

No excuse for abuse.



Speak up! about family violence

A practical training guide to recognise domestic and family violence for people who work with, or support, women with disabilities.

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ACKNOWLEDGEMENTS



Safe Choices would like to thank these people...

The Disability Sector of Tasmania, the Tasmanian Domestic and Family Violence Services and other stakeholders that gave up their time to chat and impart their understanding of this important issue for this training package.

The three Tasmanian Regional Round Table Discussion participants whose wealth of knowledge and insight has been vital for this training project. Your excitement and enthusiasm was infectious.

Ebony Verdouw and Simon Verdouw for recording the Audio App that is linked to the scan barcode on the back of the client brochure.

Sue Medlock whose skills were important in the production of the client brochure.

The animation company Small Island Studio in particular Matthew van Rooijen who produced and created the three animations for the online training.

SafeChoices would like to acknowledge the many organisations that work to stop domestic and family violence. Our Watch also uses the slogan *No Excuse for Abuse* © Our Watch Limited 2019.

This material was produced with funding from the Australian Government. Safe Choices gratefully acknowledges the financial and other support it has received from the government, without which this work would not have been possible.

The information in these documents was written and collated by Trish Verdouw as part of a research project for Safe Choices.

PROGRAM OVERVIEW



'All human beings are born free and equal in dignity and rights'.

Universal Declaration of Human Rights, Article 1a

Gender inequality and power imbalance is the basis of domestic and family violence against women globally. While family violence is a universal and complex problem that affects millions of people across the globe the issue is particularly topical in Australia at the current time (Winter, R., 2006). Violence against women is extremely pervasive and it is not partial to one particular group within society, but it is across the societal landscape. There is data that indicates the prevalence of Domestic and Family Violence against women within Australia. Some statistics from ANROWS 2016 Personal Safety Survey confirms that 'one in four women have experienced violence by an intimate partner', 'one in five women have experienced sexual violence' and 'one in six women have experienced an episode of stalking since the age of 15' (Dyson, S., Frawley, P., Robinson, S., 2017).

Australian research by Bagshaw and Chung (2000) found that while both males and females in intimate relationships perpetrate abuse, men are more likely to be violent towards their (male or female) partners (Winter, R, 2006, p. 2). Due to this data, this research and training will focus predominately on women who have lived, or experienced, Domestic and Family Violence.

So when Domestic and Family Violence interconnects with forms of discrimination, like disabilities, the additional complexities and layers of violence intensify as women with a disability also experience further abuse related to their disability.

In Australia, 'people with a disability are 1.8 times more likely to have experienced physical and/or sexual violence from a partner compared with people without a disability' (SHFC Action Plan 2019-2022, p. 23) or, in other words, 'more than 40% of women with a disability are more likely to be victims of Domestic and Family Violence compared to 17% of an abled woman' (Fact Sheet: Violence against Women with a Disability, WWDA, 2014).

These statistics are alarming and they only expose the tip of the iceberg, a partial glimpse of the extent of domestic and family violence in Australia, maybe this is due to underreporting, non-disclosure and inadequate data collection processes (Dyson, S., Frawley, P., Robinson, S., 2017, p. 1).

The purpose of this training program is to address these concerns through education and knowledge around the complexities of Domestic and Family Violence for women with a disability. The package will be implemented in an online format as a self-directed training, armouring support for workers from the Disability sector and Family violence services to recognise family violence within a disability context.

The training package will consist of:

- Resource manual

- Link to a web page
- Client brochure

This training program has been designed from a Tasmanian perspective specifically focusing on a holistic approach to how workers can support women with a disability who are experiencing domestic and family violence. The package addresses some of the issues that have been identified by disability support services, family violence support services and women with a disability, individually or in a group context. The training is underpinned by a theoretical framework, which includes research through academic literature within the field of disabilities and family violence, and it has been developed in collaboration and engagement with services and stakeholders.

In particular, there was a consultation process that key stakeholders and services were able to have their input either through:

- Service and client feedback forms
- Three regional roundtable discussions in Burnie, Launceston and Hobart
- Targeted consultation with key services and stakeholders within the Disability sector, and Family Violence services

The training programs framework draws upon and aligns with:

- The United Nations Convention on the Rights of Persons with a Disability (CRPD)
- The Disability Discrimination Act
- The United Nations Declaration of Human Rights
- Australian National Plan to Reduce Violence against Women and their Children: Action Plan 2010 - 2022
- Family Violence Act, 2004
- Safe at Home Legislation, Tasmania
- Justice System, Tasmania

There will be an evaluation and review of the training program to determine the quality and effectiveness of the training. To determine if training is achieving its full potential, a task group of four participants will come together six monthly to consult and discuss the efficiency and practicality of the online training within the disability and family violence sectors. The task group will gauge and assess the outcomes of the training program through a qualitative and quantitative framework.

Key points considered will be:

- Prioritising and maintaining the standards of the online training format - updating software and/or other IT application
- Continually providing accurate and up-to-date information and relevant resources to the services and/or stakeholders
- Consumer (service and/or stakeholder) satisfaction through verbal or written feedback

BACKGROUND



What is Domestic and Family Violence?

Defining what domestic and family violence is, in an international context, varies but there is a united global understanding of violence against women. Two examples that elucidate this statement come from the World Health Organisation and the United Nations Declaration. The World Health Organisation (2013, p. 7) references domestic and family violence as Intimate Partner Violence.

‘Behaviour by an intimate partner that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours’

The United Nations extends this view to a more comprehensive definition (1993, p. 3) as described in Article 1 of the Declaration on the Elimination of Violence against Women as:

‘Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.’

In the Australian context, the Australian Government's National Plan to Reduce Violence against Women and their Children (COAG, 2009a) has adopted the United Nations (1993) definition. Within the National Plan, domestic violence is referred to as acts of violence that occurs between people who have, or have had, an intimate relationship, whereas family violence is a broader term encapsulating violence between family members as well as intimate partners (Phillips & Vanderbroek, 2014).

What is Disability?

The definition of disability has varied in the past, with differing models. In contemporary society there are still differences in interpretation, but the general consensus of disability is unanimous. This can be seen in these definitions of three examples.

1. The United Nations Convention on the Rights of Persons with a Disability (CRPD) states that the concept of disabilities is always changing, always evolving, depending on societal thinking and attitudes of the day.

‘Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others’

The United Nations Convention on the Rights of Persons with a Disability, Article 1

2. The World Health Organisation has a multi-dimensional definition of disability which has become the framework for many organisations worldwide.

'This "bio-psycho-social" framework understands disability as a complex, dynamic and multi-dimensional lived experience and a contested phenomenon'

Albrecht, 2005; World Health Organisation, 2011

3. Another version of this definition is taken from the Australian Bureau of Statistics: Survey of Disability Ageing and Carers 2018

Disability is: 'any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last for at least six months'

A disability does not define who the person is; 'disability is not an inability'. So, for a community to address discrimination and negative attitudes towards a person with a disability, the community needs to have a better understanding and knowledge around what the challenges are for a person with a disability.

Education is a useful strategy to acknowledge and recognise the differences in disabilities. Having knowledge around the diverse forms of disability is crucial in understanding the necessities and requirements that someone with a disability may need support with. This information will help people to communicate better and know how to respond in certain situations.

Listed below are five broad categories that describe, in general, the disabilities that people live with:

- Physical – difficulty in managing self-care, transport, access to buildings
- Intellectual – difficulty in communicating, learning & retaining information or have developmental delay
- Psychosocial – affecting a person's thinking, emotional state or behaviour
- Cognitive – difficulty with memory, paying attention, speaking, understanding
- Sensory – affecting the senses of sight, hearing, smell, touch, taste or spatial awareness

CONTEXT



A TASMANIAN PERSPECTIVE

The aim and vision for the Tasmanian government is to have:

‘A fully inclusive society which values and respects all people with disability as equal and contributing members of the community’

The data from the Survey of Disability, Ageing and Carers (Australian Bureau of Statistics, 2020) found that in 2018, Tasmania had the highest rate of disability in Australia at 26.8 per cent or 140,100 individuals. The statistics showed that there was little difference between genders, with 70,000 females and 70,100 males.

In response to these high rates of disability within the state, the Tasmanian government has implemented a Disability Framework for Action which includes a whole-of-government approach. Tasmania’s Disability Framework for Action 2018-2021 (p. 5) applies the values agreed in the CPRD. This framework outlines the basic human rights for all persons, incorporating some of the main principles of inclusion, respect, dignity, non-discrimination, participation within society, equality and accessibility.

The Tasmanian Disability Framework for Action has taken steps to improve and act within the justice system identifying and responding to people with a disability who have complex needs or increased vulnerabilities. The framework has also identified the need to be more inclusive by improving support networks for people with intellectual disability, cognitive impairment or mental illness in navigating the criminal justice system.

What is Family Violence in Tasmania?

In Tasmania, Family Violence refers to violent, abusive or controlling behaviour by a person against their current or former intimate partner. In other states and territories in Australia, the definition of domestic and family violence varies, and it is broader as it includes violence between other family members (DPAC, 2018, p. 9).

The definition in the *Family Violence Act 2004 (Tas.)* lists a range of violent behaviours including:

- assault, including sexual assault
- threats, coercion, intimidation or verbal abuse
- abduction

- stalking
- an attempt to do any of those things

Family Violence is recognised as more than physical violence and also includes:

- economic abuse
- emotional abuse or intimidation
- breaching orders relating to family violence
- property damage

Safe Home Families Communities Action Plan 2019-2022, p. 11

Data from the Safe Home Families Communities Action Plan shows in 2017-18 Tasmania had 5,630 family violence incidents and arguments, 184 sexual assaults reported to Tasmania Police and 17% of females in Tasmania had experienced sexual harassment in the previous twelve months.

Safe Home Families Communities Action Plan 2019-2022, p. 14

What is *not* Family Violence in Tasmania?

In Tasmania family arguments, sexual assault and other violent relationships are not considered family violence.

The definitions of these other offences are:

Family Argument – a dispute between two persons in a family relationship.

Sexual Assault – sexual assault and rape are only classified as family violence where they have been perpetrated by a spouse or partner. All other sexual assaults and rapes are classified as a criminal offence (*Criminal Code Act, 1924*).

Other Violent Relationships - violence perpetrated in families by someone other than a spouse or partner or in dating situations where the relationship is not deemed significant by the *Relationships Act 2003 (Tas.)*, is not considered family violence in Tasmania (*Criminal Code Act, 1924, Justices Rules (Restraint Orders) 2013*).

The Legal System in Tasmania

The *Safe at Home* service system is a Tasmanian Government initiative to integrate a criminal justice response to family violence which is underpinned by the *Family Violence Act 2004 (Tas.)* The Safe at Home framework focuses on the safety, psychological wellbeing and interest of adults and children affected by family violence.

