



OFFICE OF THE  
PUBLIC ADVOCATE

Victorian Women with  
Disabilities Network



## **Violence and Disability Forum**

*Hosted by the Office of the Public Advocate  
and  
Victorian Women with Disabilities Network*

**March 2010**

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## 1. Introduction

On 17 March 2010 the Office of the Public Advocate (OPA) together with Victorian Women with Disabilities Network hosted a forum for senior researchers, practitioners and policy makers in the family violence, sexual assault and disability fields. The purpose of the forum was to provide an opportunity to share ideas and engage in informed discussion with other attendees, and to plan collaborative advocacy for the future.

Thirty-eight people attended, including senior representatives from family violence agencies; legal services; disability and mental health services; peak bodies for the disability and family violence sector; universities; Victoria Police; Victims Support Agency; and Department of Human Services (Office of Housing; Disability Services).

Participants were welcomed by Colleen Pearce, Public Advocate, and Keran Howe, Executive Officer of Victorian Women with Disabilities Network.

The forum commenced with a presentation by Janine Dillon, Advocate/Guardian, OPA, on her two recent research studies about people with disabilities who experience or have experienced violence. Janine's first study addressed the effectiveness of guardianship for women with cognitive impairments experiencing intimate partner violence and was completed in June 2009, the second study—undertaken January-March 2010—explored circumstances of men and women involved in the Advocacy/ Guardianship program who experienced violence in any form. Following Janine's presentation, participants discussed a range of set questions in small groups, with responses reported to the whole group in a plenary session to finish the forum. A record of these responses follows.

## 2. Record of discussion in small group and plenary discussion by set question

### 2.1 *How does the information presented by Janine sit with your knowledge of violence and disability?*

There was broad agreement from participants that the OPA study is in line with their experience/ knowledge/ understanding of the experiences of people with disabilities subjected to violence.

- ◆ Suggestion made that findings are relevant for all women not just those with disabilities. But the differences that do exist between the experiences of women with and without disability are worth noting and must be noted. There was agreement that it was important that the study raised the issue of violence as the cause of disability.
- ◆ Agreement that the study was accurate in reporting need for sustained involvement of services.
  - Point made that creative solutions may be needed when the person with a disability is not yet ready to engage on the issue of violence. Further, Intervention Orders are a blunt instrument when a woman does not want to include conditions excluding the perpetrator from the home— services need to be prepared to work with women with non-exclusion orders.
- ◆ Agreement with issues raised around lack of evidence/ credibility of witnesses, and difficulties with police reporting. Suggestion that while courts need to respond better to these cases, cannot rely solely on court/ police response and the justice system should seek to engage other supports even if action through the courts is not deemed possible.
- ◆ Study confirms participant view that it is important to have a consistent advocate while being supported with issues of violence.

- ◆ Recognition of the finding that increased involvement of police contributes to reduction in experience of violence.
- ◆ Study confirms experience that carers can be perpetrators of abuse.
- ◆ Agreement from group that case studies are useful, as there is very little firm data available because various systems don't record this information. Suggestion made that while we may not want to rely on numbers to progress the issue, we know that some systems and policy makers rely on this. Need to think about what collectively we can do about this.

## 2.2. What work are you/ your organisation doing about violence and disability?

The following is a sample of the work being undertaken by agencies represented at the forum.

