

DOMESTIC
VIOLENCE
VICTORIA

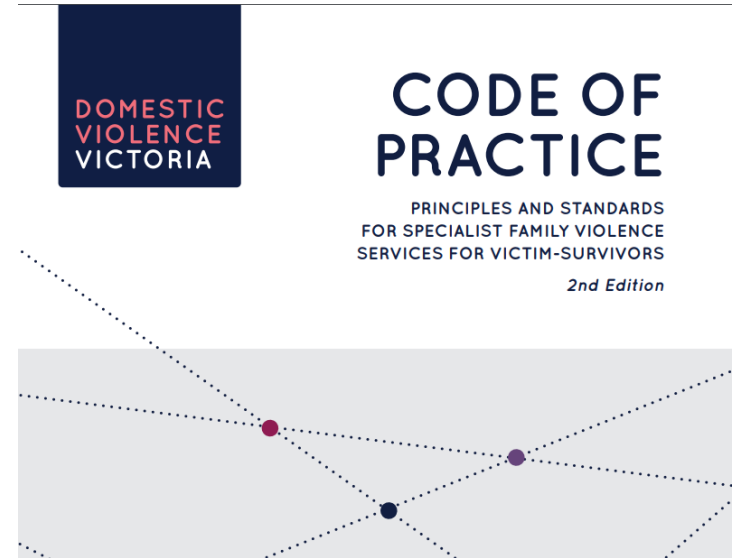
Disability & Family Violence Experiences: A Web-portal

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Intersectionality:

“developed to examine how multiple forms of power, privilege and oppression overlap, or intersect, in people’s lives in mutually reinforcing ways to produce power hierarchies, structural inequalities and systemic marginalization”

DVvic. (2020). *Code of Practice: Principles and standards for Specialist Family Violence Services for Victim-Survivors*. 2nd Edition



What is disability?

Social model of disability:

“The social model sees ‘disability’ as the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers” and ablest discrimination.

“In this context:

- **Impairment** is a medical condition that leads to disability; while
- **Disability** is the result of the interaction between people living with impairments and barriers in the physical, attitudinal, communication and social environment”

“It is not the inability to walk that keeps a person from entering a building by themselves but the stairs that are inaccessible that keeps a wheelchair-user from entering that building.”

Women with Disabilities Australia (WWDA). (n.d.). *How to talk about disability*.

What we know about FV & people with disability:

We know that women with disabilities:

- Are targeted with family violence at high rates;
- Are less likely to seek support;
- Are less likely to receive appropriate support;
- Experience barriers to justice & services;
- Family violence is a cause of impairment/disability;

AIHW (2019). Family, domestic, and sexual violence in Australia: Continuing the national story. Canberra: AIHW

WDV, OPA & DVRCV. (2014). *Voice Against Violence*.

(2016). *Royal Commission into Family Violence (RCFV)* (Victoria)

Brain Injury Australia. (2018). *The prevalence of acquired brain injury among victims and perpetrators of family violence*.

What we know about FV & people with disability:

- Race, gender, sexuality, age & geography impact family violence experiences along with ableism;
- Men with disability experience FV at high rates than men without;
- Emerging evidence that LGBTIQ people with disability at higher risk of being targeted with FV;
- Large population of indigenous people with disability & indigenous women are at high risk of acquiring disability as a result of FV

AIHW (2019). *Family, domestic, and sexual violence in Australia: Continuing the national story*. Canberra: AIHW
WDV, OPA & DVRCV. (2014). *Voice Against Violence*.

Experiences of Victim-Survivors with disability

Experiences of family violence similar to other victim/survivors:

- Abuse perpetrated by multiple perpetrators;
- Emotional, Psychological, Physical, Sexual, Financial, Technology facilitated, Stalking violence;
- *and* unique experiences:
 - “Family-like” relationships (i.e. carers);
 - ‘Disability-based violence’

WDV (in partnership with OPA & DVRCV) Voice Against Violence (2014)
Royal Commission into Family Violence (Victoria) (2016)

Who is a family member?

