

Trinple
Triple



~~Double~~ Disadvantage

Out of sight, Out of mind

Violence Against Women with Disabilities Project

auspiced by the
Domestic Violence and Incest Resource Centre

funded by the
Department of Human Services

Women must work together to shift the position of women with disabilities from one of marginalisation to one of inclusion and inclusion in women's broader agendas is the key to reducing the violence in these women's lives.

[Robyn Munford, 1995]

2003



Triple Disadvantage: Out of Sight, Out of Mind

Second Edition

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1 Project Background

During 1997, Women With Disabilities Australia (WWDA) investigated the barriers that women with disabilities experience when trying to access women's refuges. This project's findings were published in two reports, *Woorarra Women's Refuge Disability Action Plan* and *More than Just a Ramp ... A Guide for Women's Refuges to Develop Disability Discrimination Act Plans*. Both of these reports focused on inclusion and valuing diversity.

The *Woorarra Women's Refuge Disability Action Plan* identified many barriers faced by women with disabilities in gaining access to domestic violence services. The report also detailed a range of strategies that must be implemented before women with differing types of abilities can successfully access women's refuges. *More than Just a Ramp* is a guide for refuges which want to develop a Disability Action Plan. It is a tool to assist refuges to realise a commitment to the elimination of discrimination towards women and children with disabilities who need to access family violence services.

With the reports finalised, a working party called Violence Against Women with Disabilities Action (VAWDA) formed. Its membership included women with disabilities, representatives from disability organisations and the family violence sector. VAWDA continued to meet to work on the WWDA project's documented implementation phase. In 1999 a proposal was submitted to the Community Care Division of the Department of Human Services (DHS) for a second project. However the project remained unfunded through several departmental restructures. Eventually, the submission received joint funding from both the Community Care Division and the Disability Division of DHS.

By the time funding was secured for the current project, auspiced by DVIRC, some of the momentum from the earlier projects had been lost. Therefore one of the earliest tasks of this project was to re-establish links with women who had been involved in the earlier projects.

2 Project Focus

The primary focus of this project was to create partnerships between disability services and services for women experiencing violence, in order to better address the needs of women with disabilities who are marginalised by the service system. Improving access to inclusive support is the ultimate goal.

The project took the form of a one-year demonstration project focused on the Western Metropolitan Region, as it would not be possible, within the limited resources allocated to the project, to conduct it on a statewide basis. A decision was therefore made to focus on one region to ensure the impact of the project at a service delivery level was maximised. Under the direction of a steering committee, a project worker began building important links between services in both the family violence and disability sectors.

A story about ME

I what to share with you something about my experiences of domestic violence. I was living with the man who abused me from late 1987 to 1992. So not a long time in comparison to some people perhaps but my whole life had been about abuse in one form or another so being married to someone who did it didn't seem that different.

I don't remember when it started, because looking back it was an abusive relationship from the word go. I just didn't recognise it or maybe it was such a familiar way of being treated that I just ignored a lot of it. I know now, having been out of it for almost 10 years, that I was so accustomed to being abused that I just accepted it as being what I deserved.

The abuse took many forms but perhaps some are unique for someone in a wheelchair. There was the usual yelling, put downs and the degrading of me with words. These are common in many situations of abuse. He never hit me in any physical way unless you call kicking my wheelchair hitting. Which at the time I didn't but now I would. He took complete control over everything, from taking my keycard for my bank account to placing the house keys up high so I couldn't get them. At first he cooked and pretended that he was being nice. Eventually though I believed that I couldn't cook for myself because I would 'stuff it up'.

There were occasions when I wouldn't want to do something, so he would take my wheelchair away so I'd have no choice. I guess that gave him a huge sense of power. He would often leave me sitting in the car while he went into a shop as it was 'quicker'. I believed that he didn't get how that made me feel, or if he did he wanted that power.

I guess the things that hurt the most still, and are the most difficult for me to discuss, are the abuses that took place that involved our son. To people outside he appeared to be a warm and extremely devoted father, but when you lived with him there was a whole other side. Yes, for the first two years of our son's life he was an ok dad. Devoted, able and happy to give all the caring in the world to our son. There was only one problem with this picture. He totally pushed me out of our son's life. While I may have been living with them, I may as well have been invisible for my contact with our son's life was minimal. In fact for much of the first two years of his life I was in hospital quite ill and he had total responsibility for our son. He also decided when and if I could see him and even for how long. Even though my child could have visited more and for longer, his father decided that it would be once or twice a week and that was all. Many days I would ring the Child Care Centre where my ex would be having him cared for, crying and missing my son desperately, only to find that he was also missing me. When this info was passed on to my ex, he would ignore it as he didn't want to 'disrupt our son's routine'. This went on till I finally came out of hospital for good. Our child was a little over 2 by then. I remember arriving home and going to hug him and he just ran away scared of me. That nearly broke my heart.



So now I was home I did get a chance to spend time with our son, as my ex decided to go to work for a while. It was during this period and also whilst I was in hospital that I developed a strong trusting relationship with a social worker at the hospital. It was in talking with her over many hours that I very gradually began to see how controlling this man was (as I didn't see it as domestic violence) and that perhaps I deserved not to be treated this way. All the same abuses were happening – yelling, lots of put downs, pushing, manipulating me into doing things that I didn't want to do and also trying to keep me from being close to our child.

Around six months before I left, he stopped working and I began to look for work. I did secure a job, so I became the one bringing in an income. He just stayed home leaving our child that he 'adored' in child care so he could do whatever ... most of what he was doing during this time I'm not sure about, nor do I believe I want to know, except to say that it was illegal. As was much of his activity before, during and after our relationship. 'He is well known to most police forces in Australia'.

So I'm going off to work every day after perhaps a night of being yelled at, or of having been made to feel like a child. I couldn't tell you the number of days I went to work crying at this time. Not a great way to do a job, but then that was just how it was. This time though was positive in other ways. It gave me a chance to talk to people, form friendships and begin to see just how dysfunctional this relationship was and at least to think about what I wanted.

I began to contemplate a life outside of this marriage. It would take many conversations and much agony for me to make the final decision to leave, as my fear of not being able to take care of our 3 year old son was huge. It had been beaten into me verbally that I wasn't capable of caring for our son, and I believed it. Most of the conversations about leaving were with a domestic violence help line or with the social worker from the hospital where I'd spent so many months. To understand where I was coming from, you need to know that my ex still had control over all our money, even though I was the one working earning the wage.

I never got to thank the people who were on the other end of the domestic violence help line, but if I could I would now. I remember crying over the phone many times and asking 'why am I too weak to leave?' The response stuck in my head forever, it went something like this ... 'You can't leave as he's not hurting your son. When he threatens him you will feel free to leave'. Never a truer statement has been said.

As that's exactly what happened. I'd been at work this particular day and the ex normally picked me up from work. However this particular day he didn't, so I got a cab. I arrived home to find him and two friends smoking marijuana and our son outside crying, as he'd climbed on the fence and couldn't get down. He did get him down at my request. We then had a huge argument about this in front of these friends. They thought it might be a good idea to take our son for a couple of hours, but my ex would hear none of that. They left.





So there we were, having a screaming match in front of our 3½ year old, not that this was new to him. My ex decided at some time during this argument that he was going to leave. There was only one problem, he was taking our son too. Rather than scare our child, I explained that he and daddy were going on a holiday and he would see mummy soon. My ex packed everything of our son's and left, saying they were going to visit family in New South Wales. My ex's family came from New South Wales, so I believed this was where he was going. He said that he was leaving and to say goodbye to our son as I'd never see him again. They left.

Crying and feeling totally distraught, I called the police. They explained, with a limited amount of sympathy, that as there were no custody orders in place I would have to go to the Family Court in the morning and apply for custody. This would then give them the power to go and collect my son, providing they could find him. I felt no comfort in this, just a consuming fear that I'd never see my beautiful little boy again.

Around 3 hours passed and my ex and my son returned. They'd just been down at the local bowling alley the whole time. My ex was joking at my tears and laughing away at how I'd been so frightened. Once again he'd shown me that he could do whatever he liked and there wasn't a thing I could do about it.

The next day, he dropped me at work shaken but with a new resolve. I was terrified of what he'd done so easily and that there was nothing I could do to stop him. I think it was some time during that night, I don't know exactly when, I just knew I had to leave with our son.

On getting to work, I rang the social worker and we talked for ages. I then talked to the domestic violence help line. These two conversations are not something that I remember specifically, but I do know that I had them. In thinking about it now, I've no idea how I functioned under so much fear and pressure, possibly I was on automatic pilot.

It strikes me every now and again today how vivid the memory of that horrible night still are, and that other, possibly worse, incidents in some way have faded in my memory. I feel sure that it's because it involved my son and the security of his life.

So while on the phone to one of these two professionals, I came to a decision to leave. I don't remember who assisted me to come to that, just that I made a decision. My work place at the time was great and gave me pretty much all of that week to organise myself and make sure that when I left I'd have everything organised. To keep my ex completely unaware, I would let him drop me at work every day and from there I would go into the city to Legal Aid to complete all the paper work I'd need to leave with some of the legal process under way.

The day I left was one of the most frightening days of my life. My ex drove me to work as normal except that I asked for money and we had an argument about this. Keep in mind I'm working for this money, he's not. Eventually I got





about \$20 I think it was, and he left me at work. So I then go into work and ring the social worker. We talk briefly and it's agreed that when I've collected my son I will go from there to the hospital where she works. Her receptionist was instructed to page her immediately if I should ring.

Before collecting my child, I had to go into Legal Aid and sign the last affidavit and speak to my solicitor to let him know where I was going. After this I went back to my office and collected the few belongings I had managed to keep at work. I remember saying goodbye to them all and nearly crying. One lady was particularly kind but firm. She reminded me that I had some tough things to do so I couldn't fall apart right then. She was right. It would be a while before I felt safe enough to cry, and then I cried for ages.

I quickly rang the Child Care Centre and told them I was coming to pick up my child and under no circumstances could they let my ex pick him up. I didn't care what they said, just don't let him take our little boy. When I arrived at the Child Care Centre they were expecting me, I don't think though they had any idea just how bad things were at home for me. They would soon learn, as I'd tell them, but not on this day. I do remember that they were really kind to me and made a real effort to help. They provided some clothes for my child and some toys that they knew he liked to play with. It was just after lunch and they'd put all the children down for a sleep. We woke my son up and explained to him that mummy and him were going on an adventure. He asked if daddy was coming. I just said no, but that he would see him soon.

We went to the hospital where my social worker was. She knew I was coming and had organised for us to 'hide' there until a suitable and safe place was found for us to go to. This was somewhere large enough for me to relax in and with plenty of security. No real way of my ex getting to either my son or me unless he was lucky or smart. He is neither. It seemed such a long wait, but I can't tell you whether it was or not, I have no idea. Eventually a refuge was found that was wheelchair-accessible. So I said goodbye to my 'friend' the social worker and we hopped into a taxi bound for a meeting place to meet the refuge worker. I do remember something which maybe seems a little strange now, but that taxi driver was one of the nicest and kindest taxi drivers I've ever met. He knew what was happening and I think, if I remember, he stopped at a drive-through of MACCAS. I don't know that that's true, I've just got a vague memory of it happening. It doesn't really matter, as what I'm trying to convey is not the MACCAS but more that this complete stranger's kindness has stuck in my head. So whoever you were thanks, it meant a lot.

