

Appendices

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Appendix 1:

Violence Against Women with Disabilities

Prevalence of violence against women with disabilities²⁶

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

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- 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.

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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 to 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-

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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 override 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

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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*.

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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.

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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)

DISTSS 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.