual assault and some disability agencies provide training to staff regarding sexual assault, which are all indicative of positive developments regarding other forms of violence against women with disabilities in the future.

Family violence reforms

A number of significant family violence reforms in recent years are clearly guided by a human rights and gendered perspective on family violence (see Statewide Steering Committee to Reduce Family Violence 2005: 10).

The reforms aim to improve the safety of women and children, prevent family violence and ensure that men who use violence are held accountable. In 2005, the Government allocated $35.1 million over four years across police, courts and support services; in 2007, a further $14.5 million was allocated; and in 2008, $24.7 million.

The broad family violence policy framework documented in the *Women's Safety Strategy 2002-2007* and the *Women's Safety Strategy II 2008-2013* will guide future efforts on addressing violence against women.

In 2005, the Victorian Government released several key policy documents, which committed it to a new approach to family violence:

- *A Fairer Victoria* (the government's overall social policy)
- *Reforming the Family Violence System in Victoria*
- *Changing Lives: A new approach to family violence in Victoria*.

A central feature of the new approach is to develop an integrated family violence service system involving better coordination of the three main entry points into it: family violence services (case management, practical support and counselling, housing, peer support, healing centres, Indigenous family violence initiatives, and men's behaviour change programs), legal and statutory bodies (police, child protection, courts, corrections), and mainstream services (disability and mental health services, healthcare, public housing, family support services, legal services, education) (DVC 2007: 9).

Key leadership structures were established to guide the reform process:

- The Family Violence Ministers Group.
- The Family Violence Interdepartmental Committee.
- The Statewide Steering Committee to Reduce Family Violence.
- Integrated Family Violence Committees at regional and sub-regional levels, with links to the Regional Indigenous Family Violence Action Group.
- Regional Family Violence Leadership Positions with responsibility for developing cross-sector, cross-agency partnerships (Marcus 2008).

Key reforms include:

- Strengthening the police response (Victoria Police 2004);
- Developing complimentary codes of practice by key agencies involved in responding to family violence;
- Strengthening the legislative response by repealing the *Crimes (Family Violence) Act 1987* and replacing it with a new *Family Violence Act* (at present in Bill form)[20];
- Establishing a specialised court response (Stewart 2005; Stubbs 2004; Marcus 2008);
- An Indigenous family violence strategy (Kirkwood 2006);
- The development of a family violence common risk assessment tool for use by all agencies in the family violence integrated system (DVC 2007 and see section 6 of this report).

[20] Whilst not only concerned with family violence, a related policy is the *Child, Youth and Families Act 200*5, which introduces Child FIRST, a new service stream for children based on a network of services across the state. An important element in this service response is to provide support to children and youths who have experienced family violence.

All of these key reforms have potential implications for how services identify and respond to women with disabilities experiencing violence.

In its 2008-09 budget the government announced plans to develop a Family Violence Prevention Plan. Based on the Victorian Health Promotion Foundation evidence based framework to guide government activity in violence prevention, the Government will develop a State Prevention Plan to prevent violence against women which will also build on existing programs (OWP, 2008).

In 2007, the VWDN AIS launched *A Framework for Influencing Change: Responding to Violence against Women with Disabilities 2007-2009*. VWDN AIS' focus in prioritising violence against women with disabilities is to ensure the issue is on the agenda of the family violence response system. The Framework thus seeks to:

- Influence the family violence sector to be inclusive of women with disabilities;
- Influence the disability sector to prioritise gender issues, such as violence against women with disabilities;
- Support the leadership and education skills amongst women with disabilities;
- Influence government policy and legislation.

In the 2008-09 state budget, funding to assist in the implementation of this framework was made available.

2.6 Recommendations

This overview of current research and current policy suggests the need for the following initiatives to address gaps in research and to monitor the implementation of family violence reform:

1. That a statewide research project be undertaken in order to understand the help-seeking experiences of women with disabilities living with violence and the experiences of family violence workers in supporting women with disabilities across metropolitan, rural and remote areas.

2. That statewide research be undertaken in order to ascertain the prevalence and extent of violence against women and children with disabilities in the full range of residential settings.

3. That monitoring and evaluation of the impact of the Victorian family violence reform initiatives on supporting women with disabilities experiencing violence be undertaken, as part of the SAFER Research Program.

4. That women with disabilities are prioritised in the development of the Victorian Family Violence Prevention Plan and in its implementation at policy and practice levels.

3 Women's experiences of the family violence response system

Four women with disabilities were consulted about their experiences of seeking help to deal with family violence. They responded to an invitation circulated via three email membership networks: VWDN AIS, DARU and Domestic Violence Victoria, following approval to undertake the consultations from The University of Melbourne's Human Research Ethics Committee.

Semi-structured interviews – averaging two hours in length - were conducted face to face in three cases with either follow-up telephone conversations (up to an hour long) or emails to confirm details and to do a final debrief (each interview had concluded with an opportunity to debrief). The fourth interview was conducted over two telephone sessions.

The family violence response system aspires to integrate its services but is not necessarily experienced in this way by women with disabilities, as the stories of Fran, Jane, Sophie and Alison illustrate.[21]

Whilst there are commonalities of experience, each woman's lived reality of *violence* is unique; each woman's lived reality of *disability* is unique. Put the two together and there is a compounding effect that cannot simply be understood as the sum of the two.

3.1 Introducing the women

Fran

Fran is in her mid 40s and has a 16 year old son. Both of them have cognitive disabilities but Fran also has serious medical problems that make it difficult for her to breathe and walk far. When she is in reasonable health, Fran cares for her son and herself independently at home and drives a car. She grew up in Melbourne and experienced childhood abuse from her mother as well as bullying at school and being judged "*stupid*". She married 17 years ago. At the time of interview, she was hoping that an out of court divorce settlement would be arranged without having to attend a Family Court hearing.

Fran's ex-husband has used violence against her and her son for years, starting from the time they married, which she felt "*tricked*" into. Fran persevered with the marriage for the first few years before leaving him when their son was a young toddler. She returned to live with her husband a second time because she thought her son, having been diagnosed as having a cognitive disability, needed his father.

Fran's experience of violence was often directly related to the fact that she has a disability. (Her husband sought to control everything she did as well as sexually abusing her and treating her like his "*personal whore*" and "*slave*".) He would not

[21] Names and identifying information have been changed to ensure confidentiality. Italicised words are direct quotations from the interviews.

allow her to keep animals that had been her solace since childhood or show her how to turn the heating on in the house, so that she and their son were cold in winter; and was verbally abusive, denigrating her intelligence. Finally, he was reluctant to care for their son when she was hospitalised or incapacitated in bed, which added to her distress.

Over the years, Fran has required the intervention and support of a number of services, including family services, child protection, hospitals and doctors, the police, refuges and domestic violence outreach services, transitional housing and, most importantly, from the staff of her son's special school and the staff of the behaviour program he attends.

Jane

Jane is in her late 50s and lives with her adult daughter in public housing in one of Melbourne's outer suburbs far from the family she is closest to. Jane is still in mourning for the husband she loved and who was responsible for nearly killing her and their daughter in 2004. He died in 2005 of alcohol-related liver disease. They were married for 23 years, having married in 1980.

In the early 1990s, the family moved to a remote area of Victoria and Jane began experiencing escalating violence from her husband who began drinking increasingly heavily after a work injury left him permanently incapacitated and on a disability pension. Meanwhile, Jane developed an incapacitating physical disability, owing to injuries to her shoulders that she sustained from chopping wood and other manual work on the property. Her doctor had advised her to alter her lifestyle radically by selling their property and moving into town where they would have access to utilities but her husband refused. Her medical and mental health deteriorated as the violence and stress of keeping up a wood supply to heat the house worsened. She experienced frequent angina attacks, eventually leading to heart attacks and surgery for an aortic aneurysm.

Jane was offered little in the way of support owing to the isolation of where she lived until she reached a crisis point. Eventually, she and her daughter fled their home after her husband's attempt to poison them and, for the last five years they have lived the precarious existence of people on low incomes. Jane now lives on a disability support pension and is cared for by her daughter who receives a Carer Payment. She is isolated because of her disability, the constant moves to affordable accommodation and the ongoing mental health consequences of long-term violence. Both of them live with depression.

Sophie

Sophie is in her late 30s and acquired her medical disability seven years ago in a complication following an operation for suspected cancer. She also has two young children with autism. Sophie separated from her husband four years ago after he threatened to kill the children and wrote a suicide note. Fortunately, she was able to return to live in her home. However, she has had to take out three Intervention Orders, the most recent of which will expire later this year.

Sophie's disability has no obvious appearance and is intermittent in its impact on her life. When she is badly affected, her energy levels, mobility, hormone levels, heart and breathing are all impacted and there may be consecutive days when she is unable to do anything. She has experienced sudden panic attacks, which, although quickly responsive to medication, are alarming to herself and those around her.

Although Sophie realises in hindsight that her husband began using violence from early on in their relationship, his violence and drinking got worse as her own health deteriorated. To her, he was manipulative, possessive, threatening to kill himself if she left him or threatening to take the children away from her, and constantly using putdowns, particularly when she made any effort to "*improve herself*" (through study, for example). He would bombard her with phone calls and accuse her of fantastical relationships with men she barely knew. He was neglectful of the children when they were young and later verbally abusive, calling them "*idiots"* once it became clear they had developmental disabilities.

It is often difficult for Sophie to deal with more than just looking after the children and herself, and yet she has had to face terrifying behaviour from her ex-husband and distressing legal responses to her situation over the last four years.

Alison

Alison is in her mid 40s. She lives with mental health problems and chronic illness, the latter including diabetic neuropathy. Alison experienced significant childhood abuse and, in adult life, has experienced a number of violent relationships and sexual assaults, the latest with her ex-partner, who also has mental health problems. It ended approximately three years ago after an 'on again-off again' relationship of six years. At present, she is living in a regional centre of Victoria, in public housing, on a disability support pension, some distance away from where her adult children live. The nature of her disabilities makes her especially vulnerable to violence. She finds it stressful to go out as small incidents and interactions can trigger flashbacks, or fearful and angry responses to other people's behaviour. She is also periodically unstable when walking and sometimes needs a stick. She has had many hospital admissions for medical and mental health problems, including suicide attempts. She continues to have suicidal thoughts.

3.2 Experience of services

Women experience the effects of the integrated family violence response system when they begin to move into a crisis situation and are at a turning point in their respective journeys away from violence. This is often when they are at greatest risk of violence and of homelessness. In the post-crisis period, women's experience of services becomes fragmented and dependent on the most pressing, often practically-related issues that face them, for example, Family Court matters, housing issues, pension entitlements, financial and health issues.

Health services

Health professionals are often the front-line people that women with or without disabilities consult when they are experiencing the consequences of family violence on their health, but they do not necessarily disclose the violence to their doctor. The expertise of these professionals in identifying that violence is happening, in being able to open up a safe space in which women can disclose, and then offering validation and referral, is therefore paramount.

In the case of the women interviewed, their subsequent trajectory after consulting these front-line professionals was partly determined by the response they received from them.

It was Sophie's GP who first identified that she was experiencing violence and brought it out into the open in 2003. (This was about a year before her husband threatened to kill the children and himself, prompting her to leave him.) She had never spoken to anyone about her husband's violence in the preceding dozen years. Her GP explained his concerns for her safety when he suspected that her husband might have a serious mental health problem, which could make it dangerous if she ever tried to leave him. He made sure that she had emergency numbers.

Jane's GP, it would seem, was less able to support her, for reasons we can only speculate about. Jane believes her GP was well aware of her husband's increasingly violent behaviour (her GP was one of only two GP's in the country town) but – significantly - she was never provided with information about the region's family violence outreach service. Instead, she was advised to sell the remote property and move into town. Her husband refused to agree to this.

> *It was like, I'm all alone here. Why isn't there help? I said to the doctor, 'Can someone come in and bring in the wood for me?...What about home help?...' The doctor said 'We don't have those services, we only have those for elderly people…you'll have to manage as best you can'…I didn't want to leave my home. Why should I?*

Jane and her daughter eventually fled their home and sought crisis accommodation in 2004.

The women's experience of consulting counsellors was mixed. Alison saw a psychologist for a period of five years and felt well-supported during this time but, after moving to another district, could not continue with her. She has not had any regular counselling since. One of the most important things a counsellor can do is validate a woman's experience of family violence, but counsellors do not always have the expertise to identify that a woman is experiencing violence or understand the dynamics of family violence. Also community attitudes about disability can often preclude them from viewing women with disabilities as anything other than dependent on their partners.

Fran recounted that she and her husband consulted two marriage counsellors during the two periods they lived together who were "*hopeless*". The most recent marriage counsellor did not know who to believe so she advised Fran to always ask her husband for his permission to do anything.

Before Jane left her husband, her cardiac specialist referred her to a psychiatrist whom she felt had no understanding of family violence, so she stopped attending. Her post-refuge counsellor told her to "*get over it*" and "*build a bridge*" to a new phase in her life without her violent husband. She felt unsupported by the counsellor and asked the service for another counsellor but there were no others available and so she stopped attending.

Police

The women interviewed had mixed experiences with police responses.

When Alison returned from a holiday in early 2006 (during which she had been hospitalised after becoming ill), she discovered that her ex-partner, who had an Intervention Order against him, had stolen money from her and destroyed possessions in her home. She attended a police station to make a statement, taking documents about the Intervention Order with her that she wished to show

the police officer, who disregarded them, only to contact her within a few days asking for them. She explained that she was in a "*manic state*", at the time; any sound or incident, such as the violation of the Intervention Order, would "*set her off*". Added to this, she felt that her concerns were not listened to by the police officer.

On another occasion, however, she needed to give a statement about an alleged rape by her ex-partner. The sexual assault officer met with her case manager and Alison found him to be very understanding, especially given her anxiety about having her statement video-taped.

Others spoke positively of the police response but they felt frustrated – and they believed, the police did too – that sufficient evidence could not be gathered to prosecute their husbands with more severe criminal offences, and implied that police intervention could not necessarily ensure their safety.

In the final months before fleeing home with her daughter, Jane called the police to her property on many occasions because her husband was breaching the Intervention Order and stalking them. The police always responded but as it could take one and a half hours to get to the property her husband would be long gone. Even following the suspicious circumstances in which Jane and her daughter fell violently ill after Jane had seen her husband loitering near the house's water supply, the police investigated but were unable to provide strong evidence that linked him to the presence of a toxic chemical in the water. The police could only charge him for breaching the Intervention Order and stalking.

Importantly, the police provide a temporary sanctuary to which women can flee before being re-located to a safe refuge, as Fran's experience illustrates.

When Fran left her husband last year, with her son, the crisis line put her in touch with a refuge worker who told her to drive her car to the police station as soon as she could and ring back. She said the police were "*very good*" and immediately phoned the refuge worker and arranged for a taxi to take them to an interim safe house.

The police have also proved to be a safe place in which child changeover may occur.

Sophie has ongoing concerns about safety for the children and herself and there are outstanding legal matters to be resolved around a current Contact Order. She has found the police very helpful when the station has functioned as a changeover place. When her ex-husband did not show up for three weeks, a senior police officer helped by recording the fact in their log book in case this information required corroboration in legal proceedings.

Family violence services

The women we interviewed did not have contact with specialist family violence services until they had reached a turning point or crisis in their situations. For Fran, Jane and Sophie, this was the point at which they contacted police and the domestic violence crisis line and were referred on for information about immediate safety and crisis accommodation options.

For some women, leaving home, however temporarily, is the only way to leave a violent relationship and be safe. Whilst Jane and Alison spoke of sharing with other distressed mothers and their children as the downside of entering a refuge

(indeed, Alison was asked to leave one refuge after an altercation with another resident), there were some positive effects aside from being safe.

Jane and her daughter lived in the refuge for five months in 2004. Staff helped in a number of ways: they arranged access to counselling via the Victims of Crime scheme, ran a program about family violence, and provided financial help with a month's advance rent when Jane and her daughter moved out into private rental accommodation. For these reasons, Jane valued the refuge experience.

Alison's most recent experience of being in a refuge was positive for her as she took pleasure in helping the other women in the house, cooking and cleaning. Privacy was not an issue for her. However, when she was moved into a transitional house, she felt less safe. Another woman moved in who, she believed, had drug and mental health problems. One night, she suddenly drew a knife on Alison. Terrified, Alison was able to flee to a friend who was in another transitional house nearby. Alison moved into another transitional house after this incident but her health deteriorated; she developed pleurisy and became suicidal. She was admitted to hospital and then a nursing home for recuperation.

One of the most significant developments in the crisis accommodation system in Victoria has been the development of a specialised disability unit at one of the refuges, which provides accessible accommodation to women with disabilities and their children, including older sons (often barred from other refuges).

Fran talked about not being accepted owing to her cognitive disability and of her fear in seeking refuge because of it. She had also spent years protecting her son from the abuse of his father and feared having to protect him from the staff and other residents of a refuge when she was at her most vulnerable.

Fran and her 16 year old son stayed in their own disability-specific refuge unit for two and a half months last year. She found the refuge staff "*great*"; she felt they accepted her and understood her and her son. They helped sort out her disability pension with Centrelink (she had only been receiving a few dollars a week because of her husband's income and it took some time before she got her full entitlement), put her in touch with a Legal Aid lawyer to deal with access issues and settlement, and assisted her when she applied for an Intervention Order (see below). They also provided assistance and support regarding her son's violent behaviour by giving her emergency phone numbers for respite care and the crisis response team. A worker also showed her around the suburbs, which she found enormously reassuring, and helped enrol her son into another special school.

Fran's relief in finding a place where intellectual impairments were accepted and understood and, most importantly, where they did not have to share space with others, was immeasurable. As she said, "*women with disabilities need to know we'll be safe and no worse than 'going back'*". Her hope is that other women with intellectual disabilities know that there are safe places for them to go when they really need it.

For some women with disabilities, going into a refuge is not an option even though the alternatives are not entirely safe. There might not be a physically accessible refuge or there are other considerations, such as concerns for children who may also have disabilities that make the prospect of communal living, or disruption to a child's access to special school or therapy, impossible to consider.

Sophie fled from her home with her children when her husband threatened to kill them four years ago. Unfortunately, owing to her children's disabilities, emergency accommodation was not an option she could consider. The DV crisis line made it clear that her children would not be able to attend their special

school for a period of six weeks or so and that they would have to live communally in a refuge. Sophie did not want to subject her children to this degree of disruption, concerned at the prospect of adverse effects on them. Her only option was to shelter with family until her husband calmed down and the police had served him with an interim Intervention Order. After a few days, she was able to return to her house. She also made sure that the house was more secure by having telephones available in every room and changing the locks on the house, and informing neighbours of the situation.

One of the most helpful family violence services that Sophie had contact with (for approximately three years after leaving her ex-husband) was a family violence peer support program. She wrote of it that:

> *The most helpful thing that [it] did was to validate my experience, as the women…staffing it and attending had all experienced differing forms of DV so knew exactly where I was coming from. Although they didn't fully understand my disability/condition, they were extremely empathetic, providing me with on referrals for counselling etc. and ensuring a DV support worker attended court with me to ensure that if I needed anything they could assist me.*

Family violence services and programs have a potentially important role to play in supporting women with disabilities when they attend court (see 'courts' below).

Owing to the nature of Fran's cognitive disability, she has difficulty in understanding written material. One of the refuge staff assisted her by preparing a statement about the physical and mental domestic violence for the court-based Intervention Order application.

Mainstream, community support and family services

Mainstream, community support and family services play a potentially important role as referral pathways for women experiencing violence. None of the women interviewed were supported by disability-specific services, although Fran and Sophie, mothers of children with disabilities, acknowledged the importance of their children's social workers, who are not domestic violence specialists but are aware of the difficult circumstances of the women's lives and keep in frequent, regular and ongoing touch with them.

Whilst Sophie has described her children's social worker as her "*biggest support*" over the years, she has been frustrated by her experience with a mainstream women's service and being forced to comply with bureaucratic systems that cannot cope with the complexities of the issues that women with disabilities, who have with children with disabilities, face in moving away from violent relationships. She writes:

> *Things that I didn't like from…services were being made to feel like a number, not being heard and being forced to comply with the system, despite my strong concerns for the safety of my children and myself. I was also frustrated by* [a women's service] *who only fund short term help. Domestic Violence is not a short term problem and does not magically disappear once a woman has left the abusive partner, particularly if there are young children involved.* [The women's service] *provided me with three appointments with a social worker and then I was left on my own. A few months later when I attempted to contact the social workers, I was advised that they only assisted for six months after separation.*

It is easy for women, especially those with mental health issues, depression and multiple disabilities, such as Jane and Alison, to be 'lost to the system', particularly when they move from region to region in order to stay in affordable post-crisis accommodation. Each time they move, they lose a familiar support worker and it is not always easy to establish contact with a new one, despite referral. Owing to the lack of affordable, accessible accommodation for women with disabilities, the practical issues of housing and low-income often are dealt with before women can attend to their feelings and mental health.

In order to get into the public housing system, Jane and her daughter have moved three times, the third to a region far from her family and where she has no referral to support services. She has applied twice for a transfer to public housing close to where her family lives, but has waited three years for this and for a simple modification to be made to their current house so that showering will be easier for her. She and her daughter struggle to exist on their respective pensions and, aside from the GP, Jane occasionally accesses emergency relief support from the local community support centre.

At different times in her life, Alison has had referrals from family violence services to mainstream support services (and vice versa). The last time Alison was in refuge, she was referred to a mental health service, which arranged for a person to visit her every two weeks for a year. Alison said this was exactly the sort of contact she needed (and needs). She trusted the woman (she did not know what her status was) to come into her home; the two of them would go out together, for example, visiting op-shops, always doing "*nurturing stuff*".