What are the legal options if domestic and family violence has been recognised?

There are legal steps that can be taken under the *Family Violence Act, 2004* or the *Criminal Code Act, 1924*. These options are:

- Family Violence Order (FVO)
- Police Family Violence Order (PFVO)
- Restraining Order (RO)
- Criminal Charges

The *Family Violence Act, 2004* have two types of orders to protect adults and children who have experienced family violence, **Police Family Violence Orders (PFVO)** and **Family Violence Orders (FVO)**. Police Family Violence Orders and Family Violence Orders in their basic form prohibit an alleged offender from threatening, abusing or assaulting a victim of family violence. More restrictive orders prevent an alleged offender from approaching or contacting a victim.

If there has been a family violence incident the person who has been violated is able to apply for a Family Violence Order through the courts against the intimate partner or ex-partner allowing the victim to live in a safer environment. The difference between the FVO and PFVO is that the Police Family Violence Order is a protective order that is issued by an authorised police officer after a family violence incident. These orders are issued when there is at risk behaviours by the offender and the safety of the victim has been compromised.

A **Restraining Order (RO)** is a temporary court order that is issued to prohibit an individual from carrying out a particular action, especially approaching or contacting a specified person. A Restraining Order would be considered under particular abusive circumstances by a non-partner that has violated a person's rights, safety and wellbeing. The non-partner could be another family member, a work colleague, friend or support worker.

Sexual Violence and rape are criminal offences and charges would be placed under the *Criminal Code Act* (Section 127a defines sexual assault and Section 185 defines rape)

The Process

How to Apply for a FVO or RO (Examples: Slide 27, 28 and Slide 34, 35)

1. Fill in an application form for a FVO or RO **Refer to Attachment #1 and #2**
2. Take the form plus five copies and the filing fee to the nearest Magistrates Court Registry in one of these locations Hobart, Launceston, Devonport, Burnie or a Country Court e.g. King Island, Huonville

There are a few services within each Tasmanian region to support someone who is applying for either a FVO or a RO. The legal supports are there to help the person to decide all of their options including the support of a lawyer. The following organisations who can support you through this process are:

- Legal Aid Commission of Tasmania
- Family Violence Counselling and Support Service
- Court Support and Liaison Service

A Brief Summary of What Happens in Court?

A Family Violence Order or Restraint Order application may follow several processes through the Court.

Urgent hearing: The purpose of the urgent hearing is to consider making interim orders and set a time for a formal hearing.

First formal hearing: The purpose of a formal hearing is give the respondent (the person against whom the FVO or RO is made) the opportunity to say whether they consent to the orders or not.

Final hearing: The matter may have to go to a final hearing if the respondent contests the application.

Service of applications and orders: The process of sending or giving court documents to a party after they have been filed, in accordance with the rules of court. Service ensures that all parties have received the documents filed with a court.

For more details on the court process go to the link:

https://www.magistratescourt.tas.gov.au/going_to_court/restraint_orders/information_for_applicants

(Information for Applicants: Family Violence and Retraining Orders, Magistrates Court, viewed May 2020)

Breaches of PFVO, FVO or RO

Breaching a PFVO and FVO is a criminal offence. Serious penalties such as imprisonment and fines can apply. A person can be arrested and charged with breaching a PFVO and FVO even if they have the consent of the person protected by the Order.

E.g. If the person protected by the PFVO or FVO asks their ex-partner to move back in at a time when a PFVO or FVO forbids this, then:

- The ex-partner can be charged with breaching the Order
- The person protected by the Order can also be charged with a serious offence regarding the breach

Fact Sheet: Safe at Home, 2015

What are some of the barriers and issues that a person with a disability face when applying for an order?

There are numerous barriers and issues for a woman with a disability to navigate the legal system if there is family violence, beginning with the initial contact with police. The client may not have the capacity due to cognition, intellect or memory issues, and they may be unable to communicate succinctly when first speaking to the police. Communication and understanding is crucial at this point as the police may not be aware of the disability or not take it into consideration. It is important at this stage that the client is given all the information on what to do or where to go after a family violence incident. The information should include the process of a Family Violence Order or a Restraining Order.

It is fundamental for a client to have an advocate to support them through the process as they encounter the legal procedures. If they decide to apply for a FVO having a support person will give them the confidence to proceed and it will help the client understand the legal jargon when communicating their story to the lawyer and the Court. It is difficult for a client with a disability to be a reliable witness especially through the court process so to have the added support will help with a more balanced approach.

Tasmanian Regional Round Table Discussion Data, 2019

THE 3 R's OF FAMILY VIOLENCE

RECOGNISE



How do you Recognise and Identify Family violence?

Identifying family violence is a challenging task. Family violence may be masked by other dynamics; deliberately or unintentionally minimised by the victim or denied or minimised by the perpetrator. In some circumstances, it may be difficult to distinguish family violence from forms of conflict that are not usually regarded as abusive.

Responding to Family Violence, 2018, p. 15

There are nine types of abuse under the *Family Violence Act* in Tasmania:

1. **Physical:** causing pain, injury or fear. Any act of violence or rough treatment that causes hurt or injury such as slapping, pushing, hitting or rough handling.
2. **Sexual:** sexual harassment, assault and/or rape. It is any unwanted sexual act including unwanted touching, kissing and/or fondling.
3. **Emotional/Psychological:** manipulation, control or harm (verbal or nonverbal). When another person controls you by making threats towards family members or the family pet or criticises you with frequent put downs.
4. **Financial/Economic:** control, theft or misuse of money. When someone controls your money without your permission, this could include stealing your money, pension cheques or your property.
5. **Cultural/Spiritual:** stopping or turning the individual's culture, religion or tradition against them. It is where you could be harmed from the practices that are part of the other person's culture, religion or tradition.
6. **Social:** is forced isolation from family, friends or workmates. It is where you are only allowed to be with people who have been chosen for you.
7. **Verbal:** shouting or intimidation in person or text/email. It is where someone is yelling or threatening you, to bully, embarrass or disgrace you.
8. **Stalking:** harassment by following in person or using a tracking device. It is repeated contact from a person who is causing you to feel afraid, distraught or harassed.
9. **Technological:** spying is image based abuse – using images without permission. It is when a person takes photographs or videos of you in the nude or other sexual images and then shows other people or says they are going to without your consent.

Neglect and intentional or unintentional withholding of supports is a sub category, it is an additional violation of human rights that is often experienced by women with disabilities.

Lifeline Australia, *DV-Alert Disability*, 2018, p. 57

Animation Video: Scenario One (Slide 41)

Sarah's Story

Sarah is thirty years old and has an intellectual disability. Sarah had lived independently for five years in her own unit until recently when she met Frank. Sarah and Frank became good friends. He would come over a lot drinking coffee and playing the PlayStation with Sarah. Sarah thought this was great as she hadn't had a close male friend before.

After one month Sarah moved in with Frank and his two children. Sarah broke the lease of her rental and sold all her house hold items.

Sarah had thought once she moved in that she would have an intimate relationship with Frank but this didn't happen. Instead Sarah became the main caregiver for Frank's children, as well as cooking and cleaning the house. Sarah thought the costs would be shared 50/50 when living together however this did not happen either. Sarah paid the majority of the bills, rent and food. If Sarah refused to pay the bills, Frank would threaten to kill Sarah's cat. Sarah was forced by Frank to get loans out in her name so Frank could purchase himself a new car and motor bike. When Sarah tried to stand up for herself Frank waited until she was at her most vulnerable and attacked her while she was asleep in bed. Frank sexually assaulted Sarah several times.

Sarah grew anxious and upset as the months passed. One night Sarah had enough and refused to give Frank her Centrelink loan which he tried to access on her phone. Frank became verbally abusive and tipped a bucket of water over Sarah and told her to leave. Sarah left the house and with the support of a friend went to the police. A Restraining Order was put in place.

Sarah is now homeless with no belongings, as she had left what she had behind.

In this case study there are a few indicators of Family Violence.

As we review this scenario and evaluate the nine types of abuse as previously discussed we are able to recognise what family violence looks like in this context.

Sarah has been experiencing five forms of abuse.

- Emotional/Psychological
- Financial/Economic
- Sexual
- Physical
- Verbal

What does Domestic and Family Violence look like in a Disability Context?

'Violence against women with disabilities is a multi-dimensional, comprehensive and integrated experience. It is much more pervasive than for non-disabled women.'

Lifeline Australia, DV-Alert Disability, 2018, p. 63

Analysis from the Third Action Plan (2016 – 2019) The National Plan to Reduce Violence against Women and their Children paper identifies that women with a disability are disproportionately affected by family and domestic violence. The NSW government's domestic and family violence *It Stops Here* framework identifies that women who have a disability experience domestic and family violence at higher rates, greater severity and over a longer period.

It references in the *Guide for Policy and Practice* (PWDA, DVNSW, 2015) that women with a disability are more vulnerable to violence due to a combination of gender and disability-based discrimination. The term 'intersectionality' is used to describe how discrimination based on gender and disability interact and result in unique experiences for women with disability.

It is recognised that frontline workers are often the first to see women with disabilities being subjected to Domestic and Family Violence. Frontline workers are in a position of recognising some of these unique experiences of Domestic and Family violence that a woman with a disability would encounter.

Some of these distinctive forms are:

- **Physical Violence:** withholding of food, water, medication or support services misusing medication as a restraint, using physical restraints and destroying or withholding disability related equipment
- **Sexual Violence:** inappropriate touching during care giving or demanding sexual activities
- **Emotional Violence:** verbal abuse, forced isolation, denying or trivialising the disability, humiliation, threatening violence, institutionalisation or withdrawal of care and threatening to hurt guide dogs
- **Financial Violence:** stealing or taking control of money and investments and refusing to pay for essential medication or disability related equipment
- **Coercion and Manipulation:** power imbalance between people with a disability and people without a disability

Lea, M. 2015, PWDA, DVNSW

Emma's Story

Forty-five year old Emma has a physical disability and uses a wheelchair. Emma lives in a supported accommodation facility where she has lived for most of her adult life as she needs practical help with her daily needs. Emma is very much dependent on the support workers to help her with showering and her personal hygiene needs. Emma has been happy and content overall, in this supported group home.

Recently a new support worker joined the care team. In the beginning, Nick the new worker was nice to Emma but his behaviour began to change as time went on. Nick would touch Emma inappropriately during care-giving. When Nick showered and washed Emma's hair he would use cold water because Emma would tell him she didn't like what he was doing to her. Nick never showed his abusive behaviour when other workers were around.

Lisa, another support worker, noticed that Emma had become withdrawn, less engaging with the other residents and workers, and whenever Nick came in the room Emma would be anxious and distressed. Lisa asked Emma why she was agitated and upset. Emma then tells Lisa what has been happening.

