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Women's experiences of the family violence response system

Four women with disabilities were consulted about their experiences of seeking help to deal with family violence. They responded to an invitation circulated via three email membership networks: VWDN AIS, DARU and Domestic Violence Victoria, following approval to undertake the consultations from The University of Melbourne's Human Research Ethics Committee.

Semi-structured interviews – averaging two hours in length - were conducted face to face in three cases with either follow-up telephone conversations (up to an hour long) or emails to confirm details and to do a final debrief (each interview had concluded with an opportunity to debrief). The fourth interview was conducted over two telephone sessions.

The family violence response system aspires to integrate its services but is not necessarily experienced in this way by women with disabilities, as the stories of Fran, Jane, Sophie and Alison illustrate.²¹

Whilst there are commonalities of experience, each woman's lived reality of *violence* is unique; each woman's lived reality of *disability* is unique. Put the two together and there is a compounding effect that cannot simply be understood as the sum of the two.

3.1 Introducing the women

Fran

Fran is in her mid 40s and has a 16 year old son. Both of them have cognitive disabilities but Fran also has serious medical problems that make it difficult for her to breathe and walk far. When she is in reasonable health, Fran cares for her son and herself independently at home and drives a car. She grew up in Melbourne and experienced childhood abuse from her mother as well as bullying at school and being judged "*stupid*". She married 17 years ago. At the time of interview, she was hoping that an out of court divorce settlement would be arranged without having to attend a Family Court hearing.

Fran's ex-husband has used violence against her and her son for years, starting from the time they married, which she felt "*tricked*" into. Fran persevered with the marriage for the first few years before leaving him when their son was a young toddler. She returned to live with her husband a second time because she thought her son, having been diagnosed as having a cognitive disability, needed his father.

Fran's experience of violence was often directly related to the fact that she has a disability. (Her husband sought to control everything she did as well as sexually abusing her and treating her like his "*personal whore*" and "*slave*".) He would not

²¹ Names and identifying information have been changed to ensure confidentiality. Italicised words are direct quotations from the interviews.

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allow her to keep animals that had been her solace since childhood or show her how to turn the heating on in the house, so that she and their son were cold in winter; and was verbally abusive, denigrating her intelligence. Finally, he was reluctant to care for their son when she was hospitalised or incapacitated in bed, which added to her distress.

Over the years, Fran has required the intervention and support of a number of services, including family services, child protection, hospitals and doctors, the police, refuges and domestic violence outreach services, transitional housing and, most importantly, from the staff of her son's special school and the staff of the behaviour program he attends.

Jane

Jane is in her late 50s and lives with her adult daughter in public housing in one of Melbourne's outer suburbs far from the family she is closest to. Jane is still in mourning for the husband she loved and who was responsible for nearly killing her and their daughter in 2004. He died in 2005 of alcohol-related liver disease. They were married for 23 years, having married in 1980.

In the early 1990s, the family moved to a remote area of Victoria and Jane began experiencing escalating violence from her husband who began drinking increasingly heavily after a work injury left him permanently incapacitated and on a disability pension. Meanwhile, Jane developed an incapacitating physical disability, owing to injuries to her shoulders that she sustained from chopping wood and other manual work on the property. Her doctor had advised her to alter her lifestyle radically by selling their property and moving into town where they would have access to utilities but her husband refused. Her medical and mental health deteriorated as the violence and stress of keeping up a wood supply to heat the house worsened. She experienced frequent angina attacks, eventually leading to heart attacks and surgery for an aortic aneurysm.

Jane was offered little in the way of support owing to the isolation of where she lived until she reached a crisis point. Eventually, she and her daughter fled their home after her husband's attempt to poison them and, for the last five years they have lived the precarious existence of people on low incomes. Jane now lives on a disability support pension and is cared for by her daughter who receives a Carer Payment. She is isolated because of her disability, the constant moves to affordable accommodation and the ongoing mental health consequences of long-term violence. Both of them live with depression.

Sophie

Sophie is in her late 30s and acquired her medical disability seven years ago in a complication following an operation for suspected cancer. She also has two young children with autism. Sophie separated from her husband four years ago after he threatened to kill the children and wrote a suicide note. Fortunately, she was able to return to live in her home. However, she has had to take out three Intervention Orders, the most recent of which will expire later this year.