Alison moved into public housing accommodation that is far removed from her adult children and anyone else she knows. She said she cannot get a female case worker and is not comfortable being supported by a male case worker. She sees a psychiatrist infrequently and otherwise, her GP (who is female). Her voluntary work, one day a week at a mental health service, and her involvement in a women's art therapy group at another mental health service are extremely important to her. The latter provides her with a warm, welcoming environment where she feels safe and can engage in activities she enjoys, such as cooking and artwork. Whilst she is not being actively supported by a case worker, she does at least have contact with the facilitator of the women's group and the supervisor where she works.

Service responses to women with disabilities as mothers

Assumptions about the capacity of women with disabilities to parent can have a bearing on a woman's experience of seeking help for the violence. This is compounded for women with disabilities whose children have disabilities.

Throughout her son's life (he is 16), Fran has felt her capacity to mother has been called into question. When he was a few months old, she became very ill and was hospitalised for some time, during which the boy's father was neglectful, and physically abusive on one occasion. As a result, family services and child protection removed him to a foster home for three months. Fran was unable to see her son and felt the unfairness of this; that he had been "*kidnapped*". Once her health improved, she was able, with the help of family services, to have her son back home with her, and the service subsequently helped her leave her husband the first time by finding a flat to rent and organising home help.

As her son grew older, Fran began to have concerns about his increasingly aggressive behaviour. Her new family support worker did not believe her and was

critical of her "*mothering*", telling her the difficulties with her son were all her "*fault*". Eventually, her son was diagnosed with an intellectual impairment and at the age of 8, he switched to a special school. Fran decided to return to live with her husband believing that his presence would be positive for the boy. However, her husband was as abusive and controlling to both of them as before. The boy's school became concerned about his deteriorating behaviour and reported their concerns to DHS. Fran by this time was trying to leave her husband again and her son's social worker helped her get in touch with the domestic violence crisis service.

Courts

Despite considerable reform in the family violence justice response in recent years, women with disabilities can still face negative community attitudes from the judiciary, lawyers and court officials and a failure to consider their safety (and that of their children) ahead of access matters. Sophie's experiences of a Magistrates' Court and a Family Court have been frustrating and distressing.

Sophie has had an ongoing battle in the Family Court regarding her ex-husband's contact with the children. For the first year (from 2004) of Family Court appearances, the lawyer for the children tried to get her to allow the children's father to visit them at home. He also demanded to see the suicide note that the father had written, which she did not have. She has been in and out of the Family Court between 2004 and 2007 and is now preparing for a further appearance. She feels that the Family Court is only interested in 'equal access' and not in the children's wellbeing. Two judges have made comments such as: "*I don't know why you're here*", "*Are you trying to stop the father seeing the children*?" and "*I don't see why you can't just change over at McDonald's like other couples*". (This last after she had been stalked, tailgated and almost run off the road when driving the children to meet their father.) In her view, the fact that Family Court Orders over-ride Intervention Orders with exclusion conditions makes the latter a "*waste of time*". She felt that the Family Court tried to make her commit to not having an Intervention Order and she has had to contest a Contact Order that has been in place since June 2007 because she does not feel safe from her husband. She also found comments from judges and her ex-husband's lawyers about her children and changeover arrangements offensive and insensitive, and consequently is fearful of telling the court too much about her disability for fear it will prejudice decisions about contact arrangements.

Of further concern is Sophie's experience at one of the Specialist Family Violence Service Court venues.

Sophie was dismissive of the suggestion that the Specialist Family Violence Service Court she attended might prove to have a better understanding of family violence and its consequences for women and children. Instead, she described it as "*just an administrative function only*". She was, however, grateful for the assistance provided by the court network volunteers. Although she said they have no training in domestic violence, they helped keep her ex-husband away from her by letting her sit in their office.

Court appearances add another level of stress and anxiety for women with disabilities. Having a family violence support worker present and having access to a sequestered waiting room are helpful in ameliorating the stress one would expect at any court appearance.

Sophie wrote about her first two court appearances and her dismay at discovering that the family violence service could no longer provide her with a quiet room in which to wait for her appearance.

> *At my first attendance at court for an Intervention Order they advised I could use their room. On my second attendance, I was advised that their room was no longer available and I had to sit in the foyer.*

On this second occasion, Sophie was verbally abused by her ex-husband whilst court security stood by and said nothing. Sophie continued:

> *I have found no understanding* [of my disability] *when dealing with courts…and court staff. As I am able to walk I am not deemed to have any disability by those that I have met and it is not until I go into details of my condition that people become slightly more aware. Having said this…I have not found any extra assistance being offered to me to reduce any physical, emotional or mental distress at any time. I have often been left feeling very undervalued as a member of the community.*

Alison has attended the Magistrates' Court a number of times over the years for matters relating to sexual assault, rape and Intervention Order breaches. In late 2006, her ex-husband was successfully prosecuted for raping her but during the trial she recalls being extremely upset by the judge's persistent questioning, feeling angry at him and trying not to cry. She was supported during the case by a support worker but she really needed greatest support after the case when she felt extremely isolated and distressed.

Contact and family dispute centres

It would appear that there are inconsistent practices in managing contact issues between children and parents where family violence is occurring. This is clearly an issue that confronts women with and without disabilities; but there are added stresses for women with disabilities to contend with, exacerbated by their disability.

Last year, Sophie's lawyer encouraged her to demonstrate her willingness to allow the children's father to have access to them by attending a family dispute centre. Sophie felt that staff of the family dispute centre had not be trained in domestic violence as they tried to put her and her ex-husband in the same room to mediate contact issues. She told the mediator there was an Intervention Order against her husband but the mediator "*didn't care*".

Sophie and her ex-husband have also used two contact centres. Her ex-husband prefers one that is a long drive away for Sophie and the children because Sophie believes he feels they are more supportive of him, whereas the closest centre is protective of her and aware of the violence.

3.3 Support issues for the women

The women interviewed were asked what support or coping strategies they found most beneficial; what advice or suggestions they have for other women with disabilities experiencing violence; what they would have wanted when first seeking help; and what they would like now.

Fran

- Women with disabilities need to know that there is special crisis accommodation available where they do not have to share space with other women and where children with disabilities, including older sons, are welcome. She suggested publicising this through television.
- Support workers who are not confident in working with women with disabilities should simply ask women what their needs are because the needs are all different. Reading body language, not being judgemental and 'putting people with disabilities in boxes' are important.
- She would have liked to meet other women experiencing violence, especially other women with disabilities who had children with disabilities, in a group setting.
- Having reliable friends and her son's social worker have been important sources of support to her over the years.

Jane

- Women with disabilities need to know what services are available to help them deal with violence.
- There should be a post-refuge program or courses to support women with disabilities who have experienced violence and a "*support worker to check with you every twelve months to see how you are*".
- She would like to meet other women who have been in her situation as she is very isolated.

Sophie

- Judges and lawyers need to be better trained to understand the nature and consequences of family violence.
- Support workers at court should be trained to deal with family violence.
- Women need to document everything that happens to them so they can build evidence for legal proceedings.
- Advise trusted family and friends about what is going on.
- Advise your GP about what you are experiencing and ask them for any help they can offer.
- Carefully put a plan in motion to escape from the violence.
- Seek legal advice. If unable to leave home, ring the legal advice lines via telephone or have a friend ring on your behalf.
- Contact the domestic violence crisis service.
- Do not accept the violent behaviour and do not stay for the sake of the children.

Alison

- Getting the 'right' help that is constant.
- Sorting out practical issues, which helps relieve mental stress.
- Having access to a *female* case worker.
- Having the opportunity to do useful work on a regular, weekly basis.

3.4 Conclusion and Recommendations

Fran's, Jane's, Sophie's and Alison's experiences of seeking help were compounded by the nature of their disabilities, the nature and effects of the violence (which, even when of a criminal nature was hard to prove in law), social isolation, low self esteem and the lack of economic independence.

Not only that, they encountered practical, systematic and attitudinal barriers in the services from which they sought assistance. Their experiences raise certain questions:

- To what extent are women and children with disabilities offered an exclusion condition in an Intervention Order (especially when modifications have been made to their home) where access to crisis accommodation is an issue, and how can their safety be assured?

- What alternative arrangements are there to mediation at a family relationship centre if an Intervention Order is in place?

- How can children with disabilities be protected from violence without interrupting their special schooling or therapy?

- How can front-line health professionals be educated about the need to refer women with disabilities to specialist family violence services, either for support, outreach or counseling, no matter how isolated women may be?

There are a number of conclusions to be drawn:

- A key issue is the lack of secure, affordable and accessible housing for women with disabilities.

- There is a need for more independent disability units in the crisis accommodation system and provision for supported accommodation services.

- There is a need for more long-term, post-crisis support and improvements in tracking women so they are not 'lost to the system' when they move.

- There is a need to raise community awareness about the existence of support for women with disabilities experiencing family violence.

- Mainstream health professionals (including psychologists and counsellors) need to be better education about the links between family violence and disability, the impact on women and children (including violence-induced disabilities), early intervention and risk assessment practices.

- There is a need to review Family Relationship Centre/mediation protocols when family violence is present and especially when an Intervention Order is in place.

- Members of the judiciary, lawyers and court officials require better education about family violence and its impact for women and children with disabilities.

- There is a need to ensure that there are sequestered waiting rooms for victims of family violence, sexual assault etc. when attending courts.

These interviews have given some indication of the issues faced by women with disabilities in Victoria in seeking family violence support. Clearly more analysis is

required to understand in greater depth the help seeking experiences of women with disabilities who experience violence.

Recommendations

These recommendations are drawn from the consultations with the women with disabilities and confirmed by the findings of the consultation with family violence workers documented in Section 4:

1. That women with disabilities be provided avenues to actively participate in policy and decision-making bodies in respect to violence against women with the appointment of at least one woman with disability to each violence-related policy and decision making body.

2. That women with disabilities be resourced to represent their concerns in key advisory, governance and planning forums at national, state, regional and local levels, in accordance with the human rights principles of equality, human dignity, mutual respect, participation, accountability, equity, access, empowerment and freedom from violence.

3. That an audit of crisis accommodation options is undertaken to establish accessibility and service issues regarding women and children with disabilities.

4. That secure, affordable, long-term accommodation is made available to women and children with disabilities experiencing violence.

5. That an emergency supported care fund is established for women and children with disabilities when their caregiver is arrested or removed from the home.

6. That intensive case management is promoted as a method of working with women with disabilities within practice forums.

7. That all services develop accessible information, with procedures in place to ensure requests for information in alternative formats are provided in a timely manner that (a) provide family violence information to women with disabilities and (b) provide information about access to programs and facilities for women with disabilities.

8. That prevention strategies for people with disabilities, including programs on healthy relationships, which are currently lacking, be considered as part of the Victorian Government's violence prevention program.

9. That further research, possibly through the SAFER Research Program, is undertaken to investigate the extent to which women with disabilities are offered an exclusion condition in an Intervention Order and how their safety (and that of their children) can be assured.

10. That statewide research be undertaken to understand the help-seeking experiences of women with disabilities living with violence and the experiences of family violence workers in supporting women with disabilities across metropolitan, rural and remote areas.

4 Workers' experiences of supporting women with disabilities in the family violence response system

This section summarises information about the barriers to services supporting women with disabilities experiencing violence that has been gathered in the last year. The data comes from consultations with family violence workers working in both specialist family violence organisations and in family violence programs located in mainstream family services.

4.1 Sources of information

Findings reported on here are drawn from consultations with family violence sector workers located in rural and metropolitan Victoria. These included:

- Semi-structured interviews with 15 family violence workers conducted as part of the VWDN AIS' state wide consultation in 2007 (i.e. preceding *The Building the Evidence Project*).
- A focus group attended by three Cardinia-Casey family violence workers in March 2008 in order to follow-up on some of the issues that had emerged from earlier consultation.
- Discussion with specialist family violence workers in the course of undertaking the *Building the Evidence Project*. These workers indicated they were happy to have their views on service gaps and the challenges they face in working with women with disabilities incorporated into this report.

4.2 Findings of consultations

There are endemic barriers to service provision to women with disabilities experiencing violence. They operate simultaneously at the level of individual organisations and structurally throughout the family violence response system.

Expertise in working with women with diverse disabilities

- Family violence workers had minimal or no training in disability awareness training and no training about disability and family violence.

  For example, only three out of the fifteen workers interviewed in 2007 had received disability awareness training relating to people with cognitive disabilities and mental health issues. (One of these workers was trained through the sexual assault service sector.)

- There is particular concern amongst family violence workers about the challenges in identifying women with mental health issues and referring appropriately, given the constraints on the crisis response system.

- Family violence workers acquired their knowledge of how to support women with disabilities through "*learning on the job*" (interviewee) or drawing on previous professional work.

Physical accessibility

- Physical inaccessibility is a major impediment to services being available to women of all abilities.

  This includes services operating from premises that do not provide physical access. For example, one agency operates from upstairs premises and runs a women's family violence group support program from its first floor venue to which there is no lift.

- There is a crisis in all alternative emergency and permanent housing options regarding physical accessibility to women of all abilities.

  For example, one family violence worker described the great difficulty in finding appropriate accommodation for a woman in a wheelchair who needed to leave her home quickly in order to be safe.

- There is limited knowledge about how accessible crisis accommodation is in the family violence sector.

  Out of the state's 23 secure refuge and crisis accommodation, only four describe their properties as providing 'full physical access', which means that there are no steps at the entrance, there is good access inside and accessible bathroom and kitchen facilities. A further five describe their properties as having 'limited physical access' in that there are no major impediments for women with a physical disability, such as internal stairs, but there may be narrow passages in the house that make manoeuvring a wheelchair or frame impossible. The remaining fourteen refuges are located in properties which they describe as giving 'no physical access' to women with physical disabilities.

Ability to engage with women with disabilities

- Access is generally understood in merely physical terms; there is insufficient understanding of the fact that awareness of – and attitudes to - 'disability' is also part of providing a supportive service to women experiencing family violence and the capacity to engage with women with disabilities.

- Most family violence workers indicated that they aimed to be as flexible and responsive as they can in responding to the diverse needs of women with disabilities experiencing violence but there are indications that some agencies are not able to engage with some women with disabilities.

  One worker described providing support as offering "*what is right for them [women with disabilities experiencing violence]*" in terms of housing, supporting their children and their emotional health. However, other workers focus on a woman's disabilities rather than on the violence they have experienced (see next example).

- Physical inaccessibility – and the very real costs involved in rectifying it – appears to be given as an explanation for why some services do not see many women with disabilities or have discretionary criteria, which exclude some

women with disabilities (e.g. women with cognitive impairments) from their service.

For example, one family violence worker said they were doubtful that management would see supporting women with disabilities as "*part of their core business*" in providing a family violence service and there were increasing numbers of women with disabilities as clients:

> *I think there would be great cost implications. I'm not sure that it [referral of women with disabilities] is something we would like to encourage. I feel money, space and other resources would need to be in place if we were going to encourage this type of referral…*

- Family violence workers spoke of the great challenges in working with women with mental health issues and for these women to be believed by services, particularly in the court system and by police.

A family violence worker, Bea, spoke of the challenge of working with a woman, called Chris, who had a history of significant grief, loss and childhood sexual abuse. She had been diagnosed with borderline personality disorder and epilepsy. Bea focussed on developing a support plan, including helping Chris access transitional housing and linking her with psychiatric services. Bea also wanted to arrange a linkages package for Chris, including intensive case management, meals on wheels and financial advice but Chris didn't want it because she felt she was being "*pigeon-holed*". Bea was concerned because the psychiatric services were not case managing her as her diagnosis did not fit the criteria to qualify for it. One of the difficult things about working with Chris was that she was easily influenced by the manipulative men with whom she entered into relationships. She had been in at least three violent relationships since moving to the area and, despite sustaining injuries (including broken bones), believes she is responsible for their use of violence. Bea has talked through violence and safety issues with Chris who, she says, appears to understand at the time, but as soon as she is back in a situation of violence and manipulation, it has little effect. With each relationship, the police have been involved, provided referrals to Bea's agency and been supportive of Chris, in Bea's view. Bea has now lost contact with Chris who has newly entered yet another new abusive relationship.

- Some refuge workers referred to the challenge presented when women did not disclose their disability or when the domestic violence telephone crisis service did not identify the presence of a disability when referring them to refuges. This was of particular concern in relation to supporting women with mental health issues.

A refuge worker described a situation where a woman with an undisclosed mental health disability accepted crisis accommodation, which required her to take a V-Line train trip of a few hours. Her mental distress escalated during the trip to such a point that train staff escorted her off the train mid-way through the trip. Refuge staff were called to pick her up by car. She was admitted to hospital, her distress was so severe. This incident illustrates the challenge of conducting a risk assessment of mental health by telephone, particularly when women are loath to disclose.

- Family violence workers spoke of finding it difficult and embarrassing to ask women if they have a disability.

Two family violence workers, however, commented positively about the fact that the new family violence Common Risk Assessment Framework requires recording whether a woman has a disability. This has enabled them to 'ask the question' that previously they had found 'too difficult' to ask.

Information and communication

- Most family violence workers stated that they lack the knowledge required to support women with disabilities experiencing violence; for example, how to access Auslan interpreters and what disability services are in their area.

- Other family violence workers, who had experience with supporting women with disabilities, nevertheless spoke of difficulties in being able to communicate effectively with these women.

For example, one worker had difficulty in locating Auslan interpreters in a crisis situation, which disadvantaged the women in dealing with the police and child protection. The worker spoke of communicating through written notes, which meant up to three hours for each interview. At other times, the worker has used mobile text messages where women do not have access to TTY but she explained this was not suitable for legal information or for working with child protection.

- Workers stated there is little alternative-format information about family violence and services available for women with disabilities experiencing violence and difficulties in disseminating information about what services are available.

One service stated that they bought a TTY machine, advertised and trained staff in how to use it but are disappointed that it has not been used in the last year. Instead, they are using the national relay service. It would appear that services are not getting the appropriate advice upon which to base their communication strategies.

Minimal collaboration between family violence and disability sectors

- Family violence workers interviewed had minimal or no links with disability services or disability advocacy organisations and vice versa. As one put it, *"the disability services don't crop up in the networks."*

- The consequence is that family violence workers found it takes them far greater time to put in place supports that women with disabilities need - for example, when they need to arrange for modifications to be made in alternative accommodation.

One worker took hours to find resources needed to accommodate a woman with a disability with a personal alarm and transport. She could have arranged these much more efficiently, she believes, if she was a disability services worker. She said that whilst family violence workers are skilled in their area of expertise, they have real trouble in accessing support services for women with disabilities.

Insufficient resources for women with disabilities

- Workers were concerned that there is insufficient crisis, temporary and permanent accommodation for women with disabilities who have experienced violence. Refuge workers speak of having no 'exit points' to help women to move out of crisis accommodation; the difficulties in finding suitable, affordable and accessible accommodation for women with disabilities, particularly if they have children with disabilities, compounds the problems.

- Some family violence workers suggested that a specialist service for women with disabilities be developed whilst others felt this would isolate women with disabilities further and be counterproductive to the broadening of family violence workforce development.

- It was felt that there were insufficient numbers of staff trained in family violence and disability throughout the family violence response system.

Family violence workers explained that their respective agencies encourage staff to do training but workloads have increased to such an extent that they are reluctant to do training as there is no-one to fill in for them. This means they do not have the opportunity to network or get information about training for supporting women with disabilities.

4.3 Family violence workers' perspectives and suggestions

- Community education about disability and family violence, which might include:
  - The development of a DVD about family violence that is targeted at people with an intellectual disability to show in group homes and families.
  - A peer education program that assists women and girls with cognitive disabilities to learn about healthy relationships.

- Up to date information on local disability resources, how to access resources (such as interpreters and brokerage funds), and costs involved.

- Skills development for family violence and family service workers in enabling them to support women with disabilities experiencing violence and increase their knowledge of the issues facing such women.

- Develop partnerships between the disability and family violence sectors at local or regional levels.

- An increase in the number of workers with expertise in supporting women with disabilities experiencing violence.

- Improvements in physical accessibility of buildings.

- Recognition that women with disabilities can have complex needs and therefore the 'worker resource' to adequately provide support should be substantially increased. This is not recognised sufficiently in current funding.

- Access to family violence crisis accommodation suitable for women with disabilities.

4.4 Conclusions

Statements made about working with women with disabilities experiencing violence reveal discriminatory - yet commonly held - attitudes to 'disability' in society, where services 'cannot afford' to be accessible. It will be important for services to participate in disability awareness training for many purposes, including to:

- Gain confidence in working with women with disabilities.
- Develop an understanding of the affects of family violence on women with disabilities and the reasons women may not wish to disclose their disability or the violence.
- Develop an understanding of the diverse cultural perspectives on disability that compound the difficulties facing women from Indigenous or CALD or lesbian backgrounds.
- Develop an understanding that violence against women with disabilities is the same as violence against women in general, and the importance of responding to all women experiencing violence.

In the context of moving towards the establishment of Disability Action Plans to make agencies more accessible to clients with disabilities, it will be important for them to understand that there *are* on-the-ground albeit limited strategies that can be developed without requiring immediate heavy financial commitments. These include: active referral to accessible services, the use of local community meeting rooms (which are usually physically accessible) for meetings and group support work, and forward planning for modifications.

Five further conclusions can be drawn from consultations with family violence workers:

- There is a need to develop the skills of family violence workers regarding supporting women with disabilities experiencing violence but some thought needs to be given to how to do this by making training accessible without compromising service delivery targets.
- There is a need to develop local and regional initiatives that support cross-agency collaboration and partnerships between the family violence and disability sectors.
- There is a great need to undertake an audit of the accessibility of crisis accommodation (refuges, shelters, outreach and associated support services) and to work towards the expansion of secure, long-term accessible and affordable alternative accommodation that is inclusive of women of all abilities.
- A key refuge issue is that some women with acute mental health problems and other disabilities are not able to be supported by staff when there is no 24-hour support available.
- There is a need to promote intensive case management as a method of working with women with disabilities within practice forums.

