

ATTACHMENT [KH 9]

This is the attachment marked “[KH 9]” referred to in the witness statement of Keran Howe and Jen Hargrave dated 11 August 2015.

Voices Against Violence



Paper Five:
Interviews with Staff and Volunteers from the Office of the
Public Advocate

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Voices Against Violence Research Project team

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Cover illustration by Margaret Krajnc

Privacy note:

The quotes and case studies in this paper have been de-identified to protect people's privacy. All of the names used are pseudonyms and identifying details (such as people's nationalities) have been changed.

Content note

While it is important to explore the issues raised in this paper, readers should be aware that some of the material is potentially distressing.

Acknowledgements

It would not have been possible to write this report without the input of the staff and volunteers who generously gave up their time to be interviewed as part of this project. The author thanks the interview participants for contributing their expertise to this research project.

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List of acronymns

CASA	Centres Against Sexual Assault
CRAF	Common Risk Assessment Framework
CV	Community Visitor
DEVAW	<i>Declaration on the Elimination of Violence Against Women</i>
DVRCV	Domestic Violence Resource Centre Victoria
IGUANA	Interagency Guideline for Addressing Violence, Neglect and Abuse
ITP	Independent Third Person
OPA	Office of the Public Advocate
SOCIT	Sexual Offences and Child Abuse Investigation Team
SRS	Supported Residential Services
VCAT	Victorian Civil and Administrative Tribunal

About the research project team

Women with Disabilities Victoria

Women with Disabilities Victoria (WDV) is an organisation run by women with disabilities for women with disabilities. Its members, board and staff have a range of disabilities, backgrounds, lifestyles and ages. It is united in working towards its vision of a world where all women are respected and can fully experience life. Using a gender perspective allows the organisation to focus on areas of inequity of particular concern to women with disabilities, including women's access to health services, parenting rights and safety from gender-based violence. WDV undertakes research, advocacy and professional education and provides information, leadership and empowerment programs for women with disabilities. It has dedicated particular attention to the issue of male violence against women with disabilities, due to its gravity and high rate of occurrence.

Office of the Public Advocate

The **Office of the Public Advocate (OPA)** is an independent statutory body established by the Victorian State Government. Working within a human rights framework, its mission is to promote and protect the rights and interests of people with disabilities and to work to eliminate abuse, neglect and exploitation. It provides various services that work towards achieving those goals including an Advocate/Guardian Program, a Community Visitors Program, an Independent Third Person Program, and an Advice Service. It also advocates for systemic changes in the lives of people with disabilities by undertaking research, policy advocacy and community education. The Public Advocate is strongly committed to tackling violence against people with disabilities, particularly women, who make up the largest proportion of victims of violence.

Domestic Violence Resource Centre Victoria

The **Domestic Violence Resource Centre Victoria (DVRCV)** aims to prevent violence in intimate and family relationships and promotes non-violent and respectful behaviour. It works within a feminist framework with an understanding of the gendered nature of family violence and in partnership with other organisations with similar aims. DVRCV receives core funding from the Victorian Department of Human Services with additional funding from a variety of government and philanthropic organisations. It provides training, publications, websites, policy advice and advocacy, as well as initial support and referral for women experiencing violence.

The Voices Against Violence Research Project

The Voices Against Violence Research Project was a cross-sectoral partnership, undertaken between WDV, OPA and DVRCV. The project investigated the circumstances of women with disabilities of any kind (including physical, sensory and cognitive impairments and mental ill-health) who have experienced violence.

The need for the project arose when our organisations recognised the lack of available information regarding violence against women with disabilities. We knew that women with disabilities experience higher rates of violence than women in the general community. We also knew that they can encounter significant barriers to accessing appropriate support services and justice outcomes. In spite of this, there was a lack of data about the nature and extent of violence against women with disabilities in Victoria.

There was also a lack of information and knowledge about what we can do to respond to this problem and prevent it from occurring. This project addresses some of these omissions. We have done this by conducting an extensive fact-finding mission relating to violence against women with disabilities, which included:

- a paper outlining current issues in understanding and responding to violence against women with disabilities
- a review of the legislative protections available to women with disabilities in Victoria who have experienced violence
- a review of OPA's records of violence against women with disabilities
- interviews with staff and volunteers from OPA's major program areas
- in-depth interviews with women with disabilities who have experienced violence
- consultations with women with disabilities
- engaging with the disability, family violence, sexual assault, legal and other service sectors.

This data has been used to devise evidence-based recommendations for legal, policy and service sector reform.

This project built on previous work undertaken by the organisations, including *Building the Evidence: a report on the status of policy and practice in responding to violence against women with disabilities in Victoria* by Lucy Healey, Keran Howe, Cathy Humphreys and Felicity Julien for WDV, DVRCV and the University of Melbourne; *Violence Against People with Cognitive Impairments* by Janine Dillon for OPA; and *Getting Safe Against the Odds* by Chris Jennings for the DVRCV.

Reference group

The project benefited from the expert advice of a reference group comprising the following representatives:

- Maree Willis, representative of women with disabilities
- Beverley Williams, representative of women with disabilities
- Chris Jennings, consultant
- Marita Nyhuis, Department of Human Services
- Philippa Bailey, DVRCV
- Chris Atmore, Federation of Community Legal Centres Victoria
- Marg Camilleri, Federation University Australia
- Christine Chong, inTouch Multicultural Centre Against Family Violence
- Patsie Frawley, La Trobe University
- Sarah Fordyce, National Disability Services
- John Chesterman, OPA
- Bianca Truman, Safe Futures Foundation
- Dagmar Jenkins, South Eastern Centre Against Sexual Assault
- Cheryl Sullivan, Women and Mental Health Network
- Lucy Healey, The University of Melbourne
- Jen Hargrave, WDV

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What the project explored

The overarching research question for the Voices Against Violence Research Project was to investigate the nature of violence against women with disabilities in Victoria. As part of this investigation, the project explored issues such as:

- the impacts of violence against women with disabilities in Victoria
- the help-seeking behaviour of women with disabilities who have experienced violence
- the legal context and social services responses to women with disabilities who have experienced violence.

The research papers

This paper is one of a series of publications for the Voices Against Violence Research Project. The papers for this project are:

1. *Voices Against Violence, Paper One: Summary Report and Recommendations*
2. *Voices Against Violence, Paper Two: Current Issues in Understanding and Responding to Violence against Women with Disabilities*
3. *Voices Against Violence, Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria*
4. *Voices Against Violence, Paper Four: A Review of the Office of the Public Advocate's Records on Violence against Women*
5. *Voices Against Violence, Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate*
6. *Voices Against Violence, Paper Six: Raising Our Voices – Hearing from Women with Disabilities*
7. *Voices Against Violence, Paper Seven: Summary Report and Recommendations in Easy English.*¹

1 To access the papers, refer to the research partners' websites:

Women with Disabilities Victoria www.wdv.org.au/publications.htm

Office of the Public Advocate www.publicadvocate.vic.gov.au/research/255/

Domestic Violence Resource Centre Victoria www.dvrcv.org.au/publications/books-and-reports/

These papers have been written by different authors over a period of time, reflecting different language and definitions. In this period, the complexity of dealing with violence in different contexts – which employ different understandings of disability and different understandings of violence – has become evident. Grappling with this complexity has been a valuable learning and the thinking of the project team has evolved through the life of the project. We have endeavoured to standardise the language across papers as far as possible.

Underlying premises of the project

- Violence is a gendered issue. The majority of victims of violence are women and the greatest numbers of perpetrators are men.
- Violence is about power and control. Perpetrators (who are usually men) use violence in order to intentionally control or dominate other people (usually women).
- Violence against women is a human rights issue. Therefore, a human rights framework needs to inform our understandings of, and responses to, violence.
- Women with disabilities experience multiple and intersecting forms of discrimination. Violence against women with disabilities is the result of the intersection of gender-based discrimination, disability-based discrimination and other forms of subordination.
- Women with disabilities experience violence at a higher rate and for longer periods of time than women in the general population. They also encounter significant barriers to receiving appropriate services and justice responses to their experiences of violence.
- Violence against women is preventable. There is considerable scope for governments and communities to prevent violence before it occurs.
- Disability is created by discriminatory practices and attitudes that have built up over time. Disability is preventable and can be addressed through government policy and regulation.

Working definitions

It was important for this project to be based on an understanding of the terms ‘disability’ and ‘violence against women’. The Project team drew on extensive literature to inform its own working definitions.²

In defining ‘violence against women with disabilities’ the project team took account of the numerous ways power and control is exercised and the various forms of violence in which it is manifest.

In defining ‘disability’ the team took account of the common practice of using ‘disability’ and ‘impairment’ interchangeably. However, it was important for the project team to make explicit its understanding of the structural underpinnings of disability (noted in the Underlying premises above).

Below are definitions that will assist the reader to better understand how abuse and violence can and does affect women with disabilities.

Disability is a social construct and stems from the interaction of a person’s functional impairment with a disabling environment. Disabling environments create structural, attitudinal and behavioural barriers; for example, by preventing people with functional impairments from accessing housing, education, work opportunities, transport. A specific type of disability arises from the interaction of a specific impairment with an environment that creates barriers. Some barriers are specific to that impairment; for example, a physical or sensory or cognitive disability arises from the interaction of a physical, sensory or cognitive impairment with an environment that creates barriers for the particular impairment. In addition, some barriers develop regardless of the particular impairment; for example, negative stereotyping of ‘people with disabilities’.³

Violence against women with disabilities is a human rights violation resulting from the interaction of systemic gender-based discrimination against women and disability-based discrimination against people with disabilities. It includes family violence, sexual assault and disability-based violence. A range of behaviours are associated with these forms of violence, including emotional, verbal, social, economic, psychological, spiritual, physical and sexual abuses. These may be perpetrated against women with disabilities by multiple perpetrators, including intimate partners and other family members, and those providing personal and other care in the home or in institutional, public or service settings.

² See *Voices Against Violence, Paper Two: Current Issues in Understanding and Responding to Violence against Women with Disabilities* for a detailed discussion of these and other relevant terms and problems associated with recognising the complexity of violence against women with disabilities.

³ The social model of disability was first conceptualised by Mike Oliver. For a further exploration of the concept, see for example, Mike Oliver (1983) *Social Work With Disabled People*, London, Macmillan

Key Findings

This research project involved interviews with 25 staff and volunteers from OPA's major program areas. The interviews explored participants' experiences in working with women with cognitive impairments and mental ill health who had experienced violence, or who were at risk of experiencing violence. The participants were asked to reflect on the circumstances of the women they had worked with at OPA. They were also asked to talk about the particular challenges for women with disabilities who have experienced violence, and what can be done to address violence and prevent it from occurring.

The key findings of the interviews were that:

- OPA has developed a range of positive initiatives to address and prevent violence against women with disabilities. OPA provides an example of a disability organisation that has implemented practical steps to safeguard the rights of individual women, as well as undertaking research and advocacy to address violence on a systemic level.
- The research found that OPA has a unique opportunity to collect data on violence against women with disabilities in a more systematic way.
- The presence of a disability can increase the risk that a woman will experience violence. There are also additional risk factors that can increase the likelihood that a woman with a disability will experience violence. These risk factors include:
 - social isolation – many women experienced entrenched loneliness and were cut off from the general community
 - living in inappropriate accommodation – this is particularly so where the accommodation is poorly staffed, or where there is an unsuitable mix of residents
 - inadequate support in the community – the project confirmed that the disability sector is significantly under-resourced
 - lack of information – women need access to information about their rights, about friendships and relationships, and about sexuality
 - financial insecurity. This can manifest in different ways for different cohorts of women. Some women with disabilities (for example, young women with intellectual disabilities) were found to lead impoverished lives, which appeared to heighten their risk of experiencing violence. Other women (for example, older women with dementia) were better resourced, and may have owned significant assets such as a house. However, their inability to exert control over their finances (and perhaps other areas of their lives) increased the likelihood of them being targeted by perpetrators of economic abuse.

- Many of the women in this research had long histories of violence, and had experienced violence at the hands of multiple perpetrators. The perpetrators included intimate partners, family members, acquaintances, care providers and members of the community. Most perpetrators were men. These men inflicted multiple forms of violence on women, including physical, sexual, emotional and economic abuse.
- Economic abuse is a widespread problem among women with disabilities who come into contact with OPA. The research identified that women's experiences of economic abuse can entrench their social isolation, often making them more dependent on the perpetrator of abuse. Powers of Attorney are sometimes used by perpetrators to facilitate the economic abuse (particularly large transactions involving money or property). The research could not find any examples of crimes of economic abuse resulting in a successful prosecution by the police.
- Women with disabilities do not have adequate access to safe, appropriate and affordable housing. This lack of access to housing can force women into accommodation that is not suitable for their needs. Living in unsuitable accommodation can place women at risk of violence. This is particularly the case for women who live in inappropriate or poorly run Group Homes or Supported Residential Services (SRSs).
- The research found examples of women disclosing the violence they had experienced to other people, but these disclosures were dismissed, trivialised, or not acted upon. This underscores the need to create community and organisational cultures and conditions that support and encourage positive responses to reports of violence made by women with disabilities.
- Overall, the research participants spoke highly of police who worked in Sexual Offences and Child Abuse Investigation Team (SOCIT) units. However, they had mixed experiences with members of the general police force. Police in the SOCIT units, the family violence units, and the general force would benefit from having access to specialist resources to enable them to work effectively with women who use non-verbal forms of communication.
- Being a victim of violent crime can increase the likelihood that a woman will go on to have further contact with crime (as either a victim or alleged offender). Women with disabilities in these situations require access to holistic, proactive support to enable them to live safer lives with minimal contact with crime.
- Women with disabilities who have experienced violence are disadvantaged in the justice system. The most disadvantaged group of women identified in this research was women who communicate non-verbally. Further work needs to be done to reduce the barriers that women with disabilities encounter in gaining access to justice.

Recommendations

A. Law and Justice

1. The Law Institute of Victoria should consider providing more systematic training to solicitors about economic abuse. This training should link economic abuse to issues of legal capacity, cognitive impairment and the use of Powers of Attorney, and should recognise that women with disabilities are at a high risk of experiencing economic abuse.
2. Victoria Police should improve their ability to investigate economic abuse, and should prosecute more individuals who have perpetrated economic abuse.
3. Victoria Police should commit to receiving ongoing training at the Police Academy about disability, gender and violence. As part of this training, police should receive information about the requirement to use the Independent Third Person Program, and the value that this program has for women with cognitive impairments or mental ill health who have experienced violence.
4. OPA should be funded to develop an advocacy and referral scheme for the Independent Third Person Program. This scheme should provide holistic support to people who are at risk of having repeat contact with crime, including women with cognitive impairments or mental ill health who have been victims of violence.
5. The Victorian parliament should grant the Public Advocate the broader investigation power as recommended by the Victorian Law Reform Commission. This would enable OPA to investigate (following a complaint or on its own motion) violence against people with impaired decision-making ability.

B. OPA

1. OPA should routinely record reports of violence against people with disabilities in its electronic case management system ('Resolve'). These reports of violence should be searchable by the disability, sex and age of the victims involved.
2. OPA should make more systematic use of violence screening and assessment tools, to enable staff to assess whether a person with a disability is experiencing violence, in order to provide the person with appropriate information, referrals and support.

Background

Introduction

Violence against women with disabilities remains a key factor that undermines the ability of disabled women to participate as full and equal citizens in society. Violence against women with disabilities is an intersectional category dealing with both gender-based and disability-based violence. The confluence of these two factors results in an extremely high risk of violence against women with disabilities (Frohman 2011, p.5).

We know that women with disabilities – particularly women with cognitive impairments and mental ill health– can be at a heightened risk of experiencing violence. As Paper Two for the Voices Against Violence Research Project has pointed out, studies from Australia and abroad have consistently found that

women with disabilities are at greater risk of violence than women without disabilities, and that women with particular impairments (variously identified as intellectual, or mental illness or as severely limiting) are at greater risk of sexual assault, in particular (Healey 2014, p.24).

In spite of this, there is a dearth of evidence about violence against women with disabilities, and what can be done to prevent this problem from occurring. This paper seeks to make a contribution to the knowledge-base in this area. It does this by drawing on evidence from 25 OPA staff and volunteers, who were interviewed as part of the Voices Against Violence Research Project (see Table 1). These interview participants talked about their experiences working with women who had experienced violence or who were at risk of experiencing violence. They talked about issues such as the risk factors that increase the likelihood that women with disabilities will experience violence, the barriers that women face in accessing appropriate violence response and prevention services, the justice system's response to these crimes, and what mechanisms need to be put in place to address violence and prevent it from occurring.

By way of background, the following section of this paper outlines the roles of the OPA programs that took part in this research project. This information gives context to the interviews with staff and volunteers from these programs.

OPA's program areas

OPA manages a range of programs that can support women with cognitive impairments and mental ill-health who have experienced violence, or who are at risk of experiencing violence.

Twenty-five staff and volunteers from OPA's major program areas took part in the interviews for this research project. This section of the paper outlines information about the program areas that are represented in the interviews for this research project. It gives context to the interview participants' comments in the following section of this paper.

Advocate/Guardian Program

OPA's Advocate/Guardians are appointed by the Victorian Civil and Administrative Tribunal (VCAT) to make health and lifestyle decisions on behalf of adults with cognitive impairments and mental ill-health (including adults with intellectual disabilities, acquired brain injury and dementia).

VCAT should only appoint an Advocate/Guardian for a person if it is found that:

- the person has a cognitive impairment
- the person's disability prevents them from making reasonable decisions
- the person is in need of a guardian.⁴

In determining whether the person needs a guardian, VCAT should consider whether the person's needs could be met in any less restrictive manner.⁵ If there is a less restrictive option available, this should be pursued wherever possible.

Appointing an Advocate/Guardian is therefore an option of 'last resort'. Advocate/Guardians are typically appointed to represent a person because other, less restrictive alternatives, have failed. For this reason, people who are clients of OPA's Advocate/Guardian Program can face very complex and difficult circumstances, including violence. Indeed, as the Voices Against Violence Research Project has demonstrated, violence is a widespread problem among women who are clients of OPA's guardianship program. The second paper of this Research Project found that nearly half of 100 female guardianship clients at OPA had experienced violence. This figure is almost certainly a conservative estimate, given that violence is an under-reported crime (McGuire 2014).

⁴ Section 22 *Guardianship and Administration Act 1986* (Victoria).