This scenario has been based around a supported accommodation facility which is an example of an environment where women with a disability may encounter many complexities, layers and unusual forms of domestic violence, in addition to more familiar forms.

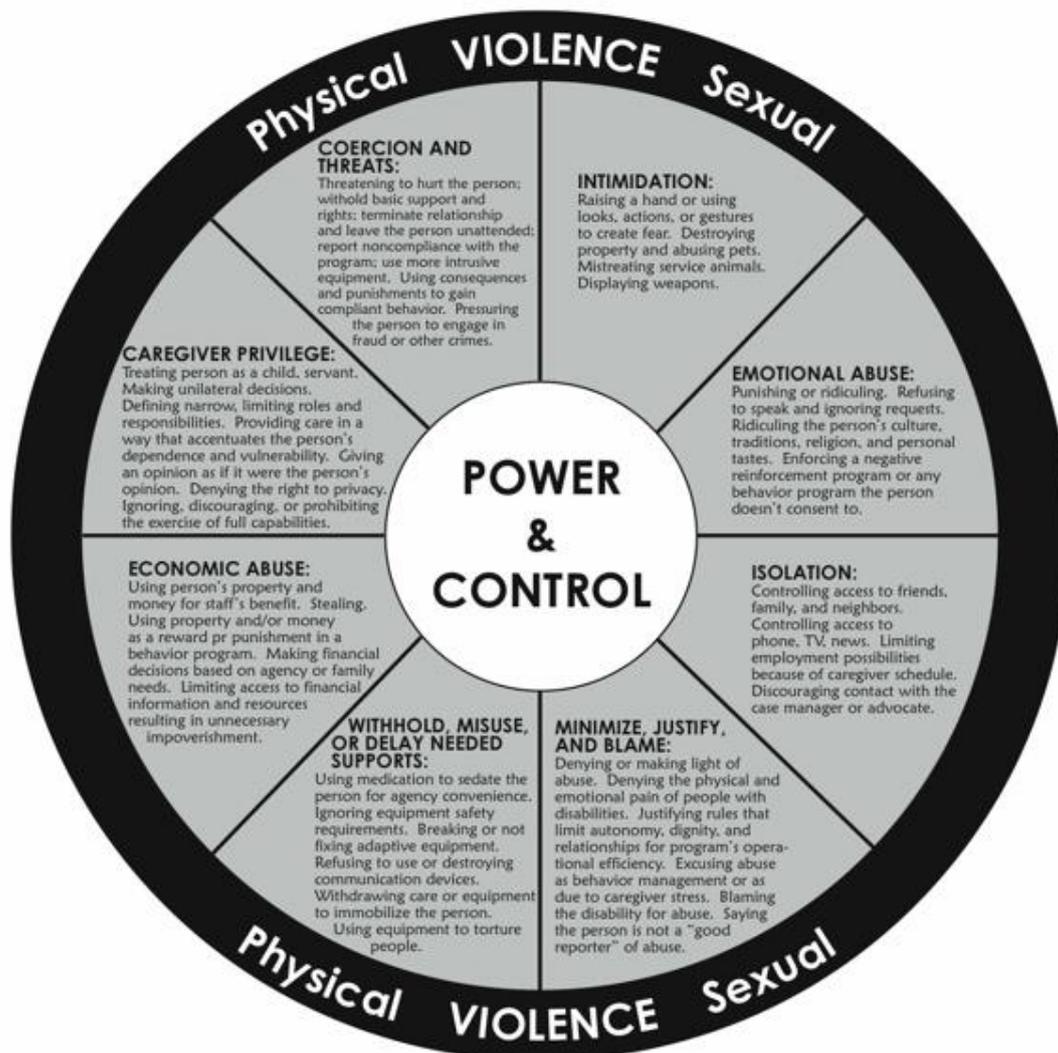
As we go through the scenario we observe some of these multifaceted issues of abuse that Emma was subjected to within a group home situation.

There are five categories of abuse that can be identified in Emma's story:

- Intimidation
- Emotional Abuse
- Caregiver Privilege
- Coercion and Threats
- Sexual Abuse

A couple of these categories we have not discussed yet, but they are emphasised in the Duluth Power Control Wheel: Women with Disabilities and their Caregivers where there are diverse and complex descriptions of all forms of abuse within a disability environment. As we look through the Duluth wheel you may find more signs of abuse that have not been mentioned.

POWER & CONTROL WHEEL: PEOPLE WITH DISABILITIES AND THEIR CAREGIVERS



Developed by:
Wisconsin Coalition Against Domestic Violence
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608-255-0539

Based on the model by the Domestic Violence
Intervention Project, Duluth, MN.

Produced and distributed by:



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Intimidation: Raising a hand, using looks, actions or gestures to create fear. Destroying property and abusing pets. Mistreating service animals. Displaying weapons.

Emotional Abuse: Punishing or ridiculing. Refusing to speak and ignoring requests. Ridiculing the person's culture, traditions, religion and personal tastes. Enforcing a negative reinforcement program or any behaviour program the person doesn't consent to.

Isolation: Controlling access to friends, family and neighbours. Controlling access to phone, TV, news; limiting employment possibilities because of caregiver schedule. Discouraging contact with the case manager or advocates.

Minimise, justify and blame: Denying or making light of abuse. Denying the physical and emotional pain of people with disabilities. Justifying rules that limit autonomy, dignity and relationships for programs operational efficiency. Excusing abuse as behaviour management or as due to caregiver stress. Blaming the disability for abuse. Saying the person is not a 'good reporter' of abuse.

Withhold, misuse or delay needed supports: Using medication to sedate the person for agency convenience. Ignoring equipment safety requirements. Breaking equipment. Refusing to use or destroying communication devices. Withdrawing care or equipment to immobilise the person. Using equipment to torture people.

Economic Abuse: Using person's property and money for staff's benefit. Stealing. Using property and/or money as a reward or punishment in a behaviour program. Making financial decisions based on agency or family needs. Limiting access to financial information and resources resulting in unnecessary impoverishment.

Caregiver privilege: Treating a person as a child, servant. Making unilateral decisions. Defining narrow, limiting roles and responsibilities. Providing care in a way that accentuates the person's dependence and vulnerability. Giving an opinion as if it were the person's opinion. Denying the right to privacy. Ignoring, discouraging or prohibiting the exercise of full capabilities.

Coercion and threats: Threatening to hurt the person, withhold basic support and rights; terminate relationship and leave the person unattended; report non-compliance with the program; use more intrusive equipment. Using consequences and punishments to gain compliant behaviour. Pressuring the person to engage in fraud or other crimes.

In addition to the Duluth Power and Control Wheel there is another category that is specifically defined:

- Sexual Violence: inappropriate touching during care giving, taking control of reproductive processes and demanding sexual activities (Lea, M. 2015)

Jasmina's Story

Jasmina is twenty-eight years old and is visually impaired. Jasmina relies on her guide dog Lucy and her computer for everyday tasks. Jasmina has been with her partner, Joe, for three years. They met at university where they were both studying their undergraduate degrees. Jasmina continued her education by studying a PhD in classical literature. Jasmina and Joe had a good relationship in the beginning; they laughed and Joe seemed to be understanding of Jasmina's disability. It seemed the cracks only started to appear in their relationship after they were recently married.

Joe became controlling; denying Jasmina contact with her family and friends. Jasmina comes from a large family and migrated from India to Australia when she was ten. Family is very important to Jasmina so being isolated from them has made her feel vulnerable and scared. The only time Jasmina would be allowed out on her own is when she went to meet with her professor at the university, otherwise her course was online. Joe became jealous and more controlling so he put a tracker on her phone. Joe would also shift the furniture around and move objects while she was out. Jasmina thought she was going crazy.

When Jasmina didn't have dinner ready on time, Joe would become very angry by shouting, taunting and ridiculing Jasmina about her cultural practices.

The continual abuse had taken a toll on Jasmina who confided in a friend at university for support.

There are many forms of abuse that we can identify in Jasmina's story, some are obvious but other forms are more subtle. When we analyse the Nine Types of Abuse along with the distinctive forms and the Duluth Wheel we recognise how complex, unique and insidious domestic and family violence is.

The identifiable forms of abuse are:

- Emotional/Psychological
- Social
- Financial
- Cultural/Spiritual
- Verbal
- Technological
- Power and control
- Coercion and Manipulation

There may be other forms that you may have recognised and have identified that has not been mentioned.

Recognising Disclosures

Frontline workers are more than likely to be the people whom disclosures are made to from women with disabilities. Many disclosures will not be made verbally but will be made with more subtle signs through which a woman indicates that violence is occurring. Frontline workers need to have the skills to recognise when an indirect disclosure is being made.

What are the Signs and Indicators of Disclosure?

Signs that a person could be a victim of family violence:

- Being intimidated or frightened by their partner or caregiver
- Being withdrawn and reluctant to speak
- Being overly anxious of their partner or caregiver
- Revealing that their partner or caregiver constantly follows, calls or texts them where they are, what they are doing and who they are with
- Revealing they are regularly criticised or verbally put down by their partner or caregiver
- Revealing that their partner is jealous or possessive
- Referring to their partner or caregiver as having a bad temper or being moody
- Repeatedly having bruises, broken bones or other injuries
- Revealing that their partner or caregiver controls their money

