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This guide is for service providers in the family violence and disabilities fields who support women with disabilities experiencing family violence. It is based on information gathered from interviewing women with disabilities about their personal experiences of surviving violence. We gratefully acknowledge the generosity with which the women shared their experience and wisdom with the hope that we as workers may develop a better understanding of how to provide support to other women.

Women with disabilities want to be seen as women first with the same needs, desires and aspirations as all other women.

Understanding family violence as it affects women with disabilities

‘Family violence’ describes a range of abuses perpetrated within a domestic context whether physical, financial, sexual, spiritual, social or emotional, it is where one person seeks to dominate another. It can be a pattern of behaviour that may escalate over time, gradually undermining the victim’s confidence and ability to leave the perpetrator. In the majority of cases the perpetrators of this violence are men and the victims are women and children.

Nationally and internationally there is a consensus among researchers that women identified as having a ‘disability’ experience violence and abuse at a much greater rate than the rest of the population. Compounding the problem, women with disabilities who are victims of violence have traditionally been disbelieved or disregarded.

The risk and impact associated with violence is exacerbated if a woman is socially marginalised or living in poverty (Gurr 1996). Women with disabilities are vulnerable to abuse at all stages of their lives because they are women, because they have a disability and because they are likely to be worse off economically.

Among women with disabilities, domestic violence can occur between intimate partners and family members, just as it does among women without disabilities. However, women with disabilities also face alarming rates of violence from paid and non-paid carers. Any understanding of ‘family’ or ‘domestic relationship’ must reflect the diverse types of domestic relationships that women with disabilities may have.

The impact of family violence

Researchers have found that compared to non-disabled women, women with disabilities:
• experience violence at higher rates and more frequently
• have considerably fewer pathways to safety
• tend to be subjected to violence for significantly longer periods of time
• experience violence that is more diverse in nature and
• experience violence at the hands of greater numbers of perpetrators. (WWDA 2007)

Perpetrators may use the woman’s disability to gain control

A perpetrator may target a woman with a disability because they know it is not easy for her to get help and if she does disclose her experience of family violence she is less likely to be believed.

Many women with disabilities talk about how the perpetrator deliberately manipulated the truth and/or situations to make them, and others, question their competence.

Abuse of women with disabilities can include the perpetrator denying personal care, rough handling, and withholding medical treatment.

If I fall from my chair my husband doesn’t tell my carers or take me to the doctor or hospital. He only ever takes me to the doctor to get contraception.
It also includes women who are visually impaired having their physical environment rearranged; women with physical disabilities having essentials such as house keys or medication kept just out of their reach; and women who are reliant on communication aids having access to aids restricted.

Many women who have been diagnosed as having a psychiatric disability or cognitive impairment have spoken of how the perpetrators of their violence have used psychological abuse to control them, causing them (and in many cases others), to question their state of mind, which in turn was used as a basis for further abuse. For example, the perpetrator claiming that they have not recalled events accurately because of their illness. These perpetrators of violence explain away the abuse with: she is confused; it is fantasy; she misunderstood my help there was never any relationship; she lies to get attention; she can’t be believed.

Financial abuse and social isolation are common forms of abuse experienced by women with disabilities that generally go unchallenged.

Perpetrators, with no legal responsibilities to act on a woman’s behalf, can take full control of her money, often to the knowledge of others, giving explanations like: banking is beyond her; she has no money skills; she has enough to worry about with her illness, I take care of the business side of things.

It appears to be acceptable to many in the community that women with disabilities would not have anything meaningful to do outside the home. This enables a perpetrator to socially isolate a woman without any questions being asked. Not allowing a woman to make decisions and denying access to information that would help increase her independence are common forms of abuse.

Women with disabilities from Indigenous or CALD backgrounds
It is stating the obvious but we need to keep in mind that women with disabilities may also face additional barriers to disclosure and seeking help if they are also Indigenous or from culturally and linguistically diverse backgrounds.

While many services recognise the need to seek information and specialist support on the differing cultural perspectives on family violence, few would appreciate the need to seek information about specific cultures and their perspectives on disability.

Did you know:
• Indigenous people may not identify as having a disability despite the labels they feel have been imposed upon them, and are less likely to be linked into disability specific services.
• Many people who are deaf identify as being part of a cultural and linguistically diverse community – not as having a disability.
• There are cultures that see having a disability as a punishment for the disabled person’s sins in a past life, or the sins in a past life of their parents.

