4 Workers' experiences of supporting women with disabilities in the family violence response system

This section summarises information about the barriers to services supporting women with disabilities experiencing violence that has been gathered in the last year. The data comes from consultations with family violence workers working in both specialist family violence organisations and in family violence programs located in mainstream family services.

4.1 Sources of information

Findings reported on here are drawn from consultations with family violence sector workers located in rural and metropolitan Victoria. These included:

- Semi-structured interviews with 15 family violence workers conducted as part of the VWDN AIS' state wide consultation in 2007 (i.e. preceding *The Building the Evidence Project*).
- A focus group attended by three Cardinia-Casey family violence workers in March 2008 in order to follow-up on some of the issues that had emerged from earlier consultation.
- Discussion with specialist family violence workers in the course of undertaking the *Building the Evidence Project*. These workers indicated they were happy to have their views on service gaps and the challenges they face in working with women with disabilities incorporated into this report.

4.2 Findings of consultations

There are endemic barriers to service provision to women with disabilities experiencing violence. They operate simultaneously at the level of individual organisations and structurally throughout the family violence response system.

Expertise in working with women with diverse disabilities

- Family violence workers had minimal or no training in disability awareness training and no training about disability and family violence.

  For example, only three out of the fifteen workers interviewed in 2007 had received disability awareness training relating to people with cognitive disabilities and mental health issues. (One of these workers was trained through the sexual assault service sector.)

- There is particular concern amongst family violence workers about the challenges in identifying women with mental health issues and referring appropriately, given the constraints on the crisis response system.

- Family violence workers acquired their knowledge of how to support women with disabilities through "*learning on the job*" (interviewee) or drawing on previous professional work.

Physical accessibility

- Physical inaccessibility is a major impediment to services being available to women of all abilities.

  This includes services operating from premises that do not provide physical access. For example, one agency operates from upstairs premises and runs a women's family violence group support program from its first floor venue to which there is no lift.

- There is a crisis in all alternative emergency and permanent housing options regarding physical accessibility to women of all abilities.

  For example, one family violence worker described the great difficulty in finding appropriate accommodation for a woman in a wheelchair who needed to leave her home quickly in order to be safe.

- There is limited knowledge about how accessible crisis accommodation is in the family violence sector.

  Out of the state's 23 secure refuge and crisis accommodation, only four describe their properties as providing 'full physical access', which means that there are no steps at the entrance, there is good access inside and accessible bathroom and kitchen facilities. A further five describe their properties as having 'limited physical access' in that there are no major impediments for women with a physical disability, such as internal stairs, but there may be narrow passages in the house that make manoeuvring a wheelchair or frame impossible. The remaining fourteen refuges are located in properties which they describe as giving 'no physical access' to women with physical disabilities.

Ability to engage with women with disabilities

- Access is generally understood in merely physical terms; there is insufficient understanding of the fact that awareness of – and attitudes to - 'disability' is also part of providing a supportive service to women experiencing family violence and the capacity to engage with women with disabilities.

- Most family violence workers indicated that they aimed to be as flexible and responsive as they can in responding to the diverse needs of women with disabilities experiencing violence but there are indications that some agencies are not able to engage with some women with disabilities.

  One worker described providing support as offering "*what is right for them [women with disabilities experiencing violence]*" in terms of housing, supporting their children and their emotional health. However, other workers focus on a woman's disabilities rather than on the violence they have experienced (see next example).

- Physical inaccessibility – and the very real costs involved in rectifying it – appears to be given as an explanation for why some services do not see many women with disabilities or have discretionary criteria, which exclude some

women with disabilities (e.g. women with cognitive impairments) from their service.

For example, one family violence worker said they were doubtful that management would see supporting women with disabilities as "*part of their core business*" in providing a family violence service and there were increasing numbers of women with disabilities as clients:

> *I think there would be great cost implications. I'm not sure that it [referral of women with disabilities] is something we would like to encourage. I feel money, space and other resources would need to be in place if we were going to encourage this type of referral…*

- Family violence workers spoke of the great challenges in working with women with mental health issues and for these women to be believed by services, particularly in the court system and by police.

A family violence worker, Bea, spoke of the challenge of working with a woman, called Chris, who had a history of significant grief, loss and childhood sexual abuse. She had been diagnosed with borderline personality disorder and epilepsy. Bea focussed on developing a support plan, including helping Chris access transitional housing and linking her with psychiatric services. Bea also wanted to arrange a linkages package for Chris, including intensive case management, meals on wheels and financial advice but Chris didn't want it because she felt she was being "*pigeon-holed*". Bea was concerned because the psychiatric services were not case managing her as her diagnosis did not fit the criteria to qualify for it. One of the difficult things about working with Chris was that she was easily influenced by the manipulative men with whom she entered into relationships. She had been in at least three violent relationships since moving to the area and, despite sustaining injuries (including broken bones), believes she is responsible for their use of violence. Bea has talked through violence and safety issues with Chris who, she says, appears to understand at the time, but as soon as she is back in a situation of violence and manipulation, it has little effect. With each relationship, the police have been involved, provided referrals to Bea's agency and been supportive of Chris, in Bea's view. Bea has now lost contact with Chris who has newly entered yet another new abusive relationship.

- Some refuge workers referred to the challenge presented when women did not disclose their disability or when the domestic violence telephone crisis service did not identify the presence of a disability when referring them to refuges. This was of particular concern in relation to supporting women with mental health issues.

A refuge worker described a situation where a woman with an undisclosed mental health disability accepted crisis accommodation, which required her to take a V-Line train trip of a few hours. Her mental distress escalated during the trip to such a point that train staff escorted her off the train mid-way through the trip. Refuge staff were called to pick her up by car. She was admitted to hospital, her distress was so severe. This incident illustrates the challenge of conducting a risk assessment of mental health by telephone, particularly when women are loath to disclose.