We arrived at the drop-off point and were met by the refuge worker. By the time I got in her car I was exhausted, what a day it had been. And you know what, it didn't stop then. There were a few weeks in the refuge and, despite the staff being great and as supportive as possible, being isolated from the people I knew could support me was horrendous, as well as not having access to my own clothes and belongings.



Triple Disadvantage: Out of Sight, Out of Mind



The case eventually went before a judge in the Family Court and I would get sole custody, with joint guardianship and sole occupancy of the house. My ex got access every second weekend and each Wednesday for the day. Reasonable access arrangements, and not ones I had a problem with. So my child and I moved back into the house around three or four days later. We gave my ex enough time to get himself out properly even though the court had given him 24 hours.

There you go, that's how I lived in that relationship, not a pretty story but perhaps one you may have already heard before. I don't know that, I only know it is my gorgeous son's story and mine. There are parts I've left out, periods when yeah things were going along ok, I think they call them honeymoon periods, don't they. But for the most part it's a complete story of that part of my life.

So what now, you may be thinking. Well I'm working and my precious baby is 14 years old and no longer a baby. My son still wonders about his dad, who hasn't seen him since he was 8. That's really tough for my son, but I know that he understands as much as he can why he doesn't see his dad any more. There may come a day when he wants to see his dad again, and for me that's ok as no matter what I think, his dad is his dad. It's not up to me to fill his head with information about him, especially if it's negative. That's for my son to decide for himself, without my input.

As a unit, my son and I are really close. But there's been some really tough times. There have been many times when I asked myself what I was doing and how did I end up alone with a child. It was certainly never in my wildest dreams what I wanted for my life. I wanted the whole fairytale: house, husband, car, kids and living happily ever after. That's a fairytale though and real life isn't about fairytales.

So yep, I survived. In fact I've become the person I am today because of it. And that's a good thing. I will never let another person take that much control over my life. I'm stronger, wiser and maybe even a nicer person because of it. Whatever the experience I had with this man, it's part of my life and to say it should all be regretted is to regret having my son and he is everything to me. So I don't live with regret. Only knowledge about myself, and what I want in my life. I will accept no violence in my relationships now.



3 Gender, Disability & Violence

To contextualise the work of the Violence Against Women with Disabilities Project, you need to think about the social constructs of gender, disability and violence. This will enable an understanding of the triple disadvantage of being a woman, having a disability and being a victim/survivor of violence.

Eighteen per cent of Australians over eighteen have a disability, and just under half of these people are women (Temby 1996: 11). Most statistics and information from research on disability perpetuate the invisibility of females with disabilities, as these statistics do not disaggregate the information by gender (Temby 1996: 11). Gender analysis of statistics is, for the most part, non-existent; as is gender analysis of disability services. All that is seen is DISABILITY, DISABILITY, DISABILITY, not women, not mothers, not lovers and certainly not lesbians. Because women with a disability are perceived as being asexual, sexual orientation is not a consideration.

Disability has largely been understood in the context of a medical model. The result is that the medical label of the disability is assumed to be the core of a woman with a disability's identity. It is assumed that women with disabilities *are* the disability – disability becomes the only lens through which such women experience life (Strachan 1997: 7).

Traditionally, disability has been seen as a personal failing or tragedy and primarily a matter for the medical profession. This fails to place the experience in a social context (Howe 2002). It is as though the disability itself is the cause of poverty, discrimination and violence, rather than a society's social, cultural and economic response to disability (Strachan 1997: 7).

Many women with disabilities would claim the barriers they have often faced within the disability movement are barriers of hierarchy and male domination. However the women's movement has largely failed to recognise disability as a feminist issue. Being relegated to a marginalised status by their disability, and further discriminated against through their gender, women with disabilities score 'two strikes'. One consequence of this is that they are rendered virtually invisible in both the disability and the women's movements (Chenoweth 1993: 22). This dual marginalisation exposes women with disabilities to grave risks of emotional, physical and sexual abuse, and when such abuse occurs they are likely to be ignored by both disability and violence-related support systems (Ireland 2002).

Women with disabilities would want us to frame our understanding and action on the experience of disability within a social model which sees disability as a social construct, in the same way that gender is a social construct. The experience of being a woman and having a disability takes place within a social context. Women with disabilities face a double disadvantage: as women they are discriminated against on the basis of gender, and as people they are discriminated against on the basis of their disability.

Triple Disadvantage: Out of Sight, Out of Mind

More often than not, women with disabilities live in a state of poverty. They are dependent on government pensions, are offered limited access to education, lack access to appropriate information on rights, experience a lack of choice in housing and transport, may be dependent on others for self-care, and live restricted social lives. It is this deprivation of experience and opportunity, and level of social and political discrimination, that renders women with disabilities more vulnerable to violence, rather than any actual experience of an 'impairment'.

Women with disabilities are among the most economically and socially disadvantaged of all groups in society. Over 50 per cent live on less than \$200 per week. Compared with men with equivalent needs, or other women, they are:

- more likely to be institutionalised,
- less likely to own their own home,
- less likely to be employed,
- less likely to have completed basic schooling or obtain a university qualification,
- less likely to successfully move from a rehabilitation program to employment, and
- less likely to receive appropriate services (Frohman 1999: 5).

The failure of the feminist discourse to integrate the experiences of women with disabilities leaves both women with disabilities marginalised and feminist analysis of social reality incomplete (Ireland 2002).

International research indicates that

regardless of age, race, ethnicity, sexual orientation or class, women with disabilities are assaulted, raped and abused at a rate of at least two times greater than non-disabled women, yet are much less likely to receive assistance or services if they experience violence (WWDA 1998: 5).

How is it that such high levels of abuse have gone unidentified for so long?

Keran Howe's WWDA Research paper (1999) showed that there is no statistical information available in Australia on the rates of violence against women with disabilities, including domestic violence. However, anecdotal evidence from women with disabilities about the incidence of violence has been accumulating, and it is now so compelling it cannot be ignored (Scerif 1996).

Violence against women with disabilities refers to a wide range of abuses, both individual and systemic. Some forms of abuse are unique to women with disabilities. For example, sexual abuse of a woman with a disability may include forced sterilisation or forced abortion. Physical abuse may include taking away a woman's wheelchair, or bathing a woman in water that is too cold or too hot. It could involve rearranging the physical environment, which then increases risk of personal harm. Indeed, some disability activists would advocate that 'failure to provide' constitutes abuse. For example, many women with disabilities miss out on sex education. When abuse occurs, they know

something is wrong but are not sure what it is. The 'failure to provide' places the woman in a more vulnerable position, and in the event she is abused, she has been denied access to the appropriate language and knowledge to report the assault as a 'credible witness'. Women with disabilities' lack of opportunity to think about themselves as women, or be accepted as women first, can lead to lack of access to sexuality awareness and women's health issues. It therefore makes women with disabilities more vulnerable.

Not only are women with disabilities at a greater risk of abuse, but abuse can be the cause of disability. Earlier this year a local newspaper covered a story of two young women living in a nursing home (*Moreland Leader* June 2003). Reading the article, you learned that one of the girls acquired her disability at 18 years of age, after a life-threatening asthma attack. Her younger room-mate acquired her disability after being beaten by her boyfriend. Once an average teenage girl, with dreams and aspirations. Now aged 17 and living in a nursing home, reliant on an electric wheelchair for her mobility and a machine to communicate her thoughts. This young woman's disability is a legacy of her wanting to have a boyfriend, just like her other Year 9 friends.

Women and girls with disabilities live at the intersection of gender and disability bias. As a consequence, they experience higher rates of violence and lower rates of service access than do their non-disabled peers (Strachan 1997: 9). *Indeed, it is not a disability itself that creates vulnerability, but the social and political reaction to disability* (Strachan 1997: 10).

Violence against women is compounded by a society which disempowers women with disabilities by excluding them from community life, denying them opportunity or access to real education, denying access to political decision-making, and by all too often ignoring the violence. Women with disabilities are often treated as children, devalued or simply not thought of when programs are designed. The ever-present myth that women with disabilities are asexual in itself renders women more valuable to perpetrator violence.

Despite the high incidence of violence experienced by women with disabilities, services are frequently non-existent, inaccessible or inadequate to meet the needs of these victim/survivors. Disability service providers frequently fail to screen clients for abuse histories. In addition, women with disabilities are often not believed when they report sexual and domestic violence, or their cases are not taken seriously by the criminal justice system or service providers (Strachan 1997: 11).

The extent of violence in the lives of women with disabilities has to be viewed with deep concern, particularly in a society that espouses principles of social justice and human rights (Chenoweth 1997: 30).

The experiences and fears of women with disabilities are no less important and real than those for able-bodied women (Plunkett and Lasic 1998).



Family Loyalty

by Ria Strong

**You call it Family Loyalty—
Close your eyes
Shut your mouth
Cover the bruises
Hide all the pain**

**You call it Family Loyalty—
Ignore the rapes,
the silent deaths
Pretend that they
are not insane**

**You call it Family Loyalty—
Keep their secrets
Bury the truth
Play the game
and don't complain**

**You call it Family Loyalty—
Mother, I don't want it.**

family loyalty: a poem





Joan's Story

Joan's Story

Over the years Joan's husband, Paul, had become more and more abusive. He had made threats that he would kill her and their children. After a particularly brutal attack Joan rang the police and had her husband charged.

Unfortunately Joan's experience with the legal system made her feel victimised all over again. Her disability became a major issue in Paul's trial. 'I was made to feel as if I was the one at fault and my disability explained why I was beaten. My husband's lawyer held up a picture of a naked woman, her body twisted and misshapen, and said, isn't this the type of disease you have? Isn't this what you will look like? What did it matter what I looked like now, then or in the future? I had been assaulted! How dare they try to use my disability against me.' Paul's lawyer also suggested that Joan's broken bones and bruises were due to her heavy use of steroid medications.

Paul's attorney portrayed Joan as a woman with a severe disability that no man would ever love. Also how wonderful his client was for giving up his life to love and take care of this woman as he did. They also portrayed Joan as a woman trying to seek revenge and wanting to get Paul back, since no one else would ever want her.

This experience left Joan feeling completely revictimised.



4 Service Access in the West

To date, there has been little coordination or dialogue between family violence and disability services. Yet in order for women with disabilities to escape violence and receive appropriate supports, collaboration between the family violence and disability sectors is crucial. Without a collaborative approach, barriers to service access will not be easily addressed. Services working in isolation will be prone to failure, and as a consequence women with disabilities will be denied access.

Service pathways can be complex for women with disabilities who experience violence. Factors impacting on response outcomes include:

- where the woman is living,
- the nature of her disability,
- whether or not she has contact with services, and
- whether her first contact for disclosure is with a disability service or a family violence service.

Mapping pathways for service access is not straightforward. Disability workers generally feel overwhelmed by the enormity of the issue. When discussing barriers to service access with family violence and sexual assault workers, they talk in terms of a series of hurdles, rather than a well-defined set of pathways to support for victim/survivors. Lack of resources to initiate flexible responses for women with disabilities who need assistance is one of the biggest problems.

