Family violence & women with disabilities

An intensive case management approach

women's health west

January 2013

www.whwest.org.au

Women's Health West acknowledges
the support of the Victorian Government

Contents

Acknowledgements

We greatly appreciate the input and guidance of representatives from the following organisations during this project:

- Annecto (Victoria-wide disability support agency working from several sites in the western metropolitan region)
- Western Region Disability Network
- Victoria Police
- West CASA
- Molly's House (Western metropolitan region family violence refuge with specialist expertise and facilities for providing services to women with disabilities now known as Kate's Place)
- Department of Human Services Disability Client Services
- Mambourin Enterprises (Disability support agency working exclusively in the western metropolitan region)
- Women With Disabilities Victoria (formerly Victorian Women with Disabilities Network)
- Women's Domestic Violence Crisis Service
- Housing Resource and Support Service

Acronyms

WHW	Women's Health West
CASA	Centre Against Sexual Assault
DVRCV	Domestic Violence Resource Centre Victoria
DV Vic	Domestic Violence Victoria
DHS	Department of Human Services
WDVCS	Women's Domestic Violence Crisis Service
LGA	Local government area
HRSS	Housing Resource and Support Service

Executive summary

Women's Health West (WHW) provides family violence services for women in Melbourne's western metropolitan region. In 2010, we secured funding to develop a model for intensive case management for women with disabilities who experience family violence. The aim of the project was to increase access to family violence services in the region for women with disabilities.

The intensive case management approach was proposed because women with disabilities experience higher rates of family violence than women without disabilities, and services are not well equipped to recognise and respond to their needs. The service system is also different for these women – requiring input from both the disability and family violence sectors.

While professionals in the disability and family violence sectors have a common commitment to the safety and wellbeing of women, there are considerable differences in their philosophies and practices. The lack of agreed protocols, frameworks, and even common definitions of family violence, indicated that significant professional development and organisational capacity building would be required for the project to succeed.

Initially conceptualised as a project to explore options for direct service delivery to women across the western metropolitan region, it soon became apparent that a more targeted approach was warranted. We decided to focus on work with three of the region's disability service providers, as each had demonstrated their interest in the project via the advisory group. In addition, we worked closely with the Women's Domestic Violence Crisis Service (WDVCS) and Domestic Violence Resource Centre Victoria (DVRCV).

The part time project worker spent two years undertaking activities to build the capacity of WHW and the three disability services. The worker also provided secondary consultations for disability professionals working with women whose circumstances (such as high dependence on the perpetrator of violence) precluded direct contact with a family violence service.

The worker also provided ten women with intensive case management services. This included assessment, planning, case management and case conferencing, case reviews and direct support. Most women who were case managed had at least one other professional involved in their care and support.

Findings of the report include that:

- There is a need for ongoing dialogue between workers in the disability and family violence sectors to develop a shared understanding of roles, responsibilities and problems that arise for clients whose needs overlap both sectors
- There are considerable complexities when responding to women with disabilities who experience family violence including the limited options available to them, securing their consent to be contacted by a family violence service, the limited availability of crisis services relevant to their situation, and their continued reliance on perpetrators for day-to-day care
- Management support for developing new ways to respond to family violence in the disability sector is critical to improved service responses

The project was instrumental in offering disability service workers opportunities to enhance their responses to women with disabilities who experience family violence. We also made important changes to our own practice to improve WHW's accessibility and relevance to women with disabilities. The following summary of recommendations highlights actions that would contribute to further progress:

Recommendation 1
Develop a protocol to assist disability workers with concerns about family violence; particularly reciprocal secondary consultations between disability and family violence services

Recommendation 2
Use case discussions as a way of achieving cross-sector understanding and integration

Recommendation 3
Train all disability workers to use the family violence risk assessment and risk management framework

Recommendation 4
Focus future disability intensive case management efforts towards supporting women who have diverse disability support needs who engage in a broad range of services

Recommendation 5
In partnership with disability services, develop alternative and flexible ways of responding to family violence that recognise the unique circumstances of women who have high disability support needs

Recommendation 6
Advocate for the development of statewide protocol to instruct disability and family violence workers on possible actions when women at immediate risk of family violence are subject to a guardianship order

Recommendation 7
Promote awareness among disability workers about the Office of the Public Advocate's capacity to provide advice and direction when there are family violence concerns for a woman who cannot advocate for herself

Recommendation 8
Advocacy for individual women's rights and systemic change is an important component of intensive case management; WHW recommend that this program be funded appropriately

Recommendation 9
Implement and support the development of regional disability and family violence service networks attached to regional integrated family violence committees that foster encourage innovative and collaborative practice

Recommendation 10
Ensure intensive case management for women with disabilities positions are adequately resourced in recognition of the breadth of the role

Background

About Women's Health West and the western region

Since 1988 WHW has actively contributed to the health, safety and wellbeing of women in the western region of Melbourne through a combination of direct service delivery, research, health promotion, community development, capacity building, group work and advocacy. We have a diverse staff whose composition mirrors the demographics of the region.