Being aware of perspectives such as this could mean avoiding miscommunication which has the potential to turn into worker frustration and client dissatisfaction.
Escaping violence is harder for women with disabilities

There are well documented reasons women stay in, or return to, an abusive relationship which include: depression, low self esteem and feelings of powerlessness, lack of appropriate housing, fear of losing custody of their children and believing their children love and need their father.

Women with disabilities face the same concerns however in many instances they are magnified by:

- Lack of accessible, appropriate crisis and permanent housing
- Lack of support services that enable a woman to maximise her independence
- Fear of losing custody of their children to the able-bodied perpetrator
- Fear that she is incapable of parenting alone
- Fear of being institutionalised
- Feelings of powerlessness and vulnerability which can have an enormous impact on the woman’s ability to believe she can live independently of the perpetrator

Violence induced disability

Not only are women with disabilities at greater risk of violence, abuse can be the cause of disability. A substantial number of disabilities are caused by family violence or abuse of children but this is rarely recognised by service providers, policy makers, researchers, or the community and it is certainly not a named phenomenon.

A disability like mine, acquired as a result of domestic violence is not covered by insurance. There has been no real connection made between my disability and the fact it was caused through relationship abuse.

A recent report by VicHealth (2004) found that domestic violence is the biggest single health risk factor for women aged between 15 and 44. It is also the biggest single cause of early death and disability. Although many are aware that violence causes death, there is less awareness that domestic violence often causes disability.

People can hear stories about disability being caused by road trauma or a long illness but not being abused by a family member. People can handle it if you say your disability was the result of an assault on the street. I mean it’s getting into the area of ‘that’s not nice’ but people react better than if they know the assault was from a family member.

Women can and do sustain a multitude of injuries and permanent disabilities as a consequence of family violence. We should be particularly aware that acquired brain injury (ABI) can be a consequence of violence. Blows to the head, or having your head beaten against a wall or other solid surface, is not uncommon in family violence. When thinking of acquired brain injury we also need to include the growing number of women acquiring permanent disabilities through alcohol and substance abuse. Current family violence research acknowledges the overlap between family violence and alcohol/substance use, however fails to adequately include the impact of acquiring a permanent brain injury as a result. We also need to bear in mind the links between childhood familial sexual assault and adult mental illness, and the links between family violence and Post Traumatic Stress Disorder and some depressive disorders.
Preparing your agency

Service providers may see working with women with disabilities who are experiencing family violence as lying outside their capabilities. Although providing support in this situation is not necessarily easy, the skills and qualities needed to do it are the skills and qualities that define good practice: believing the woman; validating her experience; ensuring she is treated with respect; working with her to increase her personal safety; working collaboratively with other services where necessary; ensuring the woman herself drives the process as much as possible.

Paternalistic attitudes in regard to women with disabilities remain strong within the community including family violence services. It would be beneficial for services to participate in disability awareness training, exploring what attitudes exist within the service about women with disabilities. It is essential to challenge the myths, stereotypes and assumptions relating to women with disabilities. 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. Women with disabilities are all different and have diverse needs. Women experience different functional impacts of disability: physical, cognitive, sensory. They come from different backgrounds and have different experiences, ethnicity, race, sexuality, locality, age and so forth. Women access different services to respond to their needs: mental health and disability services, local support services, attendant care services, community health services.

Family violence services should aim to make things flexible enough to accommodate a variety of possible requests. It is impossible to make blanket changes that will make a service accessible to all women with disabilities, but organisations need to acknowledge the physical and attitudinal barriers that exist within their service and remain open to the possible changes that may be necessary for individual preference and need.

On the other hand many workers in disability and broader community services appear unaware of the phenomenon of family violence, or its possible legal and service remedies. These services also need to become better informed so that they too can assist women with disabilities to live free of violence.

The continuing development of resources and skills to ensure practice that is relevant, informed and inclusive of women with disabilities experiencing family violence is the aim for both disability and family violence services.

What has helped other services prepare?