5 Data: collection and research

Although disability is increasingly recognised – here and internationally – as a risk factor for family violence, many agencies collecting data on family violence do not record whether a disability is present. Historically, data collection in Australia has been poor at disaggregating data on the basis of disability and the major Australian surveys on violence against women have failed to collect specific data on disability.

5.1 Current data collection projects

Three important data collection and research efforts are currently being undertaken in Australia and have provided important sources of findings about the gaps in our data collection processes and thus opportunities to advocate for improvements.

The Australian Bureau of Statistics has been developing a framework to assist in the collection of statistical information for family and domestic violence since 2005. It has the potential to collect data that will identify the gender and disability status of participants. Still in draft form, the *Family and Domestic Violence Statistical Framework* provides the basis of a broad conceptual structure in line with definitions of relationships relevant to women with disabilities. Use of language such as 'caregiver' and 'domestic arrangements' encapsulates the more diverse relationships and domiciles in which women with disabilities experience violence. Importantly, there is a need for the framework to expand the categories of behaviour that constitute violence to include, for example: the withdrawal of essential equipment (communication and mobility aids), withholding of essential personal care (such as refusal to assist with daily and personal tasks e.g. assist to the toilet or out of bed) and other forms of abuse related to physical dependency.

Two Victorian data collection projects are also underway, which bring together information from a range of agencies that provide services and assistance to Victorians affected by family violence.

The first is the *Victorian Family Violence Database* commencing in 2000 and currently managed by the Department of Justice. The Database has published trend analysis of reports of family violence by Victoria Police, Magistrates' and Children's Courts and DHS Supported Accommodation Services. The third report for this project, *The Victorian Family Violence Database Volume 3: Seven-Year Trend Analysis 1999/00-2005/06* (*VFVD*) is currently being finalised and includes data from:

- Victoria Police Family Violence Incident Report (known as the L17 form)
- Victorian Magistrates' and Children's Courts finalised Intervention Order applications
- Victorian Public Hospital Emergency Department Admissions
- Department of Justice Victims Support Agency Victims Helpline
- Victorian Supported Accommodation Assistance Program (SAAP)
- Department of Human Services Integrated Reports and Information System (IRIS).

The *Volume 3* report will include data and a discussion about family violence against women with disabilities (lacking in the previous volumes). VWDN AIS was invited onto the Data Review Committee in December 2007 and since that time has participated in and provided draft report feedback in relation to issues regarding disability and family violence.

The second is the development of a benchmark evidence base for the family violence service system by the Family Violence Coordination Unit of the Department of Planning and Community Development. This has involved the collection of detailed family violence data from the police, courts and family violence services for the purposes of comparison. Two-week snapshot data collection periods are occurring four times from September 2007 to 2009. This data is intended to provide a means by which the state wide family violence reform initiatives might be measured and monitored.

Disability data recorded in the March 2008 snapshot includes:

- If a client is currently supported by a disability service and/or to which a referral was made on the day;
- Demographic information for each victim and perpetrator about whether the person has a disability (or if it is 'not known') and recording the category of disability that has the "*greatest impact on their life (physical, psychiatric, intellectual/learning or sensory/speech or 'other')*" (KPMG 2008: 9);
- The perpetrator's relationship to the victim, which could potentially include 'carer' if agency staff use this as a description of the relationship in the option for 'other male perpetrator' or 'female perpetrator'.

Although initial reports of the 'benchmark data' are unavailable for public dissemination, the VWDN AIS and project team have had the opportunity to advocate for the inclusion of further data fields relating to disability and support services.

5.2 Issues in data collection

Based on discussion with services, there are a number of issues regarding data collection.

1. There are challenges to identifying women with disabilities who have experienced family violence[22] because:

   - Databases collect information for a specific purpose and the identification of disability has been deemed irrelevant to this task.

   - Workers have not been required to ask relevant questions to identify the presence of disability and what it might mean as far as providing a service to a woman, other than if they are required to ask if she receives a disability support pension.

   - There are problems in defining and understanding disability. Typically, the medical, diagnostic approach to disability is given precedence over the social model and self-identification of disabilities.

[22] See discussion in sections 2.1 and 2.2 of this report for further details about these and related methodological issues.

2. Many services *do not* routinely collect data in relation to disability and family violence.

   - ***Australian Bureau of Statistics*** – There is no standard national data collection which records the experiences of violence amongst adults with a disability or the experiences of women with a disability, although, as discussed above, this may be undertaken in the future. The *ABS Personal Safety Survey* report (2006), which specifically investigates experiences of violence, does not identify the disability status of those surveyed.[23]

   - ***Victoria Police*** – The Family Violence Risk Assessment and Management Report, or L17, is primarily for risk assessment. If disability is evident or disclosed, it should be flagged as a risk indicator. Risk indicators are only flagged if they are present and relevant to the assessment of the victim's safety. This report is not primarily a data collecting tool.

   - ***Victorian Courts' Intervention Order applications*** – There is no data routinely collected in relation to disability and family violence although the court data collection system is under review and the presence of disability may be considered for inclusion.

   - ***Victorian Emergency Minimum Dataset*** – There is no data routinely collected in relation to disability and family violence by hospitals (this is data based on admissions to emergency departments of public hospitals).

   - ***Victorian SAAP agencies providing assistance due to family violence*** – SAAP agencies collect data from clients that would only identify some women with disabilities. They only record information about women with disabilities who receive a disability support pension; were living in a psychiatric facility prior or subsequent to attendance at a SAAP agency; or if the client is referred to specialist services (e.g. psychological, drug / alcohol, psychiatric, physical, and intellectual). This means that the majority of women with disabilities presenting to SAAP agencies would not be identified in the data. Women excluded would include:

     - Those with severe disabilities whose partner's income renders them ineligible for a disability pension;
     - Women with severe disabilities who have never applied for a disability pension;
     - Women with disabilities that do not qualify for a disability pension;
     - Women over 65 years of age (who do not qualify for a disability pension).

   - ***Victorian Department of Human Services family services program (IRIS) data*** – The Family Services program records 'issues of relevance' for families accessing service programs under 'Child FIRST' funding. Issues are diverse and could include family violence, disability, gambling, health, education, financial, child protection etc. Multiple issues can be identified but may only list the most urgent issue facing the client. Unless disability is an issue for which a client is formally seeking assistance, it is unlikely it will be listed within the dataset.

   - ***Victorian Department of Human Services family violence services program (IRIS) data*** – In the last year, data for family violence –

[23] The *International Violence Against Women Survey* specifically excluded women with disabilities or illness from the survey sample (Mouzos and Makkai 2004: 132).

Women's and Children's Counselling and Support Programs, funded through Children, Youth and Families – is also collected via the IRIS data system. Information about the family violence is further gathered regarding its history and the presence of verbal abuse. Further issues - as many as are relevant - are also recorded, including: child protection involvement (with further options that can be recorded); sexual assault; pregnancy; and disability (with physical and intellectual options offered as further categories that can be recorded). There is provision for improvements in data collection to be made, which might include, for example, providing a list of disability support needs (e.g. Auslan interpreter, access to TTY, email etc.) in the 'service activities' data that is recorded.

5.3 Current findings on violence against women with disabilities

Victorian Government data currently available provides a limited profile of women with disabilities experiencing violence and no information about women with disabilities from Indigenous or culturally and linguistically diverse backgrounds experiencing violence.

DHS' *Intensive case management for women experiencing family violence report* analyses data collected over a nine-month period from July 2006 to March 2007, comparing the degree and types of needs of women assisted by the Intensive Case Management program with women assisted by family violence outreach and assistance with private rental programs. It shows that more than double the family violence clients with disability issues required intensive support and ongoing assistance compared to those supported by family violence outreach and assistance with private rental programs. Similarly, more than double the clients with mental health issues required intensive support and ongoing assistance compared to those supported by family violence outreach and assistance with private rental programs (Thomson Goodall Assoc. 2008).

The Australian Government's Supported Accommodation Assistance Program (SAAP) is the major response to preventing and resolving homelessness. The last publicly available data on individuals using SAAP programs for family violence who receive a Disability Support Pension comes from national data for the year 2002-03 (AIHW 2005b).[24] This data is not disaggregated by gender or cultural background but 42.5% of SAAP clients receiving a disability pension were female; in Victoria, this figure increased to 52.5% of SAAP clients. In the national data:

- The main reason for SAAP clients receiving a Disability Support Pension seeking assistance was owing to domestic violence.
- Clients receiving a Disability Support Pension were more likely to come from and exit to a rooming house, hostel, hotel or caravan than the 'non-disability' client group and were less likely to come from and exit to private rental accommodation.
- Clients receiving a Disability Support Pension were less likely to enter SAAP from public or community housing but slightly more likely to exit to this type of accommodation than the 'non-disability' client group.

[24] The report on 'Female SAAP clients and children escaping domestic and family violence 2003-04' does not provide any details about family violence SAAP clients who received a Disability Support Pension (see AIHW 2005a).

Without fuller data, we can extrapolate that women with disabilities may be forced to seek alternative accommodation for a range of reasons:

- There is limited disability access in most alternative accommodation options.
- Women with disabilities may also need carers which cannot be provided for in the alternative accommodation.
- Women with disabilities who have children may need support when caring for their children. If this is not available, they might be forced to leave their children in the care of the abusive parent or alternative care.
- Teenage children may not be welcome in some alternative accommodation options (especially those with behaviour problems or cognitive impairments).
- Alternative accommodation may increase a women's risk of exposure to ongoing and continuing violence if particular safety measures are not undertaken.

5.4 Conclusion and recommendations

The significance of disability as a risk factor in violence is not reflected in current state and national data collection processes. Data collection needs to be informed by an expanded understanding of the nature and duration of violence that is used against women with disabilities which is often unique to their situation. The extent to which services are able to respond to violence against women with disabilities and to provide access to support services must be measured.

Recommendations

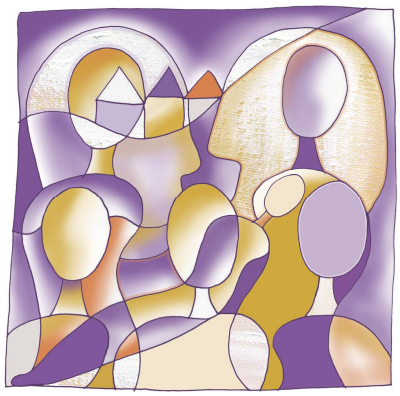
That key agencies, such as courts, police and SAAP services, review and improve data collection processes in the following ways:

1. Women are asked: (a) do they have a disability and (b) what information about their particular needs as clients with disabilities does the agency need to know in order to provide a service. This would include recording if a client requires: accessible accommodation; supported accommodation; personal care assistance; Auslan interpreter; Independent Third Person; an advocate; a communication assistant; independent living; case management; brokerage; more time in which to communicate; or any other support needs in relation to the clients' disabilities.
2. Data identifies experiences of violence and the nature of disability for participants/clients at agency, regional, state and national policy levels.
3. Data is disaggregated according to gender, age, sexuality, cultural and linguistic background, Aboriginal and Torres Strait Islander status and nature of disability (for example, physical, hearing, vision, speech and/or cognitive impairment and/or mental illness). The presence of *multiple* disabilities needs to be able to be recorded for each person.

4. The category of 'carer' is provided when collecting data about the relationship between a victim and a perpetrator.

5. Auslan is incorporated in language categories along with other non-English languages.

6. Existing data is further analysed to explore reasons for - and policy issues indicated by - the difference in access to housing and accommodation for women with disabilities experiencing violence compared with other groups seeking access to housing and accommodation.



6 Family Violence Standards Guidelines

A number of codes of practice, practice standards and guidelines have been developed to support the delivery of family violence services and guide respective agencies in responding to family violence. Some of these were developed in response to Victoria's New Approach to an integrated family violence response system. In that sense, they are to be read as complementary documents, expressing a shared understanding of family violence and fundamental principles that inform practice responses. The standards, codes and guidelines form the basis of what services are expected to provide and how the quality of a service is evaluated.

Most of the family violence sector documents have little to say about how best to support women and children with disabilities experiencing family violence. The Project Team have developed minimum standards for these family violence standards, codes and guidelines that support fundamental rights to equality before the law, non-discrimination, respect and human dignity.

We outline the method of analysis below, and provide a brief description of each document. Then, we explain what each criterion or minimum standard entails and give an assessment of the eight documents in relation to them. This provides a summary of the emerging patterns showing the extent to which the issues that face women (and children) experiencing violence are acknowledged in the key family violence sector codes, standards and practice guidelines. This summary is represented visually in Table I. It provides a snapshot assessment of each document against the criteria. A final section contains recommendations for future action.

6.1 Method of analysis

Eight Victorian standards, codes of practice and guidelines of relevance to supporting women (including their children) experiencing violence were identified and examined with a view to assessing what is – and what is not – in each document about women and children with disabilities. In order to do this, a number of criteria were developed against which each document was analysed. As will be clear from the recommendations at the end of this section, we consider most of the criteria as minimum standards that we would like to see incorporated into each standard, code and guideline when they are next reviewed.

6.2 The standards, codes of practice and guidelines

In this section, we provide a brief description of the documents. It must be noted that awareness of the issues facing women and children with disabilities experiencing violence is growing, as evidenced by the increasing partnerships between government, disability advocacy and family violence sector services. Although the documents analysed were all developed in the last five years, they do not necessarily reflect this more recent heightened awareness and understanding. It is anticipated that when the documents are next reviewed, consideration of the issues facing women and children with disabilities experiencing violence will be further addressed.

Towards Collaboration: A resource guide for Child Protection and Family Violence Services (Family and Community Support Branch, DHS 2003)

The Resource Guide provides clear, helpful strategies to develop a common understanding of family violence as it impacts on children with a view to improving outcomes for children and their families who have lived with violence. The Guide is for Child Protection and Family Violence services.

Victoria Police Code of Practice for the Investigation of Family Violence (Victoria Police, August 2004)

The launch of the *Victoria Police Code of Practice for the Investigation of Family Violence* in 2004 pioneered the way for Codes of Practice relating to family violence. It was developed as a result of one of the recommendations of Victoria Police's 2001 *Violence Against Women Strategy.* The *Code of Practice* outlines how police are to respond to reports of family violence, introducing a response Options Model that involves criminal and civil responses and referral. The Code is both pro-arrest and pro-prosecution. It strengthens police procedures, and requires referrals and partnerships with specialist services, such as family violence services.

Men's Behaviour Change Group Work: Minimum Standards for Quality Practice (No To Violence, December 2005)

This document sets out standards of practice developed by No To Violence: the Male Family Violence Prevention Association (NTV), the statewide, peak organisation for men's behaviour change programs. Amongst other things, NTV runs the men's referral telephone service and coordinates training for telephone and men's behaviour change counsellors (providing a Graduate Certificate of Social Science (Male Family Violence)). NTV is a strong advocate *against* men's use of violence and *for* men being held accountable for their use of violence whilst placing the safety of women and children as paramount. The minimum standards thus reflect a strong feminist and social justice informed understanding of family violence. DHS expects providers of men's behaviour change groups to be members of NTV and adhere to their standards.

Code of Practice for Specialist Family Violence Services for Women and Children (DV Vic 2006)

The Code of Practice was developed by Domestic Violence Victoria (hereafter referred to as the DV Vic Code or the Code), the peak body for services providing a specialist response to women and children experiencing family violence in Victoria as part of the new integrated response for the delivery of quality services. Its development was partly in response to a number of key initiatives, including the work of the Statewide Steering Committee to Reduce Family Violence, relating to the integrated family violence response system and the members' recognition of the desirability for consistency, transparency and accountability across family violence services. It is comprised of 11 sections, which provide information about the implications for workers and services in implementing it as well as an overview of the specialist family violence service system. The Code outlines the principles and values that underpin best practice in the provision of specialist family violence services for women and children.

Domestic Violence Victoria intends to further develop the code in relation to supporting women and children with disabilities when it undergoes review in the future.

Homelessness Assistance Service Standards (HASS) (Office of Housing, DHS 2006)

HASS are the industry standards of good practice prepared by the State Government of Victoria (Department of Human Services, Office of Housing) in

2006 for organisations delivering services in the homelessness assistance sector. The standards are intended to provide guidance rather than be understood as prescriptive of the practices that organisations maintain. Documents such as other standards and Acts of Parliament that further support each standard are included under each section.

Family violence specialist services are among these organisations, providing support to women and children through outreach, refuge, crisis support, target group specific support, private rental brokerage, after hours and intensive case management service models. They are (partly) funded under the Supported Accommodation Assistance Program or SAAP (the major government response to homelessness in Australia since 1985) as Homelessness Assistance Services by the Office of Housing.

DHS intends to address issues regarding people with disabilities when it next reviews the standards.

Family Violence Risk Assessment and Risk Management Framework: (Family Violence Coordination Unit, Department of Victorian Communities, 2007)

The Framework is part of the Victorian Government's reform intending to integrate family violence services with mainstream services (including disability services) and legal and statutory services across the state so that service providers will be aware of the prevalence of family violence and be prepared to respond, if necessary.

The framework outlines an understanding of risk and family violence, noting the particular experiences of women with disabilities (as well as other key population groups) throughout the document, where appropriate, as well as dedicating a sub-section to women with disabilities.

Code of Practice for Family Violence Applicant (Court Based Intervention Order) Programs (Federation of Community Legal Centres (Vic) Inc. July 2007)

The Federation (FCLC) is the peak body for over 50 community legal centres throughout Victoria, which delivers legal education, advice and representation to marginalised communities, and engages in law reform. The Code was developed by the Federation of Community Legal Centres (Vic.) Inc. to assist practising lawyers in their court-based practice for family violence applicant programs and Intervention Orders. It was developed in the context of the integrated service response to family violence in Victoria, including the establishment of a specialised court response (the Family Violence Divisions of the Heidelberg and Ballarat Magistrates' Courts and the Specialist Family Violence Service located in the Melbourne, Sunshine (with a circuit to Werribee) and Frankston Magistrates' Courts. The Code provides a framework for practice that informs partner agencies about family violence applicant programs and assists interagency liaison and response to family violence.

Practice Guidelines: Women and Children Family Violence Counselling and Support Programs (Children, Youth and Families Division, DHS 2008)

These guidelines have been developed in regard to counselling and support programs for women and children who have experienced or are at risk of experiencing family violence. They are not concerned with crisis responses or joint or couple counselling and they do not give details of how counselling and support is to be delivered to specific population groups (they refer users to DV Vic's *Code of Practice* for more details on this). They are intended to aid individual practitioners (counsellors) to reflect critically on their work and to assist in the

process of organisational quality review and evaluation. They are to be used in conjunction with a number of other documents relevant to the sectors responding to family violence; most particularly: the *Family Violence Risk Assessment and Risk Management* (Department of Victorian Communities 2007); and the *Code of Practice for Specialist Family Violence Services for Women and Children (Domestic Violence Victoria 2006)*.

6.3 Analysis of standards, codes of practice and guidelines

For each standard, code of practice or guideline, we identify a minimum standard or criteria, discuss the rationale, and provide a summary analysis of the eight documents. The reference to the matrix and a number in brackets indicates which row in the following table is relevant to the discussion. We regard minimum standards as indicative of good practices relating to the support of women and children with disabilities experiencing violence. These family violence sector standards, codes and guidelines are not prescriptive but they need to articulate what minimum standards of best practice entail so that services can plan for future improvements in their service responses to women and children experiencing violence.

Definition of family violence

Minimum standard: That relevant family violence sector standards, codes and guidelines have a shared understanding of family violence that includes an acknowledgement of the diverse domestic arrangements in which it occurs and the potential for carers to be perpetrators of violence against women with disabilities.

Rationale: Our understanding of family violence is challenged when we think about it from the point of view of disability and in relation to women with disabilities' access to family violence services. As the literature on service provision shows, these women have been invisible, overlooked, in many instances of violence within families and domestic living situations and, as a result, in family violence response services. The principal carer of a woman with a disability – for example, a male partner – may also be her abuser. Furthermore, women have also been abused by carers in institutions, such as a nursing home, a residential facility or mental health hospital. Paradoxically, it makes it harder for a woman living in such circumstances to access family violence services than, for example, it would were she to be homeless and experiencing violence. The documents purport to aim at a shared understanding of family violence, but it is apparent that some fall short of the fuller understanding of family violence that recognises the diverse domestic arrangements of women with disabilities who may experience violence.

Summary: Analysis of the documents reveals that only four of them recognise this broader understanding of family violence, as it may pertain to women with disabilities (see Matrix Row 1).

The inclusion of information about women and children with disabilities

Minimum standard: That each standard, code and practice guideline includes information about supporting women and children with disabilities *throughout* the

document and also includes a *dedicated* section about supporting women and children with disabilities.

Rationale: Having a dedicated section about women and children with disabilities in each standard, code and guideline is important in making reference to the specific needs of a population group; however, its impact is limited if there are not examples that highlight those specific needs throughout the overall document. When documents contain a dedicated section about supporting other key population groups, such as Indigenous and CALD populations, they illustrate a gap to the extent that people with disabilities are a key population group (representing 20% of the Australian population) and, in the spirit of recognising full inclusion and diversity, their needs should be acknowledged.

Summary: Only two of the eight documents contained reference to women and children with disabilities throughout the document (see Matrix Row 2.a) and only four contained a dedicated section on this population group (Matrix Row 2.b). In contrast, seven of the eight of the documents had specific sections on other disadvantaged population groups (Matrix Row 2.c) and six were framed within a gender perspective (Matrix Row 9).