Since 1994 WHW has delivered a wide range of effective, high quality, family violence services for women and their children including crisis outreach, court support, housing support, crisis accommodation, counselling and group work programs. WHW has been an active and strong supporter of family violence reform at a regional and statewide level, integrating and coordinating family violence services in our region, and ensuring the integration of those services with a range of related sectors, including the housing sector.

WHW also has a health promotion, research and development arm, which offers programs and prevention projects to improve outcomes for women's health, safety and wellbeing. A major achievement of the WHW Organisational Health Promotion Plan (2009−2012) is the development of *Preventing Violence Together: Western Region Action Plan to Prevent Violence Against Women*, a coordinated, action-based collaboration between local government, community and women's health services, designed to build sustainable environments through local initiatives for the primary prevention of violence against women.

WHW's work is informed by the vision of equity and justice for women in the west, this vision is guided by the following five strategic goals:

- Delivering and advocating for accessible and culturally appropriate services and resources for women across the region
- Improving the conditions in which women live, work and play in the western region of Melbourne
- Putting women's health, safety and wellbeing on the political agenda to improve the status of women
- Recognising that good health, safety and wellbeing begins in our workplace
- Working with others to achieve our goals

The western metropolitan region of Melbourne is comprised of the seven local government areas (LGAs) of Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley and Wyndham. The region is characterised by a complex mix of disadvantage and diversity. For instance it is home to four of the top ten most disadvantaged LGAs in metropolitan Melbourne[1] and two of the five identified metropolitan growth corridors are situated in the west — Wyndham and Melton. The Australian Bureau of Statistics (ABS) reported in June 2011 population data that Wyndham continues to be the fastest growing area in the country, with growth forecasts of 161,000 people by 2031.

Residents of the region speak more than 100 languages and it has long been a settlement area for refugees. The region is also home to an increasing number of Indigenous Australians and has a larger than state-average population of women living with a disability. In 2010−11, WHW provided generalist case management support to 314 women, of whom 21 percent (66) had a disability; this is a significant increase from the previous year when only 12 per cent of clients identified as having a disability.

Regional needs analyses undertaken by WHW identify women in the western region as experiencing significant inequity in relation to multiple and compounding discrimination, family violence, and access to social and economic resources (including income, housing, social participation and employment options). Evidence also attests to a growing problem of family violence with reported crime data showing women in the western region of Melbourne at particular risk of family violence, with a rate of 6.23 reported incidents per 1,000 — higher than the state average.[2]

Why the project was initiated

WHW has a strong history of working with hard-to-reach or traditionally marginalised communities of women. In 2010, WHW secured funding to provide intensive case management for women with disabilities who experience family violence, in recognition of their complex needs as well as the high levels of violence perpetrated against them.

The Victorian Department of Human Services (DHS) had previously acknowledged that service provision for women with disabilities who experience family violence required integration and improvement.[3] However, work had been limited and at the time this project commenced there was no agreed model for providing family violence services to women with disabilities.

WHW's decision to initiate intensive case management was informed by the recommendations of the Victorian Women with Disabilities Network (now Women With Disabilities Victoria) report on policy and service responses to women with disabilities who experience family violence.[4]

Aims and objectives

Aims

The project aims to increase women with disabilities' access to family violence services in the western metropolitan region of Melbourne.

Objectives

- Support the development of a family violence intensive case management program that responds to the needs of women with disabilities
- Increase the capacity of generalist family violence and disability support workers to respond effectively to women with disabilities who experience family violence
- Explore interagency collaborative frameworks that bring together disability and family violence service responses to support women with disabilities to remain in their own home, with links to the community.
- Develop inter-service linkages and referral pathways to improve women with disabilities' access to family violence services

Overview of project activities

Over a 22-month period the project worker coordinated a range of activities including:

- Redevelopment of WHW's intake and assessment processes for women with disabilities
- Training for disability and family violence workers
- A case-discussion group for disability and family violence workers
- Secondary consultations for disability workers who had family violence-related concerns for clients

At the same time, the project worker provided intensive case management to ten women who had experienced significant family violence from an intimate partner. This work included:

- Risk assessment and management
- Assessing needs of women and their children in collaboration with women and other support agencies including their disability support workers
- Providing direct support to women to manage practical, emotional and psychological concerns arising from family violence
- Advocating for women in the disability and family violence systems, and also in the broader legal and human service systems
- Assisting women to identify and work towards their goals
- Liaising with other professionals for the purposes of case planning and case management
- Actively referring women to appropriate services
- Managing exit processes including ensuring clients are linked to community supports