Sophie's disability has no obvious appearance and is intermittent in its impact on her life. When she is badly affected, her energy levels, mobility, hormone levels, heart and breathing are all impacted and there may be consecutive days when she is unable to do anything. She has experienced sudden panic attacks, which, although quickly responsive to medication, are alarming to herself and those around her.

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Although Sophie realises in hindsight that her husband began using violence from early on in their relationship, his violence and drinking got worse as her own health deteriorated. To her, he was manipulative, possessive, threatening to kill himself if she left him or threatening to take the children away from her, and constantly using putdowns, particularly when she made any effort to “*improve herself*” (through study, for example). He would bombard her with phone calls and accuse her of fantastical relationships with men she barely knew. He was neglectful of the children when they were young and later verbally abusive, calling them “*idiots*” once it became clear they had developmental disabilities.

It is often difficult for Sophie to deal with more than just looking after the children and herself, and yet she has had to face terrifying behaviour from her ex-husband and distressing legal responses to her situation over the last four years.

Alison

Alison is in her mid 40s. She lives with mental health problems and chronic illness, the latter including diabetic neuropathy. Alison experienced significant childhood abuse and, in adult life, has experienced a number of violent relationships and sexual assaults, the latest with her ex-partner, who also has mental health problems. It ended approximately three years ago after an ‘on again-off again’ relationship of six years. At present, she is living in a regional centre of Victoria, in public housing, on a disability support pension, some distance away from where her adult children live. The nature of her disabilities makes her especially vulnerable to violence. She finds it stressful to go out as small incidents and interactions can trigger flashbacks, or fearful and angry responses to other people’s behaviour. She is also periodically unstable when walking and sometimes needs a stick. She has had many hospital admissions for medical and mental health problems, including suicide attempts. She continues to have suicidal thoughts.

3.2 Experience of services

Women experience the effects of the integrated family violence response system when they begin to move into a crisis situation and are at a turning point in their respective journeys away from violence. This is often when they are at greatest risk of violence and of homelessness. In the post-crisis period, women’s experience of services becomes fragmented and dependent on the most pressing, often practically-related issues that face them, for example, Family Court matters, housing issues, pension entitlements, financial and health issues.

Health services

Health professionals are often the front-line people that women with or without disabilities consult when they are experiencing the consequences of family violence on their health, but they do not necessarily disclose the violence to their doctor. The expertise of these professionals in identifying that violence is happening, in being able to open up a safe space in which women can disclose, and then offering validation and referral, is therefore paramount.

In the case of the women interviewed, their subsequent trajectory after consulting these front-line professionals was partly determined by the response they received from them.

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It was Sophie's GP who first identified that she was experiencing violence and brought it out into the open in 2003. (This was about a year before her husband threatened to kill the children and himself, prompting her to leave him.) She had never spoken to anyone about her husband's violence in the preceding dozen years. Her GP explained his concerns for her safety when he suspected that her husband might have a serious mental health problem, which could make it dangerous if she ever tried to leave him. He made sure that she had emergency numbers.

Jane's GP, it would seem, was less able to support her, for reasons we can only speculate about. Jane believes her GP was well aware of her husband's increasingly violent behaviour (her GP was one of only two GP's in the country town) but – significantly – she was never provided with information about the region's family violence outreach service. Instead, she was advised to sell the remote property and move into town. Her husband refused to agree to this.

It was like, I'm all alone here. Why isn't there help? I said to the doctor, 'Can someone come in and bring in the wood for me?...What about home help?...' The doctor said 'We don't have those services, we only have those for elderly people...you'll have to manage as best you can'...I didn't want to leave my home. Why should I?

Jane and her daughter eventually fled their home and sought crisis accommodation in 2004.

The women's experience of consulting counsellors was mixed. Alison saw a psychologist for a period of five years and felt well-supported during this time but, after moving to another district, could not continue with her. She has not had any regular counselling since. One of the most important things a counsellor can do is validate a woman's experience of family violence, but counsellors do not always have the expertise to identify that a woman is experiencing violence or understand the dynamics of family violence. Also community attitudes about disability can often preclude them from viewing women with disabilities as anything other than dependent on their partners.