Data Collection

Minimum standards: There are two minimum standards that relate to the collection of disability data. These are that family violence sector standards, codes and guidelines discuss the collection of disability data, including recording the presence of disabilities in clients of services (as 'victims' and 'perpetrators' as appropriate) and recording the type of disabilities clients have. Secondly, that any disability support the agency needs to provide for the client to access their service be recorded: for example, accessible accommodation; supported accommodation; attendant care; Auslan interpreter; Independent Third Person; advocate; communication assistant; independent living; case management; brokerage; more time in which to communicate; or other support needs.

Rationale: There are many disabilities that are invisible and remain so unless services ask people to disclose. Leaving aside the fact that people cannot be forced to disclose (and often have very good reasons for not disclosing, particularly when they have previously experienced discrimination or negative responses), if we do not identify how many clients have disabilities and what their needs are, it makes it very difficult to develop Disability Action Plans, to monitor the inclusion of people with disabilities in the family violence response system and develop strategies for being more responsive to people with disabilities.

Summary: Only one of the eight documents indicates that data about a client's disability status is to be collected in a template form relating to the collection of general demographic data (Matrix Row 3.a). None of the standards, codes or guidelines requires the collection of data about the types of disabilities clients have or what their support needs in relation to the disabilities might be (Matrix Row 3.b).

Disability as a risk factor

Minimum standard: That family violence sector standards, guidelines and codes identify the 'presence of a disability' as part of the common risk assessment procedure.

Rationale: International and national research identifies the presence of disability in the victim as a risk factor for violence. This makes it important to

identify in all risk assessments and, where appropriate, for documents to explain the nature and prevalence of violence against women and children with disabilities.

Summary: Two of the documents identify the presence of a disability as a risk factor that increases the likelihood of experiencing family violence and a further two refer readers to one or both of the preceding guides (Matrix Row 4).

Accessible information, communication and premises

Minimum standards: That family violence sector standards, guidelines and codes explicitly require provision of information in alternative formats, discuss inclusive communication practices (Matrix Row 5), and physical accessibility of services for clients with disabilities (Matrix Row 6). Further, that the principle of universal design underpins the acquisition or development of all future products, environments and communications to consider the needs of the widest possible array of users.

Rationale: Family violence sector standards, codes and guidelines need to raise awareness and understanding in relevant services about what is required to be inclusive of clients with disabilities and provide additional information about how to develop Disability Action Plans. This material needs to indicate that developing greater physical and informational access assists all clients regardless of (dis)ability.

Summary: Five of the family violence sector standards, guidelines and codes noted, in some form, the need for communication practice to be tailored to the individual women's communication needs such as utilising communication aides or Auslan interpreters (Matrix Row 5). Some note the importance of providing information in a diverse range of formats, such as plain English, accessible websites or audio tapes, to take account of diverse information needs. Only one document identified the need to provide physical access to premises (Matrix Row 6).

Cross-sector collaboration

Minimum standard: That family violence sector standards, codes and guidelines require cross-sector collaboration, partnerships, protocols etc. between family violence and disability sectors.

Rationale: In responding to complex and multi-layered service needs such as are often required to address the needs of women and children with disabilities, services need expertise in working with many different organisations across sectors. It is therefore important that family violence documents explicitly note the importance of working with local and regional disability services and advocacy groups.

Summary: Only one of the documents *explicitly* note the importance of working with local and regional disability services and advocacy groups (Matrix Row 7).

Awareness of relevant legislation

Minimum standard: That family violence sector standards, codes and guidelines provide a legislative context to supporting women and children with disabilities by demonstrating awareness of the relevant disability legislation. This includes legislation that makes it unlawful to discriminate against people with disabilities (the Commonwealth *Disability Discrimination Act 1992*, the Victorian *Equal*

Opportunity Act 1995) and legislation that protects the rights and responsibilities of people with disabilities (Victoria's *The Disability Act 2006* and the *Charter of Human Rights and Responsibilities Act 2006*).

Rationale: The family violence sector system needs to have an understanding of the legislative responsibilities within which they are required to operate, insofar as they are government, public and statutory authorities. Awareness of the relevant legislation also provides an ethical and human rights framework within which services should operate and affirms and reinforces responsiveness to the needs of women and children with disabilities (and foregoing the principles of inclusiveness, equity and access for all).

Summary: Only two out of the eight documents note relevant legislation (Matrix Row 8).

Gender perspective

Minimum standard: That family violence sector standards, codes and guidelines are informed by a gender perspective on family violence and disability.

Rationale: The identification of violence against women developed from a shared understanding of family violence recognising gender inequality and the related abuse of power, usually by males using violence against their female partners and/or adults and children (with disabilities or without) in their care, in a range of domestic and residential settings. The recognition that women with disabilities are particularly vulnerable to family violence and its consequences is an important part of this understanding, as noted above. A human rights approach supports this rationale.

Summary: Six out of the eight documents are informed by a gender perspective on family violence and disability (Matrix Row 9).

Human rights/social justice perspective

Minimum standard: That family violence sector standards, codes and guidelines are informed by a human rights/social justice perspective on family violence and disability.

Rationale: Our fundamental need to live free from violence, including domestic and family violence, is enshrined in the system of universal human rights. The guiding principles are consistent with the *UN Convention on the Rights of Persons with Disabilities (2006)* and in Victoria's *State Disability Plan 2002-2012*.

Summary: Six of the eight documents explicitly state that their approach to family violence is informed by fundamental rights for all and while the remaining two make no explicit reference to what informs them they are implicitly informed by a human rights perspective (Matrix Row 10).

Workforce development

Minimum standard: That family violence sector standards, codes and guidelines require workforce development to include disability awareness training in relation to family violence.

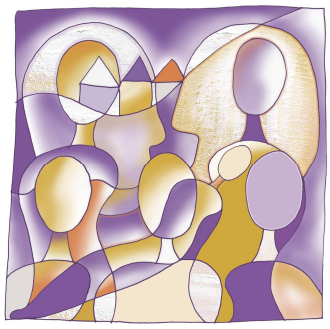
Rationale: Family violence workers have identified the need to have access to greater skills and knowledge about the issues that face women and children with disabilities experiencing violence. Court staff, judges and lawyers, police,

disability and other mainstream workers also need greater awareness about the issues facing women and children with disabilities experiencing violence.

Summary: None of the documents specifically require workers to have training in the needs of women and children with disabilities experiencing violence (Matrix Row 11).

6.4 Matrix of family violence sector documents

The following matrix should be read in conjunction with the preceding analysis of the documents. A 'tick' or a 'cross' is marked against each criteria or minimum standard indicating that it is *explicitly* discussed ('✓') or not ('×'). The presence of a 'tick' does not necessarily indicate that the criterion is sufficiently elaborated in the document. There are instances in which it has not seemed reasonable to assess a document against a particular criterion without a qualifying comment or citing a further reference, which has been duly inserted. It is important to understand that these documents are not directly comparable, given that a discursive document such as a code allows for discussion and nuance that cannot be accommodated in a document providing standards.



Matrix of Family Violence Sector Documents: supporting women and children with disabilities experiencing family violence

✓ = the document explicitly discusses the criterion
× = the document does not explicitly discuss the criteria

Minimum standard or criterion	A resource guide for child protection and fv services 2003	Victoria Police Code of Practice 2004	Men's Behaviour Change Group Work 2005	DVVic Code 2006	Homelessness Assistance Service Standards 2006	FV Risk Assessment/ Management Framework 2007	Code of Practice for FV Applicant Programs 2007	Women and Children FV Counselling & Support 2008
Type of document	Resource guide	Code of practice	Minimum standards for quality practice	Code of practice	Standards	Framework	Code of practice	Practice guidelines
1. Definition of family violence	×	×	×	✓	×	✓	✓	✓
2.a. Information on women/children with disabilities throughout	×	×	×	✓	×	✓	×	×
2.b. Dedicated section about women/children with disabilities	×	✓	×	✓	×	✓	✓	×
2.c. Dedicated section about other population groups	✓	✓	✓	✓	✓	✓	✓	×
3. a. Disability data	×	×	×	×	×	✓	×	×
3.b. Disability 'needs' data	×	×	×	×	×	×	×	×
4. Presence of disability in risk assessment	×	×	×	✓	×	×/✓*	Refers to CRAF	Refers to DVVic and CRAF

Minimum standard or criterion	A resource guide for child protection and fv services 2003	Victoria Police Code of Practice 2004	Men's Behaviour Change Group Work 2005	DVVic Code 2006	Homelessness Assistance Service Standards 2006	FV Risk Assessment/ Management Framework 2007	Code of Practice for FV Applicant Programs 2007	Women and Children FV Counselling & Support 2008
5. Inclusive communication/ information	×	limited	×	✓	×	✓	✓	✓
6. Physical accessibility	×	×	×	×	×	✓	×	✓
7. Cross sector collaboration	×	×	×	×	×	✓	×	×
8. Awareness of relevant legislation	×	×	×	✓	×	×	✓	×
9. Gender perspective	✓	×	✓	✓	×	✓	✓	✓
10. Human Rights/ social justice perspective	implicit	implicit	✓	✓	✓	✓	✓	✓
11. Workforce development to include disability	×	×	×	×	×	×	To be developed	×

* Discusses vulnerability of women with disabilities to violence in some detail but does not include disability as a risk/vulnerability factor in *aide memoire* guide.

6.5 Recommendations

Section 2 makes clear the human rights case that shows why documents that guide policies and practices of workers involved in family violence should make explicit reference to the particular difficulties faced by women and children with disabilities (across all social groups) experiencing violence and how best to support them.

The recommendations below relate to the minimum standards developed as part of this research.

1. That family violence sector standards, codes and guidelines include in their shared understanding of family violence an acknowledgement of the diverse domestic arrangements in which it occurs and recognise the potential for carers to be perpetrators of violence against women with disabilities.

2. That family violence sector standards, codes and guidelines include information about supporting women and children with disabilities *throughout* the document and also include a *dedicated* section about supporting women and children with disabilities.

3. That family violence sector standards, codes and guidelines discuss the importance of collecting disability data. This needs to include: information about 'victims', 'perpetrators', any children involved and the nature of the disability (including the presence of multiple disabilities).

4. That family violence sector standards, codes and guidelines discuss the importance of collecting information about particular needs of clients with disabilities so that the agency can provide a service. This would include recording if a client requires: accessible accommodation; supported accommodation; attendant care; Auslan interpreter; Independent Third Person; an advocate; communication assistant; independent living; case management; brokerage; more time in which to communicate; or any other support needs in relation to the clients' disabilities.

5. That family violence sector standards, codes and guidelines identify the 'presence of a disability' as part of the common risk assessment procedure.

6. That family violence sector standards, codes and guidelines explicitly discuss the provision of information in accessible formats with procedures in place to ensure requests for information in alternate formats are provided in a timely manner and what inclusive communication practices entail. This means using a range of methods of communication (for example, in gaining and recording consent) including:
   - Clear standard print (Vision Australia's guidelines recommend at least 12 point font, preferably Arial or Univers) or large print (Large Print as recommended by the Round Table for the Print Disabled in 18 point, but users may have their own preferences)
   - Audio on CD (CDA or DAISY CDs), mp3 files on a website for downloading (Vision Australia can provide information regarding suitable audio formats)
   - Braille
   - Format accessible to people with cognitive disabilities, for example, Easy English and Plain English
   - TTY and SMS

- Electronic text in CD in conjunction with access software, for example, Braille printer, voice synthesiser
- Electronic text in email in conjunction with access software
- Accessible websites (Vision Australia can provide guidelines).

7. That family violence sector standards, codes and guidelines explicitly highlight the issue of physical accessibility of services and programs for clients with disabilities. This should include an endorsement of the principles of universal design whereby all future products, environments and communications are designed to consider the needs of the widest possible array of users.

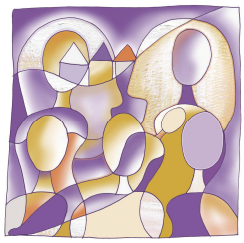
8. That family violence sector standards, codes and guidelines discuss explicitly the development of cross-sectoral collaboration, partnerships and protocols between family violence and disability sectors at local and regional levels.

9. That family violence sector standards, codes and guidelines provide a context to supporting women and children with disabilities by demonstrating awareness of the relevant disability legislation and other useful resources. This includes:
   - Legislation that makes it unlawful to discriminate against people with disabilities (the Commonwealth *Disability Discrimination Act 1992*, the Victorian *Equal Opportunity Act 1995*)
   - Legislation that protects the rights and responsibilities of people with disabilities (Victoria's *The Disability Act 2006* and the *Charter of Human Rights and Responsibilities Act 2006*)
   - The UN Convention on the Rights of Persons with Disabilities
   - WWDA's 2007 *More than just a ramp: a guide for women's refuges to develop Disability Act action plans*
   - The *Disability Discrimination Act (1992)*
   - VWDN AIS' online resource collection www.whv.org.au/vwdn/clearinghouse.htm
   - DVRCV's webpage on disability and family violence www.dvrcv.org.au

10. That family violence sector standards, codes and guidelines are informed by a gender perspective on family violence and disability.

11. That family violence sector standards, codes and guidelines are informed by a human rights/social justice perspective on family violence and disability.

12. That family violence sector standards, codes and guidelines discuss the need for workforce development to include disability awareness training in relation to family violence.



7 Workforce development

Whilst it appears that there has been increased commitment to providing training and professional development on the subject of disability and violence, there are two significant challenges facing the integrated family violence sector. The first is concerned with attracting workers to take up the offered training and professional development opportunities; and the second is in sustaining initiatives in order for growing numbers of workers in the family violence response system to be exposed to relevant skills development.

In this section, we document recent training initiatives and workforce development needs of the family violence sector and, where feasible, the disability sector. We have also included information about recent conferences and forums that focussed on issues of violence against women with disabilities.

7.1 Developments in family violence training

In 2003 the Statewide Steering Committee to Reduce Family Violence contracted the Domestic Violence Resource Centre Victoria (DVRCV) to map family violence education and training for key occupational groups. It involved the mapping of induction and in-service training undertaken by key occupational groups as well as existing Victorian TAFE, University (including post-degree qualifications) and adult, community and further education courses for occupational groups that come into contact with those who experience family violence. One of the issues the mapping project was asked to consider was whether training packages took into account the specific needs of Indigenous and CALD women. Whilst disability is raised within the body of the report the actual project specifications, for this 2003/2004 project, did not directly mention women with disabilities. Four years on we see a positive shift within government: for example, in May 2008 the Department of Planning and Community tender document for the Family Violence Risk Assessment and Risk Management Framework Training states that the Training Program is to incorporate culturally appropriate components for Indigenous and CALD persons *and for people with a disability*.

DVRCV's mapping project in 2003/04

The DVRCV mapping project found that few professional groups included family violence as a component of their induction programs (Clancy 2004a & 2004b). Exceptions include Victoria Police, Child Protection, Court Network, Victoria Legal Aid and most telephone counselling services. It also found that family violence is not a compulsory (core) unit in any TAFE courses and its inclusion as a TAFE elective unit is usually dependent on the experience and qualifications of

teachers. TAFE Colleges run a number of Community Service Training Packages including courses that lead to qualifications in community sector professions such as welfare, disability, and youth work. The lack of *compulsory units* in family violence within these courses is a significant gap given the future role these workers may play with clients affected by family violence. Similarly, university courses do not provide specialist family violence units. Of the courses that do include family violence, it is always as a component of other units.

When disability or family violence sector workers have been asked about their workforce development needs in relation to supporting women with disabilities experiencing family violence, both sectors have readily identified training as a priority. Individuals and agencies from the disability sector have shared their thoughts around the need for training that focuses on disclosure and referral. The family violence sector has identified broader training needs based on 'disability awareness', how to navigate access to disability support services and building worker confidence in supporting women with disabilities.

VWDN AIS asserts the importance of both sectors having the opportunity to challenge their existing attitudes and beliefs in relation to women with disabilities' experience of family violence.

While dealing with family violence is not the primary role of disability support workers, women with disabilities are reliant on them acquiring the skills necessary to recognise disclosures of violence, to respond with appropriate information or provide support enabling women to access relevant family violence services.

A key finding of the DVRCV mapping project was that agencies and individuals who respond to those affected by family violence should make these responses within a theoretical framework that is articulated and translated into policies and practice. Training is a major contributor to the development of expertise in linking theory and practice when responding to family violence. Encouraging participants' willingness to take on new ideas, skills and practices is dependent upon the training program providing the opportunity for them to examine their own attitudes and beliefs. It is important to contextualise training to suit the roles of different professional groups in recognising and responding to family violence.

DVRCV's SAAP training: 2003, 2004, 2006

In April 2003, as an initiative of the Violence Against Women with Disabilities project, DVRCV's training team developed and delivered a highly successful cross-sectoral training program in domestic violence and disability to both disability and family violence sector workers in the western metropolitan region. Subsequently in 2003, 2004 and 2006, the DVRCV SAAP training calendar advertised Domestic Violence & Disability training programs. Two programs were scheduled for rural Victoria, one in a metropolitan region and another in central Melbourne. For the earlier training programs DVRCV gained support from the respective (now defunct) Regional Family Violence Networkers who were keen to promote and ensure local training on disability and family violence occurred. One of the rural trainings went ahead, albeit in a limited format, with 12 participants registered from the disability sector. Two other training sessions (the other rural and the metropolitan training sessions) had to be cancelled at the last minute due to lack of registrations. DVRCV trainers and the Regional Family Violence Networkers had, in retrospect, underestimated how reliant the western region training had

been on the networks established by the Violence Against Women with Disabilities project leading up to and beyond the training dates. Committed to the training, DVRCV delivered a one day training session in central Melbourne to 11 participants as part of the 2006 SAAP calendar. In addition to offering specialist training in domestic violence and disability, DVRCV has worked to ensure the inclusion of disability within its accredited training programs, *Introduction to Domestic Violence* and the *Not Seen or Heard: the Effects of Domestic Violence on Children*.

DHS' support for training

During 2007 to 2008 we are seeing an unprecedented level of disability and family violence training being offered. The Department of Human Services fund the delivery of the *Integrated Pathways Training.* This training is intended to provide an induction and orientation program for workers in the family violence sector, specifically those working within family violence services, child protection, police and the court system. The training is primarily targeted at Department of Human Services (Office of Housing and Office for Children) funded family violence agencies. In 2007 DHS funded the development and delivery of a new competency as part of this training package, *Orientation to Disability Work*. This elective unit is designed for those working with people who have disabilities and who experience family violence. To date, out of the 80 training places offered, 43 participants have completed this unit.

DHS Disability Service Division has contracted Swinburne University of Technology (TAFE Division) and Domestic Violence Resource Centre Victoria to develop and facilitate a two-part learning program aimed at assisting workers in the disability and family violence sectors to provide for a more unified approach in supporting women with a disability who may be experiencing family violence. The *Women with a Disability Family Violence Learning Program* will be rolled out across all eight DHS regions throughout 2008. The facilitated practice forums provide a space not only to promote a common understanding of issues, but also of the respective roles and responsibilities of different professionals. There is unlimited opportunity for the development of cross-sectoral collaboration, working together to strengthen strategies and improve local responses. The training component of the learning package is open to disability workers only, 20 places available in each region. Training has been delivered in both the Hume and Southern regions with 8 and 15 participants respectively. Potentially 143 disability support workers will receive training during 2008 if full participation is achieved in the remaining scheduled training.

Whilst the significant increase in training opportunities being offered throughout 2007 and 2008 is cause for celebration we need to be mindful that with approximately 11,000 disability workers in Victoria (and an unknown number of family violence workers), there needs to be a workforce development strategy committed to ongoing training aimed at building competency in the area of responding to women with disabilities experiencing family violence.

Although both the disability and family violence sectors have repeatedly identified the need for training in relation to domestic violence and disability it appears both sectors find it difficult to make a firm commitment to training when offered. To date all training programs have been delivered to less than capacity numbers with a few of DVRCV training days cancelled due to lack of registrations; and yet, feedback from those who have attended the programs has been extremely positive. It appears that competing training needs and or opportunities may be a barrier to both sectors receiving adequate training in relation to family violence

and disability. Agencies and individual workers are continuously faced with limited access to training budgets, a limited number of days a worker can realistically attend training and competing training opportunities. Until violence against women with disabilities becomes a priority issue for government and community, agencies and individual workers may subsequently fail to prioritise this issue as a high training need.

7.2 Training and professional development initiatives

Below, we map the sector-wide training initiatives provided to family violence and disability workers, relating to women with disabilities experiencing violence, over the last twelve months and training planned within the next twelve months (from June 2007 to June 2009).[25]

[25] See appendix 3 for more details about individual initiatives.

Training and Professional Development Activities for Family Violence and Disability Workers Relating to Women with Disabilities Experiencing Violence - 2007 and 2008

Training

Date	Training Activity	Delivered by	Delivered to	Attendance	Where
2007					
June 2007	Sexual Abuse Trauma Experienced by Mental Health Clients	MHTDU/The Bouverie	mental health workers	**28**	Melbourne CBD
Oct 2007	Integrated Pathways (Full Course/ 1 day disability)	Swinburne/DVRCV/NTV	family violence workers	**11**	Melbourne CBD
Dec 2007	Integrated Pathways (Full Course/ 1 day disability)	Swinburne/DVRCV/NTV	family violence workers	**9**	Melbourne CBD
2008					
Feb 2008	Integrated Pathways (Orientation to Disability – Stand alone unit)	Swinburne/DVRCV	family violence workers	**7**	Melbourne CBD
Feb 2008	Sexual Assault and Cognitive Impairment	Family Planning Victoria	sexual assault counsellors	**19**	Boxhill
April 2008	Integrated Pathways (Full Course/ 2 day disability)	Swinburne/DVRCV/NTV	family violence workers	**16**	Melbourne CBD
April/June 2008	DHS: Women with a Disability Family Violence Learning Program	Swinburne/DVRCV	disability sector workers Hume Region	**8**	Benalla

May/June 2008	DHS: Women with a Disability Family Violence Learning Program	Swinburne/DVRCV	disability sector workers Southern Region	**15**	Dandenong
Oct 2008	Sexual Abuse Trauma Experienced by Mental Health Clients	MHTDU/The Bouverie	mental health workers	n/a	Melbourne CBD

**** Swinburne and DVRCV will roll out the training component of *The Family Violence Learning Program* across the remaining 6 DHS Regions between June 2008 and December 2008 with the potential to train a further 120 disability workers.