Let's look at one woman's experience, and then explore possible service responses.

Case Scenario

Julie was diagnosed with multiple sclerosis at the age of 31. She lives with Robert, her husband, and their three beautiful children in the western suburbs of Melbourne. Julie has just celebrated her 36th birthday. Her attendant carer assisted the children with making a card and singing happy birthday. Robert was busy all day and Julie can't remember whether or not he wished her a happy birthday. There certainly wasn't any card or gift. Julie assures her attendant she's not upset by the birthday oversight. She understands Robert is so busy what with work, the kids and taking care of her.

Julie's support needs have increased over the years. She currently requires assistance to get out of bed, shower and get ready for her day. She needs similar assistance in the evening to prepare for bed. Julie is saddened by her inability to do lots of things for her children, however she loves to read to them and talk to them about their day. They are her life. Julie's youngest has just started school.

Julie has two attendant carers who assist her with some of her support needs during the week. However she relies heavily on Robert, as he is her only support overnight and on weekends. One of Julie's attendants is concerned about the bruising she sees from time to time on Julie's torso, legs and arms.

If Julie wanted to disclose that Robert was hitting her, and that some weekends he refused to assist her to get out of bed, who could she tell?

Women with disabilities who choose to disclose violence in their lives are often fighting a tremendous struggle in getting information across to someone who can actually believe them and help them to get to the right service. They are often not confident that services will be responsive or have a genuine understanding of their particular problem and situation. Many women with disabilities have difficulty in having their disclosure of abuse or sexual assault believed or taken seriously. Difficulties can occur around communication or the woman's perceived credibility. Even when the woman is believed, the general view is that the carer is under such tremendous stress that he (or she) cannot be blamed for the occasional loss of temper or outburst.

Where could Julie go for support?

Julie has a Case Manager at the agency that acts as a broker for her HomeFirst package. HomeFirst is a program funded by DHS. This program allows for up to 34 hours per week of attendant care by an agency of Julie's choice. Attendant care can take the form of personal care (such as assistance with showering, dressing and going to the bathroom), home care (such as light housework and meal preparation), and other duties (such as accompanying Julie to appointments and on errands). Julie has a good relationship with both her Case Manager and her two regular attendants. If she discloses to any one of these workers, hopefully she will be believed and will be given the assistance she needs to make contact with a family violence service.

A number of family violence and sexual assault programs in the West have service policies that are inclusive of women with disabilities. A couple of services actually prioritise women with disabilities. Julie's workers can assist her to make contact with one of the region's family violence outreach services, which can offer support and advice not only for Julie, but also for her workers. At some point the family violence outreach service will advise Julie of her option to leave and inform her of the region's disability accessible refuge.

Which supports would be able to offer Julie ACCESS to the services she needs?

Julie is now living under constant threat of violence. Robert is 'not coping with his wife becoming increasingly disabled'. Julie needs refuge.

Triple Disadvantage: Out of Sight, Out of Mind

The disability-accessible refuge has a vacancy. However women need to be independent to use this high-security refuge, as DHS provides the refuge with no resources for disability support. For Julie to stay at the refuge, major negotiations will need to take place around her support needs. Julie has her HomeFirst package, which is portable. However in most cases, this provision of an average 4.8 hours per day is the bare minimum required by an individual. It must frequently be supplemented with Council home help and other funding programs (which are scarce).

Julie's brokerage agency has relied heavily on Robert as the live-in carer. In fact the brokerage agency requires Julie to nominate a live-in carer in order to receive support from their service.

What about the children, who will care for them? For Julie to stay in refuge, arrangements will have to be made to meet her personal support needs. With considerable commitment, goodwill and skilled negotiations between the refuge and disability services, this should be possible. However Julie will have to leave her children behind. And what about her longer-term accommodation options? It is very possible that Julie, at age 36, will be looking at a nursing home placement, as currently there are few more 'appropriate' accommodation options available.

As for her beautiful children, well the perpetrator of violence against Julie, as their able-bodied father, is granted sole custody and Julie no longer sees them.



Julie's story raises the question, what is the definition of homelessness? Would any 36-year-old consider a nursing home facility to be home? Would Julie's experience of homelessness be registered on the national homelessness database? It could, if she was living in a car or sleeping on a friend's couch due to escaping family violence.

We would have to ask ourselves whether or not Julie or women in Julie's circumstances would ever disclose being victims of violence. They live the day-to-day experience of a service system which fails to meet their needs. As a consequence, such women are all too often the silent victim/survivors of terror in their own homes.

How would we come to hear about these women's lives? Julie had paid attendant carers supporting her in her own home. The role of disability services in assisting women with disabilities who are victim/survivors of family violence or sexual assault is vital. Considerably more commitment and resources need to be directed towards training disability professionals, to assist them to identify and respond to violence more skilfully and appropriately.

The lack of personal care available in Supported Accommodation Assistance Program (SAAP) services, such as refuges, can prevent women with disabilities from accessing them. This can be a result of services not knowing what support

is available. It can also be due to service policies, such as those which require women to be self-managing, or which do not allow women to arrange their own supports for security reasons.

Collectively, everyone in the disability and family violence sectors has a responsibility to lobby on behalf of women with disabilities for equitable access to services.

If a service is physically inaccessible and budget constraints will ensure it is unlikely the service will become accessible in the foreseeable future, does this service have a role in supporting women with disabilities? In short YES, both sectors need to become part of a sustainable solution – all services advocating for inclusive policy development and support and justice for all women victim/survivors. Services need to acknowledge current barriers to access within their services and strategically plan for future inclusive service practice and policies.

Julie, the woman in our case study, has support needs that are complex, and a referral of this nature would present an extreme challenge. However not all women with disabilities have personal support needs of this level. Most women with disabilities live independently of any formal supports. Yet women with disabilities of varying ability are not receiving the services they need when they experience violence in their lives.

Agencies in the West which prioritise supporting women with disabilities who are victim/survivors do not get a large number of referrals. Perhaps women with disabilities are worn down by the constant struggle to be noticed, to be included and to have agencies genuinely plan to include them. Women with disabilities know the limitations of the service system better than most people. As workers in the family violence and disability sectors, we have a responsibility to develop and demonstrate inclusive work practice, and to increase the confidence of women with disabilities that on disclosure, we will assist them to take action.

In the West, both the family violence and disability sectors have repeatedly expressed the need for opportunities for the sectors to come together to develop a common understanding of the issues and how best to work with women and receive positive outcomes. Collaborative partnerships are the way forward.



Deeply rooted in hatred towards people with disabilities and compounded by the cultural oppression of women, abuse and violence towards women with disabilities is easier to inflict

[Lesley Chenoweth].





Terror/ism

I have long known terror/ism
Hijackings and bombings
Haven't touched my life.
Domestic terror, though—
I know it well.

Domination
and coercion.
Rapes and beatings.
Fists and words.

I have long known terror well—
so very well.

I've eaten it with breakfast
and dreamed of it at night.
I've hidden from it, run from it—
and somehow I've survived it.

I've long known terror very, very well.

At 2, and 6, and 9, and 10—
I knew terror well.

Like millions of others,
women and children,
I have long known terror.

(The Greek Army trained my father well.)





Kate dreamed of marriage

Kate is 32 year old a wife and mother of two. Ben is 4 years old and Jade, the baby, is just 18 months of age.

Kate's memories of primary school are that she was lonely and desperately wanted a friend. She recalls the teachers yelling at her for not paying attention. Her experience of high school was six months of living hell. A decision was made by someone, Kate's not sure who, that she attend the local 'Special School'. Attending a special school made her feel even more different from her sisters, cousins and the kids down the street. She longed to belong.

Kate was happier when she found work at a shelter workshop. Earning a wage made her feel independent. Then she met Bryan and when he became her boyfriend Kate felt she had never been happier. When Bryan suggested marriage, family and even people at work questioned Kate on whether or not marriage was for her. Why not, Kate thought? Her sisters were happily married, why not her? Bryan was a great guy, with him wanting to marry her she would be mad not to plan the wedding she had always dreamed of.

It wasn't long after they got married that Bryan demanded he manage all the finances because Kate 'was just plain stupid'. He also demanded she give up the work she loved because now her 'one and only job' was to look after her husband. With the birth of the children came the physical abuse and the endless verbal attacks.

What was Kate to do? She had worked so hard to show her family that she too could marry and have children like her sisters. If she told anyone they would only say 'I told you so'. Anyway, Bryan said 'the welfare' would take her kids off her if she ever left him. 'They would never give kids to a retard!' he said.



There are few mothers with disability who will have escaped the cruel, judgemental scrutiny of them in their role as mothers ... If that mother is seeking refuge and support as a result of violence, she's likely to bring her experience of societal disapproval of her as a mother with her, and fear that her children will be taken away from her

[Madge Sceriha, WWDA]



5 Project Learnings

5.1 Women with disabilities need better information about family violence

They are marginalised by their disability and further discriminated against through their gender.

The first step in breaking the cycle of violence is 'naming the problem'. For many women with disabilities, the nature of their disability would make it difficult for them to access anyone outside their environment to seek assistance in disclosing violence. Research suggests it is not always easy for women with disabilities to define their own abuse (Keys Young 1998, Chenoweth 1997, Strachan 1997). Some women with disabilities have spent a lifetime in oppressive and abusive situations, and for this reason alone they may have difficulty understanding what is abusive treatment and what is not.

The Violence and Women with Disabilities Project suggests that, at the bare minimum, women with disabilities deserve a community education program which informs women themselves, the community, workers and carers – which names violence against women with disabilities for what it is and encourages everyone to share responsibility for its eradication.

In 1997, a specific project was undertaken by the Partnership Against Domestic Violence (PADV) program, after relentless lobbying by WWDA. The information kit for women with disabilities that resulted was distributed around Australia without any formal distribution strategy, without promotion to women with disabilities, or training for service providers in relation to disability discrimination. Despite repeated calls for follow up, no further funding has been forthcoming through the Commonwealth (Howe 2002). The information kit was developed in consultation with women with disabilities. The consultants had the ambitious task of attempting to meet the needs of a very broad target group and they did that well, considering their brief. However women with disabilities are not a homogenous group, and it is unrealistic to think a kit on its own is able to assist women with disabilities to recognise abuse and feel confident to take action. The kit needed to be part of a broad community education program.

Many women with disabilities have difficulty accessing information because carers, including organisations, act as 'gate keepers' or decide on a woman's behalf whether or not she needs information. Women often have limited or no control over what information they need or want to obtain. It may be the perpetrator of violence who is the person providing assistance to the woman, and it is in such a person's best interest to withhold information from that woman. This substantiates the need for a strategy on how we, the community, get the message out to women with disabilities that the violence perpetrated against them is not OK. We need to creatively address:

- how to advertise accessible and meaningful information about services, and
- how to reach women with varying needs and abilities.



recommendations

- Develop a number of information strategies to target women with disabilities and increase their awareness of family violence.
- Document empowering stories from women with disabilities for community education material. Promote strong, positive images of women with disabilities' survival.
- Increase women with disabilities' confidence in, and awareness of, supports available when disclosing violence.