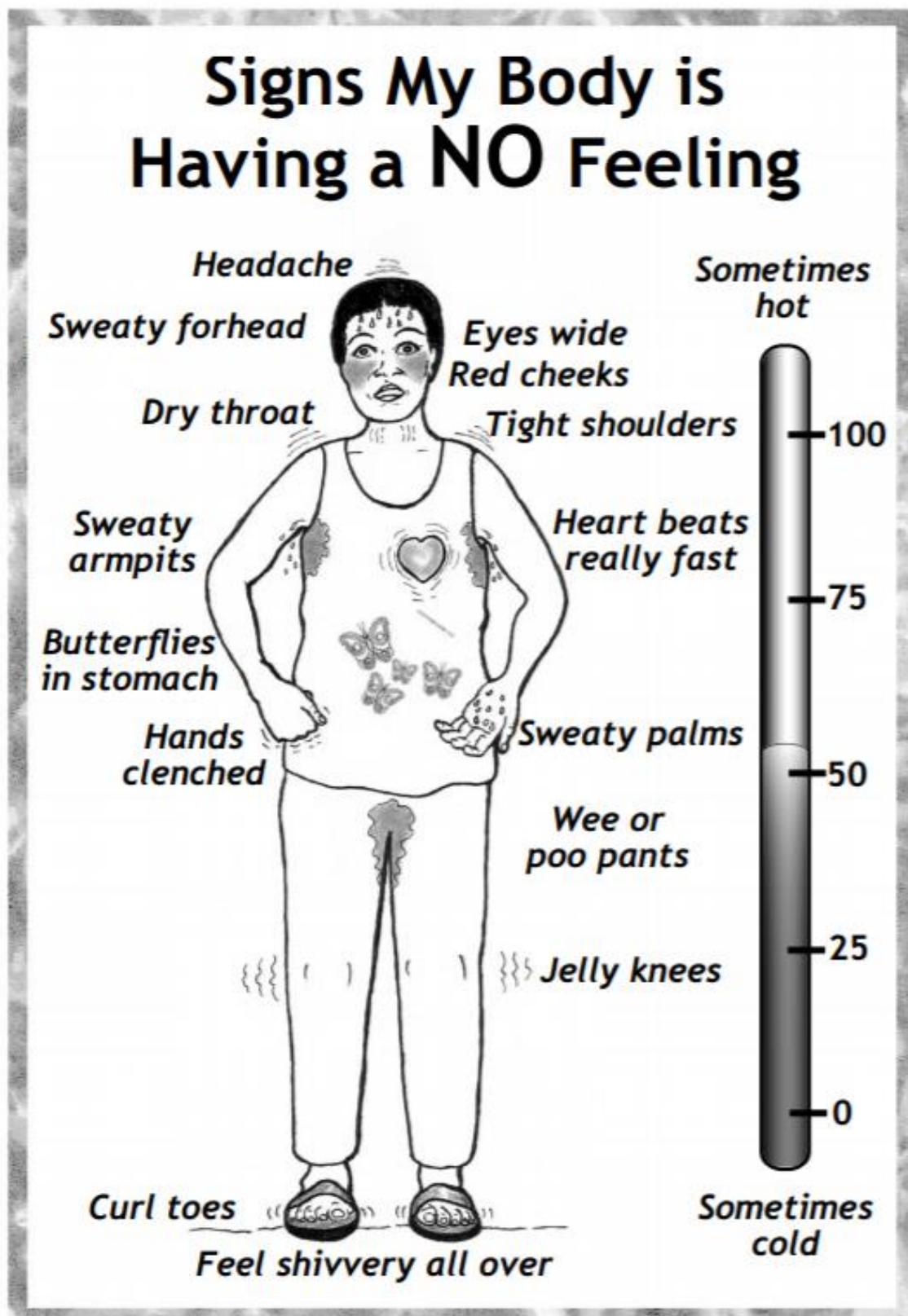
Responding to Family Violence, 2018, p. 14

Other Signs of Disclosure – including non-verbal disclosure

- Hyper-vigilance
- Anxiety
- Feeling sick
- Less (or more) talkative
- Heightened level of spasm
- Showing increase occasions of self-harm
- Being withdrawn
- Having headaches
- Ignoring self-care
- Avoiding people who are similar to the perpetrator
- Unexplained restraint in particular company
- Unexplained injury
- Frequent crying
- Obvious lack of cash
- Changed reaction to touch
- Frequent touching of genitals
- Always accompanied by support worker

Lifeline Australia, DV-Alert Disability, 2018, p. 74

Below is a visual image from the Looking after Me Project Resources Kit that simplifies and shows what our body feels when we are intimidated, afraid and anxious.



Early Warning Signs, Looking after Me Project Resources Kit, 2012, Penrith Women's Health Centre

Barriers to Disclosure

What are some of the barriers for a woman with a disability to disclose family violence and then to seek assistance?

Current research has highlighted a range of barriers and issues that women with a disability may face particularly when you add the extra complexity of how to navigate the many support services within the disability and family violence sectors.

- Inaccessible information and Communication:

Information provided by services is not always accessible and/or communicated effectively to women with a disability. E.g. access to the internet. Due to the absence of information, they are not recognising that what they are experiencing is violence.

Lea, M. 2015, p.6, PWDA, DVNSW

Women with disabilities 'don't know what they don't know' so they may not know that their lives do not have to contain violence and that a safe alternative may be available.

Lifeline Australia, DV-Alert Disability, 2018, p.76

- Physical Inaccessibility:

Physical access is a huge barrier for women with a range of impairments (not just wheelchair users). There is a lack of physical accessible crisis accommodation, a lack of physical accessible offices within crisis services and a lack of crisis accommodation that allows a support worker or a guide dog to be accommodated.

Lea, M. 2015, p. 8, PWDA, DVNSW

- Attitudes and Experiences:

There may be some barriers that are based on prejudices and myths that are within organisations. These myths have an impact on women with a disability as they feel judged before they have told their story. It is a deficiency of an overall understanding and tolerance by workers and other people within supportive services that causes a lack of self-worth and creates a lack of understanding that they have rights too.

Lea, M. 2015, p. 9, PWDA, DVNSW

- Perceived Discrimination:

Women with a disability may believe that domestic and family violence services and refuges are unsafe, unapproachable and inaccessible so fear of discrimination and rejection may stop women from seeking help. They may fear that these services will discriminate against them on the basis of their disability.

Lea, M. 2015, p. 10, PWDA, DVNSW

- Loss of Supports:

It is a fear that women with a disability are unable to survive without the personal care of the perpetrator. The perpetrator may be supplying personal care hours and there is no actual funding to purchase paid support hours.

Lifeline Australia, DV-Alert Disability, 2018, p. 77

RESPOND



When workers have recognised Family Violence or a woman with a disability has disclosed Family Violence, what is the response?

Being confronted by Family Violence is daunting and challenging for a frontline worker, so how do you respond when you have recognised the signs. To have a relationship with this person is an advantage but if not these attributes still apply. It is key to establish trust, be respectful, friendly, acknowledge the individual, value their statements, make eye contact and have an open body language.

There are a few different strategies and assessments that current workers use to support their clients with a disability. These are:

Strategies:

- **Communication:** Client engagement
- **Communication tool:** Pictograms
- **Time:** Quality time to listen

Assessment Tools:

- **Four Step Approach:** Direct approach
- **Empowerment Circle:** Disability friendly

Communication:

Client Engagement

It is important to be able to communicate and engage well with the woman who is disclosing Family Violence. The use of language, being flexible and sharing of information is crucial for positive outcomes. So how do you communicate with a woman with a disability who may not have the vocabulary to describe unsafe, abusive or violent behaviour?

- Communicate with simplified language
- Communicate with pictographs or visual aids of violence
- Communicate with closed questions – a simple ‘yes’ or ‘no’ answer can make it easier for a woman with a disability to respond
- Reflect the answer back in a different way to be sure you have understood
- Empathic: non-judgemental listening **Attachment #3**

Communication Tool:

Pictograms of Domestic and Family Violence

Pictograms are a great visual tool to communicate with a woman with a disability who is unable to communicate verbally or understand the questions that are being asked. The images assist the frontline worker to discuss with the woman with a disability who is experiencing Domestic or Family Violence.

Abuse is any of these:



hurting you



shouting at you



unwanted sex



stopping you seeing people



stalking you



spying on you



controlling your money



stopping your religion or customs



making threats

Time:*Quality time to listen*

This is an unusual strategy but it has been included because of data that came out of the three independent Round Table Discussions in the North, North West and South of Tasmania. Time was one of the main barriers, and a constant issue, for a woman with a disability.

Time is a crucial strategy as it enables:

- The client to tell their story in their own way
- The client to organise thought processes to tell their story; breaking up the story into small sections
- The worker to listen to the narrative of the client; understanding that clients need time to tell their story, to be heard
- Positive outcomes to be achieved when empowering the client

Tasmanian Regional Round Table Discussion Data, 2019

Four Step Approach:*Direct approach*

If you have identified family violence, there is a simple four step approach. If you use this approach be mindful that it is direct in its questioning, so ask with understanding and empathy.

ASK: Does she feel safe in her relationship or in her home? Ask this sensitively and in a safe environment.

NAME IT: Speak it out that it is violence and it's not ok. No-one deserves unwanted sexual contact, violence or controlling behaviour under any circumstances.

REFER: If she is in immediate danger – phone 000, otherwise give her contact details for specialist services that will be able to support her.

FOLLOW UP: Contact her again to see if she is safe now. Ask her if she feels supported and how she is doing.

1800 RESPECT TAKE A STAND: Responding to Domestic Violence – Rosie Batty,
<https://www.youtube.com/watch?v=1QN-RyAxBs>

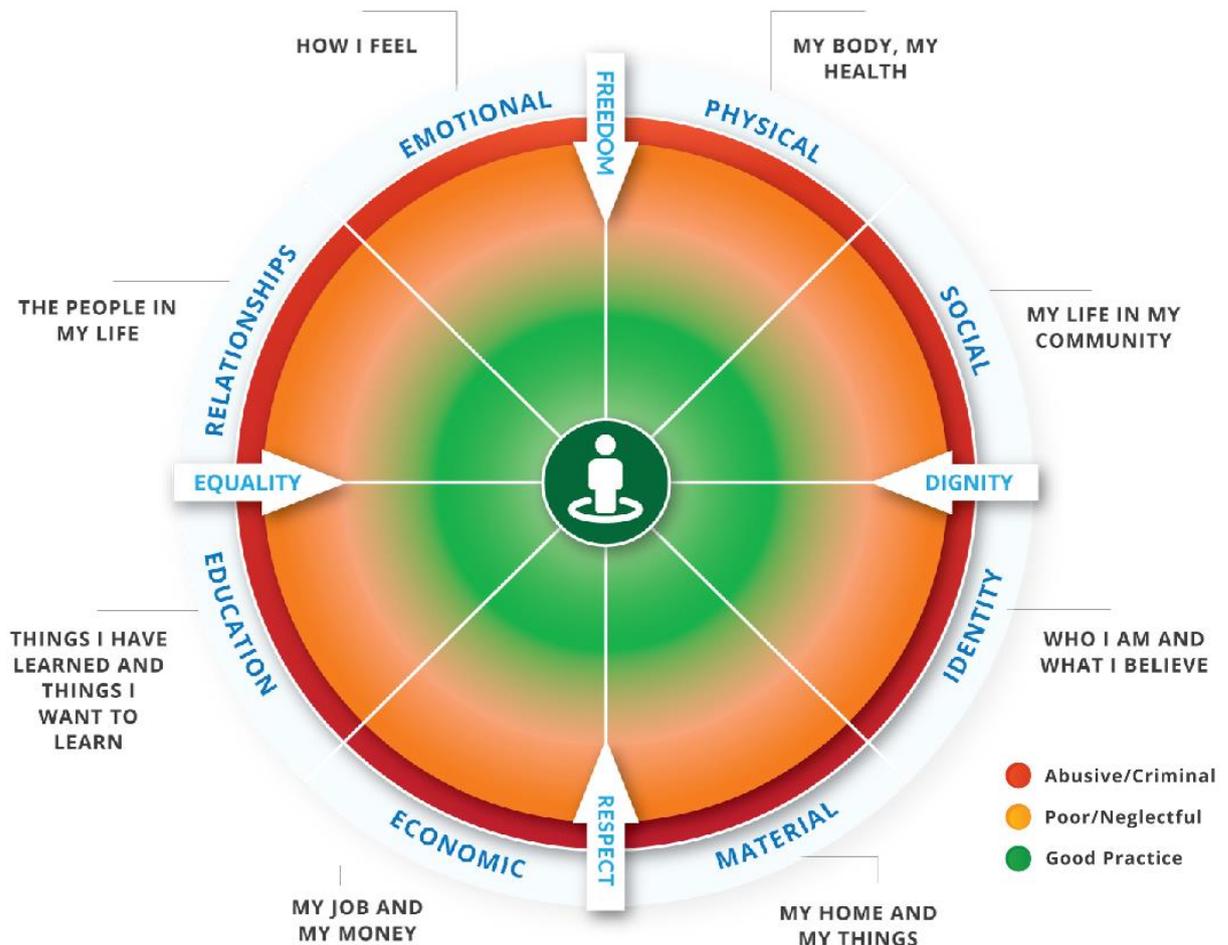
The Empowerment Circle:

Disability User-Friendly

This particular assessment tool is a great resource and has been designed for people with a disability in mind. The simplicity and user-friendly characteristics are a feature in how to support clients in their everyday circumstances. The circle will help frontline workers to recognise where the client is at, and which part of their life needs to be supported.