**** The *Family Violence Risk Assessment and Risk Management Framework Training* will be delivered between July 2008 and June 2009 .

Professional Development

Date	Professional Development	Delivered by	Delivered to	Attendance	Where
Dec 2007	Violence, Abuse and Mental Health	DVRCV/guest speakers	family violence & community sectors	**45**	Melbourne CBD
Feb-June 08	4 half-day facilitated practice forums	Swinburne/DVRCV	Hume region: Disability Services staff/disability NGO's and family violence sector	-	Benalla
Feb-June 08	4 half-day facilitated practice forums	Swinburne/DVRCV	Southern Region: Disability Services staff/disability NGO's and Family violence sector	-	Dandenong
Feb 2008	Supporting women with disabilities:Practice Development Network	DV VIC/VWDN	DV Vic members	**7**	Melbourne CBD

May 2008	Supporting women with disabilities:Practice Development Network	DV VIC/VWDN	DV Vic members	**8**	Melbourne CBD
July 2008	Disability and Family violence	DHS	South West IFV committee	-	Warrnambool
July 2008	Disability and Family violence	DHS	South West IFV committee	-	Geelong

**** Swinburne and DVRCV will roll out 4 half day facilitated practice forums component of *The Family Violence Learning Program* in the remaining 6 DHS Regions between June 2008 and December 2008.

Forum/Conference

Date	Forum	Delivered by	Delivered to	Attendance	Where
August 2007	Take Back the Castle (included a focus on women with disabilities)	Aust. Domestic & Family Violence Clearinghouse	Policy makers, government reps. Family violence sector	**85**	Melbourne
Oct 2007	What to do, Where to go, What to expect	Family Planning Victoria	workers, carers consumers	**80**	Carlton
Nov 2007	Diverse and Inclusive Practice: Redrawing the Boundaries	Aust. Domestic & Family Violence Clearinghouse	women with disabilities, violence & disability sectors,policy makers, government	**80**	Sydney
April 2008	Responding to Abuse	DISTSS	disability sector	**160**	Preston

7.3 Conclusion and recommendations

Consultations with disability and family violence sector workers (in the course of the DVRCV Violence Against Women With Disabilities Project research), and the consultations for this research, revealed that workers in both sectors have readily identified training as a priority. Disability workers revealed their interest and need for training that focuses on disclosure and referral, whilst family violence workers identified broader training needs based on 'disability awareness', how to navigate access to disability support services and build worker confidence in supporting women with disabilities.

The mapping of sector wide training initiatives for 2007 to 2008 regarding women with disabilities experiencing violence reveals an unprecedented level of disability and family violence training; however, these initiatives will only reach a small proportion of workers in either of these sectors.

There are, therefore, considerable challenges to workers' engagement with training opportunities. There is a need for leadership from managers and strong support from regional co-ordinators, and word of mouth, in devising ways to support workers to take up training opportunities. Family violence workers explained that whilst their respective agencies may encourage staff to do training, their workloads have increased to such an extent that they are reluctant to do training as there is no-one to fill in for them. This means they do not have the opportunity to network or get information about training for supporting women with disabilities. To date all training programs have been delivered to less than capacity numbers with some training days cancelled owing to lack of registrations.

Recommendations

That funding agreements require workforce development strategies that give particular consideration to identifying the need for strengthening and furthering training:

1. That family violence is made a *compulsory component* of all of the TAFE community sector profession courses (Certificate IV) and that it includes a focus on disability and violence. That said, training on violence against women needs to include education about women with disabilities being at greater risk of being targets of violence and thus incorporate how to respond to women with disabilities in all generic training programs. This will ensure a maximum number of family violence workers have access to skills and expertise on supporting women with disabilities.

2. That the *Strategic Framework for Family Violence Reform* incorporates and sustains the disability and family violence training currently being offered. For example, there needs to be ongoing funding of training programs for disability workers (such as DHS' *Women with a Disability Family Violence Learning Program* and associated practice forums).

3. That training programs emphasise and explore the ramifications of the fact that women with disabilities experience violence in diverse residential settings.

4. That government provides funding to enable education about family violence and its impact on women and children with disabilities to be incorporated into the training of the judiciary, lawyers, and court officials.

5. That the relevant legislative frameworks for disability and family violence are incorporated into the training of workers in the disability and family violence sectors.

6. That all domestic and family violence workers are trained to respond to the needs of all women, including women with disabilities, and that they develop policies to ensure access and non-exclusion from service provision.

7. That the promotion of training in relation to marginalised issues is given leadership from managers and strong support from regional coordinators, and word of mouth.

8 Positive developments in service responses to women with disabilities experiencing violence

This section looks at services and initiatives that are addressing the challenge of developing family violence service responses that are inclusive of the experience of women with disabilities in Victoria and beyond, including overseas. Whilst each of them are indicative of either organisational or regional attempts to establish cross-sector partnerships between the family violence and disability sectors, a systemic, whole-of-government commitment to cross-sector collaboration between these two sectors is yet to emerge. To that extent, it cannot be said that Victoria is matching in practice what it promotes as 'inclusive practice' in the Victorian Charter. There is a great deal of relationship, capacity and systems building to be further developed in order for the policy of inclusive practice to be realised – and sustained – in practice.

8.1 Positive developments in Victoria

The representatives of the four case examples were uncomfortable with describing the progress they have made in relation to violence against women with disabilities as 'best practice'. Although positive progress had been made, those involved were able to identify many ways in which they could further improve their practice/service. It was thought that a more accurate description of their practice was that is was moving in a 'positive direction' and that the initiatives were 'engaging with the challenge'.

The cases demonstrate – in different ways – recognition of the needs of women with disabilities experiencing family violence, a consideration of the barriers experienced by these women, and an understanding of the issues of equitable access. Two examples are drawn from developments in crisis refuges; one concerning the establishment of a dedicated disability unit and the other illustrating cross-sector collaboration between local mental health and domestic violence services. The third illustrates the development of accessible communication and information for women with disabilities (and those who support them) via a website. The fourth is concerned with regional planning and policy development regarding women with disabilities who are experiencing family violence through the work of an integrated family violence coordinator.

Positive developments in service delivery: Molly's House

Molly's House, located in the Western Metropolitan Region of Victoria, provides crisis accommodation and support for women and children of all abilities escaping family violence. Molly's House established an accessible unit in the early 2000s and began receiving direct referrals from regional disability agencies following its promotion.

Molly's' disability unit is a large, autonomous unit that provides independent (that is, not communal) living for a woman with a disability and her children. Molly's House only provides a 9 to 5 service but has an emergency after hours paging service. Molly's House can also accommodate some women with disabilities in its communal refuge if that is the most appropriate option for them.

Features of positive developments at Molly's House

There are a number of elements that have contributed to the disability unit becoming such a positive initiative.

Affirmative access policies

Molly's House has always been proactive in responding to the needs of marginalised women who are experiencing family violence. This has included women with disabilities as well as women from non-English backgrounds, women with mental health issues, and women with drug and alcohol issues, particularly methadone dependent women. As such, affirmative access policies are in place in relation to prioritising these women for its crisis accommodation.

Diverse staff expertise

Molly's House's manager has consistently looked for a diversity of skills within workers when employing staff. House policy ensures there are two designated staff positions within the service for women from non-English speaking backgrounds. In addition, there is currently expertise in the area of disability and mental health. Thus, the groups of women Molly's House prioritises for service are supported by appropriately skilled staff. This greatly strengthens Molly's House's model of service provision for women with disabilities from diverse cultural backgrounds.

Staff expertise in disability

Having expertise in disability within the staff team ensures on-site assistance with navigating how to access support services on behalf of women with disabilities. It has also ensured that the 'right' questions are being asked at the point of referral so that the service can prepare how best to support women and children with disabilities. These additional questions are now being formalised as part of the accreditation process.

Disability data collection

Molly's House has improved its data on women with disabilities whose referrals the service is not able to accept. It is important to be clear about what the issues are and why the service has not been able to a provide refuge/crisis accommodation. Molly's also tries to provide clear feedback to the referring agency about why it is that a woman is not suitable for the disability unit.

Supporting older women with disabilities

Molly's House has developed the capacity and expertise to support two distinct groups of older women with disabilities: firstly, older women with disabilities experiencing violence from their adult children, often sons; secondly, older women with adult sons with disabilities (with both equally in need of refuge). Both of these groups of women find it hard to seek assistance for the violence, although for different reasons. The first find it difficult to speak up about sons as perpetrators; the second may not seek assistance to escape the violence if it means being separated from sons. Most refuges and respite services do not accept adult sons, so Molly's House provides a significant service for women in this situation.

Gendered approach to supporting women with disabilities

It is new territory for most of the women who use the disability unit to be involved with a service that has a gendered focus, a service that supports women to think about their rights as women. Women with disabilities and women who have children with disabilities who are experiencing family violence need to have their experience validated in the context of how family violence impacts on the lives of other women. The role of the family violence worker is to assist these women to place their experience within a context and the shared experience of other women – to say 'you are not the only one that this is happening to; family violence is a phenomenon and happens to many women'.

Consumer participation group

In 2007 Molly's House set up a consumer participation group comprised of women with disabilities who have used the service in the past. Feedback from the group is valuable for staff to reflect on current practice, particularly as it comes from women when they are more settled (that is, not in crisis), with time to reflect on their own personal outcomes, and are less likely to feel they owe the service something.

Challenges in sustaining and improving the disability unit

There are a number of challenges to consider in relation to the future sustainability of the disability unit and in realising a number of improvements to it.

Resources

- Need for money for the building itself, plus equipment, especially regarding access and equipment relating to supporting women with vision, hearing and mobility impairments.

- Tension on resource allocation between the crisis services that Molly's House is funded to deliver and the community development activities that could enhance service outcomes. For example, Molly's House has had to work hard to resist the pressure it receives at times to accept a generalist referral for the disability unit. At times there is a tension for Molly's between ensuring the unit's availability and having the numbers to meet service targets under its DHS obligations.

Systems

- Difficult to maintain the regional network of services and partnerships developed since the funded period ended. There is no capacity within Molly's House's ongoing budget to designated resources for the purpose of maintaining regional networks.

- Tension between disability support role and family violence support role and the intensive nature of the work involved, particularly when linking women into services or when negotiating the transfer of services between regions.

Attitudes and cultural change

- Molly's House would like to feed its learnings into the DV Vic practice forums/network to contribute to the exploration of how a cross sector response to women with disabilities is developed and make it a significant part of a whole of sector integrated family violence response.

Beyond the scope of Molly's House

- Molly's House has identified the need for an increased capacity to engage in complex case management. Women with disabilities often present with high support needs in relation to counselling, re-establishing networks and community, ensuring that services are in place on the ground when a woman moves into a new area.

- Molly's House faces difficulties in arranging the longer term housing needs of a woman with a disability given the crisis in housing options where there is insufficient supply of disability-accessible, transitional or alternative housing options. This raises the question of how to get disability agencies to prioritise the needs of these women who have to move from region to region chasing safe housing. Further, Molly's House is not in a position to provide a service to women with very high attendant carer support needs as it does not have access to the resources to 'buy in' the necessary supports. This means that there is no specialist family violence crisis accommodation service accessible for these women with disabilities. This is of grave concern.

Positive developments in cross sector collaboration: Woorarra Women's Refuge

Woorarra Women's Refuge is located in Melbourne's Eastern Metropolitan Region. From 1997, a collaborative partnership evolved between Chandler House Community Mental Health Clinic and Woorarra Domestic Violence Service Inc. (which runs the refuge) with a view to improving outcomes for women with mental health issues who are experiencing family violence.

Positive features of the cross sectoral collaboration

The partnership was shaped by a number of developments that evolved over the years. As it will become clear, these developments were the result of short-term, project-based funding initiatives.

Disability audit and development of Disability Action Plan

In 1997, Women With Disabilities Australia (WWDA) investigated the barriers that women with disabilities experience when trying to access women's refuges. As part of this project, Woorarra was chosen to be audited against accessibility guidelines and to develop a disability action plan. The outcome of this was the *More Than Just a Ramp* report (see WWDA 2007d), which provides an information guide that is transferable not only to other refuges but other services.

Development of protocols between domestic violence and mental health services

In the process of undertaking the disability audit and developing the disability action plan, Woorarra became involved in a second region-wide project to develop protocols between domestic violence and mental health services called *Tailoring Services to meet the Needs of Women*. This led to the Woorarra and Chandler House partnership. Where staff at Woorarra had difficulty accessing mental health services for refuge residents, Chandler House (the nearest Community Mental Health Clinic) was becoming increasingly aware that family violence was an issue for many of its clients. The protocols developed by the Woorarra and Chandler House partnership focused on consultation and strategies to assist women to access the relevant services they required from both Woorarra and Chandler House.

Local cross-sector staff development

A program of cross-sector staff development initiatives was implemented to establish a common language and understanding about a range of issues, including security and safety, terminology, diagnosis, medication and its effects, and the impact of family violence on women with mental health issues. The program was delivered at a local level by local services and provided a basis for further protocols and referral guidelines to be developed, involving agreement around primary and secondary consultation and a process for debriefing. As a result of this, a mental health worker joined Woorarra's Committee of Management.

Domestic violence outreach work for women with mental health issues

By 2001, case managers at Chandler House reported an increase in the number of mental health clients who identified domestic violence as a major contributor to their emotional trauma. A working party at Chandler House sought to establish a domestic violence outreach service but was hampered by resource restraints. Meanwhile, Woorarra Inc. had established a community outreach service for the Yarra Ranges Shire (a mixed rural, suburban and 'interface' shire) and made this accessible to clients of the mental health service.

Review process and further staff development

Throughout 2003/2004, the Eastern Metropolitan Region's mental health and family violence services once again re-committed to their collaborative work with a review of existing protocols between the Eastern Region Mental Health Services and Linkages (the regional domestic violence network).

Titled the *Building Partnerships* project, a number of further initiatives were developed, including: a workshop for mental health clinicians about 'working with women who have been abused'; dissemination of brochures, posters and pamphlets in the Eastern Mental Health Adult and Child and Adolescent Mental Health Programs about family violence and where to get help; information on the training offered by Eastern Family Violence Network distributed throughout all mental health programs; collection of data between services, recording contacts, referrals and outcomes, initiated; and regular meetings between Woorarra's manager and Chandler House's Eastern Health Women's Mental Health Consultant initiated to monitor the progress of the project.

As a result of these meetings, a small SAAP Promoting Excellence grant was secured with the purpose of undertaking a six-month project, *Crossing the Chasm*. This established a process for pre and post evaluations of clinicians' knowledge and skills in relation to family violence; supported the ongoing collection of data, and released a family violence worker from Woorarra for a half a day per week to work with the mental health services to improve service based responses to family violence. The goal of the project was to develop a working model of collaboration between mental health and family violence services at a local level that was transferable. This project won an industry service partnership award in 2004.

Future challenges

There are several factors exerting considerable pressure on the capacity of Woorarra and Chandler House to sustain the level of cross-sector collaboration that they reached by the mid-2000s. As previously observed, the developments described here have been the product of short-term, project-based initiatives. They have drawn heavily on the existing resources of the participating mental health and family violence services (with the exception of the 2004 SAAP small grant) thereby placing strain on participating organisations to sustain the

momentum. In addition, the original staff of Woorarra and Chandler House who drove the partnerships have moved on. Woorarra's management is committed to using the current process of accreditation to review how its existing resources can be creatively used to provide a service that is responsive to the needs of women and children with disabilities. However, its primary obligation is to fulfil its DHS service agreement obligations, which means that without ongoing additional resources, its capacity to sustain community development projects aimed at increasing collaboration remains in doubt.

Positive developments in information provision: Domestic Violence Resource Centre Victoria

The Domestic Violence Resource Centre Victoria (DVRCV) is a Victorian statewide service based in Melbourne. It aims to reduce and prevent family violence by providing education to improve service and policy responses, and by assisting people who have experienced abuse. It provides information to specialist support services in Victoria and Australia, professional training courses (including in disability and family violence), a library, an extensive publications list (including a quarterly newsletter, discussion papers, books and other publications), and commentary on policy initiatives and law reform. DVRCV's extensive website provides much of this information on-line.

Positive developments relating to DVRCV's website

In 2005, DVRCV committed to redeveloping their domain website to improve accessibility for people with disabilities. This benefited through – and was made possible by – the following developments:

Involvement in WWDA's 'More than Just a Ramp' project

A working party was formed in Victoria called Violence Against Women with Disabilities Action (VAWDA) to drive the component of the federally funded WWDA project that looked at a Victorian refuge (Woorarra) to audit for disability access. DVRCV had a representative on the working group who requested that DVRCV be named in the funding submission as the auspice body for the implementation of the project. Application to DHS for funding was successful and the Violence Against Women with Disabilities project began in 2002. A number of initiatives within DVRCV have evolved as a result, including the redevelopment of the website, the rewriting of pamphlets to make them more accessible to women with diverse disabilities, an audit of all training programs with respect to disability issues, and the publication of a discussion paper on violence-induced disability (see DVRCV 2006).

DVRCV's Strategic Plan

As part of DVRCV's organisational strategic plan, it committed to increasing the accessibility of its publications, including its website, to people with disabilities, as a priority. The DVRCV publications coordinator, who was also the web manager, completed a training course on accessible communication run by Vision Australia with a view to undertaking the redevelopment of the website in-house. The web manager also consulted with Accessible Information Solutions, a consultancy service provided by the Vision Australia National Information Library Service.

Understanding of human rights and legislative issues concerning access

To improve the accessibility of the DVRCV website, the organisation needed to understand its obligations to people with disabilities. This required an understanding of the Disability Discrimination Act (Commonwealth) and following the advice of the Human Rights and Equal Opportunity Commission's Web

Content Accessibility Guidelines, which have been issued to help services ensure their websites are accessible (including details on the design and style elements).

Understanding of accessibility issues for people with diverse disabilities

In order to increase the readership of DVRCV's website material, the organisation learnt what some of the accessibility issues with websites are. Many people are unable to see, hear, move or process some types of information on websites. For example, some cannot use a mouse to click links on a webpage and instead use the keyboard or another device to select links. Some people use screen readers with speech or Braille outputs to read the text on the website. Some people need to be able to increase or decrease the font size or change the colours on a webpage to enable them to read it.

Stories from women with disabilities who have experienced violence

A popular section of the DVRCV website is the 'stories' section where people can read stories from survivors of violence and their advice for others. When DVRCV re-launched its site, it had two stories of women with disabilities. An application for funding enabled DVRCV to undertake the collection of more stories from women with disabilities who had experienced family violence in 2007. In 2008, these interviews were drawn on to produce a web-guide for women with disabilities experiencing family violence (*Getting Free From Abuse: A Guide for Women with Disabilities*). The guide has been designed so that it is an integral page in the overall website with careful attention to the graphic design to ensure accessibility. The main text of the web-page is also available in Arabic and Vietnamese and has been designed to be interactive with a number of links to other pages on the DVRCV site and women's stories.

Future challenges

The re-development of DVRCV's website has depended on project-based funding and on ensuring that the Publication Coordinator/Web Manager's work plan delegates regular tasks to other team members. As with all core activities of a community organisation, long-term sustainability can only be assured if there is an ongoing source of funding.

Considering the potential for this web-page on disability and family violence to be such a useful resource for both women with disabilities who have experienced violence and services seeking information and further understanding about disability and family violence, this funding issue is of great concern.

Positive Developments in Regional Planning and Policy Development: Barwon South West Integrated Family Violence Sub-regional committees

The focus of this case example is the organisational and structural processes that were put in place in developing an integrated family violence service response in this large region.

As part of the leadership and governance structures established to steer the Victorian Government's reform of family violence responses, Integrated Family Violence Committees have been formed at regional level with links to the Regional Indigenous Family Violence Action Groups. They are potentially important key agents for change within each region providing leadership in service integration and planning. The Barwon South West Regional Integrated Family Violence Co-ordinator position is auspiced by Community Connections

(Vic) Ltd**.** The Coordinator's role is to encourage a commitment from relevant local agencies and community representatives to participate in the region's committees and to progress the family violence reform agenda.

Formation of two sub-regional committees

The 'Barwon South West' region is a large geographical region reaching south and west from Geelong to the South Australian border and including the southern Grampians area. Historically, this region has operated as two distinct sub-regions with one referred to as Barwon and the other as the South West. The creation of two sub-regional committees was therefore an acknowledgement of this historical and geographical division and ensures the development of integrated family violence response systems are grounded in local (or rather, sub-regional) knowledge and practice.

The Family Violence Partnership Management Group

In place of a sole regional executive or chair, Barwon South West has a small steering group called the Family Violence Partnership Management Group. The steering group includes representation from different parts of the community and agencies whose members might occupy regional or sub-regional roles. The Steering group guides the work of the Family Violence Coordinator and thus the structural processes to support work plans.

DHS guidelines for Integrated Family Violence

DHS guidelines for Integrated Family Violence Coordination initiated the inclusion of diverse groups, including developing strong links with and representation of people with disabilities. This has provided leadership and encouragement for the Coordinator to seek the views of women with disabilities in the work of the regional sub-committees.