5.2 We owe it to women with disabilities to recognise the extent of the problem

If sexual assault and family violence organisations were to target the population facing the highest risk of violence and serve them first, that group would be women with disabilities. Despite the high incidence of violence experienced by women with disabilities, services are frequently non-existent, inaccessible or inadequate to meet the needs of these victim/survivors.



recommendation

Identify best practice for family violence and sexual assault services, and develop codes of practice for responding to violence that are inclusive of women with disabilities.

5.3 We need to change the definition of domestic violence

Community attitudes and traditional definitions of violence towards women need to change so that they incorporate the reality of women's lives and improve the provision of family violence services to women with disabilities. Among women with disabilities, domestic violence can occur between intimate partners just as it does among women without disabilities. However, women with disabilities also face alarming rates of violence from paid and non-paid carers. To effectively provide services to this marginalised group of women, we must recognise that the perpetrators are not just intimate partners, but may also include those who provide personal care. This directly affects how we look at eligibility for services and develop prevention strategies.

5.4 We need to facilitate an ongoing dialogue between family violence programs and disability programs

If the problem of violence against women with disabilities is to be addressed, there must be collaboration. Disability service providers are not educated about violence issues. Much more work must be done to increase the awareness of providers of disability-related services so that they can recognise abuse among their clients and make appropriate referrals to family violence programs.

Correspondingly, much more work must be done to increase the capacity of family violence programs to serve women with all types of disabilities.



recommendations

- Facilitate ongoing dialogue between family violence, sexual assault, disability, government and non-government services to encourage inter-agency linkages so that women with disabilities may gain access to appropriate services and supports.
- Promote disability and violence awareness in both the family violence and disability sectors, aiming at attitudinal change in relation to women with disabilities.
- Establish a mechanism in DHS to facilitate the exchange of information between workers in the family violence, sexual assault and disability sectors (government and non-government), through regular forums which monitor service access for women with disabilities.
- Give government encouragement to initiatives that optimise partnership collaboration between the domestic violence and disability sectors.
- Educate and train workers in disability programs to identify family violence and appropriate referral procedures, as a priority.
- Encourage disability programs to consider a gender analysis of their services.

5.5 We need to learn more about interventions that are effective for women with disabilities - escaping violence is harder for women with disabilities

Violence against women with disabilities takes many forms and occurs with alarming frequency. Its impact on a woman's life is often devastating. International research over the decade is helping us to understand the nature and extent of this violence (Morris 1996, DAWN 1994, Sobsey 1994) but more local research is needed to help determine the best strategies for intervention and prevention.

Disabilities can range from physical to psychological, and from minor to severe, with combinations in between (Plunkett and Lasic 1998). For each disability type, different dynamics of abuse come into play. For women with physical disabilities, physical limits exist in escaping from violent situations. Women with hearing impairments may be able to escape, but face communication barriers in almost all settings that are designed to help women experiencing family violence. However certain commonalities exist across disability groups, such as economic dependence, social isolation, and the whittling away of self-esteem on the basis of disability, as a precursor to abuse (Nosek and Howland 1998).

Few of the strategies listed in a classic women's safety plan are possible for a woman who must depend on her abuser to get her out of bed in the morning, dress and feed her; or for a woman who is reliant on transport that, even when booked in advance, may arrive three hours late. Women with physical, intellectual and psychiatric disabilities often face a whole realm of additional

problems if they are forced from their homes. For some, this may mean long-term loss of independence and identity, long-term homelessness. Fear of such devastating loss and further social disadvantage may imprison women in violent relationships (Southwell 2002: 4).

The vision of many social activists is inclusion. But how inclusive can services be if women will not use them based on past experience of exclusion and fear? Women with disabilities need a level of confidence in the system in order to disclose their abuse. For example, deaf women could argue their right to a service that meets their cultural needs, in a similar way that women from non-Anglo backgrounds and indigenous women have. The deaf community of Seattle has its own family violence and sexual assault service (Abused Deaf Women's Advocacy Services). ADWAS believes the key to its success is that deaf women run the agency and this ensures the deaf and deaf-blind women who use it do not have to deal with communication barriers, and do not have the responsibility to continually teach workers their community's dynamics and Deaf cultural rules (www.ddwas.org). Is a similar service required here in Victoria to ensure deaf women feel safe about disclosure?

We know escaping violence is harder for women with disabilities. We know women with disabilities experience barriers to disclosing violence. *What are the alternatives? We need to find out.*

We need to know how to build coordinated community responses to violence and women with disabilities – how to design, resource and evaluate services that provide options to women with disabilities, without robbing them of their dignity and independence.

We need action research to identify and develop effective methods of working towards the prevention of violence and how to adequately provide support to women with disabilities experiencing violence – the time, resources and support of government and the community to unravel the complex issues around violence, women with disabilities and effective support.



recommendations

- Investigate empowering interventions that are effective for women with disabilities, by funding research with this focus.
- Ensure that all Victorian Government family violence policy initiatives highlight the particular issues for women with disabilities.

5.6 We need data about women with disabilities

In our current climate, statistics is the language of persuasion, and statistics tend to be heard by decision-makers over reports based on anecdotal evidence. Yet there is currently a dearth of organised, systematically retrievable statistical information about Australian women with disabilities. The Women's Safety Survey (1996) provided government with the first in-depth study into sexual and physical abuse against women in Australia, surveying 6,300 women (ABS

Triple Disadvantage: Out of Sight, Out of Mind

1996). It included demographic information such as age, place of birth, educational and labour force status. A major weakness of the survey was its failure to define disability within the study, which therefore ignored the women who are most vulnerable to violence.

The right data about women with disabilities is not collected, and this problem is endemic in the domestic violence sector. This has meant that it is very difficult to determine how many women with disabilities approach a refuge referral agency and how many actually end up using refuges (Strachan 1997: 11) and/or outreach services. Conversely, disability services fail to screen women for abuse histories.

The policy implications of collecting data on women with disabilities have the potential to provide a foundation for the growth and improvement of services available to victim/survivors. Women with disabilities need your support to get issues affecting their lives on the agenda.



recommendations

- Consider collecting adequate and informed data on a woman's disability in any data collection system.
- Develop and implement an integrated, comprehensive data collection strategy on women with disabilities who access police, magistrates courts, court support systems, refuge and family violence and sexual assault services.

5.7 We need access and equity

Respond to diversity; embrace it as core business!

Despite the substantial documentation over the past decade of the significance of violence against women with disabilities, progress in addressing this violence has been extremely limited. The inadequacy of policy and service access to address the violence continues to create major barriers for women with disabilities.

Women with disabilities face a number of unique obstacles regarding disclosure or help-seeking in relation to domestic violence. Of particular importance are:

- their greater social isolation,
- the impact of previous help-seeking experiences,
- the difficulty many experience in being believed or taken seriously,
- the sheer practical obstacles they face in obtaining information or assistance,
- a lack of awareness and skills on the part of service-providers in dealing with women with disabilities who experience domestic violence, and
- a lack of coordination and cooperation across services regarding these women's needs (Keys Young 1998: 75).

Women with disabilities have repeatedly reported that often, both disability and family violence services do not have the time or patience to work with them about disclosure of violence or provide them with information about their rights. Even when women with disabilities are listened to, their experiences are often seen as less valid than those of over victims of violence. The violence is seen as less of a trauma.

Equal opportunity is founded on the principle that all people in the community enjoy the same level of access and equity. Attitudinal factors make the difference in achieving real access and real equity in agencies. Women with disabilities require a commitment from family violence services, police and the justice system to ensure all women and children receive the support they need when escaping violence. As a priority, current funding in planning family violence service delivery should earmark training and education aimed at attitudinal change in relation to women with disabilities. This should be driven at a national and state level.

Many women with a disability currently find themselves diverted to limited and segregated services, because women's services and generic agencies have not fully addressed the requirements of access and inclusion. Resources, attitudes and narrow prescriptions of responsibility are often the reasons for maintaining practices of exclusion. Defining these factors, rather than always hiding behind the additional 'cost' to resource access, would be a useful starting point in developing inclusive practices across the service sector.

Women with disabilities in need of crisis accommodation are rarely confident their support needs will be met. They are concerned the service will perceive their needs as being too complex and therefore deny them access, or not provide adequate support. A lack of knowledge about disability in general, and the needs of women with disabilities in particular, often prevents service providers from effectively supporting women with disabilities after they have been subjected to violence (Ireland 2002).

Physical barriers to access, while very real, are often used as smoke screens to hide attitudinal barriers in services. The *Disability Discrimination Act (1992)* enshrines the right of people with disabilities to access ordinary goods and services, provided this does not entail unnecessary hardship to the service provider. Under this legislation, services for women experiencing violence are required to provide a service to women with disabilities. However, the legislation is significantly weakened by its complaints-based framework, which requires people with disabilities to complain against a particular service. Women with disabilities who experience violence are hardly in a position to do this. It is up to all of us to recognise their rights (Howe 2002).

We need to communicate to family violence and sexual assault workers that they are in the best position to offer validation and support to women with disabilities who experience violence. As workers, they have the knowledge and expertise in supporting women and children. The problem is the violence, not the woman's disability.

Triple Disadvantage: Out of Sight, Out of Mind

Disability policy initiatives currently appear to rely heavily on the family taking primary responsibility for its disabled member. A number of disability agencies have suggested that the current focus is very much on 'home is best'. Government program initiatives are dependent on carers, however we need to acknowledge that not all carers are carers by choice. Many disability agencies require women to nominate their live-in carer before they are able to offer assistance with in-home support. As a policy direction, this has real implications for services dealing with carer perpetrators.

Support packages that allow women with disabilities to live in the community independent of a live-in carer are few. If a woman in a wheelchair manages to get out of an abusive situation, in spite of the fact that there is unlikely to be any accessible transportation and her abuser might have taken the chair away from her, she may find herself in an institution because of inadequate attendant care being available in the community. In the institution, she may again be likely to be abused. The loss of control over where they live is a risk faced by all disabled women when they complain, particularly if the perpetrator of the abuse is also their carer. The removal of a woman's children from her, should she leave an abusive situation, is also a real risk.

Women with disabilities talk of disability services being unresponsive to their efforts to seek help in relation to family violence. Many workers in disability services appear unaware of the phenomenon of family violence and its possible legal and service remedies. Disability workers need to accept they have a vital role in assisting women with disabilities to connect with services that can support them to take action in relation to the abuse. We need to acknowledge that, if the referral process is done well, it can be an empowering experience for the victim/survivor.

The current housing crisis in Victoria creates a significant barrier to women with disabilities who seek to escape violence. These women pay the highest level of their gross income on housing, yet they are in the lowest income-earning bracket. Women with disabilities also face discrimination in accessing housing, whether in the private or public rental market. Think of any scenario where a woman with a disability discloses her abuse. Her disability support workers are overwhelmed: if the woman needs to leave her home, how will they find appropriate long-term accommodation? Where will they find accessible short- to medium-term accommodation? A referral is made to both crisis housing and family violence services.