THE EMPOWERMENT CIRCLE



How to use the Empowerment Circle

We know that abuse, neglect and poor practice can happen in every area of a person's life. The Empowerment Circle will help workers to think about ways to support people to be more empowered in each of these areas through good practice. When we think about abuse, neglect and violence towards people with disability, we must not only consider criminal and reportable incidents but also all of the everyday experiences of poor practice, neglect and misuse of power that people experience.

This tool is preferable to use in consultation with the client but if this is not possible the frontline workers can use the circle themselves with observation to gauge where the client needs support.

The Empowerment Circle is a visual tool representing your client's needs:

- The **red** outer edge of the circle represents abusive and criminal practice
- The **orange** shading represents layers of poor practice and disempowerment
- The **green** area represents good practice, with the person in the middle representing empowerment and control over all areas of their life

To learn more about how to use the Empowerment Circle with your clients refer to the online Cerebral Palsy E-Learning: Learn & Develop Training.

REFER



What is the next step after you have recognised and responded to a family violence situation?

A 'Pathway to Safety' is the next step. It is a two-step process where you would consider all aspects of your client's safety in consultation with your client. It is important for women who are experiencing domestic and family violence, in particular women with a disability to have a range of supports in place to help them recover from the violence. It is through an interagency approach using the best resources, accessible and flexible services across Disability Services and Domestic and Family Violence organisations, that a woman with a disability is able to achieve the best possible 'Pathway to Safety'.

Safety Planning:

- **What would that look like?**
- **How would you plan it?**
 - : Safety Plan Checklist
- **Immediate Danger**
 - : Police Response

Referral Process:

- **What is the referral process?**
- **Referral Options**
 - : Who to refer to
 - : Referral guide
- **Referral Pathway**
 - : Pathway to Safety – Emma's Story
 - : A practical guide for region specific – Jasmina's Story (North, North West, South)

Safety Planning:

Safety Planning is a crucial stage in supporting clients to a 'Pathway to Safety'.

For women with disabilities, the options for developing a safety plan can seem non-existent or very limited due to the complexity of the barriers and issues they face daily. Leaving a violent relationship is not a simple matter for a woman with disabilities, as she has to consider both her personal safety and the impact on her disabilities.

Options of leaving are intensified immensely due to the lack of safe and accessible accommodation. Crisis accommodation and/or respite may not be an option due to access issues or it's not suited for other reasons.

If the woman with a disability lives in supported accommodation alternative accommodation may be difficult to find due to a lack of options so this is where a discussion with the provider would be paramount to find a way forward.

As you plan the 'Pathway to Safety' keep these barriers and issues in mind.

Lifeline Australia, DV-Alert, 2018, p. 81, 146

There are other approaches that you may take into consideration as a frontline worker in supporting your client, ruminating what are the best possible safety options. Here are some suggestions to discuss with your client.

- As a frontline worker, support your client to start thinking about their own safety if this is possible
- Inform your client of all the options available
- A safety plan can only occur in consultation with your client
- There are specialist family violence services available who can develop a tailored safety plan for your client if this is what they agree to
- If the client chooses to stay in the family home where they are experiencing family violence, a step by step safety plan is necessary.

Identifying Family Violence & Responding to Women and Children, 2017, NWMR, p. 16

What would a Safety Plan look like for a woman with a disability?

It is important to ask your client what they are already doing to ensure safety for themselves. If they have already considered their safety options include this in the plan.

Strategies to consider in the plan:

- Call the police if there is immediate danger
- Establish a safe place to go and plan for transport options
- Identify short term accommodation options e.g. women's shelter or disability respite
- Identify trusted friends, family members or neighbours to assist in an emergency
- If children are involved take their needs into consideration, include them if age appropriate
- Refer to family violence support services
- Link in with Disability Advocacy services
- Discuss options of intervention orders or legal support
- Discuss financial issues: access to money, bank accounts
- Store valuables and important documents safely
- Phone numbers stored on mobile – on speed dial
- E-safety: eliminate being tracked by smart phone
- Address any barriers in implementing the safety plan

Identifying Family Violence & Responding to Women and Children, 2017, NWMR, p. 16, 17

Lifeline Australia, DV-Alert Disability, 2018, p. 151

For women living in supported accommodation such as a Group House you may need to:

- Link in with the disability service provider
- Link in with the NDIS Commission which oversees quality and safety in disability care
- Link in with NDIA so that an emergency review of participant's plan can be triggered

Lifeline Australia, DV-Alert Disability, 2018, p. 151

How would you plan it?

A tick a box Safety Checklist is an important strategy as it guides both the worker and client to consider all safety options.

SAFETY PLAN CHECKLIST

Identification Documents:

- Drivers licence
- Passports
- Birth certificate (including children)
- Centrelink card
- Medicare card
- Immigration papers (if applicable)

Legal Documents:

- Lease contracts
- Marriage or divorce papers
- Restraining orders
- Custody orders
- Work permits (if applicable)

Financial Matters:

- Bank account details
- Credit card and some cash

Personal Belongings:

- House and car keys
- Medication (including prescriptions)
- Mobile phone
- Photographs
- Jewellery
- Clothes
- Address book
- Children's toys
- Pets (if you can)
- Any personal items which could be destroyed

A right to be safe – Stop Family Violence

Immediate Danger

Police Response

If there is a safety risk for your client and they are in immediate danger don't hesitate to phone the police on their behalf or encourage your client to phone themselves.

On arrival, police will determine the risk factors for your client by evaluating the situation through a:

- Family Violence Risk Assessment Screening Tool: this tool gauges the risk factors and enables the police to evaluate any safety concerns. The police will assess the situation taking in to consideration low, medium and high risk factors: e.g. the offender has breached a RO or FVO, the violence in the relationship has escalated or the offender has a drug and alcohol problem. The police will take into consideration all the risks involved to determine what course of action they will make in regards to the victims safety.
- Family Violence Safety Audit: this has been designed to increase the physical safety and awareness of the issues concerning the current incident. There are many things that can be done to increase safety in the home which may include: e.g. security doors, sensor lights, change the door and window locks etc.

Safe at Home, Safety Fact Sheet, 2015

Referral Process:

Referral to support services is an important component of care. It is the process of making contact with or providing information to a specialist service provider and/or to access a service on behalf of a victim, adult or child. Referrals should be made in consultation with the client with their informed consent, except where there is immediate safety and risk concerns for the victim or others (as previously discussed).

Discussing Referral Options

The referral process should be guided by the client's preferences and needs. The option for referral to appropriate services should be introduced with an explanation of:

- The purpose of the referral
- The information that will be shared to facilitate the referral
- The possible outcomes for the referral (including benefits and risks)
- Any response or actions that may be taken after the referral

If your client declines or is unwilling or unable to accept a referral to support services, this decision must be respected. Women with disabilities may decline offers of assistance for a number of complex reasons e.g. fear of losing their children, finances

Leaving a violent relationship is the time when a client is most at risk of experiencing violence or for the violence to escalate.

If your client indicates they **do not want** assistance:

- Provide them with written information and contact details of services
- Attempt to arrange ongoing contact
- Inform them **Child Safety Services will be notified** if children are experiencing violence and there are concerns for the children's safety and wellbeing

Responding to Family Violence, 2018, p. 19, 20

Who would you refer to?

Family Violence Service Entry Points and Pathways

Tasmania Police: All family violence incidents reported to Tasmania Police enter the Tasmanian Government's Safe at Home system.

Specialist Family Violence Services: Victims, service providers and practitioners can access specialist services directly for support and/or advice.