<i>Domestic Violence Resource Centre</i>	Conducting training in use of Common Risk Assessment Framework (CRAF)
<i>Mental Health Network</i>	Chief Psychiatrists' guidelines being reviewed. Training for staff & consumers.
<i>Maroondah Family Violence Service</i>	Two universal access refuge units have been developed and five more are planned. Having women with a disability on its board has made a huge difference for the understanding of this service about issues for women with a disability experiencing violence. Developing positive after-hours response for women with disabilities experiencing family violence.
<i>Victims Support Agency</i>	Review undertaken seeking to make the justice system more accessible. A forum is planned.
<i>Victoria Police</i>	The Code of Practice is being reviewed. Victoria Police have adapted the CRAF so that within its risk framework they already consider disability as a risk factor.
<i>Women's Domestic Violence Crisis Service</i>	Media Advocacy Project – includes women with disabilities.
<i>Federation of Community Legal Centres</i>	Has several initiatives focusing on the issue. They are seeking to improve on the ground, practical support for women with cognitive impairments reporting abuse; looking at the needs of women without speech who have been sexually assaulted; & increasing advocacy support by providing funding for South East CASA advocates to improve access, increase reporting & referrals to Victims of Crime Tribunal.
<i>Aus. Research Centre in Sex, Health &amp; Society, Latrobe University</i>	<i>Living Safer Sexual Lives: Respectful Relationships</i> – A peer led primary prevention of violence program for people with an intellectual disability. Funded by the Australian Government.
<i>Women's Health in the West</i>	Project building better access for women with disabilities experiencing family violence– developing 'best practice model'. Engaging local disability agencies.
<i>Collaboration in Northern region</i>	Bringing together three sectors– DHS (Mental Health), North CASA and Berry St – to pilot a model of 'secondary consultation.' Developing guidelines to direct safety issues across all groups, seeking sustained community practice.
<i>Community of Practice in the North</i>	Regional cross-sector knowledge sharing on supporting women with disabilities experiencing violence. Includes WHIN, Berry St and others. Seeking the inclusion of consumers and representatives from more disability agencies.

## 2.3 *Where are the gaps, limitations and problems in the system? What is working well? What are the strategies needed to address these gaps?*

In the following section the identified gaps/limitations/problems have been clustered under these five headings (listed in no particular order):

1. Lack of understanding/coordination across sectors
2. Need for resources
3. Use of the Common Risk Assessment Framework (CRAF)
4. Police and the justice system
5. Issues with the Child Protection System

Suggested strategies to respond to the gaps are listed beneath each one. The point was made that for each of the proposed strategies:

- ◆ Advocacy and self-advocacy are important, and
- ◆ There is an important need to focus on both:
  - what the consumer wants the system to do for/with them, and
  - the position of women with disabilities in advancing the strategies.

### 2.3.1. *LACK OF UNDERSTANDING/ COORDINATION ACROSS SECTORS*

- ◆ The current silo structure/ specialisation of sectors does not encourage a holistic approach to supporting women with disability experiencing violence. This makes collaboration and consistency of support challenging to provide. Disability, family violence, health services, Home and Community Care (HACC) and police work within different paradigms. Misunderstandings exist about the role, parameters, and practices of agencies in different sectors, which can lead to resentment rather than cooperation. Need to find a common language/ understanding across sectors, this may encourage agencies to view all aspects of the person's situation rather than only what may seem most related to their own work model.
  - Are all sectors using the CRAF? (disability sector?)
- ◆ No clear service coordination or protocols to support collaboration.

#### *Suggested strategies:*

- ◆ Acknowledge that all sectors/services engage in some aspects of gate-keeping, and are limited by funding criteria, high caseloads etc. In doing this blame between sectors should stop– needs to be recognition of importance of addressing issues more flexibly. This will likely require a preparedness to change policies.
- ◆ Development of protocols between family violence and disability sectors. One suggested benefit of this may be ensuring that the right questions are asked 'at intake' to services.
- ◆ Disseminate information about examples of best practice and effective partnerships with view to broadening their application.
- ◆ Networking/ partnership building suggestions:
  - Increase disability representation on regional family violence committees.
  - Develop regional networks of family violence and disability agencies (such as that occurring in northern metro region), and include peak disability bodies.
  - Statewide Advisory committee- should a disability sub-committee be formed? Should a separate, interdepartmental committee be formed to look specifically at disability and violence issues, rather than a sub-committee?
    - Suggestion made to present OPA research to the Statewide Advisory committee.