Fran recounted that she and her husband consulted two marriage counsellors during the two periods they lived together who were "hopeless". The most recent marriage counsellor did not know who to believe so she advised Fran to always ask her husband for his permission to do anything.

Before Jane left her husband, her cardiac specialist referred her to a psychiatrist whom she felt had no understanding of family violence, so she stopped attending. Her post-refuge counsellor told her to "get over it" and "build a bridge" to a new phase in her life without her violent husband. She felt unsupported by the counsellor and asked the service for another counsellor but there were no others available and so she stopped attending.

Police

The women interviewed had mixed experiences with police responses.

When Alison returned from a holiday in early 2006 (during which she had been hospitalised after becoming ill), she discovered that her ex-partner, who had an Intervention Order against him, had stolen money from her and destroyed possessions in her home. She attended a police station to make a statement, taking documents about the Intervention Order with her that she wished to show

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the police officer, who disregarded them, only to contact her within a few days asking for them. She explained that she was in a “*manic state*”, at the time; any sound or incident, such as the violation of the Intervention Order, would “*set her off*”. Added to this, she felt that her concerns were not listened to by the police officer.

On another occasion, however, she needed to give a statement about an alleged rape by her ex-partner. The sexual assault officer met with her case manager and Alison found him to be very understanding, especially given her anxiety about having her statement video-taped.

Others spoke positively of the police response but they felt frustrated – and they believed, the police did too – that sufficient evidence could not be gathered to prosecute their husbands with more severe criminal offences, and implied that police intervention could not necessarily ensure their safety.

In the final months before fleeing home with her daughter, Jane called the police to her property on many occasions because her husband was breaching the Intervention Order and stalking them. The police always responded but as it could take one and a half hours to get to the property her husband would be long gone. Even following the suspicious circumstances in which Jane and her daughter fell violently ill after Jane had seen her husband loitering near the house’s water supply, the police investigated but were unable to provide strong evidence that linked him to the presence of a toxic chemical in the water. The police could only charge him for breaching the Intervention Order and stalking.

Importantly, the police provide a temporary sanctuary to which women can flee before being re-located to a safe refuge, as Fran’s experience illustrates.

When Fran left her husband last year, with her son, the crisis line put her in touch with a refuge worker who told her to drive her car to the police station as soon as she could and ring back. She said the police were “*very good*” and immediately phoned the refuge worker and arranged for a taxi to take them to an interim safe house.

The police have also proved to be a safe place in which child changeover may occur.

Sophie has ongoing concerns about safety for the children and herself and there are outstanding legal matters to be resolved around a current Contact Order. She has found the police very helpful when the station has functioned as a changeover place. When her ex-husband did not show up for three weeks, a senior police officer helped by recording the fact in their log book in case this information required corroboration in legal proceedings.

Family violence services

The women we interviewed did not have contact with specialist family violence services until they had reached a turning point or crisis in their situations. For Fran, Jane and Sophie, this was the point at which they contacted police and the domestic violence crisis line and were referred on for information about immediate safety and crisis accommodation options.

For some women, leaving home, however temporarily, is the only way to leave a violent relationship and be safe. Whilst Jane and Alison spoke of sharing with other distressed mothers and their children as the downside of entering a refuge

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(indeed, Alison was asked to leave one refuge after an altercation with another resident), there were some positive effects aside from being safe.

Jane and her daughter lived in the refuge for five months in 2004. Staff helped in a number of ways: they arranged access to counselling via the Victims of Crime scheme, ran a program about family violence, and provided financial help with a month's advance rent when Jane and her daughter moved out into private rental accommodation. For these reasons, Jane valued the refuge experience.

Alison's most recent experience of being in a refuge was positive for her as she took pleasure in helping the other women in the house, cooking and cleaning. Privacy was not an issue for her. However, when she was moved into a transitional house, she felt less safe. Another woman moved in who, she believed, had drug and mental health problems. One night, she suddenly drew a knife on Alison. Terrified, Alison was able to flee to a friend who was in another transitional house nearby. Alison moved into another transitional house after this incident but her health deteriorated; she developed pleurisy and became suicidal. She was admitted to hospital and then a nursing home for recuperation.