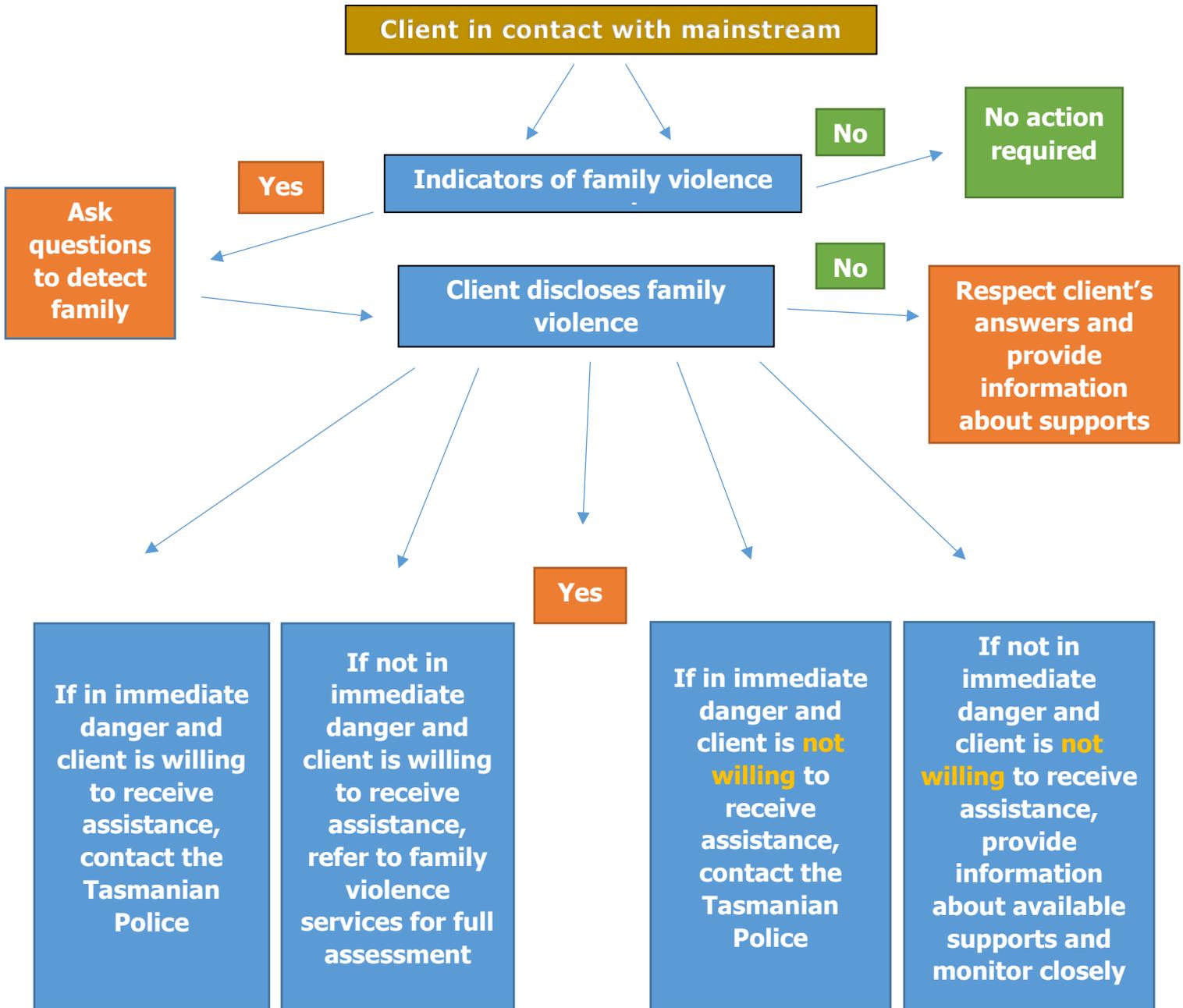
Specialist Services for At-risk Groups or Co-morbidity Services: Specialist services for at-risk groups or co-morbidity services may contact Tasmania Police on behalf of their client or refer clients to specialist family violence services. Specialist family violence service may contact specialist services for at-risk groups or co-morbidity service seeking expert advice or specialist support for at-risk clients (with specific cohort needs) e.g. a woman with a disability.

Mainstream Services: Mainstream services may refer clients to other services to receive expert advice and specialist support. Specialist services may refer clients to mainstream services to access other support e.g. Centrelink

Responding to Family Violence, 2018, p. 23

Referral Guide

A guide to referring clients



Revised Version: Original Graphics courtesy of Domestic Violence Resource Centre, Victoria

Referral Pathway

Pathway to Safety – A Practical Guide

We are revisiting Emma's story (**p. 16 or Slide 46**) to unpack and understand how to navigate through the procedures, protocols and duty of care for clients under supported accommodation circumstances.

Emma's Story

What is Emma's 'Pathway to Safety'?

There are a couple of questions here that need to be addressed.

- Firstly, what would be your strategy or response to support Emma?
- Secondly, what are the protocols and procedures that the supported accommodation facility has in place for this particular situation?

Duty of Care and Responsibility

Frontline workers have a duty of care to report incidents of violence and exploitation to the organisations (NDIS provider) or management that they are contracted to work for. The framework of the NDIS Code of Conduct – Guidance to Workers 2019 supports the workers in their response and actions when reporting an incident.

What is Duty of Care?

The CODA Disability Support Association, Qld describes Duty of Care succinctly and concisely. Their interpretation supports the NDIS Code of Conduct for workers to adhere to, and abide by within a workplace context.

'A Disability Support Worker has a duty of care to the person with a disability that they are supporting and others in the general community when working within a community environment. A duty of care is breached if a person behaves unreasonably or fails to act (which can also be unreasonable in a particular situation). A duty of care can be breached either by action or inaction.'

CODA Disability Support Association, Qld

Process of Reporting

In Emma's story, Lisa responds by reassuring Emma as Emma is anxious about what will happen. She is concerned that Nick will still be her support worker. Lisa tells Emma that she will speak with management about the abuse and Lisa will provide a safety plan for Emma in the meantime. Lisa follows up by reading through the policies of the organisation and reports Nick's behaviour to her manager.

The process of reporting should be the same within all NDIS organisations as management and staff refer to the NDIS Code of Conduct, 2019, Quality and Safeguards Commission but the outcomes and how organisations respond can be very diverse. We will look at two different scenarios of a management's response to Emma's situation.

The two different scenarios are:

Scenario One

Management has taken the allegations very seriously and has initiated a full investigation into the ongoing acts of abuse and exploitation of Emma.

Nick has been stood down as a support worker until the investigation has been finalised and complete. The management of the facility has notified the Commission of the reportable incident.

Scenario Two

It has been a few weeks after Lisa reported the incident of abuse to management and no action has been taken. There has been no change to shifts or supports and Emma tells Lisa that Nick is continuing to abuse her.

Lisa is worried and takes her concerns to the Commission. Lisa knows her rights under the NDIS Code of Conduct 'whistle-blower protection' which supports Lisa and ensures the situation is addressed. Lisa and Emma make a complaint to the Commission. The Commission investigates.

The NDIS Code of Conduct: Guidance for Workers, 2019, p. 25, 26

In both scenarios Lisa has followed procedure by 'promptly taking steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.' (NDIS Code of Conduct, p. 21)

Lisa has responded by taking immediate action after identifying the issue and raising these concerns with the organisation. (Refer to NDIS Code of Conduct, section no. 66, 83, 86) **Attachment #4**

In scenario two, Lisa became concerned after reporting the incident of abuse to management and no action was taken. After evaluating the NDIS Code of Conduct, section no. 88, Lisa was able to take her concerns to the Commission knowing she would have the support under the NDIS structure.

Attachment #4

Referral Pathway

A Practical Referral Guide Region Specific

Just like Emma's story we are going to unpack Jasmina's Story (p. 19, slide 49) but instead of focusing on policies and procedures within a supported accommodation facility, we are looking at the referral pathway in a region-specific context.

As previously discussed, Jasmina was able to confide in a friend at university but where to from here? Her friend suggested Jasmina talk with a counsellor at the university campus, someone who would be able to support and refer.

Jasmina is not in any immediate danger but she needs to seek assistance in how to move forward; a 'Pathway to Safety'. As we know this is a crucial time where the abuse can escalate.

Jasmina does not have a NDIS package and is unsure if she is eligible. Jasmina does not have any money as Joe is the main provider. For more information on how to apply for a NDIS package refer to the NDIS Process in **Attachment #5**

What would be the referral pathway for Jasmina?

Overall, the three regions are consistent in delivering Disability Services, Family Violence Services and Specialised Services.

All regions have a:

Family Violence Crisis Service	SafeChoices
Disability Advocacy Supports	Disability Service Providers
Housing Supports	Counselling Supports
Legal Supports	Health
Financial	

There are variants to each region so refer to the practical guide for your region.

Referral Pathway North – **Attachment #6 Slide 98**

Referral Pathway North West – **Attachment #7 Slide 99**

Referral Pathway South – **Attachment #8 Slide 100**

Specialist Family Violence Services

A practical state-wide service guide is attached for your reference if you are seeking advice and support to assist you with your client. **Attachment #9**

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Winter, R, 2006, *Researching Family Violence: Briefing Paper No. 2, p. 1*, Tasmanian Institute of Law Enforcement Studies, University of Tasmania

1800 RESPECT TAKE A STAND: Responding to Domestic Violence – Rosie Batty,
<https://www.youtube.com/watch?v=1QN-RyAxBs>

<http://www.codadisabilitysupport.org.au/our-policies/> viewed 3rd June, 2020

<http://www.daru.org.au/resource/looking-after-me-resource-kit> viewed 26th May, 2020, Early Warning Sign Image

https://www.magistratescourt.tas.gov.au/going_to_court/restraint_orders/information_for_applicants viewed 2nd June, 2020

<https://www.nds.org.au/images/resources/resource-files/EMPOWERMENT-CIRCLE-UPDATED.pdf> viewed 14th January, 2020

<https://www.ohchr.org/en/professionalinterest/pages/violenceagainstwomen.aspx> viewed 10th December, 2019, United Nations Human Rights, Office of the High Commissioner

<https://www.ourwatch.org.au/Understanding-Violence> viewed 5th February, 2020

<https://sites.google.com/site/aright2bsafe/are-you-in-an-abusive-relationship/safety-plan> viewed 1st June, 2020 Safety Planning List

<https://www.un.org/en/universal-declaration-human-rights/> viewed 10th December, 2019 Universal Declaration of Human Rights

FURTHER RESOURCES

<http://www.youtube.com/watch?v=xz5isKsA5ks#action=share> Response: Responding to Domestic and Family Violence, Women with Disabilities, Victoria

<https://www.youtube.com/watch?v=eSt1jYb0Xx0> Prevention: Responding to Domestic and Family Violence, Women with Disabilities, Victoria

<http://www.noexcuseforabuse.org.au/No-Excuse/Home> Our Watch: There's no excuse for abuse

APPENDIX



SUPPORTING DOCUMENTS – APPENDIX

- Family Violence Order (FVO)
- Restraining Order (RO)
- Communication Skills
- The NDIS Code of Conduct: Guidance for Workers, 2019
- The Process for the NDIS Funding Package
- Referral Pathway: North
- Referral Pathway: North West
- Referral Pathway: South
- Specialist Family Violence Services: A practical state-wide referral guide

ATTACHMENT #1

APPLICATION FOR A FAMILY VIOLENCE ORDER

CONDITIONS SOUGHT

Please tick the sample conditions that you are asking the Court to make and provide details in the blank spaces, where appropriate.

_____ (Name of Respondent) must

1. Not stalk _____

(see definition of stalking as it appears in the *Criminal Code Act, 1924*, Section 192)

2. Not directly or indirectly threaten, abuse or assault _____.

3. Not be within _____ metres of, or contact _____ directly or indirectly (including by any form of electronic or other communication), except:

(a) ONLY for the purposes of discussing matters arising out of their relationship, including relating to _____ (child/ren), by:

- letter or facsimile;
- e-mail;
- electronic message;
- electronic messenger or social media (such as Facebook);
- telephone;
- an agreed 3rd person (adult), _____ (name of agreed 3rd person); and/or

(b) To attend counselling, family dispute resolution, mediation or meetings conducted by a Court-appointed expert. Such meetings to be by consent and arranged by:

- letter or facsimile;
- e-mail;
- electronic message;
- electronic messenger or social media (such as Facebook);
- telephone;
- an agreed 3rd person (adult), _____ (name of agreed 3rd person or service (if applicable); and/or

(c) In accordance with a current contact agreement reached as above or an order of a court of competent jurisdiction relating to _____ (child).

(d) During an appearance in court proceedings involving the parties, or discussions in the court precincts for the purpose of those proceedings and consented to by both parties.