⁵ Section 46(2)(a) *Guardianship and Administration Act 1986* (Victoria)

Independent Third Person Program

The Independent Third Person (ITP) Program is managed by OPA, and recruits, trains and supports ITP volunteers. ITPs assist people with cognitive impairments and mental ill-health who are interviewed by Victoria Police as victims, alleged offenders or witnesses of crime. The role of an ITP volunteer is to:

- facilitate communication between the person and the police
- assist the person to understand their rights
- support the person through the police interview process.

The requirement for an ITP to be present in interviews with people who are believed to have cognitive impairments or mental ill-health is set out in the Victoria Police Manual. However, it is not enshrined in legislation (McGuire 2012a).⁶ Nonetheless, the law recognises that failing to use an ITP when one is required could compromise the integrity of the evidence raised in the police interview.⁷ This is because the absence of an ITP raises serious questions regarding the 'propriety, reliability and fairness' of the interview.⁸

In the 2012-2013 financial year, ITP volunteers attended a total 2,442 police interviews. Of these interviews, 2,206 were for alleged offenders, 185 were for victims, and 51 were for witnesses to a criminal offence. The majority of interviews involving victims were in relation to women who had been sexually assaulted (OPA 2013a).

Community Visitors Program

The Community Visitors Program is managed by OPA, and recruits, trains and supports Community Visitor (CV) volunteers.

CVs are empowered by law to visit Victorian accommodation facilities for people with a cognitive impairment or mental ill-health at any time, unannounced.⁹ They monitor and report on the adequacy of services provided to residents and patients in these facilities. CVs conduct visits at:

- group homes (run by the Department of Human Services)
- supported residential services (SRSs)
- mental health facilities.

6 OPA has emphasised that the right of people with cognitive impairments and mental ill-health to use an ITP should be legislatively articulated. See: Bedson and Hartnett (2011).

7 *R v Laracy* [2007] VSC 19 (9 February 2007).

8 *R v Laracy* at para.54.

9 *Mental Health Act 1986* (Victoria); *Health Services Act 1988* (Victoria); *Disability Act 2006* (Victoria).

CVs talk to residents and patients to ensure that they are being treated with dignity and respect, and to identify issues of concern, including violence. In the 2012-2013 financial year, CVs reported to the Victorian Parliament on 209 incidents of violence, abuse and neglect in accommodation services for people with disabilities (OPA 2013b).

Advice Service

Any member of the community can contact OPA's Advice Service to receive information on a diverse range of topics affecting people with disabilities.

The Advice Service responds to more than 13,000 requests a year for information, advice and assistance on topics such as:

- guardianship and administration
- powers of attorney
- violence and abuse
- the rights of people with disabilities.

In the 2012-2013 financial year, the largest group of Advice Service callers was family and friends (39.4 per cent), followed by health and community services (27.4 per cent). Only 15.8 per cent of calls were from people ringing on their own behalf – the majority of these calls were from people who did not have a disability, and were seeking advice about making enduring powers of attorney (OPA 2013a).

A proportion of Advice Service enquiries relate to reports of violence against people with disabilities, particularly economic abuse. If a caller reports concerns about violence against a person with a disability, the Advice Service can make an appropriate referral for the caller (for example, to a third party, such as a family violence service, or to another part of OPA, such as the Community Visitors Program). Depending on the circumstances, the Advice Service may advise the caller to report the matter to the police, or make an application to VCAT for a guardianship or administration order.

Education and Training

OPA provides a range of education and training sessions for professionals, the general community, and staff and volunteers within the organisation. These training sessions cover topics such as guardianship and administration, enduring powers of attorney, and the rights of people with disabilities. OPA has also provided staff with training on the topic of violence against people with disabilities. These training sessions have drawn on OPA's research in the area of violence, and also the practical lessons gained by staff with experience in this area. On this point, it should be noted that several OPA staff members have experience working in the family violence and sexual assault sectors: their knowledge of the intersection between violence and disability represents a valuable resource for the office.

Legal Unit

The Legal Unit assists OPA staff members with legal issues relating to clients of the office. If an OPA client is experiencing violence, the Legal Unit can provide staff with advice on the appropriate actions to take in the client's case. These actions may include reporting the matter to the police, making referrals on behalf of the client, or assisting the person to take out an intervention order.

Community Guardian Program

Community Guardians are volunteers appointed by the Public Advocate to act as independent guardians for people with cognitive impairments and mental ill-health. Like Advocate/Guardians who are employed by OPA, Community Guardians can make decisions for people about matters such as health care, accommodation and access to services.¹⁰ The core responsibility of Community Guardians is to act in the best interests of the person they are representing, some of whom may be women who are experiencing violence.

¹⁰ For more information on these orders, and how they can intersect with a woman's experiences of violence, refer to McGuire 2014

The research

Research methodology

The Department of Justice Human Research Ethics Committee granted ethics approval for this research paper.

After obtaining ethics approval, this researcher set about recruiting OPA staff and volunteers to take part in the research. The researcher sent emails to staff and volunteers explaining the research to them and inviting people to take part. People who were interested in being interviewed contacted the researcher directly. In some cases, the coordinators of the CV and ITP programs referred the researcher to specific volunteers because they had worked on noteworthy cases relating to violence against women. The researcher approached these volunteers to invite them to take part in the research. The volunteers were told that it was their choice whether or not to take part. They were also told that the coordinators of the volunteer programs would not be informed of the outcome of their decision about whether to take part.

As a result of these recruitment techniques, the researcher interviewed a total of 25 people for this paper (see Table 1 for a breakdown of the interview participants).

On average, the interviews lasted between one and a half to two hours. In-depth, semi-structured interview techniques were used to enable people to tell their stories about working with women with disabilities who had experienced violence. The researcher did not provide the interview participants with a definition of violence. Therefore, the information collected in the study reflects the participants' own views about what constitutes violence.¹¹ Indeed, one of the aims of the interviews was to explore participants' understandings of violence. A further aim of the interviews was to collect case studies about violence against women with disabilities. Thus, interview participants were asked to discuss any recent cases that they had worked on involving violence against women (see Appendix A for the interview questions).

The interviews were recorded and transcribed verbatim by a transcriptionist. The transcripts were analysed and coded by the researcher to identify the key themes raised in the interviews. The key themes in this paper are based on the researcher's interpretation of the interviews with participants (as opposed to being the participants' interpretations of the key themes).

The interviews were also used to develop the case studies that appear in this paper.

¹¹ This reflects the approach adopted by Dillon in her report about violence against people with cognitive impairments (Dillon 2010).

Both the case studies and the quotes from interview participants have been de-identified in this paper. Therefore, the paper uses pseudonyms to refer to clients as well as OPA staff and volunteers. In addition, all identifying information about clients (for example, people's nationalities) has been changed.

Action research was also undertaken by organising for OPA staff members to undertake the Common Risk Assessment Framework (CRAF) training as part of the Voices Against Violence Research Project. Staff members provided feedback about their experiences with the CRAF training. Their feedback is outlined in this paper.

Table 1: Interview participants

Program	Role	Number of participants
Advocate/Guardian Program	Advocate/Guardians	Four
Independent Third Person Program	Independent Third Person Program coordinators	Two
	Independent Third Person volunteers	Seven
Community Visitors Program	Community Visitors Program coordinators	Two
	Community Visitors volunteers	Five
Advice Service	Advice Service staff	Two
Education and Training	Training coordinator	One
Legal Unit	Legal officer	One
Community Guardian Program	Community Guardian	One
Total interview participants = 25		

Limitations

This paper is based on qualitative research, namely 25 interviews with OPA staff and volunteers. This relatively small data sample means that the paper provides simply a 'snapshot' of people's perspectives on working with women with disabilities who have experienced violence.

A further limitation stems from the fact that it was not possible to interview any women with disabilities as part of this research paper.¹² Therefore, this paper does not contain any first-hand accounts of the experiences of women with cognitive impairments and mental ill-health. It should also be noted that, as the case studies in this report were developed from the interviews with staff and volunteers, they represent second-hand accounts of women's stories. The case studies are therefore shaped by the interview participants' knowledge and memories of, and perspectives on, women's stories.

This paper is not based on quantitative data and therefore does not shed light on the prevalence of violence against women with disabilities.¹³

As indicated in the methodology for this research paper, the interview participants self-selected to take part in this research, or were referred to the researcher because they had worked on noteworthy cases involving violence. This could mean that people who had higher levels of knowledge or interest in violence against women with disabilities were the ones to take part in the research.

It should also be noted that the interviews were based on participants' own definitions of violence. It follows that participants' definitions of violence shaped the types of stories that they told the researcher.

12 Interviews with women with disabilities were conducted as part of Paper Six of the Voices Against Violence Research Project (see Woodlock et al 2014).

13 For quantitative data about reports of violence against women who are clients of OPA's Advocate/Guardian Program, refer to Paper Four of the Voices Against Violence Research Project (McGuire 2014).

OPA's anti-violence initiatives

Violence against women with disabilities is a pressing human rights concern and one that frequently arises in OPA's work. The Public Advocate has repeatedly drawn public attention to cases of abuse against people with disabilities.¹⁴ Spurred on by these concerns, the Public Advocate has called for the introduction of an anti-abuse package targeted at Victorian disability service and accommodation providers (see Table 2).

Table 2: OPA's five point plan for an anti-abuse package in Victoria (OPA 2013b).

Point 1	Increased investigation powers for OPA in relation to abuse, neglect and exploitation.
Point 2	Prevention and abuse policies for service providers.
Point 3	Workforce initiatives to equip staff to respond to abuse, or the potential for it.
Point 4	Education for people with disabilities about their rights.
Point 5	Enhanced support for the Community Visitors Program to provide the necessary safeguards to protect against abuse and neglect.

The Public Advocate is committed to taking a leadership role in preventing and addressing violence against women with disabilities. Some of OPA's recent initiatives in this area are set out below.

¹⁴ For examples of the of the Public Advocate's media advocacy on this topic, refer to McArthur 2011, Pearce 2012 and Tomazin 2012.

Research and systemic advocacy

One of OPA's most influential pieces of research on the topic of violence is *Violence against People with Cognitive Impairments* (Dillon 2010). The report was based on interviews with 14 OPA Advocate/Guardians. Based on these interviews, the report collected 86 cases of violence against people with cognitive impairments and mental ill-health.

Of the 86 cases:

- 66 involved women as victims, highlighting the gender-based nature of violence
- 33 cases involved violence by an intimate partner
- 32 cases involved sexual violence, however, police were involved in only 10 of these cases (and only one perpetrator was imprisoned)
- 30 cases involved abuse by a person in a care giving role.

A key finding of Dillon's report was that greater cross-sectoral collaboration was needed between the disability, family violence and sexual assault services. The report also highlighted the importance of victims receiving an appropriate and timely response to the violence they had experienced. Dillon revealed that, when acts of violence were not responded to appropriately, further violence was likely to be perpetrated against the person and it was less likely that the person would report it. On the other hand, in those cases where appropriate action was taken, clients benefited significantly (Dillon 2010).

Violence against People with Cognitive Impairments highlighted the importance of conducting research about violence against women with disabilities, and the impact that this evidence can have. For example, Dillon's report played a key role in facilitating the Law Reform Committee's *Inquiry into Access to and Interaction with the Justice System by People with a Disability and their Carers* (Law Reform Committee 2013).

In 2012, OPA completed a major research project on the ITP Program, called *Breaking the Cycle*. This research explored the problem of 'repeat presenters' before the program. A repeat presenter was defined as a person who had used the ITP at least twice as a victim, alleged offender or witness of crime.

Breaking the Cycle identified that ITP volunteers assist a significant number of women who have been victims of violence, particularly sexual assault. It also revealed that many of these women were repeat presenters before the program. Some of these women were repeat victims of violence; others had been interviewed by the police as victims of violence and also as alleged offenders in relation to low-end crimes. Take, for example, Rachel. Rachel was a young woman who had used the program on two occasions. On the first occasion, Rachel was interviewed by the police as a victim of violence perpetrated by her ex-partner. Rachel said that after this police interview, her ex-partner continued to pose a threat to her safety:

My ex was stalking me. I did everything I could to get him to back off but he didn't back off. So out of anger and everything, and just spur of the moment without even thinking, I got a Stanley knife and scratched his car. I did it to say 'Look, back off and leave me alone' (McGuire 2012a, p.54).

Rachel was then interviewed by the police as an alleged offender in relation to this incident of property damage.

Rachel's case illustrates one of the findings of *Breaking the Cycle*: that being a victim of crime can increase the risk that a woman will go on to have further contact with the criminal justice system (as a victim, witness or alleged offender of crime). The research found that women who are repeat presenters would benefit from receiving more holistic support from the ITP Program. In particular, *Breaking the Cycle* identified the need for the program to provide repeat presenters with advocacy and proactive referrals to support services, including violence response services (McGuire 2012a).

OPA's research has also drawn attention to the problem of sexual violence in SRSs. In 2012, OPA produced a report that examined four cases in which women who lived in SRSs were sexually assaulted, either by men in the community or by their male co-residents. The research identified that an inappropriate resident mix and inadequate services and support frequently put the safety of SRS residents at risk. It also identified significant concerns with the way that these sexual assaults were responded to by the SRSs and the police (Bedson 2012).

The Department of Health made a detailed response to the recommendations set out in the SRS report. (Its response is published in the report itself, see Bedson 2012.) As a result of the research, OPA, in consultation with the Centres Against Sexual Assault (CASA) prepared materials to support SRS staff in responding effectively to reports of sexual assault. These materials are available on the department's website (Department of Health 2013).

In 2013, the manager of OPA's Policy and Research Unit, Dr John Chesterman, was awarded a Churchill Fellowship. This fellowship enabled him to travel to the United States, Canada and the United Kingdom in order to investigate systems for protecting the rights of 'at-risk adults'¹⁵ (Chesterman 2013). In his fellowship report, Chesterman noted that:

The level of violence, abuse, exploitation and neglect suffered by at-risk adults, including people with cognitive impairments and mental ill health, is a serious social problem in Australia. Typically, violence towards, and abuse or exploitation of, such people is insufficiently evidenced to enable significant police involvement, while other legal responses, such as guardianship applications, are often not the most appropriate courses of action (Chesterman 2013, p.5).

¹⁵ The term 'at risk adults' refers to adults who are at risk of experiencing violence, abuse or neglect, including adults with disabilities (Chesterman 2013).

Chesterman found that there were key lessons that Victoria could draw from the international jurisdictions he visited as part of his fellowship. These lessons included that Victoria should:

1. ensure that police have the expertise to investigate and prosecute individuals involved in crimes against at-risk adults, particularly crimes involving economic abuse
2. establish a clear non-police contact point where members of the community can register concerns about the wellbeing of at-risk adults
3. entrust an agency such as OPA with clear authority to investigate the wellbeing of at-risk adults
4. make less use of guardianship as a mechanism for protecting at-risk adults
5. enable VCAT to make a wider range of protective orders for at-risk adults
6. ensure that the variety of professionals who work in the adult protection area meet regularly and collaborate where appropriate on joint approaches to adult protection (Chesterman 2013).

The third point in Chesterman's key lessons is one that is supported by the Victorian Law Reform Commission. The Commission has recommended that OPA should be granted broader investigation powers to investigate abuse against people with cognitive impairments (Chesterman 2013). To date, OPA has not been granted this power. This paper recommends that OPA be granted this investigation power to enable the office to better uphold the rights of people with disabilities.

Recommendation: The Victorian parliament should grant the Public Advocate a broader investigation power as recommended by the Victorian Law Reform Commission. This would enable OPA to investigate (following a complaint or on its own motion) violence against people with a cognitive impairment or mental ill-health.

Policy submissions are another avenue for OPA to conduct systemic advocacy in the area of violence against women with disabilities. For example, OPA has made submissions in relation to Victoria's action plan for addressing violence against women, the sterilisation of people with disabilities, and people with disabilities and the criminal justice system (McGuire 2012, Feigan 2013a, Feigan 2013b, Bedson and Hartnett 2011).

Interagency Guideline for Addressing Violence, Neglect and Abuse

In 2013, OPA launched a guideline to help prevent and address violence in services for people with a disability or a mental ill-health in Victoria.¹⁶ The *Interagency Guideline for Addressing Violence, Neglect and Abuse* (IGUANA) is a good practice guideline for organisations, staff members and volunteers working with adults who are at risk of violence, neglect or abuse. It draws on national and international research and practice, including the United Nations *Convention on the Rights of Persons with Disabilities*, which Australia has ratified.

OPA developed the guideline with the support of Victorian community and public sector agencies. It was endorsed by 28 agencies, service providers and advocacy groups, including OPA, WDV and the DVRCV.

The objective of IGUANA is for organisations to be clear about what steps to take if they suspect, receive a report of, or witness a client being subject to violence, neglect or abuse. IGUANA also outlines the rights of families and care providers to have knowledge of these matters.

In launching IGUANA, the Public Advocate said that it served as a practical reminder of a 'zero tolerance' approach to violence, neglect and abuse of people with a disability or a mental illness (Office of the Public Advocate 2013a).

Anecdotal evidence suggests that agencies and advocacy groups have, so far, found IGUANA to be a useful tool. OPA will continue to monitor the value and impact of these guidelines (Office of the Public Advocate 2013a).

CASA/OPA protocol

OPA and CASA have collaborated to develop a protocol between the two organisations. The protocol clarifies the roles of CASA and OPA in supporting victims of sexual assault who have a cognitive impairment or mental ill-health. It also aims to assist the organisations in developing effective cross-sectoral collaboration to ensure the effective provision of services to victims with disabilities (Victorian CASA Forum and OPA 2012).

CASA ITPs

In early 2012, OPA was invited to participate in the Making Rights Reality project, which is being conducted by South Eastern Centre Against Sexual Assault, in partnership with Springvale Monash Legal Service and the Federation of Community Legal Centres Victoria. The aim of Making Rights Reality is to increase access to the criminal justice system for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties.

¹⁶ This initiative ties in with the second point of the Public Advocate's five point plan for addressing violence: prevention and abuse policies for service providers (Office of the Public Advocate 2013b).

As a result of OPA's involvement in Making Rights Reality, over 50 CASA workers have been trained to act as ITPs. The role of CASA ITPs is to attend Video and Audio Recorded Evidence interviews that are conducted by Sexual Offences and Child Abuse Investigation Teams (SOCIT) within Victoria Police for adult victims of sexual assault.

Common Risk Assessment Framework training

In November 2012, 29 OPA staff members received training in the Common Risk Assessment Framework (CRAF). The training was delivered to OPA by the Domestic Violence Resource Centre Victoria as part of the Voices Against Violence Research Project.