The project advisory group was comprised of representatives from the following disability and family violence service providers and advocacy groups:

- Annecto (Victoria-wide disability support agency working from several sites in the western metropolitan region)
- Western Region Disability Network
- Victoria Police
- West CASA
- Molly's House (Western metropolitan region family violence refuge with specialist expertise and facilities for providing services to women with disabilities now known as Kate's Place)
- Department of Human Services (DHS) Disability Client Services
- Mambourin Enterprises (Disability support agency working exclusively in the western metropolitan region)
- Women With Disabilities Victoria (formerly Victorian Women with Disabilities Network)
- Women's Domestic Violence Crisis Service
- Housing Resource and Support Service

The advisory group met monthly in the first year of the project and bimonthly thereafter.

The context

Family violence against women with disabilities

The Victorian government's family violence risk assessment and risk management framework notes that,
'People with disabilities (including frail adults) experience forms of violence that are unique to living with disability and that may be perpetrated not only by a partner, [but by] a relative, paid or unpaid caregiver, co-patient, co-resident, residential or institutional staff, or service provider'.[5]

Some forms of family violence are specific to the context of the victim having a disability; other forms of violence are the same but might be experienced differently by women with disabilities.

Emotional or psychological violence includes:

- Denying that the woman has a disability
- Threatening to withhold or alter aids or equipment
- Threatening to withdraw care and/or services
- Ignoring requests for assistance
- Threatening to punish or abandon the woman
- Threatening to institutionalise the woman
- Threatening to have the woman's children removed or to deny her access to them
- Denying a woman's right to her own sexual choices e.g. choose sexual partners, contraception, marry, have children or choices not to have sex, marry or have children.
- Violating the woman's privacy
- Restricting the woman's access to others (including services)

Physical violence includes:

- Administering poisonous substances or inappropriate drugs
- Depriving a person of food, water or heat
- Handling the woman in inappropriate ways (for example, in personal or medical care)
- Withholding and/or controlling the woman's use of equipment, medications, or transportation
- Refusing to provide assistance with essential needs
- Using inappropriate behaviour modification such as physical or/and chemical restraints
- Undertaking experimental treatment without permission/ informed consent

Sexual violence includes:

- Demanding or expecting sexual activity in return for help
- Taking advantage of physical weakness and inaccessible environment to force sexual activity
- Being rough with intimate body parts
- Being sexually abusive under the pretence of 'sex education'
- Leaving a woman naked or exposed
- Denying a woman opportunities for sex education and information
- Denying a woman appropriate reproductive health care
- Sterilising a woman without her informed consent
- Performing female genital cutting on a woman without her informed consent
- Soliciting, authorising or performing an abortion on a woman without her informed consent
- Suppressing a woman's menstrual cycle without her informed consent

Victorian Women With Disabilities Network's report *Building the Evidence* describes significant methodological challenges when ascertaining the level of violence against women with disabilities.[6] However, a substantial body of literature indicates that women with disabilities are at much greater risk of family violence and sexual assault than women without a disability. Women with disabilities are also more likely to experience to institutionalised forms of violence.[7] In 2006, Brownridge's study of 7,027 women in Canada found that women with disabilities were 40 per cent more likely to have experienced partner violence, particularly severe violence, compared to women without disabilities.[8]

Brownridge found that male partners of women with disabilities were 2.5 times more likely to behave in a patriarchal dominating manner. They are 1.5 times more likely to behave in sexually proprietary ways than were partners of women without disabilities.[9] This suggests that, for women with a disability, the systemic gendered oppression that creates and maintains conditions under which family violence occurs are likely to be compounded by their disability. Strachan observed that 'women and girls with a disability live at the intersections of gender and disability bias'.[10] Advocates and service providers need to be additionally vigilant when identifying and responding to family violence among women and girls with a disability.

Elevated risk of family violence

The literature review conducted for *Building the evidence* concluded that women with disabilities:

- Experience violence in similar ways to other women and also experience violence specifically related to their disability
- Are at greater risk of experiencing violence
- Experience violence at similar or higher prevalence rates than women without disabilities
- Experience prolonged, severe and frequent violence
- Experience violence at the hands of a greater number of perpetrators
- Are not believed when they report experiences of violence
- Think they will not be believed and so do not report experiences of violence[11]

Of course, not all women with disabilities have the same level of risk of family violence. The context of a woman's life – her family, socio-economic situation, culture and so on – is important, as is the degree to which her disability affects her daily life. Many women with disabilities can live independently, requiring little or no support for their daily activities. Others need more support, including women with significant disabilities, for whom intensive support from parents or a partner is often critical and even life-sustaining. This latter group of women is particularly at risk of continued family violence, as they rarely have other options for accommodation or care.