Family Violence Protection Act 2008

Who is a family member?

- A relative (parent, sibling, foster parent, step-parent, child, aunt, uncle, etc)
- Current/former spouse, intimate partner;

ALSO includes those who are “like a family member”, for e.g....

- Living together or relate together in a home;
- Any other form of dependence or interdependence;
- Providing care (paid or unpaid);
- Providing other support.

Perpetrators as care givers

Perpetrators can fill multiple roles where power & domination can be exerted

“Until recently, Sally was in a relationship with a man named John... John would tell Sally that he was her carer and she had to do what he said. He used to control her medical appointments and took her to several different doctors in a bid to get prescription medications for his own use. He also told Sally that he was in charge of her money and she had to give her pension to him.”

‘Sally’ Voices against violence

Perpetrators as care givers

Fear of seeking help compounded if the person relies on perpetrator for supports:

*“Maybe if there were better disability services while we were together... I would have felt more confident to leave earlier. I was regularly told, ‘We can't provide that, your husband can do it.’ ... When [Perpetrator] was removed from the house it took 8 weeks to get.. something as basic as a shower. **They removed my carer but didn't put anything in place to back that up.**”*

‘Melissa Brown’ testimony, RCFV 2016

Disability-based Abuse

For e.g. withholding or withdrawing medication, aids or care; accessing victim-survivor's supports; threatening institutionalisation or won't be believed b/c of disability.

*"I wanted to leave this house to just have time away and I got off my wheelchair to change out of my pyjamas in to my clothes and he came in to my room and **took a wheel off my wheel chair so I couldn't then leave.**"*

'Michelle' voices against violence

*"It was a case of you know, 'you can't cook', '**you'll never be able to look after yourself**', '**you're disabled**' and it was always an emphasis on the 'dis'."*

'Louise' voices against violence

*"On one occasion, Harry (Rose's son) visited Rose at the nursing facility and **removed her hearing aids from her. This had the effect of socially isolating Rose from the friends that she had made at the facility.**"*

'Rose', Voices against violence

Barriers to justice

Gatekeepers to justice:

“Even though ‘family violence’ is very broadly defined in the FVP Act and includes economic abuse and emotional or psychological abuse, those are the types of abuse that would be far more difficult to get a response from the police for. If a woman has been a victim of physical or sexual violence, it is much easier for the police to respond than other, less obvious forms of violence”

Victoria Legal Aid, Voices against violence

“The police take a pragmatic view of the likelihood of securing a conviction. If the woman struggles to communicate or to present coherent evidence about the sexual assault, the police might decide that it will be very hard to achieve a conviction against the perpetrator, so they will not commence the prosecution”

Victoria Legal Aid, Voices against violence

Barriers to services & supports

Negative stereo types and discrimination

“Many people, including counsellors, put a lot of my behaviour down to attention seeking due to my disability. I felt like a piece of meat because they couldn’t understand what I was trying to communicate.”

‘Jane’, Voices against violence

“Cause the other thing too you worry about if you went into a place, you got welfare on your back, you know what I mean, child support, child agencies would be on your back too, so you gotta worry about that as well. So mothers would probably be in fear about that as well. You see, that’s why a lot of women won’t go and get help because they hear about all what’s happened to other women and they say welfare get involved and that and you’re worried about your children getting taken off you.”

‘Sally’, Voices against violence

Barriers to services & supports

Inaccessible services and lack of support to access:

*“A women with an intellectual disability who live alone are particularly vulnerable and, in most cases, have **decided they will not proceed with an [NDIS] application because they cannot cope with the reading, planning, or documentation required to apply, and we do not have sufficient capacity to support women through each stage.**”*

Family violence worker, DVVic Submission to DSS

DVVic's Disability Inclusion work with the FV sector:



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In partnership with the Centre for Excellence on Child and Family Welfare CECFW



To be advertised soon

Disability Inclusion Adviser (new role)

sophiatipping@dvvic.org.au

In partnership with Women with Disability Victoria (WDV)

“Supporting Victim-Survivors with Disability” Web-Portal: Coming Soon!