Staff who attended the training were given information about:

- what family violence is
- the *Family Violence Protection Act 2008*
- how family violence impacts on particular groups of people, such as women with disabilities and Indigenous women
- the family violence service system in Victoria
- the CRAF
- how to conduct a family violence risk assessment
- making referrals to family violence services.

The feedback from this training was positive, with OPA staff noting that:

The training was excellent. It certainly prompted me to think about and ask questions that I may not have done in the past.

It has made me more aware of the issues and I do find my approach to domestic violence and abuse issues has changed subtly and is more thorough.

The training made me realise what I don't know. This is a very complex area.

The most helpful thing has been the purple resource book that was provided with the training. Up to date resources such as this, although their use is time limited, are really handy in my job. For some reason having a hardcopy resource is better than searching the web or using Infocom.

When asked if they would make any changes to their practice as a result of the training, OPA staff said that they would:

- use the referral book provided with the training
- use the CRAF aide memoire in addition to their existing risk assessment tools
- ask different questions of the client. For example, one person said: “I would ask more probing questions rather than skirting around the issue of violence”
- ensure that the victim was not present in any discussions they had with the perpetrator about the perpetrator’s behaviour¹⁷
- promote the CRAF tool and information package to their colleagues.

Staff members were also asked about what additional information or training would enhance their skills in responding to violence. The key feedback that staff gave in response to this question was that they needed more disability-specific training in the area of violence. In particular, they said that they wanted:

- more targeted information about the relationship between disability and violence, including information about evidence-based risk factors for violence against people with disabilities
- specific information about the assistance that violence response services will offer to a person with a disability in practice. On this point, several staff members noted that they had encountered significant difficulties when trying to refer clients to family violence response services. Some of the comments in this area included:

In my experience, services do not want to work with persons with disabilities.

Some refuges say they’re disability accessible, but this tends only to apply to wheelchairs, not cognitive impairments.

I had horrific experiences trying to get a client into a refuge. They didn’t want to talk to me because I was a man. The perpetrator had to hit the client really hard before they took her in.

The Department of Human Services’ Crisis Funding is for a 12-week period. But the question is what happens after that? There’s a lack of services and accommodation for women with disabilities. They are at risk during the crisis period.¹⁸

17 It was accepted that perpetrators would not be present in discussions with the victim about their needs and wishes.

18 Nonetheless, the crisis funding is an important initiative that can assist women get safe after experiencing family violence (see Department of Human Services undated b).

- to hear directly from people with disabilities who had experienced violence, in order to learn what they found helpful in terms of practical and emotional support
- refresher courses in the area of family violence
- a multidisciplinary workshop with family violence workers, the police, aged care agencies, disability agencies (such as the Department of Human Services) and CASA. It was felt that this workshop would provide staff with practical information about the roles of these organisations, and would also aid in effective cross-sectoral collaboration between them.

Staff also said that peer-to-peer training constituted an important part of their learning, particularly in light of the very complex situations faced by many OPA clients. It was noted that many of these cases challenged the 'typical family violence paradigm'. For this reason, it was suggested that, in future, it could be useful to have someone from OPA co-present the CRAF training. Alternatively, a staff member with experience in the family violence sector could undertake the CRAF 'train the trainer' course, in order to deliver the training to their colleagues.

As this summary illustrates, OPA has undertaken a range of prevention and response initiatives relating to violence against women with disabilities. OPA should continue to build on and strengthen these initiatives.

Recent sector developments

There are a number of positive initiatives that are taking place, at the state and national levels, to combat violence against people with disabilities and women with disabilities. This section of the paper highlights some of these recent initiatives.¹⁹

Gender and Disability Workforce Development Program

The *Gender and Disability Workforce Development Program* is a key initiative of WDV to prevent violence against women with disabilities. It aims to increase awareness of how to deliver gender equitable and sensitive service delivery and promote a gender responsive organisational culture as a strategy for violence prevention and improving women's wellbeing and status.

The first stage of the *Gender and Disability Workforce Development Program* was the development of three 'gender and disability' professional development packages. This was completed in July 2013 and included testing a sample of the training modules with senior managers and disability support workers within Yooralla.

The second stage of this program (funded under *Victoria's Action Plan to Address Violence Against Women and Children 2012-2015*) includes the development and resourcing of a train the trainer model to deliver the 'gender and disability' professional development packages to managers and disability support workers in two Victorian pilot sites.

¹⁹ For a fuller exploration of good practice initiatives relating to violence against women with disabilities, refer to *Voices Against Violence Research Project, Paper Two: Key Issues in Understanding and Responding to Violence against Women with Disabilities*.

Experiences of people with disabilities reporting crime

The Victorian Equal Opportunity & Human Rights Commission has been conducting research into the experiences of people with disabilities in Victoria who have been victims of crime. The project aims to:

- identify the nature and extent of crimes against people with disabilities in Victoria
- understand what barriers people with disabilities face when reporting crime and gaining redress
- work with Victoria Police and other authorities to break down these barriers and provide better services to people with disabilities.

The project is focusing on crimes against the person. These include assault, family violence, sexual assault, indecent assault, and causing serious injury and covers crimes that occur at home, on the street, on public transport, and in services such as disability services and hospitals.

The Commission will publish its findings in mid 2014 (Victorian Equal Opportunity & Human Rights Commission undated).

Access to justice in the criminal justice system for people with disability

The Australian Human Rights Commission is undertaking a project on access to the criminal justice system for people with disabilities. The project is based on concerns that

many people with disability who need communication supports or who have complex and multiple support needs are not having their rights protected, and are not being treated equally, in the criminal justice system. This is happening to children, young people and adults with disability... It is happening in police stations, courts, prisons and juvenile institutions, and other corrective services across Australia.

As part of this project, the Commission has identified the key barriers that prevent people with disabilities from gaining access to justice, and what can be done to address these barriers (Australian Human Rights Commission 2013).

Stop the Violence: Improving Service Delivery for Women and Girls with Disabilities

Stop the Violence is a collaboration between Women with Disabilities Australia, People with Disabilities Australia and the University of New South Wales. The project will investigate and promote ways to support better practice and improvements in service delivery and responses of governments, in order to improve the quality of life for women and girls with disabilities who experience or are at risk of violence. It aims to achieve this goal by employing evidence-based research to facilitate good policy and practice in the provision of services across different sectors (Women with Disabilities Australia 2013).

Zero Tolerance: Preventing and Responding to Abuse and Neglect of People in Funded Disability Services

National Disability Services is leading a national project to support service providers so that people with disabilities can exercise choice and control while remaining safe from the risk of abuse, exploitation and neglect. The project will conduct a review of existing systems, policies and procedures relating to abuse and neglect. This review will be used to inform the development of a practical framework with resources, based on prevention, early intervention and remediation in cases of abuse and neglect of people with disabilities.

Findings from the OPA interviews

The findings from the interviews with OPA staff and volunteers have been set out thematically in the following sections of this paper. These themes are based on the researcher's interpretation of the interviews with participants (as opposed to being the participants' interpretations of the key themes).

The first section explores general themes relating to violence, including participants' perceptions of the prevalence of violence against women with disabilities and how people at OPA go about identifying that a woman may be experiencing violence. Economic abuse was identified by the participants as being a widespread problem among women who come into contact with OPA, and thus this type of violence is explored in some detail.

The second section explores the theme of 'challenges'. In particular, it details participants' perceptions of the key challenges for women with disabilities who have experienced violence. It also outlines their perceptions of the key challenges for OPA in working with women who have experienced violence.

The third section outlines themes around services and support for women with disabilities.

The fourth section explores themes relating to the justice system, including the issues around access to justice for women with disabilities who have experienced violence.

Case studies are used in this part of the paper to illustrate both individual and systemic issues relating to violence against women with disabilities. These case studies are second-hand accounts of women's experiences of violence, and have been developed from the interviews with OPA staff and volunteers.

1. 'A very common problem' – themes about violence

This section of the paper explores participants' views about violence against women with disabilities. In particular, it touches on perceptions of the prevalence of violence against women with disabilities, participants' understandings of what constitutes violence and how OPA staff and volunteers go about identifying violence. It also explores the problem of economic abuse, which, in the view of the participants, is one of the main forms of violence experienced by women with disabilities.

Participants' understandings of violence

The majority of the research participants demonstrated that they had a nuanced understanding of violence against women. Most participants emphasised that violence can include acts and behaviours that are psychological and economic, as well as physical and sexual:

You know, I think in my view, neglect would come under my definition of violence. Sexual assault, neglect, harassment, physical assault, verbal aggression, exploitation... These are all forms of violence that many of my clients have experienced.

Charlotte, Advocate/Guardian

One person drew upon an ecological model of violence²⁰ to talk about individual and systemic forms of violence against women:

There's the physical, upfront violence that everybody can see. There's also the violence that's subtle, that's coercive – that's the one that worries me the most. And then there's the almost accepted gender violence that exists in our community. I mean, misogyny isn't a particular act; it's an all-pervasive value in our community. So when you think about it, there's three quite definite levels, isn't there: the individual, the community and the society.

Maude, CV volunteer

Another participant reflected on the fact that staff training had assisted him in reaching a more holistic understanding of violence. He said that his 'idea of what abuse is' had 'expanded' as a result of this training:

Obviously it's not just the physical stuff, you know, the obvious bruising and so on that you get from being physically hit. There are more subtle forms of abuse. And some of them, I guess, are systemic, and others would be one-on-one from a staff member or another resident.

Rick, Education and Training

²⁰ Healey notes that the ecological model understands that violence and abuse stem from interactions occurring at the level of the individual, relationships, the community and the society. She says that the ecological model developed within the field of public health and has been influential in developing violence prevention strategies that address gender and other forms of discrimination and domination (see Healey 2013).

Rick's comments highlight that training can play an important role in assisting staff to understand and identify different forms of violence against women with disabilities.

Case study: Control

Olive is an elderly woman with dementia. Olive has a history of experiencing violence from her husband. However, she has told her Advocate/Guardian that she loves her husband and wants to live with him.²¹

Olive's Advocate/Guardian has put supports in place for her, and the Royal District Nursing Service visits her every day. The guardian says it is important to respect Olive's wishes. Nonetheless, she reports feeling uneasy about Olive's situation. The guardian reports that the perpetrator's physical violence against Olive appears to have stopped. However, she wonders whether 'this is because her husband now has total control over her life'.

Prevalence of violence

The research participants expressed concerns that women with cognitive impairments and mental ill-health are at a higher risk of violence than women in the general community. The participants said that violence – particularly economic abuse – was a 'very common' problem for women in the OPA client group:

If you're talking physical, sexual, psychological, emotional or financial violence, well, that would be almost every call we get on the Advice Service. Easily eight out of ten would involve violence. Most of those relate to financial violence.
Alyse, Advice Service

Given that the family violence model now includes economic abuse, then I would say that the majority of my clients have experienced abuse. I've had over 110 clients in the course of two years, and I'd say that maybe five of them weren't subject to some kind of exploitation. Mostly financial, but other types too.
Mary, Advocate/Guardian

21 Olive's case highlights the relational aspect of violence against women. Violence can be perpetrated against women by their partners or by other family members whom they love. Understanding this aspect of family violence is an important part of effectively supporting women in this situation. It is also important to recognise that, as they grow older, women may experience additional risk factors and discrimination, which makes it harder for them to leave perpetrators of violence. These risk factors can include: shrinking social and friendship networks, reduced access to information, loss of economic power and access to resources, frailty or physical dependency, and poor or limited housing options (Department of Human Services undated b).

These concerns are substantiated by Paper Four of the Voices Against Violence Research Project, which reviewed OPA 100 Advocate/Guardian case files involving women. Violence was reported to be an issue for nearly half of the women whose files were reviewed. The most common forms of violence were found to be psychological violence, physical violence, controlling behaviour and economic abuse (McGuire 2014).²²

Paper Four also confirmed that OPA is in a unique position to gather data about violence against women with disabilities. Clients' files contained valuable information about the demographics of women who had reportedly experienced violence, what types of violence they had experienced, and who the perpetrators were. It would be useful for OPA to gather and analyse this type of information on a regular basis in order to obtain quantitative data about violence against women, as well as to identify systemic issues faced by women with disabilities. However, a simpler system for collating this type of information is needed. Currently, OPA records information about violence on clients' individual case files. Although it is possible to access this information on a case by case basis, there is no easy way of collating and analysing these records.²³ A more strategic approach to collecting this type of data is needed in order to inform OPA's systemic advocacy and its service delivery policies (Dowse et al 2013). It is therefore recommended that OPA should routinely collect and record reports of violence against people with disabilities in its electronic case management system ('Resolve'). These reports of violence should be searchable by the disability, sex and age of the victims involved.

Recommendation: OPA should routinely record reports of violence against people with disabilities in its electronic case management system ('Resolve'). These reports of violence should be searchable by the disability, sex and age of the victims involved.

22 See also Healey et al 2008, Dillon 2010, and Healey 2013.

23 In order to obtain quantitative data for the fourth paper of the Voices Against Violence Research Project, the researcher needed to review clients' files on a case by case basis and then manually collate this data. This was a complex and time consuming exercise. A simpler system is needed if OPA is to gather this type of data on a regular basis.

Case study: Trauma

Inga was born and raised in Russia. Inga's records indicate that when she was growing up people suspected that she had a mild intellectual disability. However, this diagnosis was never confirmed.

Inga moved to Australia in the 1940s with her sister, Katerina and her sister's husband, Alexei. The three of them lived together in a house in Melbourne.

Alexei was violent towards both Inga and Katerina. After they had been living in Melbourne for about three years, the two women were hospitalised after Alexei physically assaulted them. Alexei had stabbed Inga in the side of her body, narrowly missing her lung. After this incident, Inga was in rehabilitation for an extended period of time, and she suffered from significant post traumatic stress. Alexei was charged with a criminal offence, and was imprisoned for a short time.

Katerina and Alexei divorced after this incident. Inga moved to Brisbane, where she married Vlad, a man from the Russian community. They had one child together, called Janet. By all accounts, Inga and Vlad were happily married for about 30 years until Vlad passed away.

Inga developed Alzheimer's Disease when she was in her 60s. After Inga developed this illness, Katerina came to Brisbane and took her back to Melbourne. Inga's daughter, Janet, was extremely concerned about this development. She described her aunt as being 'dangerous, manipulative and overbearing'.

Katerina claimed that Janet had been stealing from her mother. When the Queensland Public Trustees investigated these claims, they found them to lack substance. They did, however, find that Katerina took \$60,000 from her sister's funds. It is not clear whether this incident was ever investigated by the police.

After moving back to Melbourne, Inga lived with Katerina and Katerina's 16-year-old son, John. There were reports that John was verbally and economically abusive towards Inga.

Some family friends became concerned about Inga's welfare. They said that Katerina had a history of abusing her sister. According to the family friends, Katerina had bought the sisters' passage to Melbourne by offering up Inga to a truck driver for sex. Inga was forced to have sex with the truck driver, and, in return, he drove the sisters to Melbourne.

The family friends said that, after Inga moved to Melbourne, Katerina continued to facilitate the sexual abuse of her sister. They said that Katerina would arrange for the sisters to have 'holidays' away. These holidays would be paid for by men who expected to have sex with Inga in return. Katerina also received money for prostituting her sister to these men.

After moving to Melbourne with her sister, Inga's condition deteriorated significantly. She was described as going from being 'a well-dressed, pleasant and engaging woman', to being 'depressed and withdrawn'.

Inga was appointed an Advocate/Guardian from OPA. Inga's guardian linked her in with CASA and with case management and health services. Her guardian also investigated the possibility of laying criminal charges against Katerina for the abuse of her sister, but was told that there was not enough evidence to proceed with this.

Inga is now in her 70s and is living in an aged care facility. Although she is now safe, she remains significantly traumatised by the violence she has suffered.

Identifying violence

Given that violence is an under-reported crime (Chung 2013), the researcher tried to get a sense of how OPA staff and volunteers go about identifying whether a woman may be experiencing violence. The interviews revealed that staff and volunteers tend to draw on a variety of techniques and sources of information to determine whether a woman may be experiencing violence.

One Advocate/Guardian, Kristy, noted that:

In some cases it's clear that a person is experiencing violence. In other cases, it's a matter of identifying risk, performing risk assessments.

Kristy, Advocate/Guardian

Kristy said that the Advocate/Guardian Program had a risk assessment tool that contained a question about violence. According to Kristy, this tool was used by Advocate/Guardians whenever the need arose. Kristy said that, although the risk assessment tool was useful, how the question about violence was approached was 'probably up to the individual' staff member. Kristy believed that those Advocate/Guardians with a more in-depth understanding of violence were likely to take a more nuanced approach to this aspect of the risk assessment.²⁴

²⁴ On this point, it is worth noting that several OPA staff members have backgrounds working in the family violence and sexual assault fields.

Another Advocate/Guardian, Gillian, indicated that violence is usually not the reason why a VCAT guardianship order is made for a person. However, she said that violence often ‘comes up while we’re working with the person’. Likewise, OPA’s Legal Officer said that:

Normally violence is not the reason why a matter comes before OPA, but it’s there in the background.
Belinda, Legal Officer

The fact that violence tends to be ‘in the background’ of the woman’s case is corroborated by paper four of the Voices Against Violence Research Project (McGuire 2014). This paper undertook a review of 100 OPA Advocate/Guardian files involving women, and found that nearly half of these women had reportedly experienced violence. The review indicated that the most common reasons why women’s cases were referred to OPA were for issues relating to accommodation, access to services and healthcare. Therefore, even though nearly half of these women had experienced violence, this was usually not the reason why they came under guardianship. Indeed, the review revealed that it was rare for the issue of violence to be noted in the VCAT guardianship application – even if this was an issue that the woman was experiencing at the time of the application.

While violence is often a ‘background’ issue for Advocate/Guardians, it can be an ‘upfront’ issue for the CV Program. Janet, a staff member in the CV Program, said that they often get referrals relating to violence through the Advice Service. She said that a large proportion of these referrals are made by residential staff members:

More often than not, the referrals are anonymous. They’re also often from staff members who, in our experience, don’t feel confident going to the ombudsman, in that they don’t want to be a whistleblower. They know that CVs have pretty significant powers of entry and inquiry, so they want to alert them in some way.²⁵
Janet, CV Coordinator

Interview participants from all program areas emphasised that in order to assist a woman in disclosing the violence she had experienced, it was important to develop a good rapport with her. For example, Charlotte noted that:

²⁵ These observations highlight the fact that CVs have an important role to play in protecting the rights of people with disabilities. These observations are echoed in point five of the Public Advocate’s anti-abuse package, which calls for enhanced support for the CV program to provide the necessary safeguards to protect against abuse and neglect (OPA 2013b).