Other systemic factors that influence women's risk of continued violence include lack of independent income, housing, employment and transport.

Access to the service system is also a significant factor in shaping women's options and risk of continued violence, with women often encountering systemic barriers such as:

- Lack of information in accessible formats (such as sign interpreters, Braille, audio, plain English, the use of email and telephone access relay services)
- Poor physical accessibility to transport and/or premises
- Workers in the family violence sector lacking confidence and expertise to respond to the needs of women with disabilities
- Workers in the disability sector not adequately understanding family violence and lacking the capacity to identify or respond to abuse
- Discriminatory attitudes and practices on the part of service providers
- Lack of support, information, and resources available to organisations to assist them to be more accessible and responsive to the needs of women with a disability
- Lack of options for care and support, leading to reliance on family-based care and support[12]

There are also individual factors influencing women's risk of family violence – although these are often mediated by systemic factors. For example, women with disabilities often do not understand that what they are experiencing is violence and that they should not have to endure it. While this is common to many women, not just those with disabilities, experiencing disability discrimination and/or being dependent on others for assistance can reinforce both women's and perpetrators' minimisations, justifications and denials of violence.

Women's concerns about being able to fulfil their mothering roles also have a significant impact on their decision to identify or report violence in their home. These concerns can be reinforced by a perpetrator and sometimes by women's experiences in the service system or courts.

Service system responses to family violence

Specialist family violence service responses

Family violence services need to take action to support all Victorian women experiencing family violence. These services provide risk assessment, safety planning, information and referrals. Depending on their nature and role, specialist family violence services sometimes also provide legal/court support, counselling, accommodation, financial assistance, material aid and case management.

Women with disabilities might require any of these forms of assistance. Their disability will be one aspect of their lives – other aspects might include their parenting status, cultural background, social connectedness and resources, immigration status, sexual orientation, financial circumstances, and spiritual beliefs. All of these factors will combine to shape each woman's experience and in turn will influence what services she will need, over what period and in what form.

The table opposite identifies specific indicators for family violence services available to women with disabilities.

Disability services

Types of disability services offered across Victoria vary. They include DHS, community service organisations working under DHS contracts, local government, and private sector providers. They provide intake, assessment, case planning, case management, employment services, accommodation, respite care, support for independent living and a range of other services.

The ways that women with disabilities engage with services also varies greatly. Reasons for this variation include:

- The degree to which the disability impacts on their daily life
- The origins of their disability and their eligibility for financial or other forms of assistance
- The information, support and advocacy available to them

As noted above, systemic factors are also heavily implicated in service usage.

Support service type	Indicators	Services that might be provided via a specialist family violence service
Casual	Client might have a variety of support needs but requests one-off service Client does not require disability supports; requires family violence support only	Support by service intake in the form of telephone-based support information, and/or a face-to-face meeting and referral
Low level	Client requires minimal, time- limited support to achieve safety from further violence and remain in, or move to, safe independent housing	Generalist family violence case management
Moderate level	Client has multiple needs and is at an elevated risk of continued violence Client can make informed decisions (perhaps with support) Client has skills and capacity to move into a safe, independent living arrangement (perhaps with support of disability services) in the short term Client requires coordination of services	Intensive case management support and/or generalist family violence case management support focusing on multi-agency and integrated response and the development of an integrated case plan regarding immediate and future safety
High level	Client has complex needs related to the family violence and is at a high level of risk Client requires intensive support to achieve and maintain independence and live free from further violence	Intensive family violence case management including development of a multi agency/integrated case plan regarding client's immediate and future safety. Case conferences likely to be used to ensure consistency across family violence and disability services, police, child protection, or other specialist community based services

Table 1: Levels of service for women with disabilities who experience family violence

Contextual factors in service responses to women with disabilities who experience family violence

Women with disabilities who experience family violence may require support from two very different sectors: disability and family violence.

Specialist family violence services understand family violence through the lens of gender, taking a predominantly rights-based approach. A gendered understanding of violence against women is at the core of all policies shaping the family violence service system and underpins Victoria's family violence risk assessment and risk management framework. This understanding is complemented by recognition of the many ways that family violence interacts with other aspects of women's lives such as their culture, their refugee or migrant experience, being Indigenous or having a disability.

How this understanding is reflected in practice varies within and between services. In the course of this project for example, WHW noted areas of our practice that could be improved to increase access for women with disabilities. We have also come to recognise that we currently have a very limited capacity to reach out to women with significant disabilities who are heavily reliant on their family for care.