The workers' first thought is about the lack of accessible housing, and that the woman would have to be independent as there is no 'additional' support available. The next concern is that, if the referral is accepted, what exit pathways are available when it comes time for the woman with a disability to move on? Add to this scenario the fact that, for many women with disabilities, considerable financial and human resources go into setting up a living environment to maximise personal independence. Being suddenly removed from that environment has the potential to severely impact on the woman's confidence and independence, at least initially if not over the longer term.

What does this scenario tell us? It tells us that the availability of affordable, accessible housing is a considerable barrier to women with disabilities escaping violence.

As a matter of fundamental human rights, policy and program development must factor in the additional cost of responding to women with disabilities: the cost of personal care, accessible crisis accommodation, and providing information in a range of accessible formats (Howe 2002).

In Victoria there is a lack of interaction between women's services and disability services. This exacerbates the problems for women with disabilities experiencing family violence. Disability services may refer women to domestic violence services, who subsequently may refer back to disability services. There is a clear need for the development of co-operative protocols between the two sectors, and for staff development in relation to both family violence and disability issues (PADV 1999).

We also need to encourage the development of Disability Action Plans. Through this approach, opportunities are created for attitudinal change. Services would have the opportunity to look beyond a lack of resources as the only reason for their being inaccessible. They would be better informed to acknowledge that when given funding, it is attitudes that prioritise what the funding will provide.

Access and equity does not have to mean a lot of 'extra work' for those already under pressure. However it does require consistent commitment and attention through all stages of policy, planning, service delivery and evaluation.



recommendations

- Provide funding to ensure services are more accessible to women with disabilities who are victim/survivors of family violence and/or sexual assault.
- Ensure family violence services have appropriate access to services (including attendant carers and interpreters of non-verbal languages) to increase access to, and facilitate the participation of, women with disabilities.
- Set in place negotiations between DHS and Registered Training Organisations to include family violence, gender and disability awareness training modules within Certificate IV Community Services courses.
- Ensure all government policy initiatives in relation to the safety of women and children promote and reflect a commitment to the inclusion of women with disabilities.
- Develop a Disability Action Plan within DHS that includes a focus on the elimination of violence against women with a disability.
- Audit the accessibility of family violence, sexual assault, police, community legal services, and magistrates courts (including access to buildings, to interpreters in non-verbal languages, and to information in non-print formats). Also audit policies and procedures pertaining to women with disabilities. Following the audits, develop action plans to improve access in line with the Commonwealth Disability Discrimination Act.



**You See/You Don't
(Behind My Smile)**

by Ria Strong

**You see
a strong woman,
independent. I bluff.
I've learnt to hide my pain behind
a smile.**

**Alone
I struggle on.
My friends have their own lives
and my family their abuse
cuts deep.**

a poem

 **Marie's story**

Phil, Marie's husband, called me as Marie's case manager and announced that he was leaving her. It was not the first time this had happened, but on the previous occasion Phil had simply walked out. This time he had explained to me that while, living with Marie's manipulative and controlling behaviour was intolerable, he was willing to continue living in the house as her round-the-clock carer until the service providers in her life could organise replacement care.

I arranged to meet with Marie as soon as possible. She informed me that, despite Phil being adamant that he was leaving her as soon as possible, and good riddance, he was in fact trying new and different ways to make her life difficult. These included taking their young son aside and promising him Foxtel cable TV in their new house if the son agreed to come and live with him after his parents broke it off. This bribe was very effective, and Marie's son told her that if the time came for a judge to ask him with which parent he wants to live, he'd most certainly be choosing his father. At his father's encouragement, the son also began making fun of his mother and her disability.

Phil then confiscated Marie's bank books and credit cards to ensure that she could not pay the bill for her mobile phone, which was due to be disconnected any minute. This would cut her off from communicating with the outside world. In particular, it meant she could not make any arrangements independent of Phil, such as an escape plan if he turned violent, and it effectively prevented her from contacting essential medical services, which she needed to be available on call due to her complex care needs and breathing difficulties.

Marie's Story





Marie also told me that Phil had run up a \$10,000 credit card debt on a jointly-owned account, for which she was now jointly liable. She broke down in tears when I asked her whether she feared for her physical safety. She also stated that she was sick and tired of people asking Phil – often in front of her – what it was like having to live with a disabled woman. They were never interested in exploring how difficult it might be for Marie living with a partner with a psychiatric illness.

It took many weeks before I and my colleagues could track down, engage and then co-ordinate adequate services to cover all the things Phil had been doing. During these weeks Phil became increasingly abusive. The abuse included:

- accusing Marie's favourite carer of stealing, and so causing her to resign in tears
- making the atmosphere at home so oppressive that her family stopped visiting
- putting Marie in bed three hours before her usual bed-time, with the lights out and the door shut; and
- calling Marie's GP and advising that her medication be altered because 'Marie's been acting very strangely and I think the tablets are affecting her brain'!

Phil has now moved out of the family home. However, despite everything that has happened, it is my belief that Phil will have moved back into the home by Christmas, and this time next year we will be doing it all again.

[Extract from Angela O'Brien, 'When Home Doesn't feel like Home', *DVIRC Newsletter*, Summer Edition, 2002]



6 Project Achievements in the West and Beyond

6.1 Involvement of women with disabilities

'See me as a woman first. Encourage and support me to embrace my gender'.

Women with disabilities have been the driving force behind the Violence Against Women with Disabilities Project. WWDA began the process by initiating the 'Woorarra project'. On completion of the WWDA project, a number of women with disabilities continued to meet with representatives from disability and family violence organisations. Finally, with this project funded and operational, we have benefitted from a couple of those women continuing to provide support and guidance on the project steering group.

It has been the project's vision from its inception that the pilot training needed to be informed from the perspective of women with a disability. The project therefore formed a consultative group made up of six women who brought to the group a personal experience of disability, as well as vast and diverse expertise and knowledge of the disability sector. All the women in the group brought with them energy, insight and, above all, a strong commitment to the rights of women with disabilities.

The project heard numerous stories of how violence against women with disabilities further oppresses an already marginalised group within our community; and how the community attitude that disability equals vulnerability further compounds the disempowerment of women with disabilities and provides a constant challenge to workers not to collude in this process. The group shared ideas and raised issues for consideration. The group wanted training participants to take away with them an understanding that women with disabilities *are women first*, with the same needs as other woman. These women want to experience all of life.



Ideas for you as a worker

Stop and think! If it affects women, it affects women with disabilities. How are you going to include them?

Question your workplace on its commitment to employment and training opportunities for women with disabilities.

Challenge the myths, beliefs, stereotypes and assumptions relating to women with disabilities.

Think about how you can facilitate communication between women with disabilities and women without disabilities.

ideas

6.2 Utilisation of existing networks and services to promote awareness of the project as well as the impact of violence against women with a disability

The project made contact with networks or services which focus on providing a service to women who have an intellectual disability, physical disability, sensory disability, Acquired Brain Injury or networks with expertise in family violence.

Direct contact was made with more than 30 statewide networks or services and 20 Western Region networks or services, by means of telephoning service co-ordinators and following up by attending staff meetings and/or presenting at regional network forums. The project made indirect contact with hundreds of workers and agencies through forums, conferences, and regional network meetings. The intention of these contacts was to promote the project and initiate dialogue about the barriers women with disabilities experience in accessing services, as well as to explore strategies used to overcome those barriers.

Much of what the project learned through these contacts has been included in this report.



Ideas for you as a worker

As a priority, put 'Violence against Women with Disabilities' on the next team meeting agenda. Ask the meeting to reflect on the following questions.

- Does your service criteria exclude women and children with disabilities from access?
- Is there genuine acceptance and respect of diversity in your service?
- Is this reflected in areas such as training for staff around diversity, gender, and disability awareness?
- Does your service have strong links with diverse groups in the community?
- Is your service well known in the community as an accessible service?

Read some of the fantastic material produced by WWDA – Women with Disabilities Australia.

ideas

6.3 Facilitated partnerships between the disability and family violence sectors

Interagency protocol

The Violence Against Women with Disabilities Project brief required the development of a protocol between at least one disability and one family violence service. The project identified that for women with disabilities escaping

Triple Disadvantage: Out of Sight, Out of Mind

violence to benefit from a protocol, a broader and more collaborative approach was needed.

The project strategically selected a small group of key services providers in the Western Region and developed an ongoing relationship with them. The idea of participating in the development of an interagency protocol between these services was fostered and promoted.

As a result of this strategy, three disability and three family violence sector services met with the aim of learning more about each other and exploring a commitment to developing an interagency protocol to improve service access for women with disabilities.

Shortly into the process, the project raised that it may be more appropriate to develop a document of 'agreement' as opposed to a 'protocol'. A discussion took place around how, as members of the group, the disability and family violence agencies had no previous working relationship, so it was pre-emptive to enter a protocol of how they would work together until they had had some experience of supporting each other's work. The group needed to formalise an agreement to communicate and develop collaborative working relationships.

An Interagency Agreement has been developed and signed by:

- Western Centre Against Sexual Assault (WestCASA)
- Women's Health West, Family and Domestic Violence Programs
- Molly's House Women's Refuge
- WiN Support Services (After Hours Emergence Respite Service – EARS)
- CareConnect
- DHS West Region Intake and Assessment Team.

The agreement focuses on co-case management arrangements, secondary consultations and direct referral processes.

What has been achieved is an agreement that has been the catalyst for a small group of services that previously had no contact with each other to now having the confidence to contact each other for secondary consultations. This working document, although signed, is still in its infancy. Its full potential is yet to be realised.

Western Region 'Week Without Violence' campaign

The Western Region 'Week without Violence' campaign theme for 2002 was 'Violence and Women with Disabilities – Breaking Down the Barriers'. This was the first time anywhere in Victoria a region has had women with disabilities and violence as a campaign theme, and it is an achievement the project can be proud of.

The project assisted the Women's Health West Family Violence Prevention Networker to bring together a regional working group with representation from both the family violence and disability sectors. This group worked on the forum together. For a number of participants, it was their first experience of working collaboratively on a campaign with both the disability and family violence sectors.

An inspiring list of speakers, with expertise in both family violence and women with disabilities, provided a backdrop for the extensive networking opportunities for the 55 participants from both the disability and family violence sectors who were at the forum. The following people made presentations.

The *Honourable Member for Werribee, Mary Gillett*, opened the forum and stayed to listen to the first two presentations. Before Mary left she expressed her interest in the project and asked to be kept informed of its outcomes.

Marie Ireland (Systematic Advocate with Action for Community Living, a Commonwealth-funded organisation advocating empowerment, independence and life in the community for people with disabilities). Marie spoke on 'Violence and Women with Disabilities'. A number of forum participants later spoke of their privileged experience in having the opportunity to hear from a woman who is reliant on a form of communication other than speech.

Kelly Johnson (Research Fellow at the Australian Research Centre in Sex, Health and Society, Faculty of Health Sciences, La Trobe University). Kelly shared with participants some of her research findings as a principal researcher on the Living Safer Sexual Lives Project. Forum participants were most interested in many of the issues Kelly raised. The Violence Against Women with Disabilities Project received a number of requests about how to access the Living Safer Sexual Lives Project report.