One of the most significant developments in the crisis accommodation system in Victoria has been the development of a specialised disability unit at one of the refuges, which provides accessible accommodation to women with disabilities and their children, including older sons (often barred from other refuges).

Fran talked about not being accepted owing to her cognitive disability and of her fear in seeking refuge because of it. She had also spent years protecting her son from the abuse of his father and feared having to protect him from the staff and other residents of a refuge when she was at her most vulnerable.

Fran and her 16 year old son stayed in their own disability-specific refuge unit for two and a half months last year. She found the refuge staff "*great*"; she felt they accepted her and understood her and her son. They helped sort out her disability pension with Centrelink (she had only been receiving a few dollars a week because of her husband's income and it took some time before she got her full entitlement), put her in touch with a Legal Aid lawyer to deal with access issues and settlement, and assisted her when she applied for an Intervention Order (see below). They also provided assistance and support regarding her son's violent behaviour by giving her emergency phone numbers for respite care and the crisis response team. A worker also showed her around the suburbs, which she found enormously reassuring, and helped enrol her son into another special school.

Fran's relief in finding a place where intellectual impairments were accepted and understood and, most importantly, where they did not have to share space with others, was immeasurable. As she said, "*women with disabilities need to know we'll be safe and no worse than 'going back'*". Her hope is that other women with intellectual disabilities know that there are safe places for them to go when they really need it.

For some women with disabilities, going into a refuge is not an option even though the alternatives are not entirely safe. There might not be a physically accessible refuge or there are other considerations, such as concerns for children who may also have disabilities that make the prospect of communal living, or disruption to a child's access to special school or therapy, impossible to consider.

Sophie fled from her home with her children when her husband threatened to kill them four years ago. Unfortunately, owing to her children's disabilities, emergency accommodation was not an option she could consider. The DV crisis line made it clear that her children would not be able to attend their special

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school for a period of six weeks or so and that they would have to live communally in a refuge. Sophie did not want to subject her children to this degree of disruption, concerned at the prospect of adverse effects on them. Her only option was to shelter with family until her husband calmed down and the police had served him with an interim Intervention Order. After a few days, she was able to return to her house. She also made sure that the house was more secure by having telephones available in every room and changing the locks on the house, and informing neighbours of the situation.

One of the most helpful family violence services that Sophie had contact with (for approximately three years after leaving her ex-husband) was a family violence peer support program. She wrote of it that:

The most helpful thing that [it] did was to validate my experience, as the women...staffing it and attending had all experienced differing forms of DV so knew exactly where I was coming from. Although they didn't fully understand my disability/condition, they were extremely empathetic, providing me with on referrals for counselling etc. and ensuring a DV support worker attended court with me to ensure that if I needed anything they could assist me.

Family violence services and programs have a potentially important role to play in supporting women with disabilities when they attend court (see 'courts' below).

Owing to the nature of Fran's cognitive disability, she has difficulty in understanding written material. One of the refuge staff assisted her by preparing a statement about the physical and mental domestic violence for the court-based Intervention Order application.

Mainstream, community support and family services

Mainstream, community support and family services play a potentially important role as referral pathways for women experiencing violence. None of the women interviewed were supported by disability-specific services, although Fran and Sophie, mothers of children with disabilities, acknowledged the importance of their children's social workers, who are not domestic violence specialists but are aware of the difficult circumstances of the women's lives and keep in frequent, regular and ongoing touch with them.

Whilst Sophie has described her children's social worker as her "biggest support" over the years, she has been frustrated by her experience with a mainstream women's service and being forced to comply with bureaucratic systems that cannot cope with the complexities of the issues that women with disabilities, who have with children with disabilities, face in moving away from violent relationships. She writes:

Things that I didn't like from...services were being made to feel like a number, not being heard and being forced to comply with the system, despite my strong concerns for the safety of my children and myself. I was also frustrated by [a women's service] who only fund short term help. Domestic Violence is not a short term problem and does not magically disappear once a woman has left the abusive partner, particularly if there are young children involved. [The women's service] provided me with three appointments with a social worker and then I was left on my own. A few months later when I attempted to contact the social workers, I was advised that they only assisted for six months after separation.