I think that, as a guardian, your role is to actually probe, to ask questions. It's about giving off that energy that you're approachable and that you're asking these questions so that you can make their life better and assist them and support them in whatever way you can.

Charlotte, Advocate/Guardian

On this point, it should be noted that OPA staff and volunteers have different opportunities for, and face different challenges in, developing rapport with clients.

One person, Rick, noted that CVs were in the fortunate position of being able to develop relationships with residents over a period of time. According to Rick, these relationships were the key to detecting whether something might be wrong in the person's life:

The CVs don't need to identify what the problem is exactly, they just need to be aware that there is an issue. You know, if it's a group home, you might notice there is a change in someone. The person might be quite outgoing and sociable, and then you notice over the next two or three visits that something has shifted, and now they're in their room and quite withdrawn. That could be a whole range of things and you don't want to jump to conclusions, but if there is a difference in their behaviour, you want to be asking questions about that.

Rick, training officer

Likewise, a couple of other participants noted that CVs had the opportunity to develop a level of familiarity with clients, and that this relationship assisted them in identifying violence:

CVs are in a good position to identify violence, because they're there watching what's happening.

Janet, CV Coordinator

If you get quite chatty in a general way, little things are teased out.

Darlene, CV volunteer

Darlene's observation is echoed in the case study 'Building a rapport', which gives an example of where a CV's positive relationship with a woman enabled the woman to disclose her experiences of violence.

A couple of CVs also said that it was important to develop a rapport with the proprietors of residential facilities. They said that this relationship could help them obtain information about, and advocate on behalf of, clients who may be experiencing violence.

While CVs can develop relationships with clients over an extended period of time, the situation is different for ITPs. The ITPs who took part in this research reported that, typically, they only have 'about five minutes' alone with the client prior to the police interview. Therefore, they need to be able to develop a rapport with the person in a short space of time. ITPs described this as one of the key challenges in their role. This challenge was heightened by the fact that they see people under difficult circumstances; typically, people are anxious about the prospect of being interviewed by the police. However, ITPs said that, in spite of these challenges, they found that people tended to open up to them about their problems – including their experiences of violence. This finding is echoed in OPA's Breaking the Cycle research, which found that people who use the ITP Program tend to place a high level of trust in the volunteers that support them (McGuire 2012a).

While many of OPA's program areas have direct access to clients, this tends not to be the case for the Advice Service. Jeff, a staff member in the Advice Service, said it was rare for him to speak to the person with a disability themselves. He said that most calls to the Advice Service came from services or family members of the person with a disability. Jeff said that receiving second-hand information could make it difficult to ascertain 'exactly what is going on in the person's life'. In terms of identifying violence, Jeff said that he often acted on:

...some sort of trigger; it could be all different sorts of triggers. You might have a sense that there's something unusual about a particular dynamic in a relationship, that you're getting one side of it but you're not so sure what's happening here, so it's a matter of being encouraging and trying to link people in with supports so they're not so isolated. And I think isolation is a big issue here. Addressing that isolation is, hopefully, going to generate some more information.

Jeff, Advice Service

The participants in this research demonstrated that they adopted a nuanced and sensitive approach to identifying whether a woman may be experiencing violence. However, as one person acknowledged 'this is a very complex area'. This is particularly so given that violence against women – and particularly violence against women with disabilities – tends to be a hidden crime. In light of this, it would be useful for OPA to adopt the more systematic use of a screening tool to assist staff and volunteers in assessing whether a woman is experiencing violence. It is recognised that OPA staff and volunteers work in a pressurised, time poor environment. Therefore, it is important that this risk assessment tool is as streamlined and easy to use as possible.

Recommendation: OPA should make more systematic use of violence screening and assessment tools, to enable staff to assess whether a person with a disability is experiencing violence, in order to provide the person with appropriate information, referrals and support.

Case study: Building a rapport

The CV Program received a call from a young woman named Eliza. Eliza requested that a CV come out to see her in hospital.

Darlene, a CV volunteer, attended the hospital to speak to Eliza. Eliza said that she had a mental illness and had just been diagnosed with Huntington's Disease.

Eliza reported that, earlier in the year, she had been involved in a car accident. Following the accident, she was hospitalised for a short time (at a different hospital to the one she was now in). Eliza said that she received \$12,000 compensation for the car accident. She reported that her mother was acting as her financial Power of Attorney and she was using this authority to 'take all her money'. She also said that her mother had locked her out of the family home and prevented her from accessing her belongings (including her clothes and furniture). Eliza found her mother's actions particularly distressing as she had a cat at her mother's house and was concerned about its welfare.

As a result of the CV Program's involvement, Eliza's case was referred to VCAT. After several months, the matter was heard by VCAT and Eliza's brother was appointed as her guardian. The State Trustees were appointed her administrators. However, by the time the administrators were appointed, Eliza's mother had already depleted all the compensation that Eliza had received for the car accident.

Darlene continued to visit Eliza in hospital and they built up a rapport. Eliza then disclosed that, when she was hospitalised after the car accident, she was raped by a man who was a hospital staff member. The rape had been reported to the police and investigated by the SOCIT unit. Eliza showed Darlene a letter from the police saying that they were unable to continue investigating the matter unless fresh evidence came to hand. Eliza was very distressed about this, saying that she wanted the perpetrator of the crime to be brought to justice.

Economic abuse

Economic abuse has been described as involving behaviours that

control a woman's ability to acquire, use, and maintain economic resources, thus threatening her economic security and potential for self-sufficiency (Adams et. al. in Corrie and McGuire 2013, p.1).²⁶

²⁶ Victorian law recognises that economic abuse is a form of family violence, see Section 7 of the Family Violence Protection Act 2008 (Vic). However, not all forms of economic abuse that are experienced by women with disabilities would necessarily fall under this Act. As the examples in Table 3 demonstrate, some women with disabilities can experience economic abuse from acquaintances, who may not be in 'family-like' relationships with the women. These women may require broader legal protection than that found in the family violence legislation.

The participants in this research project reported that economic abuse is a common form of violence experienced by women with cognitive impairments and mental ill-health. Participants cited numerous examples of working with women who had been economically abused (see Table 3). Some of these examples of economic abuse overlap with other forms of violence (for example, sexual violence).

Table 3: Examples of economic abuse

	Person	Perpetrator	Circumstances of economic abuse
1	Elderly woman with dementia	Adult son	The woman's son stripped her of all her assets using a financial Power of Attorney. The son engaged a solicitor to transfer the mother's property into his name. The son had paid his mother one dollar for the property. He also moved his mother from a good nursing home to a cheaper one where her needs were not adequately met.
2	Elderly woman with dementia	Adult son	<p>The woman lived in a nursing home with her elderly husband. Neither of them had the capacity to make legal decisions.</p> <p>The couple's son visited the nursing home with a solicitor. The solicitor got the parents to sign paperwork appointing their son as their financial Power of Attorney. This was despite the fact that the couple did not have the capacity to make a Power of Attorney. Subsequently, the son used this authority to take money from his parents' bank account.</p> <p>The elderly mother later raised concerns about this with OPA, saying: 'Please make sure my son doesn't take our money. He can have it when we're dead.'</p>

3	Elderly woman with a brain injury and dementia	Male acquaintance	<p>This woman was very socially isolated. She was hospitalised due to health problems.</p> <p>A 'friend' of hers used to visit her in hospital. Whenever he did so, he was aggressive towards the hospital staff. He would also take the woman to an automatic teller machine to withdraw money from her account for his own use.</p>
4	Elderly woman with dementia	Sister and nephew	<p>The woman's sister reportedly took \$60,000 from her bank account. The woman's sister also sold her sexually to men and kept the money for herself.</p> <p>The sister's son also took money from the elderly woman.</p>
5	Young woman with an intellectual disability	Male acquaintance	This woman was befriended by a group of predatory individuals. One of these individuals started controlling her Disability Support Pension.
6	Young woman with an intellectual disability	Male partner	Her partner coached her to steal on his behalf.
7	Young woman with an intellectual disability	Male acquaintance	Her 'friend' taught her to steal on his behalf.
8	Young woman with suspected intellectual disability	Step-father	The young woman's step-father regularly took her money in order to spend it on alcohol and cigarettes.
9	Young woman with an intellectual disability	Brother	When she was a child, her brother prostituted her to men and kept the money for himself.
10	Young woman with Huntington's Disease and a psychiatric illness	Mother	This young woman was in a car accident and received compensation from the Transport Accident Commission. Her mother depleted her bank account of all her money and also denied her access to her belongings (for example, her clothes and furniture).

As the cases in Table 3 highlight, older women with disabilities can be at particular risk of experiencing economic abuse. As Jeff, an Advice Service worker put it, he often sees cases involving children 'who feel they have the right to make financial decisions on behalf of their parents'. This sense of entitlement can manifest in adult children (typically sons) seeking to 'accelerate their inheritance' by taking charge of their parents' property or bank accounts (see also King et al 2011 and Kyle 2013).

Young women with intellectual disabilities are another group that were identified as being at particular risk of experiencing economic abuse (see Table 3). This finding correlates with research from the United Kingdom, which found that economic abuse was a routine form of violence against people with intellectual disabilities (Gravell 2012). This research identified that people with intellectual disabilities were at risk of experiencing economic abuse due to the fact that they were socially isolated and targeted by predatory individuals in the community. In response to this problem, the research called for the development of:

- enhanced social networks for people with disabilities
- stronger prevention mechanisms and support from mainstream services
- greater civic mindedness in the community and safer public spaces (Gravell 2012).

The examples of economic abuse outlined in Table 3 in this paper also indicate that more work needs to be done to ensure that Powers of Attorney are not used to facilitate economic abuse. In particular, solicitors need to ensure that they are not inappropriately making Powers of Attorney for people who lack the capacity to make legal decisions. This highlights the importance of solicitors receiving information and training around issues relating to capacity, cognitive impairment, economic abuse and Powers of Attorney. On this point, Seniors Rights Victoria have developed a useful resource for lawyers called *Assets for Care: A Guide for Lawyers to Assist Older Clients at Risk of Financial Abuse* (Kyle 2012). The guide provides a clear checklist of the issues that lawyers need to consider when engaging in financial transactions on behalf of an older person. Likewise, Domestic Violence Victoria has produced a guide called the *Elder Abuse Prevention Information Kit*, which includes information about economic abuse (Domestic Violence Victoria 2014). Resources such as these are needed, not just for older clients, but also for people with disabilities in general. These resources should recognise that women with disabilities are at particular risk of experiencing economic abuse.

Participants in the research also spoke about the difficulty of addressing economic abuse once it had occurred. They said that, typically, once the economic abuse was identified, the perpetrator had already depleted the victim of their assets. At this point, it was very difficult to assist the victim in recovering their assets and bringing the perpetrator to justice for their actions. Indeed, the participants said that, as far as their clients were concerned, they were not aware of any cases of economic abuse being successfully prosecuted in court. This highlights the importance of police developing the expertise to investigate and prosecute perpetrators of economic abuse (Chesterman 2013).

Recommendation: The Law Institute of Victoria should consider providing more systematic training to solicitors about economic abuse. This training should link economic abuse to issues of legal capacity, cognitive impairment and Powers of Attorney, and should recognise that women with disabilities are at a high risk of experiencing economic abuse.

Recommendation: Victoria Police should improve their ability to investigate economic abuse, and to prosecute more individuals who have perpetrated economic abuse.

Case study: The one dollar unit

Madge is an elderly woman who has dementia. Her son, Greg, is her attorney under a financial Power of Attorney.

Until recently, Madge was living on her own in a unit that she owned. However, Greg made the decision to move her into an aged care facility. Madge was reportedly happy in the facility, as her care needs were being met and she had people to socialise with.

When a permanent place arose at the facility, the staff told Greg that his mother would have to pay a substantial bond to stay at the facility. Greg's mother had enough money to cover the bond, and indicated that she would like to stay at the facility. Greg was unhappy about the cost of the bond and removed his mother from the facility. He put her in a different – and cheaper – aged care facility. The assistance given to her at this facility was minimal, and the nurses who visited Madge reported being concerned about her.

Madge became socially isolated and spent most of her time sitting in her room. When the facility staff asked Greg for some money to cover the cost of a bus ticket for Madge to go out, he verbally abused them and said their request was 'outrageous'.

After moving his mother into the second aged care facility, Greg visited a solicitor and had Madge's property transferred into his name. Greg paid one dollar for his mother's unit. He also took his mother to the bank and, using the Power of Attorney, withdrew more than \$60,000 in cash. Shortly after this, Greg renovated the unit and moved into it.

Madge's case was referred to VCAT. VCAT appointed an independent administrator and an OPA Advocate/Guardian for Madge. The Advocate/Guardian is exploring Madge's accommodation options, as the current aged care facility is unsuitable for her needs. The administrators are taking legal action against Greg to try and transfer the unit back into his mother's name and recover the money he withdrew from his mother's bank account. However, they are having difficulty locating the money, as Greg maintains that he does not have it.

2. Themes about challenges

This section of the paper explores participants' views on the biggest challenges for women with disabilities who have experienced violence. It also explores their views on the biggest challenges for OPA in working with women with disabilities who have experienced violence.

Challenges for Women

Participants' views about the biggest challenges for women with disabilities who had experienced violence were around:

- social isolation
- vulnerability/targeting
- lack of confidence
- barriers to reporting violence
- barriers to accessing violence response services
- lack of education about rights and relationships
- living in unsuitable accommodation
- having a voice
- access to justice.

These challenges are explored in more detail below.

- Social isolation

Social isolation was viewed as both a risk factor for, and a consequence of, violence. For example, the participants noted that the women they worked with tended to be very isolated in the community, and that this isolation heightened their risk of experiencing violence. They said that perpetrators appeared to prey on women who were socially isolated, because they were viewed as being 'easy targets'. Participants also pointed out that perpetrators could intentionally isolate a woman from her friends or family, in order to exert greater power and control over her.

- Vulnerability / targeting

When discussing the challenges faced by women with disabilities, many participants spoke about women's 'vulnerability':

People with intellectual disability can see a familiar face and translate that as 'they're a friend'. It makes them vulnerable, because they see someone and think, yes, well, I know that person, I can trust them.

Clara, Advocate/Guardian

A lot of people with disability, particularly living in the community, are vulnerable. They are vulnerable to predators, basically.

Ian, Coordinator, ITP Program

There is no doubt that women with disabilities are at a higher risk of violence than women in the general community. However, it is important to unpack the concept of 'vulnerability'. The focus on women's vulnerability can deflect attention from the key issue at hand, which is the culpability of the perpetrators of violence.

The word 'vulnerable' can also construct women as passive victims of violence. This detracts from the strength and resilience displayed by many women with disabilities who have experienced violence (for example, see Woodlock et al 2014). For this reason, organisations such as WDV prefer not to use the term 'vulnerable', and instead talk about women being 'at risk' of violence. This language assists in locating the issue of violence within a rights-based paradigm which posits women with disabilities as being in need of justice and redress, rather than a protectionist paradigm which posits women with disabilities as being in need of help and protection (Hoong Sin et al 2009).

Case study: Strength and resilience

Barbara is an Indigenous woman in her 40s. At the age of seven, Barbara was severely physically assaulted by her parents. At the ages of 25 and 35, she was physically assaulted by her then-partner.²⁷ As a result of these assaults, Barbara sustained an acquired brain injury. She also has epilepsy.

During the course of her life, Barbara has experienced periods of homelessness. She currently lives with her partner, Eric, who is violent.

Eric deals a variety of drugs, including marijuana. Barbara had never been a user of marijuana until she met Eric. He facilitated Barbara's drug use and, in time, she developed an addiction to marijuana. Her addiction made her dependent on Eric as her supplier.

One night, Barbara had an epileptic fit. Instead of assisting Barbara, Eric became enraged and threw a chest of drawers at her. He then proceeded to physically assault her, breaking both of her hands.

The police were called out to the couple's home. Eric told the police that Barbara had assaulted him. At this point, Barbara was very scared and said:

It was my fault. I had a seizure, and I pushed him to throw the chest of drawers at me.

In spite of Barbara's significant injuries, the police took her to the station and interviewed her as an alleged offender of assault. An OPA ITP, Patricia, attended this interview. Patricia spoke to Barbara before the police interview, and got the full story of Eric's assault. However, Patricia said that, when Barbara gave her statement to the police 'none of this information was coming out'. Patricia was concerned about this and told Barbara that:

Even though the police are the ones asking you questions, you need to talk to them about the whole situation, not just a piece of it.

As a result of this encouragement, Barbara gave the full story to the police. The police indicated that they would interview Eric as an alleged offender in relation to the assault against Barbara.

²⁷ Many women who experience domestic violence also witnessed or experienced violence in their home as children. Studies confirm that children who are exposed to violence in the home are up to 15 times more likely to be physically and/or sexually assaulted as adults (UNICEF and The Body Shop International 2006).

Patricia describes Barbara as being 'very strong and resilient'. However, she also believes that Barbara is 'totally vulnerable and her partner controls her with drugs'.²⁸

- Lack of confidence

Participants noted that women with disabilities are devalued in society and, as a result, can suffer from low self-esteem. Having a low self-esteem was perceived by participants as being 'a vicious circle' for women. Participants believed that women's lack of confidence heightened their risk of experiencing violence and made them less likely to speak up about violence when it occurred. In turn, women's experiences of violence could further erode their self-esteem, making it difficult for them to go on to develop positive relationships and friendships. This predicament emphasises that women need to be supported in developing their self-esteem and becoming empowered. As one person put it:

It's about confidence building. If we can train people into being quietly obedient, I'm sure we can train people into being confident. I mean, if you're going to put people in a chair and say, 'Do as I say and sit obediently and watch the television', they're not going to develop much confidence outside of that chair with a rug on them, are they?

Maude, Community Visitor volunteer

Of course, this issue must be seen in the broader context of a society that still treats women with disabilities as 'less than' other women and men in the community. In order to address this systemic problem, a systemic response is required. Essentially, we need to create social, economic and political structures which value women with disabilities as equal members of the Australian community. It is this context of equality which is an essential component for developing the self-esteem of women with disabilities.

28 Research from the United States found a correlation between women's experiences of violence and substance abuse. A study conducted by Wilson-Cohn et al found that rates of domestic violence among women in drug treatment programs in New York City and Portland were 'extremely high' (Wilson-Cohn et al 2002). This finding is consistent with other research from the United States by Bennett and Bland, which found that between 55 and 99 per cent of women who have substance abuse issues have experienced violence at some point in their life (Bennett and Bland 2008). The authors found that substance abuse can play a substantial role in maintaining women in relationships with violent partners. The authors also found many women reported that they initiated substance use to alleviate the trauma associated with their experiences of violence (Bennett and Bland 2008).