4. Not enter the premises at _____ where _____ Is presently living or any other place where the said person/s may be staying or living from time to time

5. Not to go within _____metres of the boundary of the premises at _____ or the boundary of any premises where the said _____ may be staying or living from time to time

6. Not to enter the place of employment of _____, being _____ or any other place at which the said _____ maybe working from time to time save for any bona fide attendance not connected with the applicant.

7. On or before ___am/pm on the _____ day of _____, vacate the premises_____

8. Not to damage the premises at _____ or any furniture, household effects or other items which are there.

9. Not to damage any personal or other property owned or possessed by _____

10. Not be within _____metres of _____ (name and address of school and/or childcare) where _____ (name of child/ren) maybe present from time to time.

11. Immediately surrender any firearm, part of any firearm or ammunition and any firearm licence in his/her possession to a police station or a police officer.

12. Not apply for any licence or permit under the *Firearms Act, 1996*

13. Forfeit or immediately surrender any licence or permit held pursuant to the *Firearms Act, 1996* and in possession of _____ (respondent) to a police station or police officer.

During the period of the Order, _____ (respondent) must not possess any firearm, part of a firearm or ammunition.

14. That the residential tenancy agreement to which _____(name of person to be protected) and/or _____(respondent) is/are parties and dated _____ is terminated, and a new residential tenancy is established on the following terms:

- a. _____
- b. _____
- c. _____

ATTACHMENT #2

RESTRAINT ORDER(S) SOUGHT

Tick the sample Orders (below) that you are asking the Court to make.

Duration of order(s) sought: 6 months 12 months or other (specify).....

..... (“The Respondent”) must

1) Not stalk.....

(See definition of “stalking” in Section 106A of the *Justices Act, 1959*)

2) Not directly or indirectly threaten, harass, abuse or assault

3) Not approach.....directly or indirectly including by telephone, email, facsimile, letter, SMS text message, or any other form of electronic communication, except:

(a) For the purpose of attending meetings by consent between.....

And..... in the presence of a third party to discuss matters arising out of their relationship or relating to the following children:

.....including counselling, family court conferences, and legal aid conferences, and by letter to negotiate such matters; or

(b) For the purpose of contact with the children named above as agreed or as ordered by a court of competent jurisdiction; or

(c) During an appearance in court proceedings involving the parties, or discussions in the court precincts for the purpose of those proceedings and consented to by both parties.

4) Not enter the premises at

where.....is presently living or any other place where the said person/s may be staying or living from time to time

5) Not go within metres of the boundary of the premises at

..... or the boundary of any premises where the said

..... may be staying or living from time to time,

6) Not enter the place of employment of.....being
..... or any other place at which the said
..... may be working from time to time save for a bona
fide attendance not connected with the applicant

7) On or before a.m. /p.m. on the day of, vacate the premises at
.....

8) Not damage the premises at or any furniture,
household effects or other items there

9) Not damage any personal or other property of

10) Must surrender any firearm, part of any firearm or any ammunition in his/her possession to a
police station or a police officer.

11) Not apply for any licence or permit under the *Firearms Act, 1996*.

12) Any licence or permit held by pursuant to the *Firearms Act, 1996*
be suspended while this order remains in force.

13) This order is to be served by a representative of the Tasmania Police Service. (See 8a below)

ATTACHMENT #3

COMMUNICATION SKILLS

Useful phrases when dealing with a woman with disabilities who is in a domestic and family violence situation.

Empathic, non-judgemental listening:

- You have a right to live free from abuse
- I've noticedcan you tell me more about how that happened?
- It can be very difficult to live with abuse
- I can see it has taken courage for you to tell me this today
- I believe what you are telling me is true
- I am concerned for your safety (and the safety of your children)
- From what you are saying, it sounds like you are experiencing domestic/family violence
- Sex is something that should be negotiated. No-one should be pressured into doing anything which they are not comfortable with.

DV-Alert, Disabilities, 2018, p. 172

ATTACHMENT #4

THE NDIS CODE OF CONDUCT – Guidance for Workers 2019

66. When a worker identifies a potential issue or an issue arises regarding the quality of supports and safety and services, they should take immediate action to address it. The first steps is to ensure that the person who the issue concerns is safe. The worker should also consult with the person with disability about how they would like to resolve any issues and create a safer environment.

83. Violence, abuse, neglect or exploitation of people with disability is never appropriate and NDIS providers will be expected to take prompt action against a worker who does engage in these practices, including reporting to the Commission and the police. The Commission will also require the investigation of any alleged incident and where necessary the police be informed. The Commission may also take action in relation to non-compliances with the Code.

86. If an incident or act of violence, abuse, neglect or exploitation does occur, the primary focus of both NDIS providers and workers should be to ensure that the person(s) are safe.

88. If a worker considers that an NDIS provider has not responded appropriately or if they think the matter might be of more systemic significance (for example, a pattern of violence or a pattern of the provider brushing off incidents or relocating problem staff) they are encouraged to report the incident to the Commission. The Commission has legislative powers to protect workers and other people who report incidents to the Commission from adverse action or threats of adverse action by the provider. Note the whistle-blower protections that are in place in some circumstances for workers who raise issues with the Commission, which protects them from adverse action against them for pursuing this course of action.

NDIS Quality and Safeguards Commission

ATTACHMENT #5

THE PROCESS FOR A NDIS FUNDING PACKAGE

Referral to –

- Baptcare: South West
- Mission Australia: South East
- Mission Australia: North West
- Baptcare: North

OR contact NDIS 1800 800 110 direct for a verbal access request (RAF – Access Request Form) but refer back to the regional providers.

After the referral has been submitted a Local Area Coordinator (LAC) will be allocated where the client will have an assessment.

- This usually takes up to 2 weeks from the initial contact.

Participants/clients need to gather evidence of their disability from a professional health service e.g. GP, Occupational Therapist, and Psychologist. A report will be collated by the health professional where they take into consideration and ask the questions to the clients: What is your worst day? What is that like for you? What is the functional impact on everyday life?

- The evidence needs to be emailed or dropped in personally to the regional provider or to the LAC worker. This process can take 2 or 3 weeks after sent if a priority.

The application will be returned to Baptcare or Mission Australia; a planned meeting will be coordinated with the LAC worker and the client where the needs and information will be collated.

If family violence has been identified, the client can be allocated with a support coordinator. Support coordinators are linked with anything in relation to the justice system e.g. child protection

When the process has been finalised a NDIS package will be allocated to the participant/client.

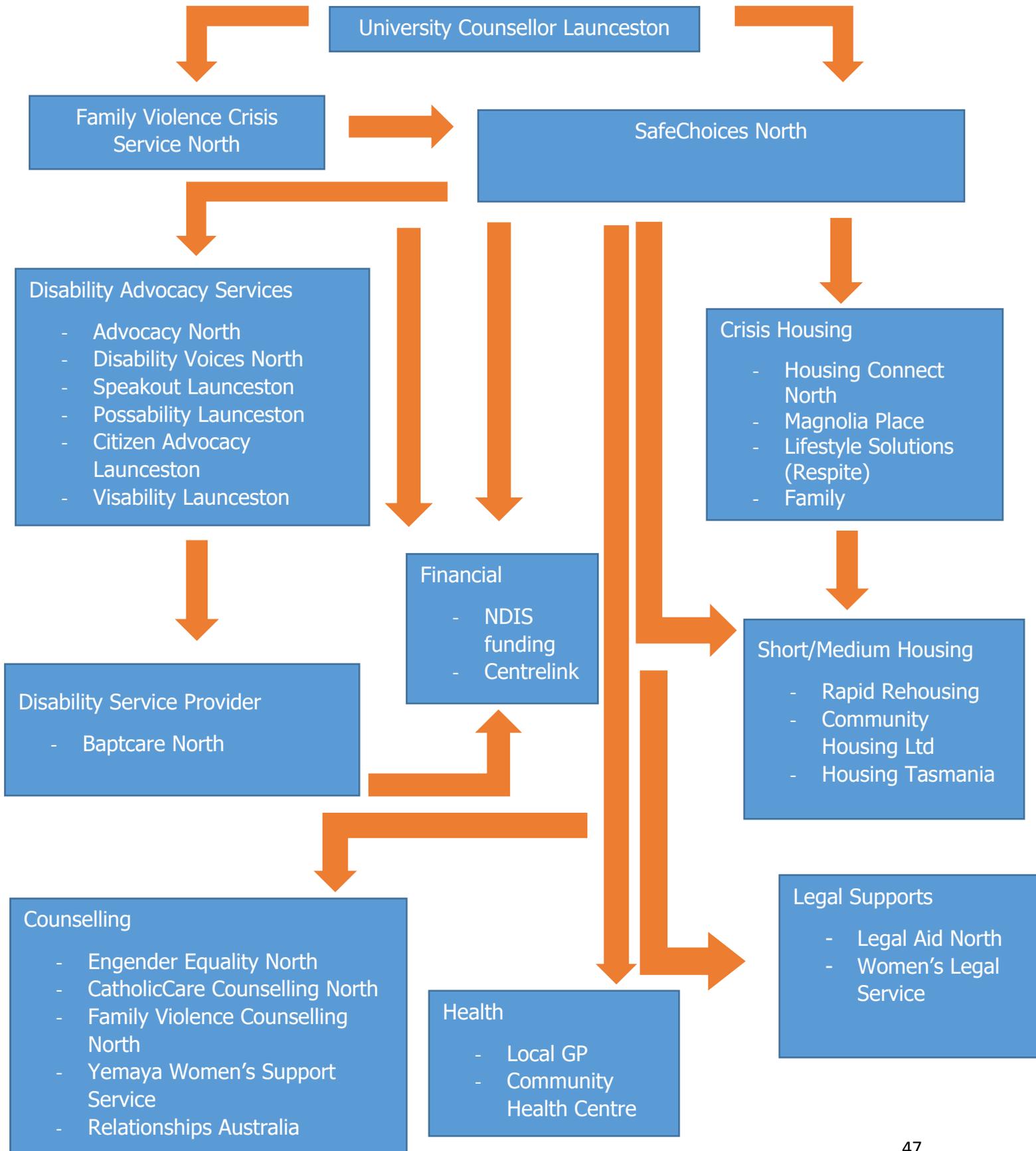
Note under the package:

- the partner is an informal carer
- support workers are funded to care and support clients through the agency
- In an emergency (family violence) funding from the package can be used to allocate extra support workers until the package has been reassessed. An application to apply for a change of circumstances to be put in place.