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It is easy for women, especially those with mental health issues, depression and multiple disabilities, such as Jane and Alison, to be 'lost to the system', particularly when they move from region to region in order to stay in affordable post-crisis accommodation. Each time they move, they lose a familiar support worker and it is not always easy to establish contact with a new one, despite referral. Owing to the lack of affordable, accessible accommodation for women with disabilities, the practical issues of housing and low-income often are dealt with before women can attend to their feelings and mental health.

In order to get into the public housing system, Jane and her daughter have moved three times, the third to a region far from her family and where she has no referral to support services. She has applied twice for a transfer to public housing close to where her family lives, but has waited three years for this and for a simple modification to be made to their current house so that showering will be easier for her. She and her daughter struggle to exist on their respective pensions and, aside from the GP, Jane occasionally accesses emergency relief support from the local community support centre.

At different times in her life, Alison has had referrals from family violence services to mainstream support services (and vice versa). The last time Alison was in refuge, she was referred to a mental health service, which arranged for a person to visit her every two weeks for a year. Alison said this was exactly the sort of contact she needed (and needs). She trusted the woman (she did not know what her status was) to come into her home; the two of them would go out together, for example, visiting op-shops, always doing "nurturing stuff".

Alison moved into public housing accommodation that is far removed from her adult children and anyone else she knows. She said she cannot get a female case worker and is not comfortable being supported by a male case worker. She sees a psychiatrist infrequently and otherwise, her GP (who is female). Her voluntary work, one day a week at a mental health service, and her involvement in a women's art therapy group at another mental health service are extremely important to her. The latter provides her with a warm, welcoming environment where she feels safe and can engage in activities she enjoys, such as cooking and artwork. Whilst she is not being actively supported by a case worker, she does at least have contact with the facilitator of the women's group and the supervisor where she works.

Service responses to women with disabilities as mothers

Assumptions about the capacity of women with disabilities to parent can have a bearing on a woman's experience of seeking help for the violence. This is compounded for women with disabilities whose children have disabilities.

Throughout her son's life (he is 16), Fran has felt her capacity to mother has been called into question. When he was a few months old, she became very ill and was hospitalised for some time, during which the boy's father was neglectful, and physically abusive on one occasion. As a result, family services and child protection removed him to a foster home for three months. Fran was unable to see her son and felt the unfairness of this; that he had been "kidnapped". Once her health improved, she was able, with the help of family services, to have her son back home with her, and the service subsequently helped her leave her husband the first time by finding a flat to rent and organising home help.

As her son grew older, Fran began to have concerns about his increasingly aggressive behaviour. Her new family support worker did not believe her and was

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critical of her “mothering”, telling her the difficulties with her son were all her “fault”. Eventually, her son was diagnosed with an intellectual impairment and at the age of 8, he switched to a special school. Fran decided to return to live with her husband believing that his presence would be positive for the boy. However, her husband was as abusive and controlling to both of them as before. The boy’s school became concerned about his deteriorating behaviour and reported their concerns to DHS. Fran by this time was trying to leave her husband again and her son’s social worker helped her get in touch with the domestic violence crisis service.

Courts

Despite considerable reform in the family violence justice response in recent years, women with disabilities can still face negative community attitudes from the judiciary, lawyers and court officials and a failure to consider their safety (and that of their children) ahead of access matters. Sophie’s experiences of a Magistrates’ Court and a Family Court have been frustrating and distressing.

Sophie has had an ongoing battle in the Family Court regarding her ex-husband’s contact with the children. For the first year (from 2004) of Family Court appearances, the lawyer for the children tried to get her to allow the children’s father to visit them at home. He also demanded to see the suicide note that the father had written, which she did not have. She has been in and out of the Family Court between 2004 and 2007 and is now preparing for a further appearance. She feels that the Family Court is only interested in ‘equal access’ and not in the children’s wellbeing. Two judges have made comments such as: “*I don’t know why you’re here*”, “*Are you trying to stop the father seeing the children?*” and “*I don’t see why you can’t just change over at McDonald’s like other couples*”. (This last after she had been stalked, tailgated and almost run off the road when driving the children to meet their father.) In her view, the fact that Family Court Orders over-ride Intervention Orders with exclusion conditions makes the latter a “*waste of time*”. She felt that the Family Court tried to make her commit to not having an Intervention Order and she has had to contest a Contact Order that has been in place since June 2007 because she does not feel safe from her husband. She also found comments from judges and her ex-husband’s lawyers about her children and changeover arrangements offensive and insensitive, and consequently is fearful of telling the court too much about her disability for fear it will prejudice decisions about contact arrangements.