- Regularly having violence against women with disabilities on the agenda for team meetings
- Professional development sessions and training for staff around diversity, gender, disability and family violence awareness
- Finding out what disability services and resources are available in the local community, including inviting other services to attend team meetings, and visiting other services to exchange information
- Family violence services employing workers with disability experience
- Disability services developing family violence policies and ensuring they have information pamphlets on family violence readily available
- Services resourcing each other through secondary consultations
- Creating opportunities to discuss referrals and complex cases at team meetings with a focus on problem solving
- Regular supervision based on reflective practice
- Adopting a process of continuous improvement by examining the barriers within your service through client feedback and service evaluation
- Family violence services conducting Access Audits and then developing Disability Action Plans (Women with Disabilities Australia More Than Just a Ramp will guide you through the process www.wwda.org.au).
Women with disabilities often don’t have access to information about which facilities are able to accommodate them. Work towards your service becoming known within the community as an accessible service. Think creatively about how to reach women with varying needs and abilities and advertise information which is accessible and meaningful about your service.

Providing accessible information highlights a positive attitude towards women with disabilities and increases their confidence in, and awareness of, what supports are available. Development of service information in plain English for women with cognitive disabilities also immediately improves access for women with low literacy, and for women with English as a second language. It also makes it easier for information to be translated. Following readability guidelines (for example, those developed by Vision Australia) and website accessibility principles also makes information more accessible for all women.

Responding to disclosure

Women with disabilities are less likely to report family violence because of their entrenched feelings of disempowerment. Many women with disabilities have spent their whole lives feeling inadequate, not good enough and a nuisance. It helps to bear in mind that women with disabilities face a number of unique obstacles regarding disclosure or help-seeking in relation to domestic violence. Of particular importance are:

- greater social isolation
- difficulties in being believed or taken seriously
- practical obstacles they face in obtaining information or assistance
- lack of awareness and skills on the part of service providers in dealing with women with disabilities who experience domestic violence
- lack of coordination and cooperation across services regarding these women’s needs. (Keys Young 1998, Jennings 2003)

It is important to remember that in addition to these obstacles the perpetrator often threatens to institutionalise; tells the woman this is her one chance at a relationship because no one else would want to be with a ‘cripple/retard/crazy’; says that no-one will believe someone like her; threatens to tell the services she is reliant on that she is crazy or has behavioural problems

When a woman with a disability contacts a family violence service, the worker’s responsibility is to respond in the same way as they would any other woman. The disability or community support worker’s role is to show that they are prepared to hear any disclosure of abuse and be supportive. It is to encourage women to talk about their experiences of abuse by asking direct questions, resourcing women to access information about family violence services and if appropriate making direct referrals.

Asking women about family violence

If you walk into many doors you would hope someone would at least ask you the question. You may not be ready to disclose but you would at least hope the question was asked.

I had therapists that didn’t believe me when I told them about the sexual abuse in my childhood because I waited until after my last parent died. My therapist said ‘Why haven’t you spoken about this before?’ and I said ‘Because you haven’t asked.’ He asked more questions about why I didn’t speak up earlier and I said ‘Because both my parents are dead now and I can’t hurt them anymore.’

The all important question to ask is: Do you feel safe at home?

Health professionals, disability and community workers need to ask direct questions where they suspect instances of family violence. In recognition of women with disabilities experiencing violence at higher rates, one disability service is now routinely asking women about any experience or history of violence as part of the general needs assessment.
Validating the experience

It’s very hard for workers to understand – they can see physical abuse but it’s hard for some workers to understand women that have been mentally battered. The bruises are in your head and not all workers understand that.

When I used to say I got my head injury through family violence people could not hear what I said after that because it seemed to traumatise them. I almost find you can talk about the violence or you can talk about disability but if you put the two together people can’t hear it, people can’t manage.

Women with disabilities who are abused face both personal and systemic barriers to being able to disclose the abuse. For many women with disabilities their experience of a disclosure has been met with minimising, denying and blaming. People may not take the woman’s concerns seriously saying things like: you must be confused, he would never intentionally hurt you; but he is so good to you and your son; you love him don’t you; it’s understandable he would become frustrated.

I know that some people’s stories are difficult to listen to but if you can’t hear the person’s story it makes it even harder for them.

A significant barrier to women with disabilities disclosing family violence is their fear they will not be believed. Women are empowered when they are believed. The support worker’s role is to show it is taken seriously, hear the disclosure and be supportive.

To allow someone to tell their story and respectfully listen is the most important thing.

When a woman discloses abuse she is looking for her experience to be validated. Doing nothing allows the abuse to continue and colludes with the perpetrator, reinforcing the woman’s feelings of powerlessness. It is the issues around the abuse within her relationship she is seeking support with. She needs the service provider to assist her to think through her options not focus on her disability. It is the violence which is the issue.