Harris, M., Verdouw, T., Baptcare Gateway Services, SafeChoices 2020

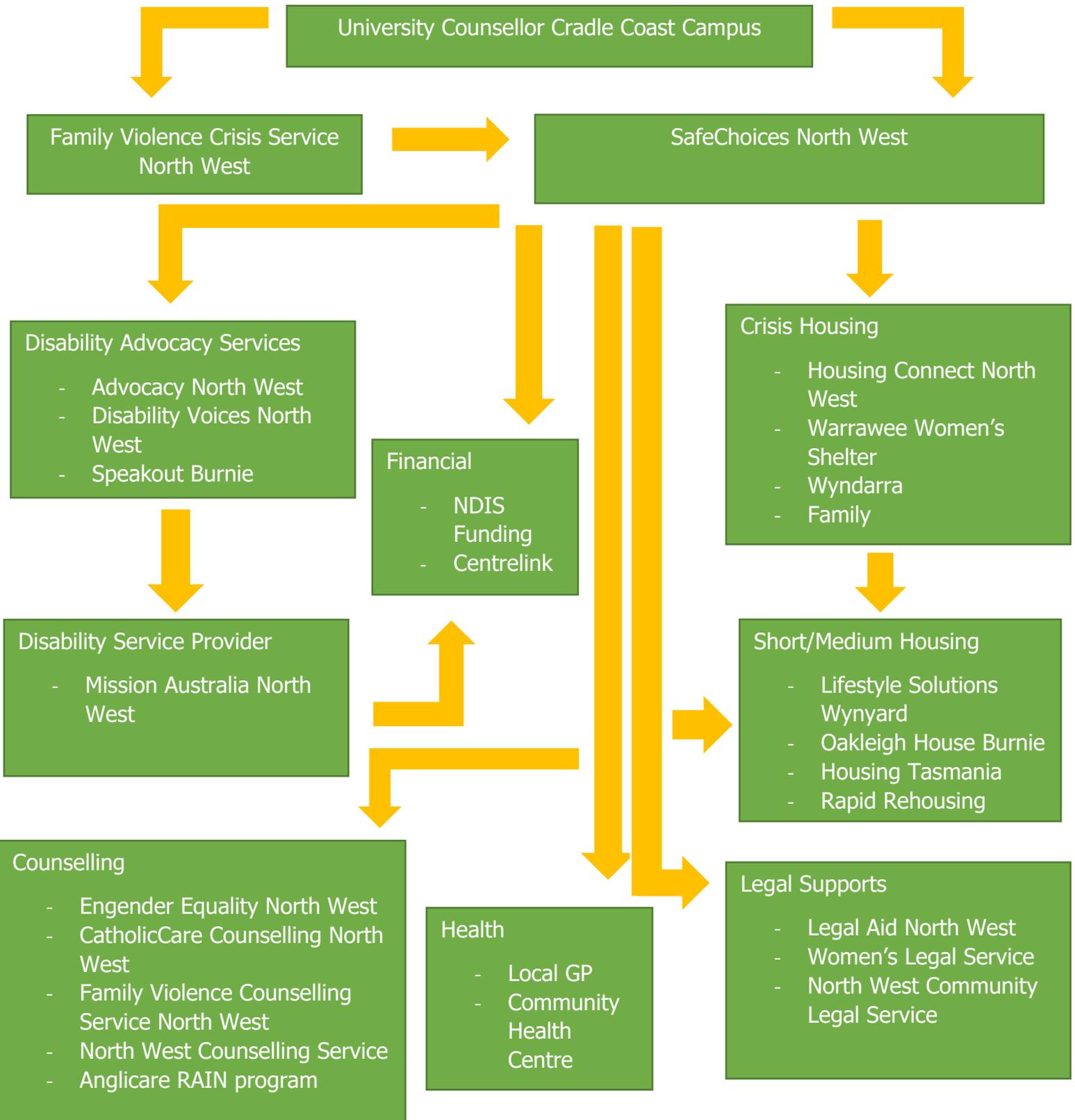
ATTACHMENT #6

Jasmina's Referral Pathway: North

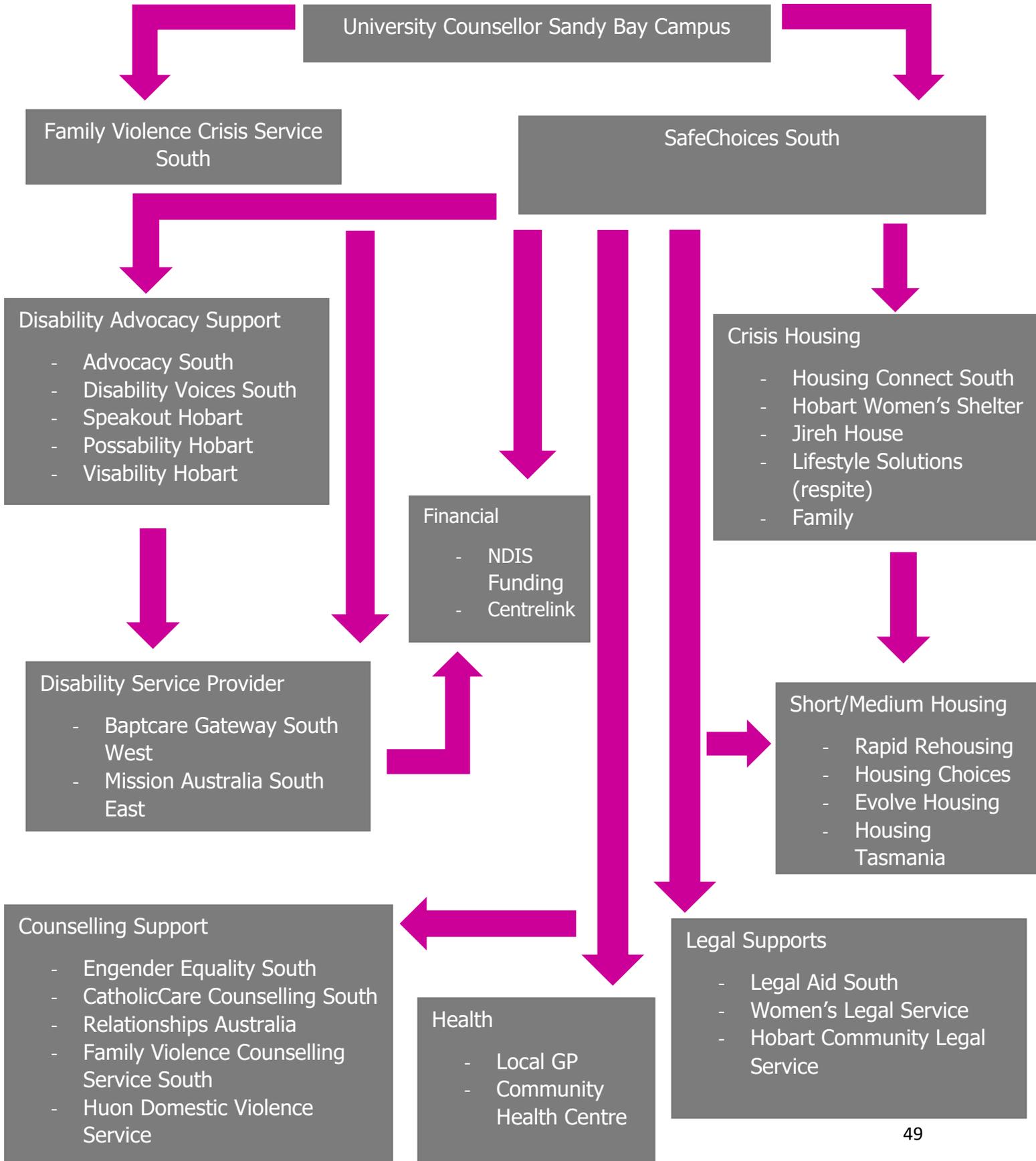


ATTACHMENT #7

Jasmina's Referral Pathway: North West



Jasmina's Referral Pathway: South



ATTACHMENT #9

SPECIALIST FAMILY VIOLENCE SERVICES

The following services and organisations can provide specialist family violence advice and support to assist you and/or your client. The services can be accessed directly by clients or service providers and practitioners on behalf of their clients.

24 HOUR HELPLINES (NATIONAL AND STATEWIDE)

Tasmania Police (Emergency)	000
Family Violence Response and Referral Line	1800 633 937
Tasmania Police (Local station for non-emergency)	131 444
Child Safety Service	1300 737 639
Tasmanian Sexual Assault Crisis Line	1800 697 877
Lifeline	131 114
Kids Helpline	1800 551 800
Translating and Interpreting Service	131 450
TTY/voice calls	133 677
Speak and listen	1300 555 727
SMS relay	0423 677 767
1800 RESPECT	1800 737 732

COUNSELLING AND SUPPORT SERVICES

Family Violence Counselling and Support Service STATEWIDE	1800 608 122
SafeChoices STATEWIDE	1800 806 189
Engender Equality STATEWIDE	03 6278 9090
Australian Childhood Foundation STATEWIDE	1300 381 581
Yemaya Women's Support Service NORTH	03 6334 0305
Anglicare (Relationship Abuse of an Intimate Nature) NORTH WEST	1800 243 232
Huon Domestic Violence Service SOUTH	03 6264 2222

SEXUAL VIOLENCE SUPPORT SERVICES

Tasmanian Sexual Assault Crisis Line STATEWIDE	1800 697 877
Laurel House NORTH	03 63334 2740
Laurel House NORTH WEST	03 6431 9711
Sexual Assault Support Service (SASS) SOUTH	03 6231 0044
1800 RESPECT NATIONAL	1800 737 732

HOUSING AND EMERGENCY ACCOMMODATION

Housing Connect STATEWIDE	1800 800 588
Karinya Young Women's Refuge NORTH	03 6331 0774
Launceston Women's Shelter (Magnolia House) NORTH	03 6344 5322

Oakleigh Accommodation Service (Salvation Army) NORTH WEST	03 6430 4100
Warrawee Women's Shelter NORTH WEST	03 6425 1382
Wyndarra NORTH WEST	03 6452 2722
Youth Family and Community Connections NORTH WEST	03 6423 6635
Hobart Women's Shelter SOUTH	03 6273 8455
Jireh House SOUTH	03 6232 3850
McCombe House (Salvation Army) SOUTH	03 6228 1099
Mara House SOUTH	03 6231 2782
Annie Kenney Young Women's Shelter Emergency Accommodation Service SOUTH	03 6272 7751

LEGAL SERVICES

Legal Aid Commission of Tasmania STATEWIDE	1300 366 611
Tasmanian Aboriginal Community Legal Services STATEWIDE	1800 064 865
Women's Legal Service Tasmania STATEWIDE	1800 682 468
Court Support and Liaison Service STATEWIDE	1300 663 773
Launceston Community Legal Service NORTH	1800 066 019
North West Community Legal Service NORTH WEST	03 6424 8720
Hobart Community Legal Service SOUTH	03 6223 2500

Revised Version: Specialist Family Violence Services, Responding to Family Violence, p. 27-32



SafeChoices
1800 806 189



Funded by the Australian
Government Department
of Social Services.



QMS Certification Services