Djerriwarrh Health Services presented a wonderful compilation of art and storytelling produced by survivors of family violence. After the forum, Djerriwarrh workers expressed interest in learning more about what they could do to improve access to women with disabilities in their service.

Service Providers' Perspectives: The forum heard from three services working in the West. Jenny Collins (Client Services Manager, CareConnect) spoke about CareConnect's expertise in working with people with complex care needs and their families/carers, to improve quality of life. Rachael Pallenberg (Manager, Molly's House Women's Refuge) spoke about the Refuge's Disability Unit. Angela O'Brien (Western Case Coordinator, Housing Resource and Support Service) spoke about HRSS, which is a statewide organisation recognised as having expertise in brokerage, case management and housing for adults with physical disabilities. Each speaker shared with participants some of their thoughts and experiences of supporting women with disabilities who have experienced family violence. The honest, direct and reflective presentations were refreshing and well received.

A Survivor's Story: This was a moving and graphic personal account of how one woman acquired a disability through domestic violence, and some of her day-to-day struggles now that she lives with the legacy of her abuse.

Workshop Activity. Participants from both sectors then worked together in small groups to map Western Region service access for women with disabilities who are victim/survivors.

The forum's collective knowledge and experience was collated by the Violence and Women with Disabilities Project and used to assist in thinking about strategies that address barriers to women with disabilities accessing appropriate services.

Sangeetha Chandrashekeran (Research and Policy Officer, Victorian Law Reform Commission) finished the day by presenting details of the Commission's Discussion Paper, *Sexual Offences: Law and Procedure*. Sangeetha focused on what the Commission had learned in relation to women with disabilities.

Feedback from participants indicated that the forum was highly successful. One participant from the disability sector said he felt he had participated in many forums and conferences throughout his working life and that this forum would have to be one of, if not the, best he had attended.



Ideas for you as a worker

Include a focus on women with disabilities when planning your next forum or conference.

If you are a disability worker, make contact with and find out more about the local family violence service.

If you are a family violence worker, make contact with and find out more about local disability services.

Work from a philosophy of partnership with other networks. Aim to maximise opportunities for women with disabilities.

ideas

6.4 Promoting women with disabilities as *women* and their right, as *women*, to access supports and services - sharing information on the impact of violence in the lives of women with disabilities

Written materials

- An article to raise awareness about the project was printed and circulated in a number of newsletters and websites (Women's Health West, Western Region Disability Network, Women with Disabilities Australia – Victorian Branch, and AMIDA, plain English version).
- Two feature articles were published in the DVIRC Newsletter, which has a very broad readership, with 1,000 copies being distributed, including within Australia and overseas.
- An article titled 'What Statistics? There are None' was published in the Women's Health West Newsletter, with in excess of 1,000 copies being distributed, including to national and international subscribers.

- An article appeared on the Australian Federation of Homelessness Organisation's website.

Conference and forum presentations

The project presented at the following conferences and forums:

- Sixteen Days of Activism Against Violence Against Women Forum (Melbourne, 2002).
- The Direct Support Worker Conference 'Enhancing Partnerships: Networking For Collaboration' (Melbourne, 2002).
- 'Rising Tides Of Violence' Forum (Footscray, 2002).
- 'Expert' panel member at the 'Crossing the Divide' ACROD National Convention (Brisbane, 2003).
- National Homeless Conference, 'Beyond the Divide' (Brisbane, 2003).
- 'Focus on the Person', CIDA National Conference (Melbourne, 2003).
- Numerous short presentations at both the Western Region Disability Network and the Western Region Family Violence Networks.

Radio

- Two radio interviews were given on 3CR's 'Shrewd Women' programme.



Ideas for you as a worker

Promote the diversity of needs of women with disabilities.

Include articles focussing on gender, disability and violence in organisational newsletters, publications, etc.

ideas

6.5 Advocating for the development of inclusive policy and work practises which recognise the rights of women with a disability

Specifically, the project:

- raised the need for better data collection with Victoria Police, the Women's Health West Data Collection Project, and the Victorian Community Council Against Violence;
- consulted with the Victorian Law Reform Commission on 'Sexual Assault and Impaired Mental Functioning';
- advocated for the inclusion of 'disability' on a new DVIRC website for young people;
- advocated for the inclusion of 'disability' in a DVIRC Discussion Paper, *Family Violence and Homelessness: Removing the Perpetrator from the Home*
- presented a case study at the First Annual Victorian Women's Health and Wellbeing Strategy Forum in May 2003.



Ideas for you as a worker

Ask whether or not your service collects data on women with disabilities. If not, why not?

Encourage your organisation to keep data in relation to violence against women with disabilities.

Ask your management about staff training opportunities in areas such as family violence, gender and disability awareness.

ideas



**“Disability,” I write, “it’s a social problem,
a problem of access and acceptance.
People can enable or disable.
They can include or exclude.”
Disability is that, and more,**

**Disabled people struggle
In a world not made for us, limited
By bad design, bureaucracy,
Attitudes and assumptions
And (yes) by our own bodies and minds.....**

[by Ria Strong]

Disability : a poem



7 Pilot Training

7.1 Training preparation

After consultation with the project worker, the trainers at DVIRC did some background reading to further familiarise themselves with the issue of domestic violence as it specifically relates to women with disabilities (e.g. Scerihha 1996, Chenoweth 1993, 1997, , McPherson 1991, Johnson 2000, Howe 1998).

7.2 Training consultations

DVIRC convened a training advisory group prior to beginning training development. This group comprised a number of women with disabilities who came from Headway Victoria, Action for Community Living, Blind Citizens Australia, Women's Health West, Action for Disability in Ethnic Communities, as well as a woman with a physical disability who is a survivor of domestic violence.

The first meeting of the group was held in November 2002. Participants identified the following issues for inclusion in training:

- the need to really listen to women with disabilities and believe them;
- the need to examine underlying assumptions, i.e. assumptions that women with disabilities are 'stupid', asexual, helpless, and do not have parenting skills;
- the need to challenge the belief that violence is less of a trauma for women with disabilities;
- the importance for women with disabilities to be seen as *women* first;
- an exploration of the further barriers to disclosure faced by women with disabilities.

The training advisory group met twice after this initial meeting, once to give feedback on the proposed content of the training, and a second time to review the training and consultation process. Their input was invaluable to the development of the training, and DVIRC deeply appreciates their generosity in assisting the project.

7.3 Training program development

We were very fortunate to obtain the services of Jennie Grundy (Trainer, Headway Victoria) to co-facilitate the training. Jennie is a qualified and experienced trainer with a background in both public sector and community-based settings. At the time of this project, her role as Training Officer at Headway Victoria was to provide training about Acquired Brain Injury (ABI), its causes and effects. Jennie has personal experience of ABI and has worked

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with people with ABI for a number of years through volunteer positions with Bear in Mind, a self-advocacy organisation, and the Alfred Hospital neuro-surgical support group. Jennie is passionate about community education and the rights of people with disabilities.

Also, very fortunately, we were able to include in the training the testimony of a survivor of domestic violence who has a disability. This woman generously gave her time and, more importantly, shared her story with participants in both training programs. We were very grateful for her generosity and courage. The testimony became one of the highlights of the training program.

7.4 Training content and rationale

We decided to provide three training opportunities: one day of training for the domestic violence field, one day of training for the disability field, and then a one-day forum bringing together all the participants of these training programs. The two separate days were necessary because the domestic violence and disability fields had very different training needs. We also wanted participants to have a 'safe space' in which to air any difficulties/dilemmas before coming together to discuss working collaboratively. Clearly, the emphasis needed to be different in each training day, and we hoped that by the time of the forum, both groups of participants would be more 'up to speed' on the issues relevant to each group and their clients.

A number of aspects of the training content were the same for both days, i.e. an exploration of violent behaviours that women with disabilities experience, identification of indicators, and an exploration of empowering responses. The training for the disability field included more 'basic' information on domestic violence, and the training for the domestic violence field included more information regarding disability awareness. Each program featured guest speakers from the respective fields outlining the service system.

7.5 Training delivery and response

The trainers and project worker located an excellent venue in Sunshine, which was fully accessible, provided catering, and was well served by public transport.

Training for the domestic violence field, April 2, 2003

- Twelve participants attended (four from women's refuges, three from Western Women's Domestic Violence Support Network, four from Women's Health West, and one from DHS).
- From the evaluations, participants reported that their level of understanding had improved as a result of the training. Before the training, four participants rated their level of understanding as low, six rated it as medium, and two rated it as high. After the training, two rated their understanding as medium, seven as high and three as very high.
- Participants found the survivor telling her story to be of most benefit, and the role plays to have had the most impact.

- The quality of the reading materials and the trainers' skills were both rated as high or very high.
- Participants commented:

I thoroughly enjoyed the day and learnt a lot. I feel I gained some excellent knowledge that will make me a better worker.

It was great ... the presentation was excellent ... no chance to be bored! I learned heaps: accessible, useful and entertaining.

Very well structured and informative.

Training for the disability field, April 9, 2003

- Twenty-six participants attended this day (nine from Care Connect, two from DHS Disability Client Services, two from Housing Resource and Support Service, two from WIN Support Services, two from VicDeaf, two from EW Tipping, two from Outreach/Scope, one from Foster Grandparents Scheme, one from Mambourin Enterprises, one from CREATE (Geelong), one from Isis Aged Disability Services, and one from Victoria University).
- From the 24 evaluations, participants reported that their level of understanding had improved as a result of the training. Before the training, 11 rated their level of understanding as low, 11 as medium, and two as high. After the training, seven rated their level of understanding as medium, 14 as high and three as very high.
- Participants found the material on responses to survivors and referrals to be the most valuable. The role-play, lectures and group discussions were rated as having the most impact.
- The quality of the reading materials and the trainers' skills were both rated as high or very high.
- Participants commented:

It's a good chance for organisations to get together and network and learn about existing organisations and how they work.

Much needed – suggest could be repeated annually.

The role play was useful and interesting to see the small group and group discussions put into practice.

Guest speakers were wonderful and opportunity to network very supportive.

Both trainers set a very high standard which flowed through the complete presentation. Many thanks for sharing your skills and knowledge.

Excellent presentation made me evaluate how to gain information from clients if they are in abusive relationships.

This course was extremely helpful. Guest speaker [survivor] was excellent.

Joint forum, May 7, 2003

- Thirty-three participants attended (12 from the domestic violence field and 21 from the disability field).
- There was input from women with disabilities (Ria Strong and Janice Slattery – unfortunately Nadia from Blind Citizens Australia was unable to attend). Once again, this input proved invaluable in that participants were able to hear about the lived experience of women with a disability, not just information about them.
- No formal evaluation sheets were distributed, however from participants' closing remarks it was evident that they had found the day useful and informative.
- Participants from both sectors made commitments to certain actions as a follow up to the training, e.g. pursuing further training, beginning to collect data, networking (in particular a joint conference/seminar of the Family Violence Network and the Disability Network).
- The facilitator made notes of these commitments and emailed them to participants following the training, as well as details of organisations and individuals who attended the training.

7.6 Conclusions about the Training

In aiming to encourage and facilitate a process in which two different fields are able to develop and enhance their work together, training provides an opportunity for workers to explore areas of commonality and difference, to develop an appreciation and understanding of each other's work, and to develop strategies for future collaboration.