- Barriers to reporting violence

Participants were concerned about the barriers that women with disabilities face in reporting the violence they have suffered. They said that these barriers could significantly extend the period of time that women experienced violence. For example, a coordinator of the ITP Program noted that volunteers often see women who have been

victims for a long period of time and they never say anything, maybe because they don't know any better, or they're too scared, or they are being bullied.

Ian, Coordinator, ITP Program

While some women may not have told anyone about the violence they suffered, it is clear that others have disclosed the violence – only to have these disclosures trivialised or dismissed by other people. For example, the researcher learnt of one woman who told her doctor that her neighbour had raped her. The doctor's advice was to 'keep away from him' (see the case study 'Positive police response'). The doctor did not offer the woman any support or referrals in response to this report of violence. In another case, a young woman told her colleagues that her manager was sexually harassing her, and they simply told her not worry about it (see the case study 'He's just friendly').

There is no doubt that women in the general community also face barriers to reporting violence. However, women with disabilities can face additional challenges to disclosure. These barriers include being socially isolated, depending on the perpetrator for their care needs, and facing stereotypes about women with disabilities (for example, the myth that women with disabilities are either asexual or, at the other end of the spectrum, 'oversexed') (Camilleri 2009). For this reason, it may take women with disabilities many years to find a trusted person who will listen and respond to their disclosure of violence.

The lapse of time between the violence and the report of violence could pose difficulties for women in terms of getting access to justice:

We've had a couple of examples where ITPs have sat in on interviews for women in the 40-age group, who are reporting a sexual assault that occurred when they were quite young. There might be a 20-year gap between the assault and the reporting of it. So they've lived with this for 20 or so years. If there's a perpetrator who can be identified, the police will interview them. But the difficulty is with the reliability of evidence, particularly when it's so old. There's the time lapse, and the fact that their memory might not be too good about dates and times.

Ian, Coordinator, ITP program

These findings point to the importance of creating community and organisational cultures and conditions that support and encourage positive responses to women's reports of violence (Powell 2012). In particular, communities and organisations need a better understanding of the facts about violence against women with disabilities – and the particular barriers they can face in reporting this violence.

Case study: 'He's just friendly'

Eve is a young woman who is Indigenous. She has a cognitive impairment. At the age of 14, Eve got a part-time job in a cafeteria, working for a large food franchise. Eve was very proud of getting her first job, and enjoyed having her own money to spend.

Shortly after she commenced working in the cafeteria, her boss, Michael, started sexually harassing her. Michael was a much older man who was married with children. He started 'grooming her' and bought her items like clothes and a mobile phone. He would touch her inappropriately while she was at work. Eve reported the sexual harassment to two adult staff members who worked at the cafeteria, but nothing was done about it. The staff members simply responded by saying, 'Oh, he's just friendly. He's just a touchy-touchy person.'

In time, Michael made it clear that he expected Eve to have sex with him, and if she didn't do what he wanted, she would lose her job. Eve felt like she had no choice but to give in to his demands.

Eve said that the situation 'made her sick to her stomach', but she didn't know what to do about it. She said that she didn't think the police would believe what had happened to her, because they often attended her house in relation to incidents involving her family. Eve had a fear of the police – to her they represented punishment, not protection. Michael also exploited Eve's fears by telling her that 'no one will pay any attention because you're from an Abo family'.

Michael's violence against Eve continued for three years. He would often take her to motels to have sex with her. When Eve was 17 years old, she told him that she would no longer go to motels with him. Michael responded by making threats against her life. Eve 'was petrified'. However, she worked up the courage to report the violence to the police.

An OPA ITP, Patricia, supported Eve during her interview with the SOCIT unit. Patricia reports that the SOCIT unit 'were completely awesome'. The police investigated the matter and then arrested Michael.

Eve has been linked in with CASA. Patricia says that 'the CASA team did cartwheels straight away to support this young girl. They were fantastic.'

Patricia believes that the violence should not have lasted for three years, and that there were opportunities for people to intervene at an earlier point. Indeed, it would appear that Eve's colleagues were bystanders to the violence she suffered, and that, had they intervened, her years of abuse could have been reduced or even prevented all together.²⁹

Patricia summed up Michael by saying:

He was in power, you know, he owed her a duty of care. An adult shouldn't do that... He was an Australian man with young children who was very wealthy and he was her boss – he just created opportunities for exploiting her.

- Barriers to accessing violence response services

According to the participants, women with disabilities continue to experience significant barriers to accessing appropriate violence response services.

One person noted that, on the whole, these services had 'been developed on the basis of the competent woman (the victim) and the competent man (the perpetrator)'. This participant believed that many services struggle to work with women who have cognitive impairments and mental ill-health. Another person noted that some services had 'paternalistic assumptions about people with cognitive impairments and their decision-making capacity'. These assumptions could stand in the way of effective service delivery to the person with a disability (see for example, the case study 'The right support'). These findings stress the importance of developing effective cross-sectoral collaboration and knowledge-sharing between disability and violence response services (Dillon 2010).

29 It is not clear whether Eve's colleagues were direct witnesses to Michael's violence. However, it is clear that they were witnesses to violence supportive behaviours such as sexism and discrimination in the workplace (for example, they knew that Michael was sexually harassing Eve, but dismissed this behaviour as 'friendliness'). In light of this, Eve's colleagues were bystanders to the violence she suffered. A bystander has been defined as 'a person or persons, not directly involved as a victim or perpetrator, who observes an act of violence, discrimination or other unacceptable or offensive behaviour... this includes sexism, discrimination or violence against women'. Powell writes that bystanders have a role to play in preventing violence and discrimination against women. She notes that, in addition, bystanders have the potential to influence the social determinants of violence against women, such as the unequal distribution of power and resources between women and men, sexist and discriminatory attitudes towards women, and rigid gender role divisions in communities and organisations. Powell says that, in this way, rather than being limited to intervening in violent incidences or potentially harmful situations, bystanders can also intervene in the social conditions that lead to violence occurring in the first place (Powell 2012).

Case study: The right support

Paul is an Advice Service worker at OPA. He received a call from a manager in a refuge. The manager said that she wanted to make an urgent application for guardianship in respect of an Indigenous woman with an intellectual disability called Rita.

Paul learned that Rita was in her 30s and was staying at the refuge because she had been physically and sexually abused by her stepfather, and verbally abused by her mother.

During the call, the manager revealed that she had let Rita's mother attend the refuge in order to deliver medication to her daughter. Paul says that he was taken aback that the location of the refuge had been disclosed to the mother, given that she was reported to be a perpetrator in this case. He was also struck by

the weight that the manager gave to the views of the mother – it was something that kept coming up. And, you know, given the nature of their service, I would have thought it would be the victim's perspective that they would pay attention to.

The manager expressed feeling overwhelmed by Rita's care and support needs, and by her lack of understanding about the role of the refuge. Apparently Rita had been telling people that she liked living at the refuge and was going to 'stay there forever'.

At several points in the conversation, the manager referred to the fact that the reports of violence had been investigated by SOCIT, but no charges had been laid. Paul asked her 'What's the relevance of that? What is your point?' The manager indicated that Rita's account of the situation may not be reliable, saying: 'Well, you know, this woman has the mind of a 15 year old.' Paul told the manager that Rita was an adult, and that she should be treated as one.

The next day, Paul called the refuge manager to check up on Rita's situation. The manager said:

Thanks for helping us, but we've got it all under control. We've been liaising with the mother.

The manager indicated that the mother wanted her daughter to move back home and that 'they had to respect this'. Paul said that, on the contrary, the daughter had clearly indicated that she didn't want to move back home, and it was her wish – not her mother's – that should be respected.

Paul told the manager that Rita's mother was not her legal guardian and, therefore, she did not have the right to remove her daughter from the refuge. He also said that, given that Rita was now safe, this was not a case in which an application for emergency guardianship was needed.

Paul's impression was that the refuge manager seemed reluctant to respect Rita's wishes because of perceived complexities surrounding her cognitive impairment and Indigenous background. He said that:

I think there was a sense of trying to be sensitive about cultural issues, and trying to avoid interventions in the family.

He noted that, in trying to avoid one form of paternalism (preventing the mother from having access to her daughter) the refuge had fallen prey to another (disregarding the daughter's wishes). Paul said: 'I had to keep asking, would they act like this if the person didn't have a disability?'

Paul was concerned about Rita's situation and decided that OPA needed to take this case on as an advocacy matter. Following this, Paul had several conversations with the refuge manager, in which he explained Rita's rights to her. He also worked with the refuge to link Rita in with appropriate services and support. In particular, she was linked in with the Department of Human Service's Disability and Family Violence Crisis Response Initiative, which provided funding for her care needs. After Rita's care needs were met, her stay at the refuge progressed smoothly. Paul said that 'once the initial panic died down, it was all fine'. He says this shows that 'with the rights supports in place, it can work'.

- Lack of education about rights and relationships

Several participants expressed the view that women with disabilities needed education about their rights, relationships, sexuality and friendships. They emphasised that, currently, most women with disabilities did not have access to this type of education, and this increased their risk of experiencing violence.³⁰

The participants emphasised that this education could not just be theoretical. Rather, women with disabilities needed to have the opportunity to learn about relationships in practical ways, and to be supported in pursuing their preferences around friendships, sexuality and parenthood.

³⁰ The need for people with disabilities to be educated about their rights was addressed by the Public Advocate in her five point plan for preventing abuse (OPA 2013b). For an outline of the plan, see the section on 'OPA's anti-violence initiatives', outlined in this report. See also Eastgate et al 2012.

Disability support staff were thought to have a role to play in supporting women to explore friendships and sexual relationships. On this point, one person noted that, although the Department of Human Services has a policy on sexuality, this policy was not always well understood by disability staff. They said that, in spite of the policy, sexuality still 'seems to go in the too hard basket'. Another person believed that, while disability services tended to have some understanding of men's sexual needs, they were less responsive to the needs of women.

It is clear that, in order to be effective, a policy on sexuality needs to be complemented by ongoing education and training – both for people with disabilities and the staff members that support them.

These issues emphasise the importance of programs such as *Living Safer Sexual Lives: Respectful Relationships*. This is a peer education program that is focussed on people with intellectual disabilities. Healey notes that the program

draws on stories – by and for – people with an intellectual disability as a basis for discussion and insight into sexuality, rights in relationships, respectful and safe relationships, gender-based violence in relationships, violence and abuse prevention, sexual abuse and accessing relationships and sexuality supports and services (Healey 2014, p.37).

As the *Living Safer Sexual Lives* program is targeted at people with intellectual disabilities, it does not extend to women with other types of disabilities. Given that education about rights and relationships was identified by the research participants as a key issue for women with disabilities, it should be investigated whether a program such as *Living Safer Sexual Lives* could be adapted to meet the needs of other groups of women with disabilities. This is currently being explored by WDV as part of the Gender and Disability Workforce Program.

Case study: At risk

Capella is a young woman who has an intellectual disability. She lives in an SRS.

Capella met a man called Barry who befriended her and told her that he would give her a job. Capella was eager to gain employment. Barry told Capella that he was a manager. He said he would give Capella training for her 'new job', and that, when she completed the training, she could get to work.

After completing her training, Barry gave Capella a list of items and told her that it was her job to go to the shops and get them. He instructed her to put the items in a bag and walk out of the shop. He gave her a statement to read in case she got caught. The statement said: 'I did this out of my own free will and take full responsibility for my actions.'

Capella was caught stealing alcohol from a bottle shop. The police arrested her and an ITP, Patricia, supported Capella in the interview.

During the police interview, Capella pulled out the statement that Barry had given her and read it to the police. Patricia said that Capella 'truly believed that he was her manager and that it was just business'. The police told Patricia that, in the last few months, they had encountered this same statement from a couple of other girls with cognitive impairments who had been caught stealing.

Patricia reports that Barry was emotionally abusive towards Capella, and exerted significant power and control over her. She is concerned that Capella appears to be unsupported in the community, and that this lack of support places her at risk of violence.

Patricia was not aware of what action (if any) was taken against Barry.

- Living in unsuitable accommodation

Living in unsuitable accommodation could put women at risk of experiencing violence, said the participants. As one person noted, a major challenge for women with disabilities was: 'To have a safe home. To live without fear.' The issue of accommodation was a theme that emerged at several points in the interviews, and thus is explored in more detail in the 'Services and support' section of this paper.

Case study: Life in an SRS

Jennifer is a young woman who lives in an SRS. She has Down Syndrome.

Jennifer was physically attacked by another resident in the SRS called Silvia. Following the attack, Jennifer received medical attention for her injuries and she went to stay at her brother's home.

One week after the attack, Jennifer was interviewed by the police as a victim of assault. An ITP, David, attended this interview. David reports that Jennifer had sustained wounds to her arms and hands, which were bandaged.

During the interview, it transpired that this was not the first time that Silvia had attacked Jennifer – she had been violent towards her in the past. On the day of the latest incident, there was apparently only one staff member in the house. This staff member was supervising a group of six individuals. Jennifer reported that she felt very unsafe being around Silvia, particularly as she wasn't able to lock the door to her room.

David said he left the police interview with 'serious concerns about the quality of care that people receive in SRSs'.

- Having a voice

The Voices Against Violence Research Project was founded on the premise that we need to create opportunities to hear and respect the voices of women with disabilities speaking out about their experiences of safety and violence (see Woodlock et al 2014). This sentiment was echoed by many of the participants in this research. When asked about the main challenge for women with disabilities who had experienced violence, many participants said the voices of these women were often silenced in society. Participants emphasised that, as a society, we need to be more receptive to hearing the voices of women with disabilities.

Some people also pointed out that women needed to be supported in finding – and using – their voice. For example, a couple of CVs spoke about how they had assisted a woman in an SRS build up her self-esteem and speak out about the issues that mattered to her. One of these volunteers emphasised that:

It's that whole thing of knowing that you still have a voice. You might be out here, living in an SRS, but you still have a voice.

Darlene, CV volunteer

One person pointed out that the need to listen to women with disabilities speaking about their experiences of violence must occur, not just on an individual level, but on a systemic level as well. This correlates with best practice standards which advise that women with disabilities 'need to be meaningfully involved in the design, implementation, monitoring and evaluation of targeted measures to address violence' (Dowse et al 2013, p.68).

Case study: A different life

Amorn is a woman from Thailand. She moved to Australia when she was in her 20s. She is now in her early 50s.

A CV volunteer, Jennifer, encountered Amorn when she visited her in an SRS. Initially, Jennifer was told that Amorn had sustained her acquired brain injury through a stroke. She was told that Amorn had been in hospital for nearly one year before moving into the SRS.

Jennifer visited Amorn's SRS on several occasions and gradually built up a relationship with her. She describes Amorn as being 'a very pleasant, positive and outgoing lady'.

After they had known each other for some time, Amorn told Jennifer that, a few years ago, her then-partner had nearly killed her. Amorn sustained an acquired brain injury in this assault, and this was the reason she had been in hospital for nearly one year. Her ex-partner was sent to prison for this crime. Amorn has applied for Victims of Crime compensation in respect of the assault.

Prior to the assault, Amorn had 'a whole life', as Jennifer puts it. Amorn had been working as a cook and rented a home with her partner. She drove a car and was computer literate. She also had a pet dog that she was very attached to. After the assault, Amorn lost all of these things. She is no longer able to work or drive and she has difficulty operating a computer due to her memory loss. To Amorn's disappointment, the SRS does not allow residents to keep pets.

Jennifer describes Amorn as now leading a very impoverished life. She is concerned that Amorn lacks stimulating activities to do. She says that Amorn enjoys doing arts and crafts, but that this activity is not adequately supported by the SRS. Jennifer has been advocating to the SRS to provide Amorn with better support and more things to do during the day. However, she says that this advocacy 'hasn't come to anything'.

Jennifer says that she seems to be the only visitor that Amorn gets. She says that, after the assault, Amorn lost her connections with the Thai community.

Jennifer believes that the SRS is not suitable for Amorn's needs. Amorn is far younger than the other residents and does not have any friends at the SRS. In addition, Jennifer says that the SRS staff do not have 'the funding, the time or the expertise' to cater for Amorn's needs. She believes that Amorn is a person who 'falls through the cracks of the system'.

Jennifer would like to see Amorn living in accommodation that is suitable for her needs. She would also like her to be linked in with better support, and to have more opportunities for participating in the life of the community.

Jennifer said that it is important for the community to hear the voices of women like Amorn. She said that despite Amorn living in an SRS she still has a voice, and this voice needs to be heard by others.

- Access to justice

Participants expressed concerns that women with disabilities who had experienced violence did not get an adequate response from the justice system. They gave numerous examples of cases of violence against women in which the perpetrators (to the best of the participants' knowledge) had not been prosecuted for their actions.

Many studies show that violent crimes against women with disabilities – particularly women with cognitive disabilities and mental ill-health – are often poorly investigated and fail to proceed through the justice system (Camilleri 2009; Dillon 2010; Frohmader 2011; Healey 2014). On this point, Frohmader notes that:

Despite high levels of violence against women with disabilities in Australia, few cases are prosecuted. Many cases involving crimes committed against women and girls with disabilities often go unreported, and when they are, they are inadequately investigated, remain unsolved or result in minimal sentences (Frohmader 2011, p.33).

Paper Three of the Voices Against Violence Research Project has drawn attention to the barriers to justice encountered by women with disabilities who have experienced violence. The paper found that women with disabilities face particular obstacles in

identifying that a legal wrong has occurred; reporting that legal wrong to the police; police recognition that a woman has a disability; and in the exercise of police and prosecutorial discretion to pursue a complaint and lay charges (Dimopoulos with Fenge, 2013 p.14).

It is recognised that some of these barriers are not restricted to women with disabilities – they can be faced by women in the general community as well. However, for women with disabilities, these barriers are heightened due to intersecting forms of gender and disability discrimination (Healey 2013). Women with disabilities from Indigenous or culturally and linguistically diverse backgrounds can face additional barriers (Woodlock et al 2014; McGuire 2012b). In light of these barriers, specific measures are needed to increase access to justice for women with disabilities who have experienced violence (for a further discussion of these issues, refer to the 'Justice outcomes' section in this paper).

Challenges for OPA

Participants in the research were asked to express their opinion about the biggest challenges for OPA in working with women with disabilities who had experienced violence. In their views, the biggest challenge for OPA was to do with resource constraints. Further challenges were around balancing risk and rights, and dealing with the difficult nature of the work. These challenges are explored in further detail below.