Disability services and other community workers play a vital role in raising awareness of family violence and linking women with disabilities into agencies that are able to support and resource them.

Services and practitioners specialising in violence against women need to understand they are in the best position to offer validation and support to women with disabilities who experience family violence. They understand the impact of living in abusive relationships and are able to use this knowledge and expertise to effectively support women.

Women with disabilities need to receive the message that the violence perpetrated against them is not okay. Workers play a vital role in assisting women with disabilities to connect with information and services that can support them to identify the abuse and take action. When the referral process is done well, it can be an empowering experience for the victim survivor.

Interventions that are effective

Whilst there are no easy answers to supporting women with complex needs we can adapt service interventions to ensure they are more effective and responsive to women with disabilities. It is rarely the case that anyone living through the experience of family violence is able to apply one strategy, or adopt one form of support to address their circumstances. Most women require support and encouragement to take action against abuse. Women with disabilities are no different in that they need support to acknowledge and identify the abuse in their relationship and encouragement to think through the options available to them. Women with disabilities need to be supported to learn more about the steps and strategies that other women have used in an attempt to free themselves from the violence.
When supporting women with disabilities it is important that workers are open to reflecting on their own feelings and any preconceived ideas about disability and family violence. Being prepared to look at your own values and how these may impact on your support role increases the likelihood of a positive client/worker relationship.

**Good Communication**

Good communication is crucial to effective interventions. A worker’s ability to communicate in a clear sensitive manner is of utmost importance. Poor communication can lead to a woman receiving an inadequate service or even worse her safety being compromised.

> It’s important to take things slowly because otherwise I lose it because of my disability. If things are rushed I can’t follow what’s happening and I forget.

Appropriate communication is one of the most important issues when supporting women with disabilities to address their experience of family violence. Services need to acknowledge from the outset that it may take extra time to support women with disabilities because of communication difficulties.

- Keep questions simple and explanations easy to understand
- Take it slowly, be patient
- Listen to what the women is saying, even if it takes a while to understand
- Give information in short bursts, with regular breaks
- Give clear explanations of the options, delivered simply and repeated as required
- Be ready to take time to support the woman to understand the consequences of her choices

> I want to have carers that can sign and communicate with me not rely on my husband. My husband wants to be the only one who can communicate with the carers.

If you have trouble understanding a woman because she has speech difficulties, admit it, and respectfully ask her to try again. Don’t hesitate to ask questions about how best to communicate, suggest using pen and paper or the computer, or try using more yes/no questions. Women with disabilities rarely get upset if you are honest and respectful about your limitations in understanding.

Some women may need to access additional resources to ensure they are in the best possible position to tell their stories. Services may need to:

- Enlist the assistance of Auslan sign interpreters or communication assistants for women who use alternatives to speech communication (contact VicDeaf and CAUS Communication Rights Australia www.caus.com.au for more information).
- Be proactive – check out resources that give tips on communicating with people with disabilities.
- After considering the safety issues explore how new communication technology, such as text messaging, online chat or email could be utilised as possible ways of keeping in touch with deaf and hearing impaired women or women with complex communication needs.

**Affirming support**

> From the first visit I just had this feeling that I was where I belonged. Two women interviewed me that day. They spoke to me as a person. I met some outstanding workers that really believed in me. They showed me I could have new aspirations, there was the possibility of new opportunities. The workers made me feel good, whole as a person. They got me the help that I needed the help that was missing all those years earlier.

> I have one carer who is a very good support to me. I feel safe with her. It helps to have someone you can rely on and feel safe with. I trust her to talk to about my problems with my husband. This is a big help to me having someone I can trust. I don’t have the strength or the power to speak out. My husband is too powerful, he is more powerful than me.
Workers play an important role in positively engaging women, working with them to strengthen their capacity and resilience to deal with the experiences and trauma of family violence.

Many women with disabilities speak of how they feel they are seen as being difficult by many workers. There is no doubt the narrow silo approach to service delivery and the lack of resources presents many challenges for workers and services. One of the challenges is to ensure that our frustration with the service system is not then reflected in our direct contact with women. No matter what the service and resource limitations, we must keep focusing on affirming support where the woman feels believed and validated.

My advice to other women is turn to family and friends.

Resourcing family and friends on how to raise the issue of abuse, hear a disclosure, and offer constructive support increases the support options for women experiencing family violence.