Fundamental to this learning process is a willingness to listen to and value the experiences and wisdom of our clients (in this case, women with disabilities). DVIRC was very fortunate to have women who were prepared to give their time both to advise us on the training, and also to share their stories with us.

Each one of us needs to be recognised as a human being with intelligence, talents and gifts to give and receive from others. If this recognition does not take place then our very state of being is invalidated. We all need to be recognised as people [Phyllis Rappaport].

8 Conclusion

While many project outcomes have been achieved, this has not yet translated into improved service access. Clearly there is a lack of co-ordination between the family violence, disability and community support sectors at both a programmatic and community level. This results in women with disabilities who experience violence receiving inadequate service from all sectors. Although the project has been extremely well received, it has been unable to move the issue beyond the commitment of individual workers. There has been insufficient time to achieve sustainable outcomes that change organisational culture. So much needs to be done before women with disabilities experiencing violence in their home can dare to dream that they will receive adequate supports.

'Growing Victoria Together' is a whole-of-government vision that embraces diversity and equity. However these principles are not always translated into action at the level of service provision. Agency policy documents, forums, and service initiatives often highlight issues and service gaps in working with women and children from both culturally and linguistically diverse backgrounds and Aboriginal/Torres Strait Islander communities, but ignore the needs of women with disabilities.

Women with disabilities have been subjected to power, policies and practices that have defined them in very narrow ways and precluded a consideration of them as individuals. Services must be designed and delivered to take into account the diverse needs and experiences of all women.

How to provide a service that truly reflects the diverse needs of the community is a question that can be overwhelming to agencies. The complexity of the issue of violence and disability is not widely understood. Both the domestic violence and disability sectors have repeatedly expressed the need for opportunities for the sectors to come together to develop a common understanding of both the issues and how best to work with women to receive positive outcomes.

Systematic change is required to ensure that collaborative partnerships are sustainable.



The meaning of disability can only be understood when it is acknowledged that society disables us through prejudice, exclusion and rejection
[Helen Meekosha].



9 Project Recommendations

- Develop a number of information strategies to target women with disabilities and increase their awareness of family violence.
- Document empowering stories from women with disabilities for community education material. Promote strong, positive images of women with disabilities' survival.
- Increase women with disabilities' confidence in, and awareness of, supports available when disclosing violence.
- Identify best practice for family violence and sexual assault services, and develop codes of practice for responding to violence that are inclusive of women with disabilities.
- Facilitate ongoing dialogue between family violence, sexual assault, disability, government and non-government services to encourage inter-agency linkages so that women with disabilities may gain access to appropriate services and supports.
- Promote disability and violence awareness in both the family violence and disability sectors, aiming at attitudinal change in relation to women with disabilities.
- Establish a mechanism in DHS to facilitate the exchange of information between workers in the family violence, sexual assault and disability sectors (government and non-government), through regular forums which monitor service access for women with disabilities.
- Give government encouragement to initiatives that optimise partnership collaboration between the domestic violence and disability sectors.
- Educate and train workers in disability programs to identify family violence and appropriate referral procedures, as a priority.
- Encourage disability programs to consider a gender analysis of their services.
- Investigate empowering interventions that are effective for women with disabilities, by funding research with this focus.
- Ensure that all Victorian Government family violence policy initiatives highlight the particular issues for women with disabilities.
- Consider collecting adequate and informed data on a woman's disability in any data collection system.

- Develop and implement an integrated, comprehensive data collection strategy on women with disabilities who access police, magistrate courts, court support systems, refuge and family violence and sexual assault services.
- Provide funding to ensure services are more accessible to women with disabilities who are victim/survivors of family violence and/or sexual assault.
- Ensure family violence services have appropriate access to services (including attendant carers and interpreters of non-verbal languages) to increase access to, and facilitate participation of, women with disabilities.
- Set in place negotiations between DHS and Registered Training Organisations to include family violence, gender and disability awareness training modules within Certificate IV Community Services courses.
- Ensure all government policy initiatives in relation to the safety of women and children promote and reflect a commitment to the inclusion of women with disabilities.
- Develop a Disability Action Plan within DHS that includes a focus on the elimination of violence against women with a disability.
- Audit the accessibility of family violence, sexual assault, police, community legal services, and magistrates courts (including access to buildings, to interpreters in non-verbal languages, and to information in non-print formats). Also audit policies and procedures pertaining to women with disabilities. Following the audits, develop action plans to improve access in line with the Commonwealth Disability Discrimination Act.

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11 Appendices

Appendix 1

Triple Disadvantage: Out of Sight, Out of Mind Forum

On 14 October 2004, the 'Triple Disadvantage: Out of Sight, Out of Mind' forum was held at the Cato Conference Centre, YWCA, Melbourne. The Violence and Women with Disabilities Project organised this statewide forum as an opportunity to raise awareness, highlight recommendations based on the project findings and promote the pilot training program. The forum was marketed as a must for workers in the disability and family violence sectors. A draft of the project report was made available to the 75 participants to assist them with their understanding of the issues presented throughout the day's proceedings.

The forum provided an opportunity for participants to hear about the following initiatives:

- a new Interagency Agreement in the west between a number of disability services and services for women experiencing family violence; and
- the pilot training DVIRC developed and delivered to address the issues of women with disabilities who experience family violence.

The forum also enabled participants to hear directly from agencies about their involvement in the project: what have been the challenges? what have been the gains, if any? and what NOW?

In planning the forum, an important objective was to enhance opportunities for women with disabilities to speak publicly about violence, disability and gender. This objective was successfully achieved, with the inclusion of six women with disabilities as presenters.

The Day's Events

Sarah Waters (Strategic Consumer Advocacy Project, Women's Health Victoria), chaired the proceedings with great energy and enthusiasm. She continuously assisted forum participants to reflect on the day-to-day struggles women with disabilities face as a marginalised group within our community.

Session 1: Project Challenges: Forming Partnerships

Keran Howe (Manager, Women's Social Support Services, Royal Women's Hospital, Chair of the Disability Advisory Council) set the scene by providing a background to the 'Violence against Women with Disabilities' project.

Vig Geddes (Co-ordinator, Domestic Violence and Incest Resource Centre) shared DVIRC's experience of auspicing the project (see Appendix 4).

Chris Jennings (Project Worker, Domestic Violence and Incest Resource Centre) spoke about some of the project learnings.

This session was followed by question time and morning tea.

Session 2: Reflections of a Survivor

Ria Strong (Community Activist) recited some of the poems she has written about her personal experience of family violence.

Sexual Assault and Women with Disabilities

Karleen Plunkett (Disability Service Officer for Latrobe City, current Chair of the Victorian Women with Disabilities Network) raised the issue of sexual assault, women with disabilities and the role of the Statewide Steering Committee on Sexual Assault.

Working in the West

Alfina Sinatra (Team Leader of Family and Domestic Violence Programs at Women's Health West) shared Women's Health West's involvement with the project, in particular the 'Week without Violence' Western Region Campaign 2002 ('Break Down the Barriers').

Sarah Wheat and Rebecca Cook (Molly's House Women's Refuge, where Sarah work in the role of a generalist refuge worker and Rebecca is the children's worker). Sarah and Rebecca spoke briefly on what Molly's House can provide women with disabilities, and women with children who have disabilities, who are escaping family violence. They also promoted the involvement Molly's House had had in the development of an Interagency Agreement.

Matthew Robinson (Manager, WiN Support Services Emergency After-hours Response Service) promoted the very flexible response service he manages and EARS' involvement in the development of the Interagency Agreement.

This session was followed by question time and lunch.

Session 3: Disability and Gender

Sam Salvaneschi (Committee member, Women with Disabilities Australia) spoke about the wonderful work of WWDA and how we need to explore issues of 'disability and gender' to better inform our work with women with disabilities who experience family violence.

Domestic Violence and Disability Training

Margot Scott (Training Coordinator, Domestic Violence and Incest Resource Centre) spoke about the development of the Domestic Violence and Disability Training pilot.

Nadia Mattiaz (Victorian advocate for Blind Citizens Australia) presented her thoughts on how her involvement on the DVIRC training consultative group had broadened her understanding of family violence. Nadia shared that her increased knowledge had become an asset in her role as an advocate.

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Robyn Close (Acting Client Services Manager, CareConnect) raised what CareConnect had learnt through participating in project activities, and what impact the training has had on service delivery (see Appendix 3).

This session was followed by question time.

Weave Movement Theatre

This small dance company of disabled and able-bodied dancers performed 'Strange Skins', an intriguing blend of dance, movement theatre, and physical poetry.

Appendix 2

Snapshot of Forum Participants' Feedback

1. What did you find most useful about this forum?

- Hearing from women with a disability speak from their experiences and perspective.
- The speakers about the project and those who spoke about what it is like to live with violence as women with a disability.
- Chance to listen to women with disabilities. Expanded understanding of personal experiences and political interpretations. Meeting workers from other fields.
- Opening my mind further. Resources. All presenters were great - varied! Good to have poetry and theatre included.
- The participation and representation of women with disabilities.
- Making me aware of all the issues that face women with disabilities. Making me aware of how much women of all persuasions are still devalued.
- The variety of presenters. The reinforcement of my understanding of the disadvantaged position of women and a sense of hope that their position will be better understood.
- All the info, women's stories and the reminder that disability issues be an integral part of a service and not an add on.
- The information regarding the shifts that are occurring - it is an important way forward & the Poems!
- Variety of presentations, from the grassroots own experiences and intellectual. Very articulate presentations well done. Great food. Good networks.
- I found the information was presented in an extremely informative way & given my lack of experience I found it was easy to understand.
- I loved the personal stories. Contact with other organisations was also useful.
- Listening to speakers tell of how women with disabilities are perceived. The fact that they are twice as likely to experience violence from so many trusted? people.
- I have learnt so much today. Keep up the good work.
- Awareness – networking. I believe from this, no matter how small, I will go back and implement the knowledge I have gained into my everyday practice.
- Ability to network with other service providers. Obtain information of current services.
- Opportunity to hear from women with disability themselves, as well as hear from practitioners in the D.V. field/with which I am not so familiar but am becoming more so!
- Opportunity to hear current issues & thinking & to discuss with others in related fields.
- Way good forum - found it helpful for my work.
- To hear about different services & programs ie. Molly's House, EARS, training on DV and women with disabilities.
- Information about other services & report summary/presentation.
- I was unaware of the percentage of women with disabilities that had suffered DV.

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2. What was not useful?

- Some presentations a little too long.
- All useful.
- It would have been good to have some more information about the Disabilities Unit & how to access it.
- Due to my position I enjoyed the broad discussions rather than the information about a particular training session.
- All was good.
- Disability & Gender.
- Can't answer this question - everything was very useful.
- All information was useful.
- The day was great.
- Some topics didn't seem all too relevant.