The screenshot shows a web browser window with the address bar displaying "thelookout.org.au". The website's navigation bar includes a home icon, "SUBSCRIBE FOR UPDATES", "FOLLOW" with social media icons for Facebook, LinkedIn, and Twitter, a search icon, and a red "QUICK EXIT" button. Below the navigation bar is a menu with the following items: "THE LOOKOUT" logo, "FOR FAMILY VIOLENCE WORKERS", "FOR OTHER PROFESSIONALS", "FOR SURVIVORS, FRIENDS & FAMILY", "TRAINING & EVENTS", and "MORE". The main content area features a large, dark banner with the text "For workers supporting women's safety in Victoria" overlaid on a background image of a diverse group of people.

THE LOOKOUT

- FOR FAMILY VIOLENCE WORKERS
- FOR OTHER PROFESSIONALS
- FOR SURVIVORS, FRIENDS & FAMILY
- TRAINING & EVENTS
- MORE

For workers supporting women's safety in Victoria

Web-Portal: What will be covered

1. Inclusion and accessibility

- *Let's talk about disability*
- *Social and human rights models of disability*
- *Making information accessible*

2. Anti-oppressive and anti-discriminatory practice

- *What is anti-oppressive practice?*
- *What is disability discrimination?*
- *Disability action plans*

3. Working with victim survivors with disability

- *Person-centred empowerment*
- *Barriers to accessing support*
- *Person-centred risk assessment*
- *Accessing accommodation*
- *Going to court*

4. Reading, resources and training

Web-portal Sneak peak!

Building a respectful dialogue

In general:

- Reflect on your assumptions about the victim survivor, their strengths or abilities.
- Take time to understand their needs and don't be afraid to ask – remember *they are the expert* in their own needs.
- Some victim survivors will not self-identify with the term 'disability'. Listen to what they say about themselves.
- Emphasise how the service can be flexible to accommodate the victim survivor's requirements.
- Be ready to take time to support the victim survivor to understand. Repeat information as often as required.
- Listen to what the victim survivor is saying, even if it takes a while to understand.
- If you have trouble understanding someone with speech difficulties, admit it, and respectfully ask them to repeat it.

Depending on their disability related needs, you may also need to take additional steps to create a respectful, flowing dialogue:

- Face-to-face appointments – this will maximise opportunities to build rapport and make it easier to adapt communication styles and/or aids as needed.
- Enlist an Auslan sign interpreter to help converse with someone who is deaf or has a hearing impairment.
- Be proactive – have contact details for these services readily available!
- Use tools such as paper and a pen or a computer/phone screen to write out messages with people who are deaf or have a hearing impairment.
- Use pictures or Easy English factsheets to enhance understanding and communication with people with cognitive disability or low literacy

Web-portal Sneak peak!

Person-Centred Risk Assessment

Identifying and understanding barriers for the victim survivor .

- *Do you have any concerns about how your disability might affect your safety?*
- *Do the effects of your disability change?...*

Identifying and understanding perpetrators coercive tactics.

- *Does your perpetrator do things that make your disability worse?*
- *Does your perpetrator do things that take away your independence?*
- *Does your perpetrator refuse to give you your medication, keep you from taking your medication or given you too much/too little medication?*
- *Does your perpetrator do things that take advantage of your disability?*
- *What is your perpetrators involvement with (personal support worker or other disability support service)?*
- *Does your perpetrator provide any caregiving? Will you need emergency back-up support workers?...*

Identify and understand the victim survivor's strengths, resources and support.

- *What are your ideas for dealing with (identified barrier to service)?*
- *Is there any equipment, medications, or other kinds of technology that help you stay safe?*
- *What supports do you currently have (i.e. friends, disability advocates, resources and places that you feel comfortable with)?*
- *What other supports would you like?*

NDIS Capacity Building work



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Thank you!