- The disability sector is under resourced

Overwhelmingly, participants felt that the key challenge OPA faced in working with women who had experienced violence was a lack of resources.

This lack of resources was identified to be a problem faced by the disability sector as a whole. At OPA, all program areas – from the Advocate/Guardian program to the Advice Service, would benefit from more resources. Participants said that more resources would enable them to take on more advocacy matters on behalf of women with disabilities. Participants in the ITP Program, in particular, spoke at length about how more resources are required in order to provide clients with a holistic and proactive service.

Currently, the ITP program is managed by only two staff members. Therefore, the program does not have the capacity to follow up on clients' needs after the police interview has concluded.³¹ This limitation was reported to cause frustration for ITP volunteers:

We've had occasions where a woman has been interviewed by the police as a victim of violence and you just get a strong sense that she isn't getting the help she needs. ITPs will ring us and say, 'Look, this woman is clearly a victim, but she doesn't appear to have any support – she's pretty much on her own'. The ITPs will ask us: 'What can we do? What can OPA do?' At the moment, we have to tell them that we have a very limited capacity to provide further assistance to women in this situation.

Ian, ITP Program coordinator

After each interview I do, I wonder what actually happens to the person. And I wonder, you know, what more we can do to make sure people stay out of trouble. You feel, in some ways, a certain helplessness about attending those interviews, because you want people to get more assistance than they're currently getting. Grahame, ITP volunteer

In the ITP Program, it's the lack of resources that restricts us from making referrals for clients. So we can't follow through on their needs – there's no continuity of care.

Roger, ITP Program coordinator

People identified that the inability to make referrals was a significant limitation of the ITP Program. They felt that clients who used the program – including women who had experienced violence – would benefit from receiving more holistic support from OPA:

³¹ At the end of the 2012-2013 financial year, the ITP Program had two full-time staff and some part-time administrative assistance. These staff members supported 269 ITP volunteers and 62 CASA ITP volunteers in attending 2,442 police interviews (OPA 2013a).

OPA's mission and values are all about promoting and protecting the interests of people with disabilities. And we're doing that with the ITP Program, but we're probably not doing it enough. We could do a lot more, you know, take it one step further, see the case through. And that would provide greater satisfaction to our ITPs, because then they'd feel like 'Yup, I've been of some use during an interview, and now someone else is going to look after it'. I think that would give them a bit of closure. Some of them need to know what's going to happen to the person, especially with some of the victim interviews.

Roger, ITP Program coordinator

OPA's *Breaking the Cycle* research demonstrated that the ITP Program has a unique opportunity to provide more proactive assistance to clients. *Breaking the Cycle* found that repeat clients of the program would benefit from being linked in with an ITP advocacy and referral scheme. This scheme would be targeted at clients who had insufficient support in the community, and who were at risk of having repeat contact with crime. This would include women who had experienced violence, and were at risk of experiencing further violence and/or contact with crime (McGuire 2012).

The *Making Rights Reality* project also has highlighted the value of providing specialised responses to people with cognitive impairments who are in contact with crime. As part of this project, victim/survivors of sexual assault who have cognitive impairments and/or communication difficulties are linked in with holistic services and support. At the time of writing, the *Making Rights Reality* project was in the process of being evaluated. It is anticipated that the results of the evaluation will provide further evidence of the value of providing specialised responses to people with disabilities who are in contact with the criminal justice system.³²

In light of these findings, it is recommended that OPA is allocated funding to develop an ITP advocacy and referral scheme. As part of this scheme, the ITP Program should provide proactive support to women who have been victims of violence. In doing so, the program should be mindful of the fact that women who are interviewed by the police as alleged offenders or witnesses of crime, may also have been victims of violence (see the discussion of the 'Victim-offender overlap' in this paper). Therefore, the ITP advocacy and referral scheme should be available to women with any type of cognitive impairment or mental ill-health who are at risk of having repeat contact with crime, including women who present at police stations as victims, alleged offenders or witnesses of crime.

32 While the *Making Rights Reality* project is targeted at victim/survivors of sexual assault, an ITP advocacy and referral scheme would be targeted at a broader client base. The latter project would aim to meet the needs of people with cognitive impairments and mental ill-health who are at risk of having repeat contact with crime, and who have been victims of any type of crime (not just sexual assault), as well as people who present at police stations as alleged offenders or witnesses to crime (McGuire 2012).

Recommendation: OPA should be funded to develop an advocacy and referral scheme for the ITP Program. This scheme should provide holistic support to people who are at risk of having repeat contact with crime, including women with cognitive impairments or mental ill-health who have been victims of violence.

Case study: The need for ITP advocacy

Philip is an ITP volunteer. He was called out to support a young woman called Larissa who was being interviewed by the police as an alleged offender. Larissa had allegedly shoplifted a chocolate bar from the supermarket. Larissa was believed to have a cognitive impairment, though the exact nature of her disability was unclear.

When Philip attended the police station, he sat down with Larissa to explain her rights to her. Philip described Larissa as being 'in a very depressed state'. Larissa told Philip that this was the fourth time in one month that she had been interviewed by the police for theft offences. All of these offences were in relation to items of minor monetary value.

Philip noticed that Larissa had bruising on her face. He asked her if she was ok. Larissa said 'I'm not ok – I'm fed up with my life'. Larissa disclosed to Philip that her partner was violent towards her.

The police interviewed Larissa in relation to the alleged shoplifting offence. Philip said that the police did not ask Larissa any questions about the bruising on her face.

In Philip's opinion, Larissa has been 'badly affected by what's going on in her life and that's why she steals'. Philip reports feeling frustrated by the inability of the ITP Program to respond in a more holistic manner to the needs of people like Larissa. He believes that the program should be able to link Larissa in with services, including violence response services. However, he says that currently, 'I can't get involved beyond the police interview'.

- Balancing risk and rights

According to some Advocate/Guardians, a tension lies within the guardianship system. The tension is this: in order to protect a person's rights, it is sometimes necessary to restrict them. Advocate/Guardians said that this tension could raise complex issues when working with women who had experienced violence:

Guardianship puts a restriction on the rights of the woman, on her right of choice. And the biggest dilemma is always about weighing up her right to make her own decisions, even if they're bad decisions, against her safety. We accept that there's a certain level of risk in decision-making and the choices that we make, so it's a constant weighing up of rights: of the rights to be protected and not be abused, versus the rights of freedom of association and autonomy. You don't want to be paternalistic, but you also have a duty to protect the woman's interests.

Kristy, Advocate/Guardian

Advocate/Guardians acknowledged that there was no easy way to strike an appropriate balance between risk and rights. Staff said that, in trying to strike this balance, they often found it helpful to seek guidance from the guardianship legislation (which has a focus on the best interests of the person with a disability), on risk assessments, and on advice from their peers and supervisors. They also pointed out that striking the balance between risk and rights was not a 'one off' task – rather, it was an ongoing consideration in their work with clients.

Case study: The right to take risks

Jessie is a young woman in her 20s who has an intellectual disability.

Jessie grew up in an overprotective family environment with her parents and her sister Marie, who also had an intellectual disability. Growing up, Jessie had few opportunities to make decisions about the things that affected her: most decisions – big and small – were made for her by her parents.

When Jessie was in her mid 20s, she entered into a relationship with a man called Adam. Her parents were not supportive of the relationship and told Jessie that she was not allowed to see Adam any longer. However, Jessie decided that she needed to start taking control of her own life. She moved out of her parents' home and into an apartment with Adam.

After they moved in together, Adam started physically abusing Jessie. Her family did not know about the abuse. However, Jessie's Advocate/Guardian says that they 'put a lot of pressure on her to move back home' because they did not want her to be in a relationship.

Jessie decided that she could not live with Adam's abuse, so she moved back in with her parents. Following this, Jessie's Advocate/Guardian linked her in with a family violence support service. Her Advocate/Guardian notes that the service's response to Jessie's situation was 'quite impressive'.

According to her Advocate/Guardian, Jessie faced complex pressures in her life:

She had the demands of her boyfriend, and the demands of her parents and sister. As a young woman, she was learning the ropes of moving away from home, of trying to be independent. So my role was a matter of balancing all that and working to empower this young woman to learn her own life lessons, to take the kinds of risks that other young women take, and to have her own understanding of who she is and what she wants from relationships.

Her guardian acknowledged that Jessie was safe living with her parents. However, the guardian felt that it 'would have been good for her to live somewhere where she could be a bit more independent'.

- Difficult nature of the work

Several staff and volunteers spoke about the difficult – and often confronting – nature of their work. Some of the ITP volunteers, in particular, said that they encountered some 'shocking things' when supporting women who had been victims of violence. They pointed out that the content of the police interviews could be very explicit. As one person put it: 'They're very graphic and go through everything. You know, they don't exactly leave you wondering...'

The ITP volunteers were quick to point out that they had a high level of flexibility in their work. Therefore if, for example, they didn't want to attend interviews for victims of violence, they could choose to opt out of these interviews.³³ However, the ITPs who took part in this research project said that, in spite of the difficult nature of the work, they wanted to support women who had been victims of violence. ITPs also said that they felt very well supported by the coordinators of the ITP Program.

The researcher asked ITPs whether they were aware of the free counselling service that was available to them through OPA. The ITPs advised that they were aware of this service, but did not wish to use it. They said that their preference was to get support from the coordinators of the ITP Program. A couple of people also said that they would like to have the option to get peer support from other ITP volunteers.

It should also be noted that the protocol between CASA and OPA confirms that OPA staff and volunteers who have worked with victim/survivors of sexual assault are able to obtain debriefing services from CASA. This debriefing service is a valuable resource, and one that should be promoted among OPA staff and volunteers.

³³ The coordinators of the ITP Program said that they talk to volunteers about the importance of being aware of what types of interviews they are – and are not – comfortable attending. Likewise, they stress that these comfort zones may change over time. For example, if an ITP volunteer has recently become a parent, they may wish to opt out of attending police interviews in relation to child sex offences.

Case study: An ITP at the frontline

Iris is an ITP volunteer. She was called out to a police interview for an alleged offender who was a young woman with an intellectual disability. It was alleged that the young woman, Catherine, had threatened to kill her father.

Iris attended the police station to speak to Catherine. She sat down alone with Catherine to explain her rights to her, and to ensure she understood the police interview process. During this discussion, Catherine opened up to her ITP and started talking about why she had threatened her father. It transpired that, from a very early age, Catherine's father had been sexually, physically and psychologically violent towards her. Catherine said that he had dug a grave for her in their backyard. He would take Catherine to the grave and threaten to shoot her if she didn't do what he wanted. Catherine told her ITP that she was 'basically her father's slave'.

Iris was very distressed by this account of Catherine's history. She immediately went to the police and said: 'Look, I think there's another story to this, and you need to get that.' The police arranged to interview Catherine as a victim of violence. In the interests of impartiality, another ITP was called out to attend this interview.

3. Linking in – themes about services and support

This section of the paper outlines themes around services and support for women with disabilities. In particular, it discusses the need for more support services to be made available to women with disabilities, issues relating to accommodation, and the roles that health services play in relation to violence against women with disabilities.

Access to support services

The participants in this research project talked about the lack of support available to women with disabilities in the community. People felt that this lack of support increased women's social isolation, and hence their risk of experiencing violence. They emphasised that early intervention and support were needed to enable women to live safe and productive lives, and to help divert them from more restrictive systems such as guardianship and the criminal justice system.

Several Advocate/Guardians noted that people with disabilities could be made subject to guardianship orders when, in fact, what they actually needed was a case manager or an advocate. They felt that, in these circumstances, guardianship could be an inappropriate restriction of the person's rights. These participants believed that, in the absence of sufficient support in the community, the principle that guardianship should be an option of 'last resort' could not be realised.

Some people raised concerns that the family violence and disability service systems continued to operate in silos (see also Dillon 2010). One Advocate/Guardian, Kristy, noted that, in her experience, disability support staff lacked knowledge about the nature of violence against women and about the relevant services available to women who had experienced violence.

While disability staff were thought to lack an understanding of violence, participants said that violence support workers often lacked an understanding of disability. Some of these participants spoke about the barriers they had encountered when trying to facilitate access to violence support services on behalf of a woman with a disability. They said that services could be reluctant to work with women with disabilities because they were viewed as being 'too hard' to work with, or they were regarded as falling outside of the service's core client group (see, for example, the case study 'The right support'). These participants spoke of the need to engage in strong advocacy to try and get a good outcome for the woman with a disability. They said that engaging in this type of advocacy should not be necessary because women with disabilities – like women in the general community – have the right to access violence support services.

Case study: Advice Service advocacy

The Advice Service received a call from a police officer located in the SOCIT unit. The call was in relation to a young woman named Alicia.

The police officer said that Alicia was living with her mother and stepfather in a rural community. Alicia was believed to have an intellectual disability, though this diagnosis was unclear. When Alicia was a child, the Department of Human Services conducted an assessment of her capacity, but these records had been lost.

The caller said that Alicia had had a long history of being sexually abused by her stepfather. For at least ten years, Alicia had been telling people that her stepfather was abusing her. The violence went on for more than a decade before the matter was finally brought before the courts. Alicia's stepfather received a suspended sentence in relation to his crimes against Alicia. He was not allowed to go near her for about three years.

As soon as the suspended sentence ended, Alicia's mother encouraged her to move back home. Apparently this followed an established pattern of behaviour: Alicia would leave the house and her mother would encourage her to move back in. Alicia found it difficult to stay away from home because she loved her mother and she had pets at home. Alicia was very close to her pets and worried about leaving them at her parents' house.

The SOCIT caller said that Alicia had recently moved back home with her mother and step-father. The caller was concerned about the step-father's history of violence towards Alicia. The step-father was reported to be sexually, physically and psychologically violent towards Alicia. He also perpetrated economic abuse against her, by regularly taking her money and spending it on alcohol and cigarettes.

The Advice Service encouraged the SOCIT caller to make an application to VCAT for guardianship, and spent a great deal of time talking them through this process.

The Advice Service worker spent about six months advocating to SOCIT to make a guardianship application to VCAT. (OPA was unable to make the guardianship application itself.) According to the Advice Service, the application to VCAT did not progress as there 'was unfortunately lots of dropping of the ball' at SOCIT. This was because the police officer who initially made the call stopped working on the case and the matter 'got passed from member to member'.

The Advice Service closed this advocacy matter when Alicia left home and moved into crisis accommodation. The need for a guardianship application dropped away as Alicia was 'being supported very strongly by a family violence worker who knew her background and who got services involved'. The Advice Service worker hopes that, with the right support in place, Alicia will be able to forge the path to a safe and healthy life.

Supported accommodation

Access to safe, appropriate and affordable accommodation was raised as a key issue for women with disabilities. Participants said that suitable accommodation could help guard against the risk of violence. The reverse was also said to be true: that unsuitable accommodation could increase the risk that a woman would experience violence.

A number of interview participants, particularly those located in the CV Program, gave examples of women with disabilities experiencing violence in their homes. Most of these women lived in group homes run by the Department of Human Services (see Table 4).³⁴

³⁴ It should also be noted that group homes are not always suitable for women's needs. Sometimes, women are placed in group homes simply because this is the only available housing. Accordingly, there needs to be a range of accommodation options that can meet the diversity of women's needs.

Table 4: Examples of violence in accommodation services

	Woman's accommodation	Circumstances of violence
1	Group home	A woman with an intellectual disability was physically attacked by her male and female co-residents
2	Group home	A woman lived with three men and experienced violence perpetrated by one of her male co-residents. On several occasions, she was bitten by this co-resident. The staff response to the violence was to lock themselves in the staff room, and to lock the woman in her room 'for her own safety'.
3	Group home	A woman was sexually assaulted by a male co-resident. After the assault, the woman was moved to another home. (It is unclear why the woman was removed from the home, rather than the perpetrator.)
4	Group home	Four women were sexually assaulted by a male staff member in a group home.
5	Group home	Three women were sexually assaulted by a male staff member in a group home. ³⁵
6	SRS	A woman was physically attacked by a female co-resident.
7	SRS	A woman was sexually assaulted by several of her male co-residents.

Several interview participants raised concerns about incidents of violence not being adequately identified or responded to by staff in group homes and SRSs. For example, an Advocate/Guardian noted that violence was often minimised by staff members in residential facilities. In her experience, staff members often euphemistically referred to violence as 'difficult behaviours':

Staff don't recognise that this is family violence. So I'm the one that's highlighting it to them, saying that we need a proper response, instead of just them saying 'well, they've all got autism and they all do this', and almost justifying it or condoning it as some sort of acceptable behaviour.

Kristy, Advocate/Guardian

³⁵ This case has now gone to court. The perpetrator was sentenced to jail for 18 years. This case provides an example of a rare positive justice outcome for women with disabilities who have experienced violence (Russell 2013).

Appropriate housing was identified as a key mechanism for addressing women's safety.³⁶ Participants in the research stressed that a positive and stable home environment could be a protective factor against violence:

Violence tends to come up in dysfunctional home environments. In positive homes, it's far less frequent. We have plenty of examples of houses in which women are really well supported, the environment is terrific, and they've got great activities going on and a lot of community access and that sort of thing. It feels like a healthy house, so the issue of violence almost doesn't come up.
Janet, CV Coordinator

When asked what makes for a 'healthy house', Janet said that 'it's largely about staffing'. She said that healthy houses have

...staff who like their jobs. They know what their job is and that's to help people live full, independent lives as much as they can. In those houses, when you visit, there's stuff going on. And that just feels quite different to the houses where it's almost like babysitting when you walk in: it's all very passive and staff members are making the food. It's just not the same sort of environment.
Janet, CV coordinator

Janet's comments echoed the views of some of the other interview participants, who felt that high quality staff and support were the key to promoting women's safety in residential facilities:³⁷

I really feel that the staff need proper training and the right staff need to be put in the right houses.
Sue, CV volunteer

Participants emphasised that an increased investment in housing was needed to ensure that women were not forced to live in unsuitable and unsafe accommodation. As OPA has pointed out in the past, access to housing is a pressing human rights concern in Victoria (McGuire 2010). The lack of appropriate and affordable housing options in Victoria has a particular impact on people with disabilities.

36 This sentiment ties in with evidence which indicates that people with disabilities who gain access to adequate housing and support tend to achieve positive health and social outcomes, and have less risk of experiencing violence (Jones, Chesters and Fletcher 2003; McGuire 2010).

37 These observations are supported by the *Good Group Homes* project that has been developed for OPA by researchers from La Trobe University. The *Good Group Homes* project is based on research which has found that active support leads to better outcomes for group home residents (Clement and Bigby 2010). As part of this project, Community Visitors are being trained by OPA to directly observe the quality of this support during their visits, and use these observations to help inform their reports.