- Family violence workers spoke of finding it difficult and embarrassing to ask women if they have a disability.

Two family violence workers, however, commented positively about the fact that the new family violence Common Risk Assessment Framework requires recording whether a woman has a disability. This has enabled them to 'ask the question' that previously they had found 'too difficult' to ask.

Information and communication

- Most family violence workers stated that they lack the knowledge required to support women with disabilities experiencing violence; for example, how to access Auslan interpreters and what disability services are in their area.

- Other family violence workers, who had experience with supporting women with disabilities, nevertheless spoke of difficulties in being able to communicate effectively with these women.

For example, one worker had difficulty in locating Auslan interpreters in a crisis situation, which disadvantaged the women in dealing with the police and child protection. The worker spoke of communicating through written notes, which meant up to three hours for each interview. At other times, the worker has used mobile text messages where women do not have access to TTY but she explained this was not suitable for legal information or for working with child protection.

- Workers stated there is little alternative-format information about family violence and services available for women with disabilities experiencing violence and difficulties in disseminating information about what services are available.

One service stated that they bought a TTY machine, advertised and trained staff in how to use it but are disappointed that it has not been used in the last year. Instead, they are using the national relay service. It would appear that services are not getting the appropriate advice upon which to base their communication strategies.

Minimal collaboration between family violence and disability sectors

- Family violence workers interviewed had minimal or no links with disability services or disability advocacy organisations and vice versa. As one put it, *"the disability services don't crop up in the networks."*

- The consequence is that family violence workers found it takes them far greater time to put in place supports that women with disabilities need - for example, when they need to arrange for modifications to be made in alternative accommodation.

One worker took hours to find resources needed to accommodate a woman with a disability with a personal alarm and transport. She could have arranged these much more efficiently, she believes, if she was a disability services worker. She said that whilst family violence workers are skilled in their area of expertise, they have real trouble in accessing support services for women with disabilities.

Insufficient resources for women with disabilities

- Workers were concerned that there is insufficient crisis, temporary and permanent accommodation for women with disabilities who have experienced violence. Refuge workers speak of having no 'exit points' to help women to move out of crisis accommodation; the difficulties in finding suitable, affordable and accessible accommodation for women with disabilities, particularly if they have children with disabilities, compounds the problems.

- Some family violence workers suggested that a specialist service for women with disabilities be developed whilst others felt this would isolate women with disabilities further and be counterproductive to the broadening of family violence workforce development.

- It was felt that there were insufficient numbers of staff trained in family violence and disability throughout the family violence response system.

Family violence workers explained that their respective agencies encourage staff to do training but workloads have increased to such an extent that they are reluctant to do training as there is no-one to fill in for them. This means they do not have the opportunity to network or get information about training for supporting women with disabilities.

4.3 Family violence workers' perspectives and suggestions

- Community education about disability and family violence, which might include:
  - The development of a DVD about family violence that is targeted at people with an intellectual disability to show in group homes and families.
  - A peer education program that assists women and girls with cognitive disabilities to learn about healthy relationships.

- Up to date information on local disability resources, how to access resources (such as interpreters and brokerage funds), and costs involved.

- Skills development for family violence and family service workers in enabling them to support women with disabilities experiencing violence and increase their knowledge of the issues facing such women.

- Develop partnerships between the disability and family violence sectors at local or regional levels.

- An increase in the number of workers with expertise in supporting women with disabilities experiencing violence.

- Improvements in physical accessibility of buildings.

- Recognition that women with disabilities can have complex needs and therefore the 'worker resource' to adequately provide support should be substantially increased. This is not recognised sufficiently in current funding.

- Access to family violence crisis accommodation suitable for women with disabilities.

4.4 Conclusions

Statements made about working with women with disabilities experiencing violence reveal discriminatory - yet commonly held - attitudes to 'disability' in society, where services 'cannot afford' to be accessible. It will be important for services to participate in disability awareness training for many purposes, including to:

- Gain confidence in working with women with disabilities.
- Develop an understanding of the affects of family violence on women with disabilities and the reasons women may not wish to disclose their disability or the violence.
- Develop an understanding of the diverse cultural perspectives on disability that compound the difficulties facing women from Indigenous or CALD or lesbian backgrounds.
- Develop an understanding that violence against women with disabilities is the same as violence against women in general, and the importance of responding to all women experiencing violence.

In the context of moving towards the establishment of Disability Action Plans to make agencies more accessible to clients with disabilities, it will be important for them to understand that there *are* on-the-ground albeit limited strategies that can be developed without requiring immediate heavy financial commitments. These include: active referral to accessible services, the use of local community meeting rooms (which are usually physically accessible) for meetings and group support work, and forward planning for modifications.

Five further conclusions can be drawn from consultations with family violence workers:

- There is a need to develop the skills of family violence workers regarding supporting women with disabilities experiencing violence but some thought needs to be given to how to do this by making training accessible without compromising service delivery targets.
- There is a need to develop local and regional initiatives that support cross-agency collaboration and partnerships between the family violence and disability sectors.
- There is a great need to undertake an audit of the accessibility of crisis accommodation (refuges, shelters, outreach and associated support services) and to work towards the expansion of secure, long-term accessible and affordable alternative accommodation that is inclusive of women of all abilities.
- A key refuge issue is that some women with acute mental health problems and other disabilities are not able to be supported by staff when there is no 24-hour support available.
- There is a need to promote intensive case management as a method of working with women with disabilities within practice forums.