Risk assessment and safety planning

Looking through the woman’s eyes and understanding: thinking all right they have been coping with this for so many years – how did they cope?

Most of the strategies listed in classic women’s safety plans are not possible for a woman who must depend on her abuser to get her out of bed in the morning, dress and feed her.

For women with physical disabilities there will be limitations in escaping violent situations. Deaf or hearing impaired women may be able to escape but face communication barriers in almost all settings designed to help women experiencing family violence. Where the perpetrator is also the woman’s carer, services may need to work collaboratively with other community organisations to facilitate safety planning. Many women with disabilities will need access to support services to maintain a degree of independence. The location of their accommodation needs to be close to accessible transport and all other amenities.

It takes an effort to work through the often complex issues that a woman may present with. There is no one formula that will provide all the solutions. It is a matter of working closely with the woman, assisting her to make informed decisions. It may be necessary to talk to others who could offer advice in identifying what the urgent issues are that need to be addressed to increase the woman’s immediate safety, and which ones can be dealt with later.

In a risk assessment the worker looks at ‘protective factors’ which include the social connections of a victim/survivor. Given one of the barriers to escaping family violence for women with disabilities is social isolation, a positive step forward for a woman is to focus on increasing her social networks.

For women with disabilities the barriers to leaving the perpetrator may seem overwhelming for both the woman and her support services. Where the risks to immediate danger have been addressed, a well prepared safety plan could be used to enable a woman to increase her personal safety while still in the relationship, giving her and others time to work on future options.

Intervention orders

Many women with disabilities are unaware of how an intervention order can assist them to increase their safety.
I had trouble getting an intervention order. My lawyer was fantastic she went to court with me three times. The magistrate knew how afraid I was of him. The police have also said that if he tries to call or turns up I’m just to ring them straight away. With this support I feel as if I have no worries now.

It would be helpful if the woman is prepared before going to court about what to expect, for example:

- a woman with an intellectual or cognitive disability should be supported to understand that the magistrate will expect her to answer questions for herself
- a woman with a physical disability should be made aware of any potential issues regarding accessing the court building before she arrives
- deaf or hearing impaired women need to be supported in their right to engage an Auslan interpreter
- a woman with non-verbal communication may need support to have her communication method recognised by the court

**Exclusion Orders**

After I kicked him out I was determined to stay in the house. I have stayed in my house through the whole mess, I didn’t move. My counsellor from the relationship centre asked me ‘Do you want to stay with your mum and dad?’ I said ‘What for? It’s my house. Why should I move?’

Exclusion orders are particularly valuable for women and children, for whom the disruption of emergency accommodation and a series of subsequent relocations are especially traumatic. There are great benefits both for women with disabilities and mothers of children with disabilities to participate in family violence programs that support the removal of the perpetrator from the home.

The availability of affordable, accessible housing is a considerable barrier to women with disabilities escaping violence. Women with disabilities face discrimination in getting housing, whether in the private or public rental market. For many women, considerable financial and human resources go into setting up a living environment, with the aim of maximising personal independence. Being suddenly removed from that environment has the potential to severely impact on the woman’s confidence and independence.

I can’t remember all the moves but I have moved 20 times since fleeing my last violent relationship. I didn’t realise how much of an impact all these moves have had on me until now.

Fear of such loss and social disadvantage may imprison women in violent relationships. Women need to learn about the option of remaining in their own home.

Once a thorough risk assessment has taken place, if a woman decides she wants to seek an Exclusion Order a worker may still need to assist her to find refuge or crisis accommodation, to allow enough time to make the necessary support arrangements that would allow her to safely live in her own home. Whilst not ideal, if you are unable to locate accessible crisis accommodation, you might support the woman to think about utilising disability respite accommodation in the interim, reassuring her she will continue to be linked into family violence support services.

**Outreach**

I have thought of leaving him a few times, but I worry that I couldn’t manage and anyway I don’t know where to go.

Women with disabilities living with an abusive partner fear they will not have any support services if they leave. Outreach services in collaboration with disability services play a very important role in assisting women to explore the possibilities.
It is likely to take extra time and resources to work with a woman with a disability. Workers may need to contact a number of different agencies before you are able to access the information a woman requires for her to be able to seriously consider her options. When in this position, remind yourself of the right of all women to live free from violence and the right of all women to be treated with respect and free from discrimination by your service.

