

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.
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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.
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- 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.
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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
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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.
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