Representing the views of women with disabilities experiencing violence

Central to raising awareness about the issues facing women with disabilities experiencing violence has been the need to encourage the participation of disability networks in the family violence reform agenda. Given the lack of networking between the disability and family violence sectors, the Coordinator sought VWDN's Executive Officer's assistance in identifying disability networks and establishing a joint meeting involving two of the region's women's networks for women with disabilities, VWDN and the Barwon South West Coordinator. As a result of this networking and being able to draw on the expertise of VWDN, women with disabilities are now represented on both sub-regional committees.

Open forum on family violence

Twice a year, the Barwon South West Integrated Family Violence Coordinator organises an open forum which all services in the region are encouraged to attend. In February 2008, the forum focussed on the Partnerships for Family Violence Risk Assessment and Management. This provided an opportunity for key family violence services to present information on what they provide and how best to refer to their services. Workers from disability agencies expressed interest in the forum, although work loads prohibited attendance for some. The significance of the forum's focus on family violence risk assessment was in the opportunity to raise awareness amongst disability workers about the increased vulnerabilities of women with disabilities to family violence.

Encouragement of learning and training programs with a Disability Family Violence Learning Program

One of the strengths of the integrated coordination process is that it provides the opportunity for services and individual representatives of services to think about

partnerships and to exchange expertise across sectors. Two learning and training programs exemplify the potential for the work of integrated coordination:

- The two sub-regional committees will be participating in the Disability Services Division's new learning program for workers in the disability service and family violence sectors (called Women with a Disability Family Violence Learning Program; see previous section on training) in July 2008.

- DVRCV is about to deliver a 'train the trainer' course to twelve or more local workers who will be able to deliver a one day basic training on family violence. The region will potentially have trainers from different sectors involved in responding to family violence, including disability workers.

Meeting venues with disability access
An important step toward practically – and symbolically – ensuring accessibility for people with disabilities has been the commitment to holding all meetings in venues with disability access.

Future challenges
A key challenge is for the auspice agency to be able to continue to support the Barwon South West Integrated Family Violence Coordination role within its budget.

8.2 Positive developments in other countries

In this section, we provide a brief snapshot of positive developments in jurisdictions beyond Victoria: three from the UK; two each from Canada, the US and NSW; and one from Queensland. In the projects concerned with service delivery issues, there is particular emphasis on developing cross-sector and cross-agency links; with those involved in research, there is particular emphasis on assessing access issues in relation to supporting women with disabilities.

Leeds Inter-Agency Project, UK

Established in 1990, the Leeds Inter-Agency Project (LIAP) is recognised as a leader in working to improve the safety of women and children experiencing family violence through multi-agency collaboration. In recent years, LIAP has worked with women with disabilities, aiming to improve the capacity of services to respond to women with disabilities experiencing family violence. LIAP is involved in delivering education programs to women with disabilities; providing one-to-one support work to women with disabilities experiencing violence; producing and disseminating accessible information (such as the *Disabled women and Domestic Violence: Help is Available* pamphlet); organising talks and networking events for women with disabilities, and has produced a video (called *Disbelief*) and training pack for services. The pamphlet provides access information about each of the agencies and hostels listed in it.
Website: www.liap.org.uk

Disabled Women and Domestic Violence: Making the Links Project, Women's Aid Federation, UK

This is a national project developed by Women's Aid (a national domestic violence charity which coordinates and supports a network of local domestic violence projects throughout England), working with a research team from the University of Bristol (the Violence Against Women Research Group) and the University of Warwick (the Centre for the Study of Safety and Well-being). It aims to build knowledge about the experience of women with disabilities living with violence and what services they need; identify the gaps in current disability and domestic violence service responses; identify and examine examples of best practice and policy, and make recommendations for policy and service development to meet the identified needs. The research involves conducting a national survey of domestic violence services (and provisions for responding to women with disabilities), a national survey of organisations for people with disabilities (to explore the level of awareness about abuse issues and existing provisions for those who have been abused), and conduct interviews. An interim report was released in October 2007.
Website: www.bristol.ac.uk/sps/downloads....

Greater London Domestic Violence Mental Health Project, UK

The Greater London Domestic Violence Project began working on mental health in 2003 after identifying the link between women's experiences of domestic violence and mental distress, and gaps in services for these women. The project explored service access issues regarding women experiencing domestic violence and mental distress, identified good practice in service provision for women, supported networking and information sharing across the two sectors of mental health and domestic violence, and developed an action plan to address existing gaps in service provision including a set of minimum standards for inclusive service provision, the 'toolkit', and delivered training to workers in the domestic violence and mental health sectors. The toolkit, titled, *Sane Responses: Good practice guidelines for domestic violence and mental health services*, was published in 2008. It aims to promote understanding and good practice of frontline workers dealing with the two issues of domestic violence and mental health by providing easily-accessible information, guidelines for good practice, and details of existing services across London. As a source of reference, it is intended for workers in the mental health or domestic violence sectors and their supervisors or managers but is also suitable for others working with women experiencing domestic violence or mental distress, or with perpetrators.
Website: www.gldvp.org.uk

Disability Access Project, Woman Abuse Council of Toronto, Canada

The Woman Abuse Council of Toronto (WACT) was launched in 1991. It is a policy development and planning body, made up of member organisations that coordinate the provision of cross-sectoral services, including police, victim services, counselling, health services, justice and the 'violence against women' sector, to women and their families who have experienced violence. The Disability Access Project is a recent joint initiative between WACT and the Access and Education Program of Springtide Resources (one of the Council's member organisations). It aims to bridge the gap in meeting the needs of women with

disabilities who are victims of abuse by putting issues of service access on the Council agenda with a view to encouraging member organisations to consider how they might provide inclusive services to women with disabilities. Springtide Resources has also produced a manual for the 'violence against women' sector to be inclusive of women with developmental disabilities.
Website: www.womanabuse.ca

Canadian audit of shelters, DAWN-RAFH Canada

DAWN Canada (DisAbled Women's Network Canada) is a national feminist organisation controlled by and comprised of women who self-identify as women with disabilities. It was established in 1985. Last year, it developed a National Accessibility and Accommodation Survey tool in order to audit the accessibility of women's shelters across Canada. DAWN's goal for women's shelters is for them to become more accessible, if not 100% accessible, to women with disabilities. The survey will be available to Women With Disabilities Australia and available through DAWN-RAFH Canada's website soon. It will look at all aspects of accessibility, including environmental sensitivity, attendant care, mental health, and help for mothers with disabilities to access shelters. In September 2008, DAWN-RAFH Canada will present some of the findings at the first World Conference of Women's Shelters in a co-presentation with WWDA on a panel on best practices.
Website: www.dawncanada.net/ENG/ and www.wwda.org.au

Disability Services ASAP (A Safety Awareness Program): Austin, Texas

This is a program of SafePlace: Domestic Violence and Sexual Assault Survival Centre, Austin, Texas and was established in 1995. Disability Services ASAP provides education to people with disabilities in order to increase awareness about sexual assault, domestic violence and abuse by personal care providers, personal safety planning, healthy relationships and sexuality. Training is also available to professionals (including disability service providers, family violence workers and criminal justice personnel) and family members. Counselling services are also available to people with disabilities. The program was established in 1995.
Website: www.safeplace.org

Accessing Safety Initiative, USA

This is a partnership between the Vera Institute of Justice and the US Department of Justice, Office on Violence Against Women. The program provides prevention and intervention services to children, youth and adults with any disabilities; family members of people with disabilities; and professionals in the disability, family violence, sexual assault and other crisis fields. It is particularly aimed at reaching women with disabilities in order to prevent sexual, physical, emotional and other types of interpersonal violence. Collaboration across sectors is a key element of the program. An advisory council comprised of people with disabilities and professionals guides the activities, program and future directions.
Website: www.accessingsafety.org

8.3 Positive Developments in other Australian states

Towards Better Practice Project, NSW

This is an Australian Research Council project to explore how collaboration between the domestic violence and mental health sectors can be achieved. The University of Sydney is undertaking the work in partnership with Joan Harrison Support Services for Women, Liverpool-Fairfield Mental Health Services, The Education Centre Against Violence and the Transcultural Mental Health Centre. The project began in 2006 and is anticipated to be completed by the end of 2008. It includes a practitioner survey, interviews with women who have experience of mental health and domestic violence services, focus groups with practitioners and an action evaluation component.
Contacts: Lesley Laing, Jude Irwin, Lindsay Napier and Cherie Toivenen, University of Sydney
Website:
http://www-faculty.edfac.usyd.edu.au/projects/towards_better_practice

Sexual Assault in Disability and Aged Care Action Strategy, NSW

The Sexual Assault in Disability and Aged Care Action Strategy (SADA) was initiated in 2005 and aims to identify best practice in preventing and responding to sexual assault in disability and aged care residences. It was developed by the Northern Sydney Sexual Assault Service in response to the experiences of people with disabilities and older people who had sought assistance in dealing with sexual assault. It received initial funding from the Office of Women and is under the auspice of People with Disability Australia Incorporated. The strategy involves consultation in the disability, aged care, police and sexual assault sectors with a view to improving the capacity of services to respond to people experiencing sexual assault whilst living in disability and aged care residences. Whilst the strategy focuses specifically on sexual assault, there is an important link with experiences of family violence in residential settings. A website is under development, which will provide resources to disability and aged care services. A training package for disability and aged care staff regarding the identification of and response to sexual assault for disability and aged care staff is also planned.
Website: www.sadaproject.org.au

Women with Intellectual and Learning Disabilities, Queensland

Women with Intellectual and Learning Disabilities (WWILD) Sexual Violence Prevention Service aims to uphold the rights of women with intellectual and learning disabilities to live free from sexual violence. WWILD is funded by Queensland Health and the Department of Communities. WWILD provides a range of services including: therapeutic and education groups (on a range of topics such as sexuality, protective behaviours, sexual violence, and self esteem); individual support and counselling; referral to the criminal justice system; advocacy; opportunities for women to participate in service development; training in sexual violence prevention; support of victims of sexual violence and organisational responses; community education; resource and policy development. The disability

training program – Victims of Crime – is a statewide support, referral and information service for people with intellectual, learning and cognitive disabilities who are victims or witnesses of crime. It also provides statewide training for organisations and is involved in community education.
Website: www.wwild.org

8.4 Conclusion and recommendations

Positive developments discussed in this section occurred as a result of a number of factors:

- the involvement of women with disabilities in policy development, service planning and service delivery;
- the commitment of family violence services to supporting women with disabilities as clients;
- inter-sector collaboration between disability and family violence services; and
- the quarantining of specific resources to support innovation in service development and collaboration.

Some real gains have been made in terms of broadening the support for women with disabilities experiencing violence. However, a multi-level approach, involving intra-government collaboration with cross-agency partnerships is still to be realised.

Successful outcomes for women with disabilities experiencing violence requires that the service response focuses on the issue of violence and women's and children's safety. However, the family violence sector must be linked to expertise in the disability sector, in order to ensure a woman's right to all of the support services available, to afford her maximum independence.

Recommendations:

1. That leadership at statewide, regional and local levels encourages the building of relationships, capacity and exchange of respective expertise between disability, family violence and the broader community sectors. This might, for example, include linking together Rural and Metro Access workers, the integrated family violence networks, and the Local Area Service Networks.

2. That the government allocates specific resources for the development of cross-sector relationships and pathfinder projects between the family violence and disability sectors.

3. That the government supports, and disseminates information about, good practice developments in the area of disability and family violence that emerge in response to local circumstances.

4. That ongoing support (and funding) is provided for good practice, 'beacon' developments, which provide the platform for leadership and positive developments across the sector.

5. That local services take responsibility for developing interagency collaboration at a local level between the disability and family violence sectors.

6. That services take advantage of the Victorian Government's initiative (through DPCD's Office for Disability) to resource health and community agencies to develop disability action plans, and that the Office for Disability and Family Violence Unit within DPCD monitor these developments.

9 Conclusion

This research has aimed to 'build the evidence' about the extent to which current Victorian family violence policy and practice recognises and provides for women with disabilities who experience violence.

Overall this report highlights the disabling environments that prevent women with disabilities from knowing about, let alone accessing, the services they need in order to escape from violence. These points are summarised in the section on 'findings' in the Executive Summary. In addition, the recommendations – presented collectively in the Executive Summary – indicate the steps that need to be taken in order to rectify the situation as it now stands.

The first two sections provide the introductory background to this project with section one explaining its aim, scope, methodology and understanding of family violence. Section two provides a theoretical, current policy, legislative and human rights context in which to situate violence against women with disabilities. In particular, it draws upon a review of international and Australian literature on what is currently known about the incidence and nature – and responses to – violence against women with disabilities, thus showing the challenges to translating the concerns and needs of women of all abilities into Victoria's new integrated family violence response system that was initiated from the early to mid 2000s.

The substantive findings of the research are reported on in sections three to eight. Each section is devoted, respectively, to: the help-seeking experiences of four Victorian women with disabilities who were interviewed; the views of family violence workers' in working with women with disabilities in the family violence response system; issues relating to disability and violence data collection by government and relevant sectors; an analysis of eight family violence sector standards, codes and guidelines; workforce development; and positive developments in service responses to women with disabilities experiencing violence in Victoria and jurisdictions beyond. Most sections conclude with a summary or conclusion and specific recommendations.

The analysis of available data on disability and family violence, family violence standards, codes and guidelines, and the consultations with women and family violence workers confirm what is in the literature: that there is a minimal response to supporting women with disabilities experiencing violence. There is considerable work that needs to be undertaken at policy, research and service delivery levels in order to improve the capacity of family violence services to respond to women with disabilities experiencing violence. This will require significant resourcing as our analysis of best practice in Australia and overseas indicates that it takes a sustained and cross-sectoral collaborative effort to affect positive changes of benefit to women with disabilities experiencing violence.

A key finding – and recommendation – is that a three-part strategy be adopted in order to improve, develop and sustain service improvements for women with disabilities experiencing violence *throughout the state*. This is in keeping with a human rights approach. A human rights approach is one that ensures the core human rights principles of equality, human dignity, mutual respect, freedom from

violence, participation and empowerment, accountability, equity and access are reflected in the strategies, policies and practices adopted to improve family violence services to women with disabilities.

This approach requires:

1) The incorporation of issues facing women with disabilities into all aspects of the family violence service system.

2) The resourcing of specific initiatives to address issues for women with disabilities that can serve as 'beacons' of good practice.

3) The resourcing and further strengthening of existing specialist disability and family violence advocacy services and peak bodies to expand their capacity to provide advice, secondary consultation and education to the family violence service response system.

It remains to be said that making things right for women with disabilities means making things right for women of *all abilities* who experience violence. It is only in working together that we will achieve this vision.

Appendices

Appendix 1:

Violence Against Women with Disabilities

Prevalence of violence against women with disabilities[26]

The prevalence of violence against women with disabilities is not known as we do not collect relevant data. However, research here and overseas indicates that violence against women with disabilities is huge.

Regardless of age, race, ethnicity, sexual orientation or class, women with disabilities are assaulted, raped and abused at a rate of at least twice that of non-disabled women. Women with disabilities are often forced to live and work in situations in which they are vulnerable to violence.

There are structural, cultural and contextual reasons for this situation.

- Compared to non-disabled women, women with disabilities:

    - Experience violence at higher rates and more frequently
    - Are at a significantly higher risk of violence
    - Have considerably fewer pathways to safety
    - Tend to be subjected to violence for significantly longer periods of time
    - Experience violence that is more diverse in nature
    - Experience violence at the hands of a greater number of perpetrators.

- Why are women with disabilities more vulnerable to violence than non-disabled women?

    - dependence on others
    - fear of disclosure
    - poverty, lack of economic independence and exclusion from jobs
    - lack of education and knowledge
    - social isolation
    - place of residence
    - communication
    - lack of services and support
    - lack of access to the criminal justice system
    - nature of disability
    - low self esteem and lack of assertiveness
    - discrimination: women with disabilities are perceived as inferior, genderless, objectified, asexual or overly sexual, with minimal rights and values
    - lack of autonomy

[26] This material was prepared as an information sheet for discussion with family violence workers during the course of the Building the Evidence Project. It was sourced – with permission - from: Carolyn Frohmader (2005) 'Submission to the South Australian Government 'Review of South Australian Domestic Violence Laws'' on behalf of Women With Disabilities Australia (WWDA); available at: www.wwda.org.au

- The violence might be perpetrated by:
  - intimate partner or spouse
  - relatives
  - paid or unpaid caregivers (male and female)
  - co-patients, co-residents
  - residential and institutional staff
  - service providers

Forms of violence against women with disabilities

The violence that women with disabilities experience may be similar to that of non-disabled women, however women with disabilities also experience unique forms of violence.

Physical violence:
- administration of poisonous substances or inappropriate drugs
- withholding food, water or heat
- inappropriate handling (personal or medical)
- use of restraints
- withholding equipment, medications or transportation
- refusal to provide assistance with essential needs
- inappropriate behaviour modification
- experimental treatment
- chemical restraint
- confinement
- control of/use of/alteration of equipment

Sexual violence:
- sexual activity being demanded or expected in return for help
- taking advantage of physical weakness and inaccessible environment to force sexual activity
- being rough with intimate body parts
- sexual abuse under the pretence of 'sex education'
- being left naked or exposed
- denial of sexuality
- denial of sex education and information
- denial of appropriate reproductive health care
- forced/involuntary sterilisation or termination of pregnancy
- female genital mutilation
- menstrual suppression

Emotional and psychological violence (abuse, neglect, discrimination and omission provide the conditions and contexts that lead to violence):
- denial of disability
- withholding/altering aids/equipment
- threats to withdraw care or services
- ignoring requests for assistance
- threats of punishment or abandonment
- threats to institutionalise
- threats to remove children
- denial of rights
- violations of privacy
- restricting access to others (including services)

Appendix 2:
The stories of women interviewed

Fran's story

Fran has a cognitive disability and has had a number of medical problems over the years. She lives with her teenage son, who also has a cognitive disability, in temporary accommodation whilst she looks for a rental house that is more affordable, permanent and within distance of her son's special school.

Fran's husband has used violence against her and her son for years. It started from the time they married, about 17 years ago: "*I knew it was not right – being treated like a personal whore and a slave…I felt tricked into marriage*".[27] As their son grew older, he too was abused and neglected by his father, and sometimes physically hurt. When Fran was in hospital for a serious lung condition, a family service was assisting at home with the care of her son. One day, her husband hit their son and then called the family service to say he could not look after the boy. They, in turn, called Child Protection who arranged foster care for a few months. During this time, Fran was not permitted to see her son, which she felt was very unfair.

When Fran's health improved and with the help of the family service, she was able to have her son back home with her. The family service helped her to leave her husband the first time by finding a flat to rent and organised home help. For the next few years, Fran and her son lived together. During this time, Fran began to have concerns about her son's increasingly aggressive behaviour and tried to speak to the family service but they did not believe her. Eventually, her son was 'diagnosed' with a cognitive impairment and at the age of 8 he switched to a special school. By the time he was 12, Fran decided to return to live with her husband because she thought his presence would be positive for the boy who was, at times, unusually distressed and violent, (many times over, she had to call a special after hours service for people with disabilities when he became violent towards her). However, her husband was as abusive and controlling as before.

Meanwhile, her son's school became concerned about his deteriorating behaviour and reported it to DHS. Fran by this time was trying to leave her husband again but couldn't find affordable accommodation. In the end, her son's social worker helped her get in touch with a domestic violence service. She packed quickly and got to the police from where they were assisted into a temporary safe house over the weekend and then into a refuge where she and her son stayed in their own unit for two and a half months.

Fran found the police and safe house helpful and the refuge staff "*great*". The latter helped sort out her disability pension with Centrelink (she had only been receiving a few dollars a week because of her husband's income and it took some time before she got her full entitlement). She felt accepted at the refuge and that they understood her and her son. They got in touch with a Legal Aid lawyer for her to deal with access issues and settlement. They went with her to court and helped her prepare a statement about the physical and mental domestic violence for the purposes of obtaining an Intervention Order. A worker also showed her

[27] Direct quotations are italicised.

around the suburbs, which she found enormously helpful and reassuring, and helped enroll her son into another special school.

Fran is now faced, yet again, with the task of finding affordable accommodation that is near to her son's new school. She has been looking for two months with the help of another family service. Most places are too expensive or the affordable ones are "*dumps*". Fran will soon have to appear in court again, this time relating to the divorce settlement, but she is at least planning for a different future.

Fran's wish is that other women with cognitive disabilities know that there are safe places for them to go when they really need it. She talked about not being accepted owing to her cognitive disability and of her fear in seeking refuge because of it. She had spent years protecting her son from the abuse of his father and feared having to protect him from the staff and other residents of the refuge when she was feeling at her most vulnerable. Her relief in finding a place where she and her son's cognitive impairments were accepted and understood and, most importantly, where they did not have to share space with others, was immeasurable. As she said, "*women with disabilities need to know we'll be safe and no worse than 'going back'*".

Fran talked about feeling stronger and less frightened now because she's "*been through it*". She has knowledge about what a safety house is like and that she can go to the police if her son is violent towards her. She hopes that the refuge will take her in again, should she ever need it, but she was anxious about this. Lastly, she said very strongly that she would like to see a TV advertisement that provided information about where to go for help to women with disabilities experiencing violence.

Jane's story

Jane lived in a remote area of Victoria with her husband and daughter. For 20 years, she experienced escalating violence from her husband, but was increasingly limited by physical and medical disabilities, exacerbated by her husband's violence. Her doctor advised her to sell their remote property and move into town where they would have access to utilities and, importantly, heating in the cold winters; Jane's husband, who also had a disability, refused.

The house and property fell into disrepair. Jane asked her GP if she could get help at home, for example, to bring in the wood, only to be told there were no home help services. Meanwhile, her husband's uncontrollable violence was exacerbated by alcohol-related liver disease that would kill him, according to his GP. However, neither doctor referred Jane to a domestic violence service.