I discussed with my family the information I found in the pamphlet, then with their support I decided to ring the number for the domestic violence outreach service. Speaking to the staff at the outreach service was most helpful. They gave me good advice and I wouldn’t have been able to go through all of this without them.

Services should take the time to fully document what strategies they have successfully utilised in providing a service to women with disabilities. This documentation would provide an important basis for the service’s own reflective practice and continuous improvement. This documentation could also be used as an evidence base to lobby for additional resources.

Women’s Refuge

What has been helpful is being in a quiet place with just my son. Getting help and being supported, being given the time to think about what to do next.

Women’s refuge services remain an important part of an integrated family violence response, offering safe and secure accommodation and support to women and children who have to relocate from their usual residence.

I now wish I had done this before. I didn’t leave my husband earlier because I was worried about how my son would cope. I didn’t realise they had a house for disability.

There are a limited number of fully accessible crisis and refuge accommodation options. Ensuring they are utilised by women with disabilities is very important. It is also important to work on continuously improving access to all the currently inaccessible options available to other women. The Women with Disabilities Australia publication More than Just a Ramp has numerous ideas on how refuges can improve access.

Recovery

I remember at one point feeling very alone and being quite desperate to find somebody else that had had a similar experience. Because most people out there in the community can’t hear these stories there is this silence and it makes you feel quite alone.

Support groups play an important role in assisting women to discover they are not alone, and helping women identify the abuse as family violence. Support groups provide an opportunity for victim/survivors to discuss their experiences with others and to learn from each other. Women with disabilities would benefit greatly from being able to participate and share in this process of healing.

Recovery from abuse is a journey that’s never over.

The impact of family violence doesn’t end with separation. Many women talk of the benefits of counselling. Women with disabilities have also spoken about the benefits of private counselling – having some control over who they see for therapy. Private counselling is expensive so supporting women to seek Crimes Compensation is a potential way to give them this option.

A worker supported me to apply for Crimes Compensation then suggested I use my compensation money to see a private counsellor and recommended this woman. I started to see her, she is a psychologist, and thank god for her. She was a life-saver. It was such a relief to be able to afford to continue private counselling.
Collaborative practice

Women with disabilities don’t get access to information about gender violence, everything is so bloody siloed, if you are a woman receiving disability services you receive information about your disability but almost no general community information.

Family violence services committed to improving their service response to women with disabilities will look at collaboration with other agencies. Partnerships which focus specially on addressing the additional barriers faced by women with disabilities are the key to the successful implementation of an integrated response.

Getting together to exchange ideas and developing effective partnerships takes a lot of energy and there can be a tendency for it not to happen unless there are organised structures to enable and ensure it.

A key strategy in successfully supporting woman with disabilities experiencing family violence is local agreements between services that focus on co-case management arrangements, secondary consultation, and direct referral processes.

Conclusion

Don’t give up easily. Women with disabilities are relying on all of us to remain committed to working through the service barriers that make it difficult and in some cases impossible for them to escape family violence.

Women with disabilities need us to believe them, validate their experience and assist them to take action.

Useful references:

Domestic Violence Victoria (DV Vic), 2006, Code of Practice for Specialist Family Violence Services, Enhancing the safety of women and children in Victoria

Department for Victorian Communities, Family Violence Coordination Unit, 2007, Family Violence Risk Assessment and Risk Management Supporting an integrated family violence service system

Disability Act 2006

Women with Disabilities Australia www.wwda.org.au Read some of the fantastic material produced by WWDA.

Victorian Women with Disabilities Network Access the Network’s website via Women’s Health Victoria www.whv.org.au

Domestic Violence Resource Centre websites www.dvirc.org.au

Referral information:

Women’s Domestic Violence Crisis Service Victoria
Telephone counselling and referral to safe (refuge) accommodation
Phone (03) 9373 0123 or Toll free 1800 015 188 – 24 hours

Domestic Violence Outreach Services
Support, information, and practical assistance.
Phone DVRC on (03) 9486 9866 – Monday to Friday – 9 to 5 to get the number of your local Outreach Service

Immigrant Women’s Domestic Violence Service
Support & information for immigrant women in their language
Phone (03) 8413 6800 – Monday to Friday – 9.30 to 5.30

Elizabeth Hoffman House Aboriginal Women’s Family Violence Service
Support, accommodation & information for indigenous women and spouses of indigenous men
Phone 0438 528 525 – Monday to Friday – 9 to 5 or 1800 015 188 – 24 hrs

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