Workers in **disability services** often have significant and ongoing professional relationships with all the family members of women with disabilities, not simply the client herself. They are deeply aware of ways that a client might rely on her partner, parents or other family members for care.

Historically, there has been no formal framework to inform the disability sector's understanding of family violence, or how to respond. Disability workers have generally tended to attribute family violence to the perpetrators of the violence being 'overburdened' and in need of support, frustrated with the client's behaviour, or simply not coping. Sometimes, violence was perceived as a well-intended measure to 'protect' the client from danger by controlling her money, relationships, sexuality or daily activities.

While in some cases, the closeness of relationships with other family members might affect workers' willingness to recognise family violence, in most their reluctance is due to a deep appreciation of the limited options open to women – especially those with high support needs. The stakes are high when talking about violence and workers are often reluctant to take steps that might disrupt their relationships with whole families or potentially leave women more at risk and isolated. As one disability worker commented during our project:

> *I have a client who is not allowed to have her own money and is not able to participate in recreational activities. If we approach their carer to give her money to do this they may withdraw her from the service which leaves her more isolated than ever.*

This leads to a situation where disability workers are less likely to identify and respond to violence in their discussions with women and their families. Instead, a common response of disability services to family violence has been to offer the family increased respite or added supports to 'take some pressure off' and minimise stressors, in the hope that this will ultimately promote safety.

Workers generally do not report concerns about family violence to police or the ombudsman unless the violence is of an extreme, life threatening nature.

There are significant strengths that the **family violence and disability sectors** bring to enhancing service responses to women with disabilities who experience family violence; but there are also challenges. The matrix below outlines some of these contextual factors.

Theme	Strengths	Challenges and difficulties
Starting points	Each sector is committed to eliminating violence against women and enhancing the lives of those most at risk	Each sector has its own ways of responding to family violence
Validating women's experiences	Each sector is committed to supporting women who have experienced violence and abuse	Each sector has a different frameworks and theories for practice and therefore different engagement and responses to women
Recognising and assessing family violence	The family violence sector (including police) uses the CRAF Some cross sector work has been initiated as part of statewide family violence service system reforms The intensive case management project provides a basis for commencing conversations between the family violence and disability sectors	There are different understandings of family violence and criteria for responses to family violence between the sectors The two sectors do not have common intake or screening processes Disability services do not have a common tool for identifying and assessing family violence – the only aspect of violence routinely addressed in assessment is the client's potential for violence against others
Building partnerships	There are efforts at various levels to develop partnerships The family violence system has achieved a significant level of integration Disability issues have been represented on statewide family violence governance structures	There are few local linkages between disability services There are virtually no existing linkages between family violence outreach or case management services and disability services Few workers are aware of the services the other sector can provide Disability representation on family violence governance structures must be maintained
Education and training	Staff in each sector have specialist expertise and knowledge Family violence and some generalist workers are being trained to use the CRAF	Training is not a formalised and organised process Training is dependent on 'champions'/ particular interest of individuals

Frameworks	Some established cross sector work commenced by statewide family violence service system reforms	While the family violence sector uses the CRAF, there has not yet been widespread uptake of this in the disability sector
Evaluation and data collection	Each organisation collects data Statewide family violence benchmark reports	There is no co-ordination of data collection between the sectors There is little data available about family violence against women with disabilities Unlike the previous SAAP system the new national homelessness database, Specialist Homelessness Information Platform, does not record disability status. This omission requires attention from FaHCSIA

Table 2: Contextual factors in the family violence and disability sectors

The work of the project

Early choices

A broad view of intensive case management

We held a forum for staff from both sectors early in the project to identify the current and historic context for intensive case management, and factors that might influence how we provide intensive case management. Our understanding deepened through training activities and ongoing discussions with workers and the advisory group.

It became clear through our early consultations that case work alone would be unlikely to achieve significantly improved outcomes for women. Intensive case management requires a well-integrated service system that is client-focused, builds relationships between agencies based on common assessment including risk assessment and agreed pathways for change.[13] Significant differences between the sectors required considerable work to build a shared understanding and language, increase awareness of each other's roles, and a common approach to practice.

We recognised that intensive case management would not only need to incorporate case management activities directly with women, but also work toward integration between the sectors. The scope of the latter work was modest but became increasingly important when direct service delivery commenced.

Partnerships for intensive case management

Early in the project, we envisaged reaching out to all services in the western metropolitan region; however, it became clear that our work should focus on developing deeper relationships with a smaller number of agencies. Annecto, Mambourin Enterprises and DHS Disability Client Services had demonstrated their willingness to take a leadership role in responding to family violence and so – with the agreement of those agencies' management teams – we decided to focus mainly on those services for the duration of the project.