3. What effect might this forum have on your work practice?

- Identifying more gaps in service and endeavouring to address these.
- Feel optimistic about improving our service response to women with disabilities.
- Improved awareness of hugeness of issue. Increased inclusiveness. Need to work together collaboratively.
- Be more aware of disabled women (in all their guises) in my work & their needs, obvious & not so obvious.
- Better perspective of disability.
- Hopefully implement thought espoused in '93 that is, make disability issues part of my work/organisational thinking.
- To keep the focus on inclusiveness within service delivery.
- I think the forum has opened my eyes up to the important issue of women with disabilities and violence. It will no doubt continue to influence my awareness & practice.
- If women call presenting with a disability question I feel I am more informed to talk about some of the issues.
- It has given me a greater understanding of what women with disabilities have to deal with.
- As I want to work in the DV area I will now also bring the two together & not just think of domestic violence in the mainstream area.
- Not taking for granted that my client is aware of their options and has a total understanding that this is not a normal practice and they don't have to put up with it.
- Certainly heightens & reinforces the continuing need to explore the existence of DV within women with disabilities lives.
- Will encourage me to discuss in my workplace ways in which we can address issues with women who have an intellectual disability.
- Networking opportunity was useful.
- To become more aware.
- Increase awareness of issues that need to be addressed on constant bases.
- Awareness of DV for women with disabilities and that there is info available & services available - It is not in the "too hard basket"

- Will continue to utilise a gendered approach to my work practices & will try to have that approach as a central focus in any involvement I have with development of policy.
- Heaps of helpful information as relevant ongoing problem for women with disabilities.
- Acknowledge that women with disability are affected by domestic violence and the varying degree it impacts their lives.
- Would like to put in for funding to run the training program in the southern region.
- More effective & appropriate referrals.
- Make other employees aware and possibly organise training.

4. Do you have any suggestions for how this forum could have been improved?

- Discussion groups & feedback.
- There should be more forums like this.
- Could have been a bit 'tighter' towards the end of the day.
- Some role playing.
- None, though I would like to attend Margot's training session, at DHS in Eastern Region!
- It was great – however where is the support for different regions to push for the future development of collaborative approaches to improve the lives of women with disabilities in domestic violent situations?
- A list of the contact/participant organisations – for networking purposes.
- No, excellent job!
- I thought the forum was very professionally presented and I thoroughly enjoyed the day.
- Perhaps not so long. The afternoon was difficult. Maybe not 1/2 hour for a speaker – a bit long.
- More focus on what is possible with existing resources. What workers & agencies can do.
- I loved the arts part. Expression is a primary importance of communication of people with disabilities & without disabilities it was great to hear poetry & see dance.
- Perhaps more resource material displayed or available from different agencies that could be taken away.
- Not really. I enjoyed the day. Maybe a small activity /refresher after lunch to ward off afternoon slump. Or maybe that's just me not going to bed early enough the night before!!
- Would be better if phone numbers/website could be shown on the overheads for future references or contact people.
- More DV workers present across the regions - more time for cross networking through afternoon workshops maybe.

Appendix 3

Robyn Close, CareConnect - Powerpoint Presentation

Care Connect

- Care Connect is a non-profit organisation specialising in assessment, care management and brokerage services.
- Funded programs aim to assist people with complex needs to remain living in the community, preventing premature or inappropriate entry into residential care.

What is Care Management?

Care Management provides a primary point of contact via a Care Manager. The Care Manager will assist people with complex care needs by:

- Identifying their support needs
- Co-ordinating services
- Advocating on behalf of clients
- Providing information and support
- Purchasing additional services

General Overview of those with Disabilities Supported

- People with complex care needs
- Most are living with a carer
- May be aged
- *Within the Western DHS disability programs, the clients will be adults with:*
 - An intellectual disability
 - A physical disability
 - Sensory
 - Neurological (example MS) or an
 - Acquired Brain Injury

Care Managers

All Care Managers have:

- a tertiary degree in a health or related discipline.
- minimal work experience of up to 3 years in an appropriate role.

'Identified Issues'

Presenting Issues for Clients

- Reporting - unable to report
- Lack of support – family/community
- Do not identify with neglect/violence /abuse
- Risk of harm
- Not aware of alternative options
- Violence often comes from within their support networks
- Compromises their capacity to remain living within the community.

Presenting Issues for Care Managers

- Identification of abuse, neglect and violence
- Lack of knowledge of how to respond to issues of abuse, neglect and violence

Triple Disadvantage: Out of Sight, Out of Mind

- Lack of knowledge of how to monitor ongoing risk of violence
- Lack of knowledge of how to engage client/family/community in addressing issues
- Lack of knowledge re alternatives for clients dependent on supports.

Summary of what is Needed

- Alternative funding options need to be available to support client choice to stay or move.
- Specialist training required for all staff working within the community.
- Specialised support options required:
 1. Legal support
 2. Financial support
 3. Housing
 4. Counselling
 5. Education for women with a disability

Disability and Domestic Violence Training

In May 2003 **ALL** Care Managers, and managers within the Care Connect Western DHS program team attended:

- The one day disability sector training on women with disabilities and domestic violence.
- The one day networking with workers from the domestic violence sector.

Outcomes of Training

Care Manager's report:

- A greater understanding of many different ways domestic violence can present
- Care Managers now actively explore/assess if women with disabilities identify their experience as domestic violence
- Knowledge of agencies which provide support for women with disabilities experiencing domestic violence.
- An awareness that domestic violence agencies can be used by Care Managers in a secondary consultation manner.
- Broadening of the Care Managers' networks
- An awareness that a disability accessible refuge is available within Victoria
- Via staff supervision, managers are questioning the possibility of the existence of domestic violence when client support needs are discussed.

Client Outcomes

- Clients are given an opportunity to discuss domestic violence, as Care Managers will openly question treatment by others that may be domestic violence and not identified as such by the woman with the disability
- Women have access to information, support related to domestic violence and possible alternative living arrangement options via their Care Manager.

Appendix 4

Vig Geddes, Domestic Violence & Incest Resource Centre - Notes for Talk

I would like to share with you something of DVIRC's experience as an organisation hosting this project, from when the project was first mooted to where we are now. Whilst we are now very committed to the project, this was not always the case.

The project was first discussed at DVIRC in 1998. Violence Against Women with Disabilities Action (VAWDA) were working on a submission for a project worker to extend the work already done on the *Woorarra Women's Refuge Disability Action Plan* and *More than Just a Ramp...A Guide for Women's Refuges to Develop Disability Discrimination Act Plans*. One of our workers, Jenny Nunn was an active member of this working group and very passionate about the issue of women with disabilities who experience violence.

When Jenny initially conveyed the request from the working group that DVIRC be named in the funding submission as the auspice body for the project we were not initially very enthusiastic. We were concerned that:

- The project might take up some existing DVIRC resources
- It might take up too much of our time
- We didn't have enough space to house a worker
- An outside working group might be dictating to DVIRC
- We were scared.

While we did not oppose the project outright, we were not wildly enthusiastic. Here are a couple of quotes from some DVIRC documents from 1998:

'Because DVIRC is already pinching pennies, the bottom line is that we are not in a position to spend additional funds, and if we find ourselves doing so, the consequences will have to be a decrease in the quantity and/or quality of our other work, which is not in DVIRC's long term interests.'

We also drafted an auspice agreement that contained the following clause:

'Conflict of purpose. If for any reason DVIRC believes that the activities of the project are in any way in unresolvable disagreement with the DVIRC statement of purpose or other policies, DVIRC has the right to discontinue this auspice. Thirty days notification of the decision to withdraw from the auspice must be given to the Steering Committee.'

Importantly for DVIRC, Jenny's participation in the disability project, the request to auspice the project and house its worker, drew our attention to accessibility problems with the building we occupied in Sydney Road, Brunswick. The building was 2 storey, with a step at the front door, a step to the toilet (which was not wheelchair accessible), an upstairs meeting room and a downstairs kitchen which was small.

It was around this time that DVIRC started looking for another building. We were interested in having a larger library space and a larger meeting room. We looked for a long time, without much success. Eventually we got a quote on making alterations to our existing building, which required so much work it wasn't feasible.

The search for a new building:

- We could not afford what we wanted. A downstairs premises or a space in a building with a lift was impossible on our budget. We kept looking and looking because we thought that we had to get a completely accessible building, otherwise we would be letting women with disabilities down.
- Once we accepted that we would have to compromise, our task became easier. We agreed that the building would need to have the following areas downstairs: kitchen, toilet, library, meeting room and an office space, and that those areas must be wheelchair accessible.

The new building found:

- We knew that the VCROSS building in Collingwood would need some modifications, but we didn't know how to find out what they would be. We had heard different stories about the minimum size of doorways etc. Eventually we found out about the ArchiCentre. They came and did an audit of the building, and this was free.
- There were a number of changes that had to be made to the building. We prioritised them and proceeded to get them done. This included:
 - widening doorways
 - concreting the uneven backyard
 - getting shelter over the entrance to the outside toilet
 - building a ramp at the front door
 - new taps in the kitchen
 - lower light switches
 - ensuring clearance around photocopier and fax machines
 - the placement of exit signs
 - removing obstructions
 - access to stationery
 - removing an automatic door closer.

Later, when a woman with a disability was employed at DVIRC, we contacted Paraquad, who came to DVIRC to assess her needs for a desk. The DVIRC worker drew our attention to the draughty window near her desk, the need for a longer mirror in the bathroom, and the need to arrange sugar, tea and coffee items so she could reach them (in a shallow basket so that she could pull the basket forward).

Having a disability project at DVIRC has meant that we have a disability advocate within the organisation. Chris Jennings is the advocate. She draws our attention to including disability in our pamphlets, discussion papers, and training and in our feedback on government policy documents such as the Women's Safety Strategy, the VCCAV Family Violence Database Project, and the police review.

Triple Disadvantage: Out of Sight, Out of Mind

Chris's advocacy within DVIRC has also led workers to initiate some projects themselves. Lauren (our receptionist) noticed that our TTY line was not being used much. She thought that we could try something else and set up a chat room for hearing-impaired people. Lauren has advertised this through publications and organisations for the hearing impaired. At specified times of the day, someone can log onto the chat room and Lauren will get a prompt on her computer so that she knows that someone is there, and she will log on to talk to them.

DVIRC's learnings from the project:

- With commitment it is possible to change the physical environment. We don't need to do everything at once, but can prioritise.
- Greater awareness of physical access issues in our building, training venues, and meetings outside DVIRC.
- Greater awareness of other issues to take into account when providing our service or liaising with people with disabilities, for example:
 - concentration issues for someone with an acquired brain injury: what time of the day might be better for a meeting with them?
 - the need for interpreters, and that for an all-day event we would need a number of interpreters
 - that it takes longer to do business with someone whose speech we find difficult to understand.
- That disability issues must be included in any discussion about domestic violence or sexual assault
- That disability is not an 'add on' to our work with family violence, but an integral part of it. A reminder that what we are dealing with in domestic violence and sexual assault is inequality in power.
- That there needs to be someone within the organisation whose responsibility it is to monitor disability issues. I would like to think that when we have written disability into all our policy documents, we might not need to have someone to remind us. But I am not confident about this. And just as we need someone in DVIRC to monitor our inclusion of disability, I think the domestic violence sector as a whole needs someone to keep us focussing on disability.
- The project has drawn our attention to the importance of diversity in the make-up of our management collective.