This is because people with disabilities can face considerable economic and social disadvantages that restrict their housing options, including:

- low incomes
- higher living costs due to their disability
- potentially truncated working careers
- discrimination in the private rental market
- a limited capacity to express their housing needs as an effective demand within the market (Beer and Faulkner 2009).

Women with disabilities who have experienced violence can be particularly disadvantaged in the housing market. This problem was identified by the United Nations Special Rapporteur on Violence against Women in her 2012 study tour. In that study tour, the Special Rapporteur raised concerns about

the lack of affordable and appropriate housing options for women with disability experiencing violence, including lack of options for those who choose to remain in their homes and exclude the perpetrator (Australian Human Rights Commission 2012, p.24).

A key finding of this research is that women with disabilities who are living in inappropriate housing can be at risk of experiencing violence. In order to protect women's right to safety, it is vital that we ensure that women with disabilities have access to safe, affordable and appropriate accommodation. In order to protect this right, the Victorian Government will need to increase its investment in the housing options available to people with disabilities in Victoria, including its investment in high quality private housing, public housing, group homes and SRSs.

Case study: Flexible accommodation options

Tania is a young woman in her 20s. She has an alcohol induced acquired brain injury and a personality disorder.

Tania has complex behaviours and, as a result, is unable to sustain stable housing. Her Advocate/Guardian says that:

She's noncompliant with the supports that are offered to her and is regularly evicted from accommodation that's found for her. It's difficult to find her accommodation now, because of her history. She breaches the alcohol rules, she's intoxicated frequently, so it's really hard.

The guardian says that Tania continues to experience periods of homelessness, and that this puts her at the risk of experiencing violence. Indeed, Tania was sexually assaulted on two occasions while she was homeless. On the second occasion, she was hospitalised as a result of the injuries she sustained in the sexual assault. It was not clear who the perpetrators of the assaults were.

Tania's guardian has tried to link her in with counselling and sexual assault services, but she doesn't want to have any contact with services.

Tania's guardian believes that more flexible accommodation options are needed for women like Tania:

We need an accommodation service that has guidelines about drinking, but that doesn't evict people for drinking. Because where are they being evicted to? Nowhere.

Case study: Safe accommodation

Maria is an elderly Greek woman who has dementia.

Until recently, Maria was living with her son, Rick Peter and his girlfriend Carla. Maria had a small room at the bottom of the house. As a rule, she did not use the electricity, or the heating or cooling, in order to 'save Rick Peter money'.

Maria was dependent on Rick Peter for her basic needs, such as food, clothing and personal hygiene. However, Rick Peter was very neglectful towards his mother, and did not attend to these needs. Rick Peter had a mental illness and was reportedly 'unable to care for himself, let alone his mother'. As a result of this neglect, Maria was hospitalised for severe dehydration. Shortly after this, an OPA Advocate/Guardian was appointed for Maria.

Maria's Advocate/Guardian arranged for care providers to visit Maria and attend to her needs. The family were resistant to this intervention. Rick Peter refused to let the care providers inside the house as he didn't want them 'interfering'. Maria also indicated that she didn't want to be assisted by the care providers. Apparently Maria was fearful of services, and 'was so used to sitting alone in a dark room that she couldn't imagine anything else'.

Maria's Advocate/Guardian worked with the family and the care service to ensure that the care providers could access the premises. After they had been assisting Maria for a few months, the care providers identified that Carla had been physically violent towards Maria.

Following this, the Advocate/Guardian moved Maria to a small, Greek aged care facility. Apparently Maria is doing 'very well' in this facility.

Health services

Health services were reported to have an important role to play in identifying and responding to violence. For example, one person noted that:

I think that one of the places where violence can get picked up is in hospitals. It may be the first time that the woman actually sees someone without her partner standing over her, so she's able to disclose.

Clara, Advocate/Guardian

This underscores the need for health services to be equipped with adequate information on how to identify and respond to violence against women with disabilities.³⁸ This is particularly important in light of the fact that not all health service staff appear to have a good understanding of this topic. For example, one of the participants in this study raised an example of a woman with a disability disclosing violence to her general practitioner, and her doctor failing to act on this disclosure (refer to the case study 'Positive police response').³⁹ Another interview participant said that, in her experience, some health services staff do not have a good understanding of disability. Prior to working at OPA, this participant worked in a hospital. She said that, while working at the hospital, it came to her attention that some women with intellectual disabilities could go through their entire pregnancy without the hospital staff identifying that they had a disability. The failure to identify the woman's disability could mean that the woman was not referred to appropriate support services, or that she did not receive information in a way that was tailored to her needs (including information about violence).

Some interview participants viewed health services as representing a point of intervention for women experiencing violence. However, others talked about the fact that women's safety could be at risk when they engaged with health services. This was reported to particularly be the case for women with mental ill-health.⁴⁰ For example, Rick, an education and training officer at OPA, talked about a case involving a woman with mental ill-health. This woman was admitted to a psychiatric unit via a hospital emergency department.

38 For a discussion of the pros and cons relating to routine screening for family violence, see Laing 2003.

39 Research has found that it is important for general practitioners to be aware of the possibility of sexual abuse among women with intellectual disabilities and to offer appropriate interventions (Eastgate et al 2011).

40 Sexual assault in psychiatric wards has been identified as being a systemic issue in Victoria. One research project conducted a survey with 50 women who had been admitted to psychiatric units. Of these 50 women, nearly half reported that they had experienced a sexual assault during an in-patient admission (Victorian Mental Illness Awareness Council 2013).

She was reportedly being 'aggressive', so, in response to this, emergency department staff handcuffed her to a trolley. This raises the question as to whether this use of restraint was appropriate – or even lawful – under the circumstances.⁴¹ If the restraint was unlawful, it could constitute a criminal assault.

Another staff member noted that

women are very vulnerable in mental health services. Take one service I'm working with at the moment; in the last couple of months there has been a female patient who has had a broken leg. She came into the service with a broken leg, but it was re-broken while she was in there and it's unclear whether that was through force or for other reasons.⁴²

Amanda, CV Program coordinator

Another interview participant, who was a CV volunteer raised an example of a woman with mental ill-health who reported that she was raped in a hospital (refer to the case study 'Building a rapport').

These examples highlight the need for health services staff to be trained on issues relating to gender, violence and disability. Health services also need to develop policies and protocols on this topic, to help ensure that a consistent and informed response is made available to women with disabilities who have experienced violence.

Case study: History of sexual assault

Catherine is a woman who is in her 30s. She has an intellectual disability and epilepsy. She lives by herself in the community.

One night Catherine went to a party with her friends. After the party, she returned home and went to bed. That night, an acquaintance from the party broke into Catherine's home and raped her.

About three days later, Catherine was interviewed by the police as a victim of sexual assault. An ITP, Diana, attended this interview. Diana reports that Catherine was, understandably, very distressed when she was interviewed by the police. During the interview, it transpired that Catherine had also been sexually assaulted as a younger child. According to Diana, many of the women that she supports in SOCIT interviews have had long histories of sexual assault.

41 Physical restraint can be categorised as a restrictive intervention under the *Mental Health Act 1986* (Vic) and the *Disability Act 2006* (Vic). Both pieces of legislation allow the use of restrictive interventions only under specific circumstances, namely when there are no less restrictive options available and only to prevent harm to the person and/or harm to others (Spivakovsky 2012).

42 The issue of unexplained injuries has been raised by Community Visitors in their annual report (OPA 2013b).

Diana says that the police referred Catherine to CASA. Diana does not know what happened to the perpetrator in this case. According to Diana: 'That's one of the difficult things about this job: you don't know the end result.'

4. Seeking justice – themes about the justice system

This section of the paper outlines themes relating to the justice system, namely:

- the victim-offender overlap
- police
- intervention orders
- child custody
- justice outcomes for women with disabilities who have experienced violence.

The victim-offender overlap

One of the key links that OPA has with the criminal justice system is through its ITP program. Statistics from the program indicate that the majority of ITP interviews are in relation to alleged offenders (OPA 2013a). However, a strong theme that emerged in this research was that, although a woman has presented at a police station as an alleged offender, she may also be a victim of crime.

For example, an ITP volunteer, Terence, spoke about supporting a woman who was interviewed as an alleged offender in relation to a theft charge. Terence said that:

This woman had bruising underneath her eyes and stuff, so any person can understand that obviously there is something wrong. She was in a very depressed state. She said that this was actually her third or fourth offence in one month. I inquired about the bruising, because it was quite pronounced. She told me that her partner violently attacks her and forces her to perform acts. 'I'm fed up with my life', was what she said.

The researcher asked Terence whether the police questioned the woman about the bruising on her face. To this, he responded:

No, no. No, the police don't have time. They can't...

Terence believed that the woman's stealing was a reaction to the violence she was experiencing and her consequent lack of hope:

It appeared that what has been going on in her life has affected her, that's why she goes stealing. Typically, she shop steals a very nominal amount. In this case I think it was three dollars or something. It's not worth it.

The interviews also revealed that women with disabilities could, either directly or indirectly, be pushed into crime by their violent partners (refer to the case studies 'Forced to steal' and 'At risk'). As the case studies illustrate, in many instances the woman's offending behaviour is a direct response to the violence she has experienced.

This phenomenon highlights what has been called the 'victim-offender overlap'. Research from the United States, the United Kingdom and elsewhere suggests that people who have been victims of crime are more likely than other people to go on to be offenders of crime (Shaffer 2003). The victim-offender overlap is not well understood in criminology. However, it has been suggested that this overlap is linked to a person's level of education, their employment status and the size and type of their peer groups (Entorf 2012). That is, if a person is economically disadvantaged, under-employed or unemployed, and has contact with people who are involved in the criminal justice system, this increases the risk that they will themselves come into contact with crime, as either a victim or offender. This is concerning in light of the fact that many women in the OPA client group are economically and socially disadvantaged, and some of them are in contact with people who are involved in criminal acts.

On this point, Gilfus notes that:

Economic, social, and political marginality may well account for the overlap in membership in high-risk groups among women who are at risk of becoming both victims and offenders (Gilfus 1993 p.65).

In addition, recent Australian research has noted that:

The criminal justice system is a space where the connections between gender, disability, violence and social disadvantage are particularly evident. The majority of women in the criminal justice system have been diagnosed with mental ill health and/or trauma, and the majority have a history of childhood violence and/or domestic violence (Dowse et al 2013, p.26).

Clearly, these women require proactive services and support to assist them in leading safe lives, and to minimise their contact with crime. Potentially, the ITP program could play a role in assisting these women.⁴³

43 The ITP could play this role if it were funded to develop an advocacy and referral service for ITP clients (McGuire 2012a).

Case study: Forced to steal

Brenda is a woman in her mid 30s. She has an intellectual disability.

Brenda lives in a public housing estate with her partner, David. David has been described as being 'very domineering and controlling'. He coached Brenda to commit crimes on his behalf. He would scope out potential stores for her to steal from and then give her instructions about 'what she had to do'. Brenda would go out and steal goods and sell them on the way home in order to make some money. David made it clear that she was 'not allowed to walk in the door' of their home unless she had enough money in her pocket. Sometimes, if Brenda hadn't made enough money, she would go back to the same store she had just stolen from in order to take more goods.

Brenda was interviewed by the police as an alleged offender in relation to these thefts. Her ITP reports that Brenda was 'totally naïve about the whole situation' The ITP says that Brenda's partner was violent towards her, and she had 'no choice but to commit the crimes he set her up to commit'.

The ITP says that the police were 'very nurturing and caring' towards Brenda. The police told her: 'You can't live in this situation, or you'll end up in jail.' After the interview, the police made an appointment for Brenda to attend the police station the next day so they could link her in with services and support.

Police

A couple of interview participants noted that the changes to law and policy (particularly the introduction of the Family Violence Protection Act 2008) had had a significant impact on promoting progressive change within the police force. They noted that police were now much better at responding to reports of violence against women:

There's been a shift in police culture. It's a lot more positive now. Police are happy when they can see that the law is working. When they see that the law works, they are more likely to respond to domestic violence.

Kristy, Advocate/Guardian

ITP volunteers, in particular, were very positive about police in the SOCIT units, saying that these police were 'fabulous'. Volunteers reported that, when women presented as victims of violence before the SOCIT units, they were treated with a high level of professionalism, empathy and respect.

While police in the SOCIT units commanded a high level of praise, ITPs had mixed responses to officers who worked in the general police force. They said that these police did not always have an adequate understanding of issues relating to disability, gender and violence.

It also transpired that women who presented before the police as alleged offenders could be treated less favourably than those who presented as victims in the SOCIT units (however, as the 'Forced to steal' case study reveals, there are exceptions to this rule). This is significant in light of the victim-offender overlap discussed in this paper. This finding confirms the need for all members of the police force to have a good understanding of the relationship between gender, disability and violence. It is therefore recommended that Victoria Police are provided with comprehensive, specialist training about the unique issues relevant to women with disabilities who have experienced violence. This training should outline the existing programs that support women with disabilities in police interviews, including the ITP program.

Case study: Positive police response

Lorraine is a woman in her 60s. She has cerebral palsy, an intellectual disability and is deaf. Lorraine lives by herself in a block of flats in the community.

One day, Lorraine's neighbour, Jeff, invited himself around for a cup of coffee. After getting access to Lorraine's house, he raped her. Over the course of the next two years, Jeff raped Lorraine about 20 times.

Lorraine was scared living in her own home and did not know who to turn to for help. At one point, Lorraine attended her general practitioner and disclosed the sexual assaults to her. According to Lorraine, her doctor didn't do anything about this disclosure. Her doctor responded by saying 'just keep away from him'.

When Lorraine got a new case manager, they built up a good rapport. Lorraine trusted her case manager, and disclosed the sexual assaults to her. With her case manager's support, Lorraine reported the crime to the police. During the police interview, it transpired that, between the ages of 10 and 20, Lorraine had been raped by her brother and her uncle.

The police linked Lorraine in with CASA, who were reportedly 'fantastic'. The police brought criminal charges against Lorraine's neighbour. They were also investigating her reports of historical abuse.

Recommendation: Victoria Police should commit to receiving ongoing training at the Police Academy about disability, gender and violence. As part of this training, police should receive information about the requirement to use the ITP Program, and the value that this program has for women with cognitive impairments or mental ill-health who have experienced violence.

Intervention orders

A couple of OPA staff members spoke about their experiences in supporting women with disabilities to obtain intervention orders against perpetrators of violence.⁴⁴

For example, OPA's Legal Officer, Belinda, recounted a case that she was involved in, in which she and a colleague supported a woman in taking out an intervention order against a family member:

The guardian and I went with her to the police station to report it and to have the police take action for an intervention order. The process seemed to work quite well. Certainly the woman in question seemed to find it very helpful and seemed to be really glad to know that there was something she could do, and that the police could apply for the intervention order on her behalf.

Belinda, Legal Officer

In this case, the woman with a disability feared for her safety because the perpetrator owned a gun. According to Belinda, if a perpetrator has a gun, their license will be automatically revoked for the duration of the intervention order. For this reason, Belinda stressed that obtaining an intervention order was a 'good outcome' for the woman in this case. She emphasised that obtaining an intervention order was a positive experience for the woman involved, and one that had practical implications for protecting her safety.⁴⁵

Belinda also praised the 'relative simplicity and informality' of the process for obtaining intervention orders. In her view, this was 'a real asset' of the system, and 'should stay that way'.

Another person, Kristy, spoke about the fact Advocate/Guardians can take out an intervention order on their client's behalf, even if they do not want the order. Kristy said that, ideally, the woman should be supportive of the intervention order. This is because it can be disempowering for a woman to have an intervention order taken out on her behalf against their wishes. However, Kristy nonetheless believed that, sometimes, it was necessary to take this action if the woman's safety was being put significantly at risk by the perpetrator.

44 As the Voices Against Violence Research Project has noted, intervention orders 'are one of the few legal options available for women with disabilities who seek safety from violence and for those attempting to protect them. The availability of intervention orders in emergency situations, and their injunctive rather than punitive operation, enable intervention orders to supplement criminal justice responses to family violence or to provide a remedy where the criminal law may not apply' (Dimopolous with Fenge 2013, p.12).

45 For an analysis for the benefits and limitations of intervention orders, refer to *Voices Against Violence, Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria* (Dimopolous with Fenge 2013).

Kristy spoke about a case in which she used her authority as an Advocate/Guardian to take out an intervention order on behalf of a woman whose partner was violent. The woman was unhappy about the intervention order, and she kept seeing her partner in spite of the order. Initially, Kristy questioned the effectiveness of the order under these circumstances. However, she noted that:

Just as I was thinking that this is futile, that there isn't any point to this any longer, one of the family violence workers happened to see them strolling through the town together on the weekend. It was a country town, so people are easy to spot. So this worker actually made a report of the breach and that was held up in court. The perpetrator was charged with the breach.

Kristy, Advocate/Guardian

After being charged with a breach of the intervention order, the perpetrator stopped having contact with the woman. Kristy was able to use this opportunity to link the woman in with counselling and support. Apparently this created sufficient 'breathing space' for the woman to rebuild her life:

One of the counsellors/psychologists who'd been seeing her for a while before the breach occurred, said that she needs a gap from this intense person constantly drawing her back there, and if she has that break, she will then be able to move on and think about other things. But while he's still around, it's not going to happen. So having that break from him gave her that opportunity.

Kristy, Advocate/Guardian

Kristy said that, once the violence stopped, other supports were able to be put in place, and the woman no longer depended on the relationship with the perpetrator to fulfil her need for companionship:

I moved her slightly out of town to another town close by, and got her into this really nice accommodation. She started going to a really good day centre, which she loved, she was learning how to count money, and the town had an op-shop that she worked in. She loved it. She had a completely different life that she was really, really happy with and it really worked well. It just changed her completely. And later on she said to me, thanks for what you've done.

Kristy, Advocate/Guardian

The woman that Kristy supported was preyed on by another perpetrator of violence in the new town that she lived in. However, this time, things were different:

She went to the court and got an intervention order against him. She knew what she could do. She learnt. She has got an intellectual ability, mild to moderate, but she started to talk about her rights. She said: 'He can't do that to me.'

Kristy, Advocate/Guardian

The support that this woman received from her Advocate/Guardian and from other services assisted her in learning about – and enforcing – her legal rights. For this woman, obtaining an intervention order on her own behalf was an empowering process.