While the focus of the project was to develop these partnerships in the region, we recognised that it was also critical to continue to liaise with statewide bodies. Women who require crisis accommodation are often referred outside their region for refuge, so we worked closely with WDVCS to promote inclusion of women with disabilities in the refuge system.

Similarly, at the time of the project, the statewide agency DVRCV was developing and conducting training for the disability sector in applications of the CRAF. The project worker drew on the experiences of the women she was supporting to provide significant input to the course content.

A core group of staff from the DHS Staff Training and Development Unit was keen to investigate and rectify gaps in staff training, family violence education and policy development. They were involved in the early stages of the project until Disability Client Services was delegated responsibility for representing DHS in project activities.

Capacity building

Strengthening WHW's capacity

Case managers do not work in isolation; women with disabilities who experience family violence also require responses from a range of other professionals. Given that family violence training does not usually include ways to respond to women's disability-related needs, and disability training rarely includes specific responses to family violence, we needed to assist staff in both sectors to develop their organisations' capacity as well as their own professional skills.

At WHW the intensive case manager worked with members of the family violence team to refine our processes for identifying women with disabilities and providing a more holistic response. Our intention was to add a disability lens to our work, to complement existing gendered and cultural diversity lenses. The first element of this shift was assisting the team to move towards understanding disability as a social construct, and to recognise that women with disabilities who experience family violence are often denied access to the same rights as non-disabled women.

A second change arose from a review of team members' experiences of working with women with disabilities. Workers reported more difficulty in building rapport with these women who were often far more reluctant to disclose information. Workers were unsure about how to assess disability-associated risk, such as a woman's self-agency and reliance on a perpetrator, or the significance of forms of violence specifically linked to a woman's disability (such as their partner withholding a disability aid). Furthermore, they were concerned that the CRAF (and by extension WHW's assessment templates) did not adequately assess the support needs of women with disabilities.

The project worker and WHW intake coordinator revised the risk assessment (see Appendix 1). The revised assessment includes questions about women's self-agency and dependence on disability supports. In situations where a woman's self-agency is low, we now offer a face-to-face appointment rather than undertake risk assessment via telephone. This change in practice has maximised opportunities to build rapport and made it easier to adapt communication styles or tools. It has also resulted in an increase in the number of clients with a disability who are allocated a family violence case manager.

Strengthening cross-sector responses

The absence of an agreed model for delivering family violence services to women with disabilities meant that women often received poorly integrated or no services. One of the most important elements of this work was to consider positive approaches to inclusion as a precursor to identifying a model of practice. We did this via a case-discussion group involving representatives from Domestic Violence Resource Centre Victoria, Women with Disabilities Victoria, Housing Resource and Support Service, Annecto and Women's Domestic Violence Crisis Service.

The group met monthly with disability agencies to present de-identified case studies of current clients for whom staff held safety concerns. Many of the cases were highly complex and family dynamics precluded involvement by our project worker. These situations highlighted the challenge of upholding a woman's right to a life without violence in circumstances where she is heavily reliant on the continued support of her partner, parents or another family member for activities of daily life.

After presenting each case study, the group discussed the woman's risks, support needs, possible referral pathways and options available to her. These were honest and open discussions, with all members demonstrating a genuine curiosity about ways to improve service responses. Members took the findings – about practices, pathways and referral options – back to their agencies; some also used the working group to influence changes in organisational practice.

Evaluation feedback from the working group indicates that this was a powerful and engaging way to approach service re-orientation. Participants also appreciated the supportive environment in which to discuss often difficult and challenging situations.

Developing skills and capacities in the disability and domestic violence sectors

There is a significant need for disability workers to be better able to identify family violence and to respond when they suspect or know it is occurring. With such a large and disparate workforce in the region, we focused on providing training to staff in organisations most closely involved in the project.

Mambourin Enterprises' board of management endorsed the training of 55 disability support staff and senior managers in their Altona, Sunshine and Werribee branches.

We also provided training to eight staff at WDVCS who particularly appreciated the opportunity to learn more about the service options for women with disabilities experiencing family violence. The prevalence of family violence against women with disabilities was new and surprising to some workers.

We trained 25 case managers from DHS Disability Client Services in partnership with DVRCV and tailored the family violence risk assessment and risk management framework to the needs of disability workers using disability-specific scenarios that focused on working with women with decision-making difficulties. We received positive feedback from participants who reported that they felt they would be more aware of family violence and better able to respond in the future.

Overall, cross sector training was very successful. On occasion, though, particular participants were resistant and defensive. This was more likely among those who had been working in the disability or family violence sector for many years and demonstrates that recognising and responding to family violence has not been part of traditional disability practice, and highlights the level of capacity building that is required.