Jane's situation worsened about 10 years ago. She was hospitalised after a heart attack but discharged herself when she discovered that DHS wanted to put her daughter in foster care, having been notified by her daughter's school over concerns for her wellbeing. By this stage, Jane's husband was not living at home but on an even more secluded property that belonged to his family. He later had a girlfriend who threatened to move into Jane's house if she ever left it, which complicated Jane's options.

Jane's medical specialist referred her to a psychiatrist but Jane felt he had no understanding of her experience of family violence and she stopped attending.

Jane went on a sole parent's pension and saw a solicitor to see if, through legal action, she could sell the property. Her husband's response was to begin a 'terror campaign' of threats, stalking and late night visits.

Jane called the police many times but, owing to the remoteness of her house, her husband was long gone by the time they arrived. However, the police did make sure that Jane had the family violence crisis number and served her husband with an interim Intervention Order following threats on her life.

Then, Jane and her daughter became suddenly and violently ill. Suspicions led the police to arrange for a health inspection of their home water supply. The report indicated serious toxicity so the police advised Jane and her daughter to immediately leave the house. She contacted the Women's Domestic Violence Crisis Service and was referred to a high-security refuge in Melbourne.

Jane and her daughter lived in the refuge for the next 5 months. Staff helped in a number of ways: they arranged access to counseling via the Victims of Crime scheme, ran programs about family violence, and provided financial help with a month's advance rent when Jane and her daughter moved into private rental accommodation. Jane valued the refuge experience. The downside, for her, was sharing it with four other distressed women and their ten children.

Meanwhile, the police proceeded with criminal charges against her husband for stalking and breaching the Intervention Order. Subpoenaed to attend a regional court, Jane was advised not to mention the poison attempt (the police had been unable gather anything other than hearsay evidence). This she found extremely unfair and stressful, particularly when she was asked why she did not leave her home earlier.

Her husband was found guilty, fined $1,000 and given a good behaviour bond because it was his first offence. She recalls him laughing as he left court, saying that it was 'just a slap on the wrist' and he 'could find them anywhere'. He was also ordered to pay spouse allowance and child maintenance, which was later altered to a lump sum, out of court settlement, on sale of the property. She realised very little money out of the sale. Her husband eventually died three years ago.

Securing affordable, accessible accommodation has been a huge problem for Jane. She has lived in three houses since leaving the refuge four years ago. Initially, she rented privately so that she could be close to family but rental payments were difficult. Then, taking the advice of a support worker, she applied for public housing. Although it meant moving for the third time into a new region, she believed that within a few months she would be able to apply for a transfer back into the area where her family lived. She has now been waiting for three years, not only for a transfer but for some modifications to be made to her present house so that the shower is more accessible for her.

Each time Jane and her daughter have moved house, they have either lost contact with support workers or had to re-establish themselves with new ones. In one instance she did not feel supported by the new counsellor to whom she had been referred, but there were no others available and so she stopped attending.

Jane now lives on a disability support pension and is cared for by her daughter (who receives a Carer Payment). Isolated because of her disability and the ongoing mental health consequences of the violence, Jane would like to have been given information about the services she might have turned to before the violence escalated to crisis point. She would also have liked access to a post-

refuge, family violence support program, the opportunity to meet other women in her situation, and for a long-term support worker to be checking on her.

Sophie's story

Sophie acquired her disability seven years ago. She has two young children with developmental disabilities. In hindsight, she sees that her husband had been manipulative from the start of their relationship but she did not realise how serious it was until she had her children and her own health deteriorated. She experienced years of possessive, verbally abusive and threatening behaviour.

Sophie first disclosed the violence to her GP who probed her about his concerns for her safety, warned her that her husband could be dangerous if she ever tried to leave him, and gave her the CAT team numbers in the event of an emergency. The doctor believed it was possible her husband had a personality disorder. Sophie's greatest support, however, has been a social worker at her children's school (who provided her with the family violence crisis telephone number). She has rung Sophie regularly and frequently for years.

Sophie did leave her husband when he threatened to kill the children and himself a few years ago.

Unfortunately, owing to her children's disabilities, emergency accommodation was not an option for it would mean the children could not attend school whilst they were in the refuge and would have to share the house with others. She did not want to subject them to this degree of disruption. Her only option was to shelter with family until her husband had calmed down and the police had served him with an interim Intervention Order. After a few days, she was able to return to her house.

Sophie wrote about the services that have been involved in her life for the past few years.

> *The most helpful thing that X* [a family violence peer support program] *did was to validate my experience, as the women…staffing it and attending had all experienced differing forms of DV so knew exactly where I was coming from. Although they didn't fully understand my disability/condition, they were extremely empathetic, providing me with on referrals for counselling, etc and ensuring a DV support worker attended court with me to ensure that if I needed anything they could assist me…*
>
> *I was also frustrated by Y* [a mainstream women's service] *who only fund short term help. Domestic Violence is not a short term problem and does not magically disappear once a woman has left the abusive partner, particularly if there are young children involved. Y provided me with three appointments with a social worker* [who helped Sophie devise a safety plan] *and then I was left on my own. A few months later when I attempted to contact the social worker I was advised that they only assisted for six months after separation.*
>
> *My first attendance at* [court] *for an Intervention Order they advised I could use their room, on my second attendance I was advised that their room was no longer available and I had to sit in the foyer.* [On this occasion, Sophie was abused by her ex-

husband whilst court security stood by and said nothing.] *Again no notice or understanding of my condition and the undue stress that the legal situation placed upon my health.*

I was surprised by the friends and family members who pulled back when I tried to ask for help. I found that along with dealing with the impact and decisions pertaining to myself and my children (who both have disabilities) I had to deal with their concerns and issues about me leaving the relationship.

I had never disclosed the abuse throughout the marriage (some 13 years). They thought everything was fine as he was perfectly behaved around everyone yet when doors were closed the opposite to the children and me. The majority of scars he left upon us being psychological, and emotional which don't show to others. He also set about gaining support from everyone I knew including family members, who initially believed him. It was not until he finally cracked in their presence that they realised this was about his behaviour towards us, not my medical condition etc as he had tried to convince everyone.

I have found no understanding when dealing with courts particularly and court staff. As I am able to walk I am not deemed to have any disability by those that I have met and it is not until I go into details of my condition that people become slightly more aware. Having said this…I have not found any extra assistance being offered to me to reduce any physical, emotional or mental distress at any time. I have often been left feeling very undervalued as a member of the community.

Sophie's experiences of the courts – Magistrates and Family – have been frustrating and distressing. She has had a constant battle in the Family Court regarding her ex-husband's contact with the children. For a year, the Family Court lawyer for the children tried to get her to allow the children's father to visit them at home and demanded to see the suicide note that the father had written (which she did not have). She felt that the Family Court was only interested in 'equal access' and not about the children's well-being. She faced comments from judges such as: "I don't know why you're here", "Are you trying to stop the father seeing the children?" and "I don't see why you can't just change over at MacDonald's like other couples". This last comment followed experiences of being stalked and tailgated and attempts to run her off the road when driving the children to meet their father. In her view, the fact that family court orders over-ride Intervention Orders makes the latter a "*waste of time*". She felt that the Family Court tried to make her commit to not having an Intervention Order and she has had to contest a contact order that has been in place because she does not feel safe from her husband. She also found comments from judges and her ex's lawyers about her children and changeover arrangements offensive and insensitive, and consequently is fearful of telling the court too much about her disability for fear it will prejudice decisions about contact arrangements.

Her experience of two contact centres suggests that there are inconsistent practices in managing the changeover of children between parents where family violence is occurring.

Sophie's experience of a Family Relationship Centre was also negative. Her lawyer advised her that she needed to be seen to be encouraging a relationship between the children and their father regardless of his violence and the

Intervention Order. The first mediator pressured her to be in the same room as her ex-husband despite a shuttle mediation being planned. She refused. A second mediator stepped in but she found the experience to be hostile to her. As she said: "*I wouldn't recommend it [the experience] to any woman who has experienced DV as it is no different to being at court. If you are going to be treated the same way as at court, you may as well not be there*."

All of these negative and stressful experiences exacerbated Sophie's disability, making it difficult to manage and to protect herself and her children.

> *Having a disability has affected my access to services, mainly via lack of understanding of the complexities of my condition and the limitations that I can sporadically have physically. I have had to constantly advocate for my self or have friends with me to advocate on my behalf when I had experienced previous occasions of not feeling heard.*
>
> *Other advice for women experiencing domestic violence. Firstly, advise trusted family and friends of what is going on for you; secondly speak to your GP or medical practitioner who is fully conversant with your condition, advise them of what you are experiencing and ask them for any help that they can offer. Thirdly, start to silently and carefully put a plan in motion to escape your situation. Seek legal advice, if unable to leave home. Ring the legal advice lines via telephone or have a friend, etc ring on your behalf if you are unable to. You will need somewhere to go, so speak to the DV Crisis hotline, etc or get someone to do this for you and organise crisis accommodation for you; get their assistance in arranging an Intervention Order, etc. Do not accept this behaviour against you any more. I did for far too long, making up excuses for it and taking the blame for it. It is not until you are out of the situation and your head and heart clear that you can fully appreciate and understand the amount of power and control your abuser has had over you. Even with a disability you can achieve anything your heart desires; you're amazing and you have the right to live a safe happy and healthy life just like anyone else free of pain and suffering. Also, do not stay for the sake of the children, as you are actually causing your children harm by staying with an abuser. Get out while you can before the violence intensifies and possibly causes a serious injury or death.*

Appendix 3:

Training, professional development and conferences

Training

Mental Health Training and Development Unit (MHTDU): Sexual Abuse Trauma Experienced by Mental Health Clients

This workshop, presented by the Bouverie Centre, is an opportunity for participants to enhance their understanding of the impact of sexual assault on mental health. In the context of the MHTDU Sexual Abuse Policy, this training provides practical suggestions for responding to disclosures of sexual abuse. Concepts covered include trauma theory, PTSD, vicarious traumatisation, 'false memory syndrome' and clinician self care. Participants will develop an understanding of an integrated, multi-theoretical trauma treatment framework.

DHS: Integrated Pathways Training

This program has been developed in partnership between Swinburne University of Technology (TAFE Division), Domestic Violence Resource Centre Victoria (DVRCV) and No To Violence (NTV)

The training is intended to provide an induction and orientation program for workers in the family violence sector, specifically those working within family violence services, child protection, police and the court system. The training is primarily targeted at family violence agencies funded by the Department of Human Services.

Participants in the training will be family violence workers from across Victoria. These will be employees of many different agencies and will be diverse in their professional backgrounds and experience.

The important thing about this training is that it will comprise new competencies including *Orientation to Disability,* a unit designed for those working with people who have disabilities and who experience family violence.

Training is to be delivered in three streams:

- Participants who have previously completed the existing seven units will undertake the two new units *Orientation to Disability Work* and *Work With Users of Violence to Effect Change.*
- Participants who have not previously undertaken training will undertake all units.
- Participants working in associated professions including homelessness agencies will undertake competencies in *Establish and monitor a case plan, Work within a legal and ethical framework, Provide support services to clients*.

Training is provided workshop-style off-site, complemented by a significant component of on-the-job training activities to be completed by trainees. Participants' training will be spread over a semester. This training period maximises trainees' opportunities to be supported whilst they apply their learning in their daily work, and allows time for completion of on the job and off the job assessment tasks between sessions. Most importantly, the duration of the training will allow trainees a lengthy period of reflection on their ideas, skills, values and integration of theories and work practice.

The training also comprises a project based activity or application of the competencies on-the-job, in addition to formal contact hours.

The *Orientation to Disability Unit* has been reviewed after trainers found it problematic to deliver due to the initial design which only allocated one training day. In developing the unit it was clear that one day is inadequate to cover the content. As this Unit was advertised and enrolled as a single day in the Full courses it remained as the one day for the two 2007 Full courses with additional materials provided for students to take away.

Subsequently the Full course in 2008 included an additional day allocated for the Unit and the stand alone Unit is also allocated 2 days.

DHS: Women with a Disability Family Violence Learning Program

The Disability Services Division has contracted Swinburne University of Technology (TAFE Division) and Domestic Violence Resource Centre Victoria to develop and facilitate a two-part learning program aimed at assisting workers in the disability and family violence sectors to provide for a more unified approach in supporting women with a disability who may be experiencing family violence.

Learning program approach

A 'community of practice' approach will underpin the learning program with the aim of enhancing individual knowledge and providing for greater systemic learning and change.

Four half-day facilitated practice forums

These forums would be held in conjunction with the two-day workshops (outlined below) and would operate as 'communities of practice' providing participants with the opportunity for reflection around practice and skill development. Participants targeted for this part of the program would include: Disability Services staff (Disability Client Services (DCS) staff), disability community service organisation staff (outreach, case managers), and family violence sector workers.

It is expected that these practice forums will be self-sustaining, communities of practice in the long term.

Two-day training workshop

This training is for disability workers only and focuses on the support needs of women with a disability experiencing family violence. These two days will be spread over a six-week period. Participants targeted for this part of the program would include: Disability Services staff (Disability Client Services staff) and disability community service organisation staff (outreach, case managers).

The training also includes a work-based component in which participants would learn through documenting and reflecting on work activities. The work-based activities will occur between the two workshop days.

Funding will be made available to participating organisations to cover backfill costs for attendees.

Family Planning Victoria

Family Planning Victoria was allocated funding by the Office of Women (FaHCSIA) to develop training to increase the skills and confidence of workers, working with women with a cognitive impairment who had experienced sexual assault.

A training manual, including a literature review and some pictorial, interactive resources were developed and the pilot training was run in February 2008.

Two day training program

The training was aimed at those who have experience in counselling and support work but may have had less training in working with individuals with a cognitive impairment or communication difficulty. Each participant was provided with a kit of resources to take and use in their practice.

FPV anticipates that there will be further training conducted in the future with kits to be developed in response to requests. All kit materials will be available on loan from the FPV Bookshop and Library after the completion of the evaluation of the project.

DPCD: Family Violence Risk Assessment and Risk Management Framework

In May 2008 the Department of Planning and Community Development called for tenders for the Family Violence Risk Assessment and Risk Management Framework Training. The overall aim of the Framework *Training Program* is to build capacity and consistency across the family violence services workforce in risk assessment and risk management practice, within the objectives of the family violence reforms.

The training program is expected to be delivered across the state of Victoria, in each DHS region. It is estimated that 1000 specialist family violence staff and 1000 related mainstream sector staff will be provided with the Preliminary and Comprehensive family violence risk assessment and risk management training between July 2008 and June 2009. In addition, adapted training components, incorporating integral aspects, are to be developed and delivered to Maternal and Child Health Nurses and Magistrates' Court registrars.

The *Training Program* is to incorporate culturally appropriate components for Indigenous and CALD persons and for people with a disability.

Professional Development

DVRCV: Advanced Professional Development Series

A forum titled *Violence, Abuse and Mental Health: improving responses to women with mental health issues in the family violence sector* in DVRCV's advanced professional development series provided an opportunity for family violence workers to:

- Hear what research says about the links between family violence and mental health;
- Understand more about the mental health system;
- Hear about one region's efforts to improve responses to women experiencing family violence with mental health issues;
- Explore practice implications for their work.

DV VIC Practice Development Network

As the peak body for domestic violence services for women and their children, the Network provides facilitated opportunities to its members to discuss, share and develop ideas and models for reflective practice, critical best practice and practice development. These discussions and briefings occur in the context of the family violence field's accreditation against the Homelessness Assistance Service Standards, the Quality Improvement and Community Services Accreditation (QICSA) organisational management standards and the *DV Vic Code of Practice for Specialist Family Violence Services for Women and Children.*

Barwon South West Region Integrated Family Violence Coordination

Barwon and South West sub-regional committees have included a presentation from the Disability Services Division Workforce Development and Learning, Quality and Sector Development Branch on disability and family violence on their respective agendas. It is anticipated that the presentation will create a space which allows for expertise on the issue of violence against women with disabilities and local knowledge to be in the room at the same time. This process hopefully encourages robust dialogue with participating services sharing their experiences/expertise and difficulties openly.

Forums/Conferences

Australian Domestic & Family Violence Clearinghouse

In August 2007, a one day, national forum called *Take Back the Castle: making the home a safe place for women and children* was held. Participants explored and discussed models for assisting women and children experiencing violence to stay safely in the family home and not have to leave their networks and communities. The Forum included a workshop on women with disabilities, and issues affecting women with disabilities were also discussed during the panel discussion.

As part of a national forum called *Diverse and Inclusive Practice: Redrawing the Boundaries* held in November 2007, there was a focus on Domestic Violence, Disability and Cultural Safety as an important emerging issue in domestic violence support work. Diversity and cultural safety was examined from a broad

perspective, which included the voices of women with disabilities who have lived in abusive relationships. This event, for women's services, disability organisations, family violence service providers, researchers and policy makers, looked towards new directions in supportive practice for victims of violence

Family Planning Victoria

Family Planning Victoria held a public forum called *What to do, Where to go, What to expect*, in October 2007 with four sessions devoted to 'Sexual Assault and Cognitive Impairment: Information for workers, carers and consumers':

- Session 1 - Background: Issues, Research & Projects
- Session 2 - Service Providers: Issues & Responses
- Session 3 - 3 concurrent workshops regarding:
  - Assisting victims of crime
  - Tools, including communication aids, to assist in working with clients with cognitive impairment
  - The roles of police and CASA in responding to sexual assault.
- Session 4 – Repeat of workshops

Disability In-Service training & Support Service (DISTSS)

DSTSS organised a forum on *Responding to Abuse Against People with a disability* in April 2008. Abuses towards people with disabilities often occur in many subtle ways and can have a significant impact on the quality of life of individuals. Abuse in the disability sector is not often discussed or researched. This forum provided a platform to discuss strategies regarding the protection and support of people with a disability.

Topics of discussion included:

- Understanding the prevalence of abuse
- Diverse types of abuse commonly experienced by many people with a disability
- Support available for victims of abuse
- Strategies for reporting abuse
- Strategies for identifying abuse.

References

Abramson, W.H. (2000) 'Promoting Violence-free Relationships: Disability Services ASAP.' *Impact: Feature Issue on Violence Against Women with Developmental or other Disabilities,* 13 (3). Institute on Community Integration, University of Minnesota, Minneapolis;
available at http://ici.umn.edu/products/impact/133/

Abramson, W.H. et al (eds) (2000) *Impact: Feature Issue on Violence Against Women with Developmental or Other Disabilities* 13 (3), University of Minnesota, Institute on Community Integration, Minneapolis.

Abramson, W.H., Schwartz, M., & Kamper, H.A. (2004) 'Building Bridges with Disability Advocacy Agencies', *Reshape: The newsletter of the sexual assault coalition resource sharing project.* Issue 12, pp5-6.

ABS (2005) *Personal Safety Survey*, Australian Bureau of Statistics, Canberra, Cat. No. 4906.0.

ABS (2004) *Disability, Ageing and Carers: Summary of findings*, Australian Bureau of Statistics, Canberra, Cat. No. 4430.0.

AIHW: Marcolin, S. (2005a) 'Female SAAP clients and children escaping domestic and family violence 2003-04', *Bulletin* No. 30. AIHW Cat. No. AUS 64. Australian Institute of Health and Welfare, Canberra.

AIHW: Murdoch, F. (2005b) 'Homeless SAAP clients with a disability 2002-03', *Bulletin* No. 23. AIHW Cat. No. AUS 56. Australian Institute of Health and Welfare, Canberra.

Baldry, Eileen et al (2006) 'Domestic Violence and Children with Disabilities: Working towards enhancing social work practice', *Australian Social Work* 59 (2): 185-197.

Barile, M. (2002) 'Individual-Systemic Violence: Disabled Women's Standpoint', *Journal of International Women's Studies* 4 (1) pp1-14

Breckenridge, Jan & Mulroney, Jane (2007) 'Leaving violent relationships and avoiding homelessness – providing a choice for women and their children', *Public Health Bulletin* 18 (5-6): 90-93.

Brouner, Joelle (2004) 'Will lightening strike twice if we tell the truth? Rape, disability and other conversations to avoid in polite company', *Reshape: The newsletter of the sexual assault coalition resource sharing* project 12 (Fall): 1-4.

Brownridge, D.A. (2006) 'Partner Violence Against Women with Disabilities: Prevalence, risk and explanations', *Violence Against Women* 12 (9) 805-822.

Bruder, C. & Kroese, B.S. (2005) 'The Efficacy of Interventions designed to prevent and protect people with intellectual disabilities from sexual abuse: a review of the literature', *Journal of Adult Protection* 7 (2).

Carlson, B.E. (1997) 'Mental Retardation and Domestic Violence: An ecological approach to intervention', *Social Work* 42 (1) 79-89.

Cattalini, Helen (1993) *Access to services for Women with Disabilities who are subjected to Violence,* Dept of PM and Cabinet, Office of Status of Women, National Committee on Violence Against Women, Australian Government Publishing Service.

Chang, J.C. & Martin, S.L. et al (2003) 'Helping Women with Disabilities and Domestic Violence: Strategies, limitations, and challenges of domestic violence programs and services', *Journal of Women's Health,* 12 (7) 699-708.

Chenoweth, L. (1996) 'Violence and Women with Disabilities: Silence and paradox', *Violence Against Women* 2 (4) 391-411.

Civjan, Sheryl R. (2000) 'Making Sexual Assault and Domestic Violence Services Accessible' in Abramson, Wendy et al (eds) *Impact: Feature Issue on Violence Against Women with Developmental or Other Disabilities,* 13 (3): 10-11. University of Minnesota, Institute on Community Integration, Minneapolis; available at http://ici.umn.edu/products/impact/133/

Clancy, Wendy (2004a) *Mapping and Evaluation of Family Violence Education and Training for Key Occupational Groups*, Part A on behalf of DVRCV for the Statewide Steering Committee Against Family Violence Professional and Community Education Sub-Committee (February), DVRCV, Melbourne.