- Build on existing infrastructure. Suggestion made that seeking disability representation in integrated family violence networks and Statewide committee may be more likely/ useful than forming new committee(s).
- ◆ Creation of similar coordination scheme to that provided in the UK re. the *Protection of Vulnerable Adults* legislation.
- ◆ Training is needed in all sectors:
  - Suggestion made that this should be by women for women.
  - Need to increase the capacity, skills, knowledge of workers in all sectors. Training should be ongoing not once-off.
  - Must include information about CALD issues and issues for indigenous women. Suggested that this needs to be developed as major competency training.
  - Training to disability sector about how to support the credibility of the person with a disability when reporting to police, rather than inadvertently undermining it.
  - Training to family violence sector that promotes a more sophisticated understanding of disability– one size does not fit all, responses/ supports offered should acknowledge this.
  - Training for Tribunal Members in the Human Rights Division– Guardianship List at the Victorian Civil and Administrative Tribunal to increase understanding of family violence issues in relation to applications for guardianship and administration orders.
  - Training within youth services- problem identified of young women not being able to access family violence assistance through youth services.

### 2.3.2. NEED FOR RESOURCES

- ◆ More resources are needed to improve cross-sector work and to enable appropriate support for people with disabilities experiencing violence.
- ◆ Funding required for:
  - Training (as outlined above).
  - A body to co-ordinate and implement policies around prevention of/ response to violence against women with disabilities. This would help to provide consistent advocacy.
  - Provision of more sustained, intensive case management than is currently available.
  - Retention of staff.
  - Making refuges more accessible.

#### *Suggested strategies:*

- ◆ Conduct more research so that there is more evidence to attract more funds. Organisations need to collect data for this purpose, the existing data must be utilised as evidence.
  - Suggestion made that police have a good data collection system (recording info re. disability and family violence) which could be mined for this purpose.
- ◆ Review how funding is currently used and where there is waste.

### 2.3.3. USE OF THE COMMON RISK ASSESSMENT FRAMEWORK (CRAF)

Training in the CRAF is being rolled out more broadly. While it discusses disability issues to some extent, suggestion made that disability should be included more explicitly as a risk factor. Suggestion made that it is important that the risk assessment takes account of not only whether a person has a disability/ impairment, but how this impairment impacts on the person day-to-day. There can be problems about how questions about disability can be asked– may need to be explored; for several reasons asking “Do you have a disability?” may not be best approach.

*Suggested strategies:*

- ◆ Review and revise all information about CRAF in relation to disability.
- ◆ Engage Department of Planning and Community Development for further training.
- ◆ Acute mental health unit staff to be trained in use of CRAF.

**2.3.4. POLICE AND THE JUSTICE SYSTEM**

Courts need to be able to cope with issues of violence for women with disabilities, however, court cannot be viewed as only avenue for support. If court process is not possible, cannot leave women unsupported. Women may be more vulnerable after making reports.

*Suggested strategies/ known actions:*

- ◆ Victims Support Agency (VSA) is developing a strategy for making the justice system more accessible to victims of crime, and considering within this what are specific issues for people with a disability. VSA holding a forum in June.
- ◆ A review of the Victorian Police Code of Practice in responding to family violence is planned/ underway.
- ◆ Engage police representatives on committees discussing issues about family violence and disability

**2.3.5. ISSUES WITH CHILD PROTECTION SYSTEM**

It was suggested that many women who experience violence fear that if they remain in the family home and disclose family violence, their children will be taken from their care due to high risk of exposure to violence.

*Suggested strategy:*

More training is needed in child protection and a co-operation between family violence agencies and DHS Child Protection to identify alternatives to this situation.

**2.4. *Is there a role for this group of forum participants to respond to these gaps?  
What form might that take?***

Broad agreement from group that today's forum represents a starting point and that further action can be taken. Recommendation made that small group of forum participants could reconvene to continue today's discussion with a view to planning how to progress strategies, including determining committee structure/ membership.

Recommendation made that this small group should have 'equal' representation of justice system, disability, and family violence services. It may be necessary to invite further participation from disability community service organisations.

Agreement that Janine Dillon, OPA, would extend invitation to participants to be part of this group, and that OPA would hold carriage of planning first meeting.