Of further concern is Sophie’s experience at one of the Specialist Family Violence Service Court venues.

Sophie was dismissive of the suggestion that the Specialist Family Violence Service Court she attended might prove to have a better understanding of family violence and its consequences for women and children. Instead, she described it as “*just an administrative function only*”. She was, however, grateful for the assistance provided by the court network volunteers. Although she said they have no training in domestic violence, they helped keep her ex-husband away from her by letting her sit in their office.

Court appearances add another level of stress and anxiety for women with disabilities. Having a family violence support worker present and having access to a sequestered waiting room are helpful in ameliorating the stress one would expect at any court appearance.

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Sophie wrote about her first two court appearances and her dismay at discovering that the family violence service could no longer provide her with a quiet room in which to wait for her appearance.

At my first attendance at court for an Intervention Order they advised I could use their room. On my second attendance, I was advised that their room was no longer available and I had to sit in the foyer.

On this second occasion, Sophie was verbally abused by her ex-husband whilst court security stood by and said nothing. Sophie continued:

I have found no understanding [of my disability] when dealing with courts...and court staff. As I am able to walk I am not deemed to have any disability by those that I have met and it is not until I go into details of my condition that people become slightly more aware. Having said this...I have not found any extra assistance being offered to me to reduce any physical, emotional or mental distress at any time. I have often been left feeling very undervalued as a member of the community.

Alison has attended the Magistrates' Court a number of times over the years for matters relating to sexual assault, rape and Intervention Order breaches. In late 2006, her ex-husband was successfully prosecuted for raping her but during the trial she recalls being extremely upset by the judge's persistent questioning, feeling angry at him and trying not to cry. She was supported during the case by a support worker but she really needed greatest support after the case when she felt extremely isolated and distressed.

Contact and family dispute centres

It would appear that there are inconsistent practices in managing contact issues between children and parents where family violence is occurring. This is clearly an issue that confronts women with and without disabilities; but there are added stresses for women with disabilities to contend with, exacerbated by their disability.

Last year, Sophie's lawyer encouraged her to demonstrate her willingness to allow the children's father to have access to them by attending a family dispute centre. Sophie felt that staff of the family dispute centre had not been trained in domestic violence as they tried to put her and her ex-husband in the same room to mediate contact issues. She told the mediator there was an Intervention Order against her husband but the mediator "didn't care".

Sophie and her ex-husband have also used two contact centres. Her ex-husband prefers one that is a long drive away for Sophie and the children because Sophie believes he feels they are more supportive of him, whereas the closest centre is protective of her and aware of the violence.

3.3 Support issues for the women

The women interviewed were asked what support or coping strategies they found most beneficial; what advice or suggestions they have for other women with disabilities experiencing violence; what they would have wanted when first seeking help; and what they would like now.

Fran

- Women with disabilities need to know that there is special crisis accommodation available where they do not have to share space with other women and where children with disabilities, including older sons, are welcome. She suggested publicising this through television.
- Support workers who are not confident in working with women with disabilities should simply ask women what their needs are because the needs are all different. Reading body language, not being judgemental and 'putting people with disabilities in boxes' are important.
- She would have liked to meet other women experiencing violence, especially other women with disabilities who had children with disabilities, in a group setting.
- Having reliable friends and her son's social worker have been important sources of support to her over the years.

Jane

- Women with disabilities need to know what services are available to help them deal with violence.
- There should be a post-refuge program or courses to support women with disabilities who have experienced violence and a "*support worker to check with you every twelve months to see how you are*".
- She would like to meet other women who have been in her situation as she is very isolated.