Clancy, Wendy (2004b) *Mapping and Evaluation of Family Violence Education and Training for Key Occupational Groups,* Part B on behalf of DVRCV for the Statewide Steering Committee Against Family Violence Professional and Community Education Sub-Committee (June), DVRCV, Melbourne.

Cockram, Judith (2003) *Silent Voices: Women with Disabilities and family and domestic violence,* Women With Disabilities Australia; available at www.wwda.org.au/silent1.htm

Cohen, M.M., Forte, T. et al (2005) 'Intimate Partner Violence among Canadian Women with Activity Limitations', *Journal of Epidemiology and Community Health* 59 (10) 834-9.

Commonwealth of Australia (2008) *Which Way Home? A new approach to homelessness,* Green Paper, Attorney-General's Department, Canberra.

Copel, L (2006) 'Partner Abuse in Physically Disabled Women: A proposed model for understanding intimate partner violence', *Perspectives in Psychiatric Care* 42 (2): 114-129.

Curry, M.A., Hassouneh-Phillips, D. & Johnston-Silverberg (2001) 'Abuse of Women with Disabilities: An ecological model and review', *Violence Against Women* 7 (1) 60-79.

Curry, M. A., Powers L.E. & Oschwalk, M. (2003) 'Development of an Abuse Screening Tool for Women with Disabilities', *Journal of Aggression, Maltreatment and Trauma* 8 (4): 123-41.

Davis, J.A. (2005) 'Open Dialogue; taking the 'Silent Voices – WWD and F&DV' report to the next phase', compiled for People with Disabilities WA Inc, December.

Department of Justice (2006) *Family Violence Database: Final Year Report 1999-2004,* Melbourne, Victoria.

DHS (2008) *Practice guidelines: Women and children's family violence counselling and support programs,* Children, Youth and Families Division, Victorian Government Department of Human Services, Melbourne, Victoria, Australia.

DHS (2006) *Homelessness Assistance Service Standards,* Office of Housing, Sector Development Housing and Homelessness, Victorian Department of Human Services, Melbourne, Victoria, Australia.

DHS (2003) *Towards Collaboration: A resource guide for Child Protection and family violence services,* Family and Community Support Branch, Community Care Division, Victorian Department of Human Services, Melbourne, Victoria, Australia.

Dowse, L. & Frohmader, C. (2001) *Moving Forward: Sterilisation and Reproductive Health of Women and Girls with Disablities*, Women With Disabilities Australia, Tasmania.

Dubin, M. (2000) 'Serving women with Disabilities: Strategies for the justice system' *Impact: Feature Issue on Violence Against Women with Developmental or other Disabilities,* 13 (3) Minneapolis, University of Minnesota; available at http://ici.umn.edu/products/impact/133/

DVC (2007) *Family Violence Risk Assessment and Risk Management: Supporting an integrated family violence service system,* Family Violence Coordination Unit, Department for Victorian Communities, Melbourne, Victoria.

DVRCV (2003) *Triple Disadvantage: Out of sight, out of mind.* 2nd edition, prepared by Chris Jennings, Violence Against Women with Disabilities Project, Domestic Violence and Incest Resource Centre, Melbourne.

DV Vic. (2006) *Code of Practice for Specialist Family Violence Services for Women and Children: 'Enhancing the safety of women and children in Victoria',* Domestic Violence Victoria, Melbourne, Victoria, Australia.

Elman, A. (2005) 'Confronting the Sexual Abuse of Women With Disabilities', Harrisburg, Pennsylvania: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence; available at www.vawnet.org [accessed 20/5/08]

FCLC (2007) *Code of Practice for Family Violence Applicant (Court Based Intervention Order) Programs,* Federation of Community Legal Centres (Vic), Melbourne, Australia.

Fearday, F. & Cape, A. (2004) 'A Voice for Traumatized Women: Inclusion and mutual support', *Psychiatric Rehabilitation Journal* 27 (3): 258-265.

Frantz, B.L., Carey, A.C. & Nelson Bryen, D. (2006) 'Accessibility of Pennsylvania's Victim Assistance Programs', *Journal of Disability Studies* 16 (4).

French, Phillip (2007) *Disabled Justice: The barriers to justice for persons with disability in Queensland*, Disability Studies and Research Institute for Queensland Advocacy Incorporated (May), Brisbane.

Frohmader, Carolyn (2005) 'Submission to the South Australian Government Review of South Australian Domestic Violence Laws' on behalf of Women With Disabilities Australia (WWDA); available at www.wwda.org.au

Gallagher, Eddie (2002) 'Adult Clients with Mild 'Intellectual Disability': Rethinking our assumptions', *ANZJFT* 23 (4): 202-210.

Guy, L. (2004) 'Overview of the Disabilities Partner Project in Washington State', *RESHAPE* 12: 7-8.

Gilson, S.F., Cramer E.P. & DePoy, E. (2001a) 'Redefining Abuse of Women with Disabilities: A paradox of limitation and expansion', *Affilia* 16 (2) 220-235.

Gilson, S. F., DePoy, E., & Cramer, E.P. (2001b) 'Linking the assessment of self-reported functional capacity with abuse experiences of women with disabilities', *Violence Against Women* 7(4) 418-31.

Goodfellow, J. & Camilleri, M. (2003) *Beyond Belief: Beyond Justice. The difficulties for victim/survivors with disabilities when reporting sexual assault and seeking justice.* Final report of the Sexual Offences Project, Stage One, prepared for the Disability Discrimination Legal Service Inc., Melbourne.

Government of Canada (2003) *Defining Disability: A complex issue,* Office for Disability Issues, Human Resource Development Canada, Quebec.

Grattet, Ryken & Jenness, Valerie (2001) 'Examining the Boundaries of Hate Crime Law: Disabilities and the "Dilemma of Difference', *The Journal of Criminal Law and Criminology* 91 (3): 653-698.

Hague, G., Thiara, R.K. & Magowan, P. et al (2007) *Disabled Women and Domestic Violence: Making the Links.* An Interim Report for the Women's Aid Federation of England; available at www.bristol.ac.uk/sps/downloads

Hassouneh-Phillips, D. (2005) 'Understanding abuse of women with physical disabilities - An overview of the abuse pathways model', *Advances in Nursing Science* 28(1) 70-80.

Hassouneh-Phillips, D. & Curry, M.A. (2002) 'Abuse of women with disabilities: State of the science', *Rehabilitation Counseling Bulletin* 45(2) 96-104.

Hassouneh-Phillips, D. and McNeff, E. (2005) '"I thought I was less worthy": Low sexual and body esteem and increased vulnerability to intimate partner abuse in women with physical disabilities', *Sexuality and Disability* 23(4): 227-240.

Heenan, M. & Murray, S. (2007) *Study of Reported Rapes in Victoria 2000-2003. Summary Research Report,* Statewide Steering Committee to Reduce Sexual Assault, Melbourne.

Howe, K. (2005) 'Preventing Violence Against Women With Disabilities: Learning from North American service responses', *DVRCV Newsletter* 3: 3-8.

Howe, Keran (2007) *Literature Review on Women with Disabilities and Violence Prevention,* Victorian Women with Disabilities Network Advocacy Information Service, Melbourne.

Howe, Keran & Frohmader, Carolyn (2001) 'Going Inclusive: Access to health care for women with disabilities'. A paper presented for Women With Disabilities Australia at the 4th Australian Women's Health Conference, Adelaide, February; available at www.wwda.org.au/inclusive.htm

Howe, Keran (1999) 'Violence Against Women with Disabilities – an overview of the literature', *Women Against Violence* 7 (December): 11-19.

Jennings, Chris (2007) 'Access and Equity Equals Best Practice', *Australian Domestic and Family Violence Clearinghouse Newsletter,* Issue 3, Available at http://www.austclearinghouse.unsw.edu.au

Jennings, Chris (2004) 'Making Service Information Accessible', *Domestic Violence & Incest Resource Centre Newsletter* Winter: 18-20.

Jennings, C. (2003) *Triple Disadvantage: Out of sight, Out of mind,* Domestic Violence and Incest Resource Centre, Melbourne.

Keilty, Jennifer & Connelly, Georgina (2001) 'Making a Statement: An exploratory study of barriers facing women with an intellectual disability when making a statement about sexual assault to police', *Disability & Society* 16 (2): 273-291.

Keys Young (1998) *Against the Odds: How women survive domestic violence***,** Partnerships Against Domestic Violence, Office of the Status of Women, Canberra

Kirkwood, Debbie (2007) 'Behind Closed Doors: Family Dispute Resolution and Family Violence – New Discussion Paper', *DVRCV Quarterly* Domestic Violence & Incest Resource Centre Newsletter Edition 2 (Winter): 19-21.

KPMG (2008) *Family Violence Services Data Collection: User guide, Monday 3 March to Sunday 16 March 2008.* Prepared by KPMG for Department of Planning and Community Development, Melbourne.

Laing, Leslie et al (2008) *Towards Better Practice: Enhancing Collaboration Between Women's Domestic Violence Services and Mental Health Services*; available at project website http://wwwfaculty.edfac.usyd.edu.au/projects/towards_better_practice/index.php?page=initial-findings

Macklin, Marie (2005) 'Building Bridges: A systematic and collaborative approach to extending protection and abuse prevention strategies for women with intellectual disabilities in rural communities', *Rural Social Work and Community Practice* 10 (December): 3-9.

Mansell, S., Sobsey, D. & Calder, P. (1992) 'Sexual Abuse Treatment for Persons with Developmental disabilities', *Professional Psychology-Research and Practice* 23 (5): 404-409.

Marcus, Gaby (2008) 'An Integrated Response to Family Violence – a new approach in Victoria', *Australian Domestic & Family Violence Clearinghouse* Newsletter 32 (April): 4-7.

Martin, Sandra et al (2006) 'Physical and Sexual Assault of Women With Disabilities', *Violence Against Women* 12 (9): 823-837.

Mays, J.M. (2006) 'Feminist disability theory: domestic violence against women with a disability', *Disability & Society* 21 (2) 147-158.

Milberger, Sharon et al (2002) *A Michigan Study on Women with Physical Disabilities: Final Report*, National Institute of Justice, US.

Morrow, Marina (2002) *Violence and Trauma in the Lives of Women with Serious Mental Illness: Current practices in service provision in British Columbia,* Women's Health Reports: British Columbia Centre of Excellence for Women's Health.

Mouzos, Jenny and Maklai, Toni (2004) *Women's Experiences of Male Violence: Findings from the Australian component of the International Violence Against Women Survey (IVAWS)*, No. 56, Research and Public Policy Centre, Australian Institute of Criminology, Canberra

Mulder, L. (1995) *Reclaiming our rights: Access to existing police, legal and support services for Women with Disabilities or who are Deaf or Hearing Impaired who are subject to violence,* NSW Department for Women**:** 55.

Mulroney, Jane (2003) 'Trends in Interagency Work', *Australian Domestic and Family Violence Clearinghouse;*
available at: www.austdvclearinghouse.unsw.edu.au

Murray, Suellen & Powell, Anastasia (in press) 'Sexual Assault and Adults with a Disability: Enabling recognition, disclosure and a just response', ACCSA Issues paper No. 9, Commonwealth of Australia.

Nannini, Angela (2006) 'Sexual assault patterns among women with and without disabilities seeking survivor services', *Women's Health Issues* 16 (6): 373-379.

No To Violence (2005) *Men's Behaviour Change Group Work: Resources for Quality Practice* No To Violence, the Male Family Violence Prevention Association, Melbourne, Australia.

Nosek, M.A., Hughes, R.B. et al (2006) 'Disability, Psychosocial and Demographic Characteristics of Abused Women with Physical Disabilities', *Violence Against Women* 12(9) 838-850.

Nosek, M., Foley, C., Hughes, R., & Howland, C. (2001a) 'Vulnerabilities for Abuse among Women with Disabilities', *Sexuality and Disability* 19 (3): 177-89.

Nosek, M., Howland, C., Rintala, M., Young, M. & Chanpong, M. (2001b) 'National Study of Women with Physical Disabilities: Final Report', *Sexuality and Disability* 19 (1): 5-39.

Nosek, M., Howland, C., & Hughes, R. (2001c) 'The Investigation of Abuse and Women with Disabilities', *Violence Against Women* 7 (4): 477-499.

Nosek, Margaret, & Howland, Carol (1998) 'Abuse and Women with Disabilities', Harrisburg, Pennsylvania: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence; available at http://new.vawnet.org/category/Main_Doc.php?docid=369

NSW Ombudsman (2004) *Assisting homeless people – the need to improve their access to accommodation and support services.* Final Report arising from an Inquiry into access to, and exiting from, the Supported Accommodation Assistance Program (May), NSW Government Publication, Sydney.

Office for Disability (2008) *Overview of Disability in Victoria,* Office for Disability, Department of Planning and Community Development (January) 12 pp; available at www.officefordisability.vic.gov.au

Office of Women's Policy (2008) *2008-09 Budget FV Fact Sheet 6May08* available at www.women.vic.gov.au

Oktay, Julianne & Tompkins, Catherine (2004) 'Personal Assistance Providers' Mistreatment of Disabled Adults', *Health & Social Work* 29 (3): 177-188.

Olkin, R. (2003) 'Women with physical disabilities who want to leave their partners: A feminist and disability-affirmative perspective', *Women and Therapy* 26 (3-4) 237-246.

Olle, Liz (2006) *Violence-Induced Disability: The consequences of violence against women and children*, Discussion Paper Number 5, Domestic Violence and Incest Resource Centre, Melbourne.

Phillips, Ruth (2006) 'Undoing an Activist Response: Feminism and the Australian Government's Domestic Violence Policy', *Critical Social Policy* 26 (1): 192-219

Powers, L. & Curry, M.A. et al. (2002) 'Barriers and Strategies in Addressing Abuse; A survey of disabled women's experiences', *Journal of Rehabilitation* 68, (1) 4-13.

Salthouse, Sue, & Frohmader, Carolyn (2004) '"Double the Odds" – Domestic Violence and Women With Disabilities'. Paper presented to the *Home Truths Conference*, Sheraton Towers, Southgate, Melbourne, 15-17 September.

Saxton, Marsha, Curry, Mary, Powers, Laurie, Maley, Susan, Eckels, Karyl, & Gross, Jacqueline (2001) 'Bring My Scooter so I can Leave You', *Violence Against Women* 7(4): 393-417.

Simpson, Vanessa (2005) 'Women with Disabilities Experiences of Family Violence in Victoria: An issues paper'. (October), Unpublished paper for Women With Disabilities Network Advocacy Information Service, Melbourne.

Smith, Bonnie & Hutchinson, Beth (eds) (2006) *Gendering Disability,* Rutgers University Press, New Brunswick, N.J.

Sobsey, Dick (2000) 'Faces of violence against women with developmental disabilities' in Abramson, Wendy et al (eds) *Impact: Feature Issue on Violence Against Women with Developmental or other Disabilities,* 13 (3) Minneapolis, University of Minnesota, Institute on Community Integration, Minneapolis; available at http://ici.umn.edu/products/impact/133/

Sobsey, Richard (1994) *Violence and Abuse in the Lives of People with Disabilities: The end of silence acceptance?* Paul H. Brooks Pub. Co., Baltimore.

Sobsey, Dick & Doe, Tanis (1991) 'Patterns of Sexual Abuse and Assault', *Sexuality and Disability* 9(3): 243-259.

Department for Communities (2007) *Speaking Out: Domestic violence and people with disabilities* Department for Communities, Western Australia.

Statewide Steering Committee to Reduce Family Violence (2005) *Reforming the Family Violence System in Victoria* Office of Women's Policy, Department for Victorian Communities, Melbourne; available at www.women.vic.gov.au

Strand, MarieLouise et al (2004) 'Violence in the care of adult persons with intellectual disabilities', *Journal of Clinical Nursing* 13(4): 506-514.

Snyder, Sharon & Mitchell, David (eds) (2006) *Cultural Locations of Disability*, University of Chicago Press, Chicago.

State of Victoria Department of Justice (2008) *Family Violence Bill 2008: Revised Draft Discussion Paper*, April, Department of Justice, Melbourne.

State of Victoria Department of Justice (2005) *Victorian Family Violence Database, Volume 2: Five year report 1999-2004*, Victims Support Agency, Victorian Department of Justice, Melbourne.

Stewart, Julie (2005) 'Specialist Domestic/Family Violence Courts Within the Australian Context', *Australian Domestic and Family Violence Clearinghouse*, Issues Paper 10: 1-40

Stubbs, Julie (2004) 'Restorative Justice, Domestic Violence and Family Violence', *Australian Domestic & Family Violence Clearinghouse* Issues Paper 9: 1-23

Swedlund, Nancy, & Nosek, Margaret (2000) 'An Exploratory Study on the Work of Independent Living Centers to Address Abuse of Women With Disabilities', *Journal of Rehabilitation* 66 (4) 57-64.

Thomas Goodall Assoc. (2008) *Intensive case management for women experiencing family violence report*, prepared for Department of Human Services, Melbourne.

Thomson, Rosemarie Garland (1997) *Extraordinary Bodies: Figuring physical disability in American culture and literature*, Columbia University Press, New York.

Trotter, Joy, Radford, Jill & Harne, Lynne (2007) 'Changing Relationships: services for disabled women experiencing DV in the UK', *Research, Policy and Planning* 25 (2).

Tyiska, C.G. (2001) 'Working with Victims of Crimes with Disabilities', Bulletin prepared for the Office of Victims of Crimes, U.S, Department of Justice.

UNIFEM (2007) *UNIFEM strategic plan, 2008-2011*, Executive Board of the United Nations Development Programme and of the United Nations Population Fund, United Nations Development Fund for Women, New York, DP/2007/45; available at http://www.unifem.org./attachments/products/UNIFEM_SP_2008-2011_eng.pdf.

UNIFEM (2005) *Violence Against Women: Facts and Figures*, United Nations Development Fund for Women, New York.

Urbis Keys Young (2004) *National Framework for Sexual Assault Prevention.* Prepared for the Office of the Status of women. Commonwealth of Australia, Canberra.

Victoria Police (2004) *Code of Practice for the Investigation of Family Violence: Supporting an integrated response to family violence in Victoria*, Victoria Police, Melbourne; available at www.police.vic.gov.au/content.asp?Document_ID=674

VLRC (2003) *Sexual Offences: Interim report*, Victorian Law Reform Commission, Melbourne.

VLRC (2006) *Review of Family Violence Laws*, Victorian Law Reform Commission, Melbourne.

VWDN AIS (2007) *A Framework for Influencing Change: responding to violence against women with disabilities,* Victorian Women with Disabilities Advocacy Information Service, Melbourne;
Available at
www.whv.org.au/vwdn/documents/influencing_change_final_version.pdf

Wilcox, K. (2008) 'Diverse and Inclusive Practice: redrawing the boundaries', *Australian Domestic and Family Violence Clearinghouse Newsletter* (February):12-14; available at www.austclearinghouse.unsw.edu.au

Wilcox, Karen (2007) *Diverse and Inclusive Practice: Redrawing the Boundaries – Domestic Violence, Disability and Cultural Safety National Forum 2007*, Forum report prepared for Australian Domestic and Family Violence Clearinghouse, UNSW (December).

Wisseman, K.B.L. (2000) 'You're My Pretty Bird in a Cage: Disability, Domestic Violence and Survival' in *Impact: Feature Issue on Violence Against Women with Developmental or other Disabilities,* 13 (3) Minneapolis, University of Minnesota. Institute on Community Integrations; available at http://ici.umn.edu/products/impact/133/

WWDA (2008) *WWDA Policy Paper: 'The Role of Advocacy in Advancing the Human Rights of Women with Disabilities in Australia'* (April), Women With Disabilities Australia, Rosny Park, Tasmania; available at http://www.wwda.org.au/advpolpaper08.htm.

WWDA (2007) *Submission to the South Australian Government 'Review of South Australian Domestic Violence Laws'* (May), Women With Disabilities Australia, Rosny Park, Tasmania; available at www.wwda.org.au

WWDA (nd) *Submission to the Tasmanian Government's Options paper "Safer at Home: A Criminal Justice Framework for Responding to Family Violence in Tasmania"*, Women with Disabilities, Tasmania.

Women With Disabilities Australia (2007) *WWDA Violence Against Women with Disabilities: Resource Manual*, WWDA, Tasmania. Contains four pamphlets: (2007a) *A Life Like Mine: narratives from women with disabilities who experience violence;* (2007b) *Forgotten Sisters: a global review of violence against women with disabilities;* (2007c) *It's Not Ok – It's Violence: information about domestic violence and women with disabilities;* (2007d) *More Than Just A Ramp: a guide for women's refuges to develop disability discrimination action plans.*

Womendez, C. & Schneiderman, K. (1991) 'Escaping from Abuse: Unique Issues for Women with Disabilities', *Sexuality and Disability* 9 (3): 273-279.

Young, M.E., Nosek, M.A. et al (1997) 'Prevalence of abuse of women with physical disabilities', *Archives of Physical Medicine and Rehabilitation* 78 (12) 34-38.

Zweig, J.M., Schlichter, K.A. & Burt, M.R., (2002) 'Assisting Women Victims of Violence who Experience Multiple Barriers to Services', *Violence Against Women* 8(2): 162-180.

This research has been undertaken as a collaboration between

- The Victorian Women with Disabilities Network Advocacy Information Service, a partnership of Women's Health Victoria and Victorian Women with Disabilities Network;
- Alfred Felton Research Program, University of Melbourne and
- Domestic Violence Resource Centre Victoria