It is important that trainers are mindful of the way they raise awareness of the problems faced by women with a disability who experience family violence. Workers who feel blamed or feel that their professionalism is in question are less likely to be responsive to training.

Secondary consultations

As discussed in the introduction of this report, workers often find it difficult to provide support for women who are very reliant on family for their daily activities. When these women experience violence, they often do not have the capacity or means to seek family violence support independently and there is a risk that direct intervention will jeopardise their continued family support. The project worker provided secondary consultations for workers trying to decide on a course of action in these circumstances. She also provided secondary consultations for WDVCS staff seeking safe and appropriate accommodation options for women with disabilities. Staff at DHS and Molly's House also used this service.

Other workers at WHW regularly consulted with the project worker about what course of action to take and appropriate referral services. For example, a WHW outreach worker was supporting a young woman with an intellectual disability whose former partner had emotionally, physically and financially abused her. The young woman was highly excited about her ‘new boyfriend’ and the worker asked when and where she had met him. The young woman said she met him on the street a couple of days previously. The family violence worker was extremely concerned that the young woman was placing herself at risk and asked the disability worker how she could talk with the young woman about this.

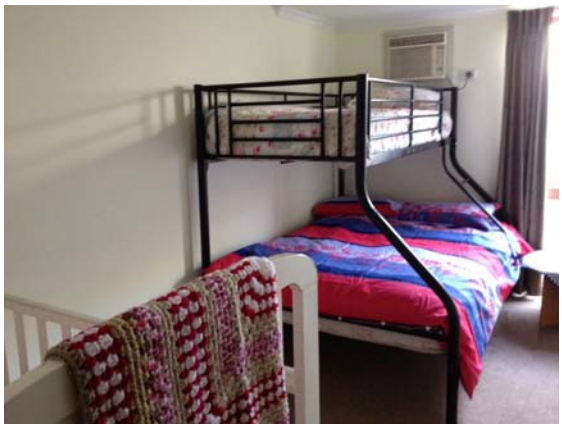
Recommendation 1

Develop a protocol to assist women in situations where a disability worker has concerns about family violence and would benefit from reciprocal secondary consultations between disability and family violence services

Communication tools

Women with an intellectual or cognitive disability sometimes had difficulty processing auditory information, especially if the ideas were new to them. It was common for those women to remain at a contemplative stage, and to remain uncertain about decisions for significantly longer periods than other women. For this reason, visual aids were developed as a way of assisting women to understand new concepts such as ‘refuge.’

For example the project worker developed a set of photographs of the inside of a local refuge and explained these were an example of what a refuge may look like if they chose to go there.



The project worker also created colourful posters with information for workers about family violence for the Disability Client Services Footscray office (see below).

Direct case work

Aims of direct case work in intensive case management

Our intensive case management provided ongoing support and assistance to women with a disability who had experienced family violence to:

- Achieve long term safety outcomes
- Access appropriate disability and other services to increase the likelihood of living independently if they wished
- Increase the chances to retain primary carer status for their children or become primary carer if they wished
- Develop or access appropriate social networks
- Overcome barriers to using services
- Overcome the trauma of chronic and extreme violence and abuse

Intensive case management clients

In the context of this project, women were eligible for intensive case management if:

- They had complex and multiple needs
- The threat to their safety was such that problems could not be managed through regular case management
- They had an intellectual, sensory or physical disability
- They were assessed at a high level of risk
- They had limited other supports (formal and/or informal)
- Multiple agencies were likely to be involved due to the complexity of their situation

The project provided support to ten women. All had experienced family violence from their male partner.

Cultural background

Of the ten clients:

- Eight were from CALD communities
- One was Aboriginal
- One identified herself as Australian
- One woman communicated via an Auslan interpreter
-

Types of disability

- Three women had physical disabilities
- Four had intellectual disabilities
- Three had sensory disabilities
- One woman used an Auslan interpreter

Levels of support required

The women's level of disability was categorised according to their ability to live independently.

- Two women required ongoing disability case management but did not need support with activities of daily life
- The other eight women had low level support needs and were able to live independently with some assistance
- One woman was dependent on the perpetrator of the violence

Family situation

- Seven of these women had children
- Two families were involved with the Victorian Child Protection Service and one of those children was placed in foster care

Relationship duration

- Six women had been in their relationship for longer than five years
- The length of relationship for the remaining four women was under five years one less than six months

Type of abuse

- All ten women were emotionally and verbally abused by their partners and nine had experienced physically violence
- Seven men had sexually assaulted their partner
- Seven had threatened to kill her
- Seven men were financially abusive
- Eight women reported being socially isolated by their partner's socially controlling behaviour or as an indirect result of the violence

Some women had already accessed the family violence system with mixed experiences: the police and the court response was supportive of one woman but several others experienced very negative encounters.