Sophie

- Judges and lawyers need to be better trained to understand the nature and consequences of family violence.
- Support workers at court should be trained to deal with family violence.
- Women need to document everything that happens to them so they can build evidence for legal proceedings.
- Advise trusted family and friends about what is going on.
- Advise your GP about what you are experiencing and ask them for any help they can offer.
- Carefully put a plan in motion to escape from the violence.
- Seek legal advice. If unable to leave home, ring the legal advice lines via telephone or have a friend ring on your behalf.
- Contact the domestic violence crisis service.
- Do not accept the violent behaviour and do not stay for the sake of the children.

Alison

- Getting the 'right' help that is constant.
- Sorting out practical issues, which helps relieve mental stress.
- Having access to a *female* case worker.
- Having the opportunity to do useful work on a regular, weekly basis.

3.4 Conclusion and Recommendations

Fran's, Jane's, Sophie's and Alison's experiences of seeking help were compounded by the nature of their disabilities, the nature and effects of the violence (which, even when of a criminal nature was hard to prove in law), social isolation, low self esteem and the lack of economic independence.

Not only that, they encountered practical, systematic and attitudinal barriers in the services from which they sought assistance. Their experiences raise certain questions:

- To what extent are women and children with disabilities offered an exclusion condition in an Intervention Order (especially when modifications have been made to their home) where access to crisis accommodation is an issue, and how can their safety be assured?
- What alternative arrangements are there to mediation at a family relationship centre if an Intervention Order is in place?
- How can children with disabilities be protected from violence without interrupting their special schooling or therapy?
- How can front-line health professionals be educated about the need to refer women with disabilities to specialist family violence services, either for support, outreach or counseling, no matter how isolated women may be?

There are a number of conclusions to be drawn:

- A key issue is the lack of secure, affordable and accessible housing for women with disabilities.
- There is a need for more independent disability units in the crisis accommodation system and provision for supported accommodation services.
- There is a need for more long-term, post-crisis support and improvements in tracking women so they are not 'lost to the system' when they move.
- There is a need to raise community awareness about the existence of support for women with disabilities experiencing family violence.
- Mainstream health professionals (including psychologists and counsellors) need to be better educated about the links between family violence and disability, the impact on women and children (including violence-induced disabilities), early intervention and risk assessment practices.
- There is a need to review Family Relationship Centre/mediation protocols when family violence is present and especially when an Intervention Order is in place.
- Members of the judiciary, lawyers and court officials require better education about family violence and its impact for women and children with disabilities.
- There is a need to ensure that there are sequestered waiting rooms for victims of family violence, sexual assault etc. when attending courts.

These interviews have given some indication of the issues faced by women with disabilities in Victoria in seeking family violence support. Clearly more analysis is

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required to understand in greater depth the help seeking experiences of women with disabilities who experience violence.

Recommendations

These recommendations are drawn from the consultations with the women with disabilities and confirmed by the findings of the consultation with family violence workers documented in Section 4:

1. That women with disabilities be provided avenues to actively participate in policy and decision-making bodies in respect to violence against women with the appointment of at least one woman with disability to each violence-related policy and decision making body.
2. That women with disabilities be resourced to represent their concerns in key advisory, governance and planning forums at national, state, regional and local levels, in accordance with the human rights principles of equality, human dignity, mutual respect, participation, accountability, equity, access, empowerment and freedom from violence.
3. That an audit of crisis accommodation options is undertaken to establish accessibility and service issues regarding women and children with disabilities.
4. That secure, affordable, long-term accommodation is made available to women and children with disabilities experiencing violence.
5. That an emergency supported care fund is established for women and children with disabilities when their caregiver is arrested or removed from the home.
6. That intensive case management is promoted as a method of working with women with disabilities within practice forums.
7. That all services develop accessible information, with procedures in place to ensure requests for information in alternative formats are provided in a timely manner that (a) provide family violence information to women with disabilities and (b) provide information about access to programs and facilities for women with disabilities.
8. That prevention strategies for people with disabilities, including programs on healthy relationships, which are currently lacking, be considered as part of the Victorian Government's violence prevention program.
9. That further research, possibly through the SAFER Research Program, is undertaken to investigate the extent to which women with disabilities are offered an exclusion condition in an Intervention Order and how their safety (and that of their children) can be assured.
10. That statewide research be undertaken to understand the help-seeking experiences of women with disabilities living with violence and the experiences of family violence workers in supporting women with disabilities across metropolitan, rural and remote areas.