Nonetheless, there are serious outstanding questions about the effectiveness of intervention orders. As the Voices Against Violence Research Project has identified, the responses by law enforcement agencies to breaches of intervention orders can be 'inadequate and inconsistent' (Dimopolous with Fenge 2013, p.12). For example, Paper Three of the Voices Against Violence Research Project has noted that:

A sustained criticism of intervention orders is their inability to adequately protect people – particularly women and children – from family violence... These concerns are amplified for women with disabilities, who may be financially dependent on the perpetrator of the family violence or rely on the perpetrator for ongoing care (Dimopolous with Fenge 2013, p.36).

There is also an outstanding question as to whether intervention orders can, in practice, be obtained purely on the grounds of emotional or economic abuse.⁴⁶ This is a significant question given that emotional and economic abuse are common forms of violence experienced by women with disabilities (refer to the case study 'Intervention order for emotional abuse').⁴⁷

In their research on economic abuse, Corrie and McGuire cite the advice of a Victorian lawyer who said that, technically, it is possible to take out an intervention order purely for an economic abuse matter. However, the lawyer questioned whether, in practical terms, this would in fact occur:

⁴⁶ Emotional or psychological abuse is defined in section 7 of the Family Violence Protection Act 2008 (Vic) as 'behaviour by a person towards another person that torments, intimidates, harasses or is offensive to the other person'. In section 6 of the same Act, economic abuse is defined as 'behaviour by a person (the first person) that is coercive, deceptive or unreasonably controls another person (the second person), without the second person's consent, in a way that denies the second person the economic or financial autonomy the second person would have had but for that behaviour; or by withholding or threatening to withhold the financial support necessary for meeting the reasonable living expenses of the second person or the second person's child, if the second person is entirely or predominantly dependent on the first person for financial support to meet those living expenses'.

⁴⁷ For example, in a review of OPA Advocate/Guardian files involving women with cognitive impairments and mental ill-health, McGuire found that emotional abuse was the most common form of violence experienced by women (29 out of 45 cases). Controlling behaviour was experienced by 27 of the women, and economic abuse was experienced by nearly half of these women (22 out of 45 cases).

There is nothing in the law to prevent getting an intervention order for a purely economic abuse matter. But there needs to be an ongoing threat to the victim and the difficulty is getting people's minds around that. With intervention orders, an ongoing fear of economic abuse doesn't seem to get taken on board (research participant in Corrie and McGuire 2014, p.19).

Likewise, Paper Three of the Voices Against Violence Research Project has noted that the Magistrates' Court of Victoria and the Children's Court of Victoria have advised that they were unaware of any charges concerning a breach of an intervention order based solely on economic abuse. This experience was reiterated by a magistrate, who stated that intervention order applications under the *Family Violence Protection Act 2008* (Vic) almost always relied upon multiple forms of violence (Dimopolous, G. with Fenge, E. 2013, p.36).

Case study: Intervention order for emotional abuse

Beryl is an 84 year old woman with dementia. She is subject to a guardianship order.

Beryl has a daughter named Megan. It came to OPA's attention that Megan was being emotionally abusive towards her mother. Megan engaged in heated and sometimes threatening arguments with her siblings in front of her mother, which Beryl found very distressing.

Beryl's Advocate/Guardian was concerned about Megan's behaviours. She worked with OPA's Legal Officer, Belinda, to try to get an intervention order on Beryl's behalf.

Belinda acknowledged that, although Megan's behaviours took place in front of her mother, they were not directed at her. However, she believed that 'there is a fine line' between engaging in abusive behaviours in front of a person, and directing these abusive behaviours at them. In this case, Belinda felt that, as Megan's behaviour was having a detrimental affect on her mother, it constituted violence under the *Family Violence Protection Act 2008* (Vic).

OPA took the matter to court and was successful in obtaining an intervention order on Beryl's behalf, purely on the grounds of emotional abuse. However, the intervention order was then overturned at the County Court. Belinda reported that the County Court judge said the perpetrator's behaviour 'wasn't persistent, repeated and consistent enough to get an intervention order'. This raises the question as to what type of pattern of emotional abuse would be regarded by the court as sufficient to warrant an intervention order.

Given that emotional and economic abuse are common forms of violence experienced by women with disabilities, it is important for the legal system to provide effective protections against them.⁴⁸

Case study: Her brother Jack

Claire grew up with her mother and her brother Jack. She has an intellectual disability.

When Claire was young, Jack forced her to become involved in a child sex ring. Jack would get older men to sexually abuse his younger sister in exchange for money (which Jack kept). This violence went on for several years until it came to the attention of the authorities. It is unclear if any criminal sanctions were applied to Jack. However, he was subject to a long-term intervention order which prohibited him from having contact with his sister.

Recently, Claire's mother passed away. Following this, Jack started to have contact with his sister again. He would visit Claire at her group home, thus breaching the intervention order that was in place. The staff at the group home reported the breach to the police. However, Jack continued to exert significant power over Claire, who did not want to get the police involved. Claire said that Jack was her only remaining family and, for this reason, the relationship was important to her. She reported:

He said he won't let me get into any trouble again. He said he wants to take me to the movies. He's being really nice.

Claire's case came to the attention of OPA's Advice Service. Claire was linked in with support services, including a counselling program. Although the Advice Service staff are not normally privy to information about the outcomes of referrals, they have been told that the counselling program is working well for Claire.

Child custody

The research raised concerns that women with disabilities could lose custody of the children because of their experiences of violence. Belinda, OPA's legal officer, said that this was a problem she had encountered in the course of her work. She believed that there needed to be better collaboration and understanding between the child protection, family law and family violence systems. Belinda said that, currently,

⁴⁸ For an in-depth discussion of these issues, refer to *Voices Against Violence, Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria* (Dimopolous with Fenge 2013).

the perpetrator's violence can become a reason why the children are removed from the mother. So it's a double-whammy. The mother may be a perfectly capable mother, except that she's not necessarily capable of preventing the perpetrator's violence. Because of the violence, her relationship with her children is put at risk. I think that's a major issue, and better ways of addressing it need to be found.

Belinda, Legal Officer

Belinda emphasised that

it's important to look at how family violence and child protection laws relate to each other, and see whether there can be more of a focus on protecting both the mother and the child where there's a situation that involves violence. Currently, the law seems to function as a bit of a blunt instrument. You can get the child out of the situation, but often it's at the expense of their relationship with the mother.

Belinda, Legal Officer

On a broader scale, it would appear that the problem of violence intersects here with the problem of disability discrimination, and, more specifically, with the problem of discrimination against mothers with disabilities. Paper Six of the Voices Against Violence Research Project has highlighted this phenomenon, drawing attention to the problem of custody being granted to women's violent ex partners, rather than to the women with disabilities themselves (Woodlock et al 2014). This runs contrary to contemporary best practice, which emphasises that

the best way to assist children who are exposed to the behaviour of a domestic violence perpetrator is to keep them safe and together with the non-offending parent (Mandel 2013, p.8).

OPA has recently conducted research into the issue of child custody for people with disabilities in Australia. This research reveals that current law and policy is based on the assumption that women with disabilities cannot be competent parents, and that it is rarely in the best interests of a child to be raised by a woman with a disability. The research notes that:

Australia's current legislation and policy disproportionately takes children away from their parents when their parent has a disability. This is doing great harm to children and parents and to the social fabric of the Australian community. A change of thinking and policy direction is essential (Carter 2013, p.3).

OPA's research emphasised that the Public Advocate supports the right of women with disabilities to raise their children, and believes that a woman's experiences of disability – and her experiences of violence – should not become reasons for her to lose custody of her children (Carter 2013).

Justice outcomes

Participants reported that, too often, women with disabilities who have experienced violence do not get access to justice. While this problem is one that is experienced by women in the general community, it is heightened for women with disabilities. On this point, Ian, from the ITP Program noted that:

I guess the one thing that stands out with all our ITPs is the frustration of knowing that a lot of these cases [involving violence against women with disabilities] will not even proceed to court. And the police are not shy about telling us why. Police will often take the view that the person's disability inhibits their ability to give reliable, consistent evidence. Often a police officer will come out of a SOCIT interview and turn to the ITP and say 'God, I don't know where this is going to go. I'm just not sure what we can do with this evidence'. And it's really tragic.

Ian, coordinator, ITP Program

Participants reported that women who used non-verbal forms of communication were the most disadvantaged people in the criminal justice system. This concern was raised by an ITP volunteer, Penny, who was also employed with a day program. Penny said that it came to her attention that one of the women who attended the day program, Anastasia, had been sexually assaulted by several of her male co-residents at her SRS. Penny described Anastasia as having an intellectual disability and being 'virtually non-verbal'. When Penny reported the sexual assault to a staff member at the SRS, their response was: 'If she doesn't like it she'll scream out.' Penny and her manager contacted the police about the sexual assault, but found that the police were unwilling to intervene in the matter:

We called the police in to investigate. They came in and their answer to it was: 'Well, she can't speak, so we really can't do anything about it.'

Penny, ITP volunteer

This problem was also raised by Janet, a coordinator in the CV Program. Janet spoke about a series of sexual assaults that were perpetrated by a male staff member against three women living in a group home. Janet said that:

One of the women has no verbal communication. Another one has no verbal communication but she was able to act out what happened to her very, very clearly. But the police still didn't think that was going to be enough when it got to court.

Janet, coordinator, CV Program

However, Janet said that the third woman *could* communicate verbally. She said that it was this fact – the woman’s verbal communication – that appeared to convince the police that the matter should be investigated.⁴⁹

These cases highlight the need for initiatives to increase access to justice for women with disabilities who have experienced violence – particularly women who use non-verbal communication. An emerging example of good practice in this area is the *Making Rights Reality* project. *Making Rights Reality* is a cross-sectoral pilot project that aims to increase access to the criminal justice system for people with cognitive impairments or communication difficulties who have been sexually assaulted. The program can link clients in with crisis care, counselling, advocacy, legal information and advice, and support them through the justice process. Communication support, attendant care or transport is provided as needed to ensure clients’ access to these services. Adults living in the South Eastern region of Melbourne who have been recently sexually assaulted and have cognitive impairment and/or communication difficulties are eligible to access the service (South Eastern Centre Against Sexual Assault 2013). As part of this project, CASA Counsellor/Advocates have been trained by OPA to act as ITPs for victim/survivors of sexual assault. It should also be noted that the South Eastern CASA can provide a service to people who have experienced family violence.

Healey notes that the evaluation of the first year of *Making Rights Reality* has indicated that clients of the project were being linked in with appropriately skilled staff, were being supported to access the Victims of Crime Assistance Tribunal, and were being supported during court appearances. The second evaluation phase will explore the degree to which the model provides access to justice for people with cognitive impairments or communication difficulties who have been sexually assaulted (Healey 2014).

Currently the model is only operating in the South Eastern region of Melbourne. If the evaluation demonstrates that the model has had a positive impact on victims of sexual assault, the model should be extended to other parts of Melbourne. It is also anticipated that the model could be adapted to meet the needs of women who have experienced forms of violence other than sexual assault. This is because the South Eastern CASA is already providing services to clients who have experienced forms of family violence other than, or in addition to, sexual assault (for example, physical violence). Therefore, further work could be done in extending the *Making Rights Reality* model to meet the needs of women with disabilities who have experienced forms of violence other than sexual assault. In order for this to occur, the *Making Rights Reality* project would need to be adequately resourced in order to meet the needs of this larger cohort of victim/survivors of violence.

49 A recent paper produced for the Australian Human Rights Commission has noted that ‘people with disability who need communication supports or who have complex and multiple support needs, are more likely to have prejudicial assessments of their competency to give evidence’ in criminal proceedings. The paper notes that this has the potential to preclude people with disabilities from accessing justice (DLA Piper 2013).

Case study: Getting safe

Alison is believed to have a cognitive impairment and suffers from depression. She has accessed the ITP Program as both a victim and an alleged offender of crime.

Alison lives in a rural area. Until recently, she shared a home with her partner and adult son. Both her partner and son were physically violent towards her. Her son was reportedly abusing alcohol.

As Alison lives in a rural area, there are not many ITPs in her town. For this reason the same ITP, Penny, supported Alison through several police interviews. Penny says they live in a small town where 'everyone knows everything about everyone else'. For this reason, she occasionally sees Alison around town, and hears about how she is doing.

Penny recently learned that Alison has moved out of the home she shared with her partner and son. Alison is now safe and is no longer experiencing violence. She has a job in a supermarket, which 'has made an enormous difference' to her life. Penny says that Alison is now 'looking very well'. Penny reports that it has been satisfying to receive some follow up information about a person she has supported in police interviews, particularly given the positive outcome in Alison's case.

Conclusion

As this report has shown, violence against women with disabilities is an insidious problem in our community. This problem affects women with disabilities from diverse ages and backgrounds.

There is no doubt that women in the general community also experience men's violence. However, women with disabilities can experience violence for longer periods of time and at the hands of a greater number of perpetrators. The perpetrators identified in this research were diverse, and included intimate partners, family members, acquaintances, care providers and people in the community. The majority of these perpetrators were men.

As well as facing a higher risk of violence than women in the general community, women with disabilities can also encounter greater barriers to accessing appropriate assistance from violence response services. While there have been marked improvements in this area, some violence response services are still reluctant to work with women with disabilities. This is due to perceptions that women with disabilities are 'too difficult' to work with, or are not part of these services' 'core client group'. These ideas are, of course, erroneous and need to be challenged. One of the ways to challenge these ideas is to show (as this paper has shown) that violence response services can work effectively with women with disabilities, and that the barriers to effective service provision are not presented by women with disabilities but rather by the services themselves. These barriers need to be dismantled in order to facilitate equal access to services for all women in the community.

This paper also demonstrates that women with disabilities can face significant obstacles to having their experiences of violence appropriately responded to by the justice system. Again, it is acknowledged that women in the general community can also experience these types of difficulties. However, for women with disabilities, these barriers are both more profound and more entrenched. This research found few examples of women with disabilities receiving a positive response and outcome from the justice system. These difficulties were heightened for women with disabilities who use non-verbal communication. The predicament of these women is that they are both more likely to be targeted by perpetrators (due to the perception that they are an 'easy target' or that perpetrators can 'get away with it') and they are less likely to receive an adequate response from the justice system. Unfortunately, the justice system can replicate the power dynamics between women and their abusers in that it does not treat women's reports of violence with the gravity they deserve. Indeed, it seems that these women's reports of violence rarely seem to proceed beyond the police investigation stage. This is deeply concerning. It is worth recalling here the maxim that the test of a society's humanity rests on how well it treats its most marginalised citizens. It could equally be said that the test of a legal system's effectiveness is how well it responds to the injustices suffered by the most marginalised members of society. Clearly, our justice system is failing women with disabilities on this count.

Ending violence against women with disabilities is not a straightforward task. Yet, as this paper has shown, there are concrete steps that can be taken right now to address this problem. Some of the steps identified in this paper include:

- addressing the entrenched social isolation experienced by women with disabilities
- ensuring that women with disabilities have access to safe, appropriate and affordable housing
- combating the barriers that women with disabilities face in accessing violence response services
- combating the barriers to justice experienced by women with disabilities
- providing more opportunities for women with disabilities to learn about their rights and about respectful relationships
- directing more funding into disability and violence response services and advocacy
- promoting better collaboration between disability and violence response services.

The Voices Against Violence Research Project provides a strong evidence-base that demonstrates what can be done to address violence against women with disabilities. It is crucial that we now act on this evidence; that we now act to protect the right of women with disabilities to live safe lives, free from violence. It is up to all of us to raise our voices on this critical issue.

Appendix A. Interview Questions

Voices Against Violence Assessing the Evidence on Violence against Women with Disabilities Interview Questions – OPA

Background

The nature of the interview questions will be open-ended and exploratory. A participant will be offered the opportunity to talk about their experiences working with women with disabilities who have experienced violence. The language used regarding 'disability' and 'violence' will be guided by the participant's choice of language. (At initial contact the most appropriate format for interview will have been explored. Consent form will be provided in advance. The participant will receive support from the research team in understanding the consent forms and the risks of participating in the research project.)

Introduction

1. Thank participant for coming and explain again the purpose of the interview.
2. Go over Plain English Information and Consent Form. The interviewer will emphasise the confidentiality provisions and ask permission to use a tape recorder. If the participant does not want the interview to be taped, the interviewer will take detailed notes.
3. Explain the nature of the interview – participant to talk about their experiences working with women with disabilities who have experienced violence. The interview questions will follow-on from the participant's story.
4. Acknowledge sensitivity of the subject and that it may raise painful feelings; reassure participant that the interviewer will be sensitive to this.
5. Confirm that participation in the interview is voluntary. The participant does not have to talk about anything they do not want to talk about and they can take a break or stop the interview at any time.

Process of Questions

1. Initial warm up

Can you tell me a bit about your role at OPA? How long have you been doing this? What is your background?

The following areas will be explored - further questions may be used as prompts to continue the narrative:

2. OPA

Case studies

- To your knowledge, do you work with many women with disabilities who have experienced violence? What are the characteristics of the women with disabilities who have experienced violence (e.g. disability, age, ethnic background)? What type of violence were they experiencing?
- Do you have any recent case studies involving violence against women with disabilities? Can you tell me a bit about the circumstances of the women who you worked who have experienced violence? For example, can you talk about (to the best of your knowledge) who the perpetrators are, what type of violence these women experienced, and how long has the violence been going on? (These case studies will be de-identified before they are published in the report for this project.)

Training and knowledge

- How confident do you feel in being able to identify whether a client of yours is experiencing violence?
- Have you received any training to assist you in responding to the needs of women who have experienced violence (e.g. risk assessment training)? If yes, was this training useful? If you haven't received training, do you think that receiving training would be beneficial? What kind of training would help you?
- Would you know who to contact to access family violence and sexual assault services in your local area?
- Do you have links with the family violence and sexual assault sector (e.g. Centres Against Sexual Assault, refuges, Domestic Violence Victoria)? Do you think it would be useful to strengthen the links between OPA and the family violence and sexual assault sector?

Women

- What do you think are the main challenges for women with disabilities who have experienced violence?

Organisational issues

- Does OPA face any particular challenges in working with women who have experienced violence? How has OPA responded to these challenges?
- What measures could OPA implement to make sure our services are accessible and responsive to the needs of women who have experienced violence?

CRAF

- Did you attend the CRAF training? How did you find it?
- Do you think the CRAF training will change your practice? In what way? Have you had the opportunity to use the CRAF training in your practice?
- Do you think that the CRAF training has made it easier to identify that a woman might be experiencing violence?
- Is there anything we could do to adapt the CRAF training to make it more relevant to your work?
- In what situations should OPA staff be conducting a risk assessment for clients?

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