All women had referred themselves to WHW.

Intensive case management processes

What is apparent from the clients who participated in our project is that women with disabilities are not a homogenous group and one response will not suit all.

Project participants varied according to:

- Their identity
- Their family situation
- Their level of family violence-related risk
- Their disability support needs
- The level of resourcing and services that were available to them

The intensive case manager provided a tailored family violence response to each woman, taking into account all aspects of her unique situation through assessment, case planning, case management and case conferences. Our experience of each of these processes is described below.

In general terms, the project worker's direct case work followed the DV Vic *Code of Practice: for specialist family violence services for women and children.*

Family violence assessment

As described above, WHW amended our family violence intake procedures to offer face-to-face assessment to women with disabilities rather than the current initial phone assessment.

Accordingly, the intensive case management assessment process involved:

- Providing women with disability supports (such as an Auslan interpreter) required for the successful conduct of the assessment
- Encouraging women to bring a support worker or friend
- Assessing women's disability-related needs on information provided by women themselves, the observations of the assessor and, on occasion, input by other agency workers (with women's permission)

The family violence comprehensive risk assessment framework edition 2 (April 2012) includes an updated and expanded women with a disability section on factors that impact on women's, children's and young people's options and outcomes.

In addition to standard family violence risk and needs assessment, assessment of a woman with cognitive disabilities needs to consider the support she needs to communicate, make informed choices and live safely in the future.

Family violence case planning

Of the ten women, nine developed at least one case plan. The project worker worked with each woman to identify her goals and – drawing on the assessment findings – develop a plan. Plans also identified the woman's strengths and existing resources. Given that systemic discrimination regularly results in women with a disability experiencing a loss of control over decision-making, an experience that is compounded in situations of family violence, it was vital that case plans focus on the client's strengths and worked with her to determine her goals.

All plans contained goals about living free from violence; other goals included:

- Getting access to services, such as support groups and counselling (six women)
- Gaining control of living arrangements and increasing independence (five women)
- Commencing employment or an educational course (three women)
- Putting necessary disability supports in place (three women)
- Gaining insight into healthy versus unhealthy relationships (two women)
- Managing mental health difficulties such as depression and anxiety (two women)
- Building social networks and gaining skills and confidence to participate in the community (two women)
- Reaching a decision about whether to return to relationship (one woman)
- Increasing confidence to access a family violence refuge (one woman)
- Obtaining driver's license (one woman)
- Having coordinated services and support (one woman)
- Obtaining general health referrals for self and children (one woman)

Family violence case management

Each woman had a unique set of circumstances and sometimes required creative approaches to respond to specific risks. For example, the project worker liaised closely with police, WDVCS and an Auslan interpreter to develop a process in which a deaf woman – who could not read or write and had limited Auslan – could achieve an immediate response that was appropriate to her needs at any time.

The project worker also assisted women by:

- Providing court support (mostly to obtain, maintain or vary intervention orders, however the project worker also supported one woman to obtain a residency order)
- Safety planning when a woman had complex communication needs
- Support to live independently, such as home and community care (HACC) and transport services
- Advocating for women to seek, or increase, disability supports via DHS Disability Client Services or Transport Accident Commission
- Advocating and supporting a woman to have her child returned following removal by the Victorian Child Protection Service
- Completing forms and applications (for example, Office of Housing application, Victims of Crime Assistance Tribunal application)
- Providing assistance to seek brokerage funds
- Identifying alternative approaches to meeting daily needs when women were reliant on their partner

The project worker and WHW's family violence support workers shared responsibilities for referral and support.

Family violence case conferences

A case conference is a meeting of service providers and the client to coordinate case management. The client (and/or guardian when safe to do so) must agree to share this information with other services before arranging a case conference. Case conferences were used to gather information to assist assessment and planning, for interagency planning and coordination, reviews, and case plan monitoring.

All women were involved in case planning and case conferences. Five participated in case planning meetings with the project worker *and* professionals from other services. These other professionals included child protection practitioners, a housing support worker, a general practitioner, a health service support worker (Living Well Program – Western Region Health Centre), a Vicdeaf case manager, the WDVCS coordinator, a support worker from Victorian Advocacy League for Individuals with Disabilities, and a family violence refuge worker. The client's support person (not from an agency or organisation) participated in three cases and one client had their legal guardian present.

The project worker initiated most case conferences but child protection workers initiated some as well.

When other professionals were unable to attend case conferences information was shared with them to ensure they were aware of the case plan and the support needs of clients and their children.

Reviews and case closures

Reviews of case plans depended on women's individual circumstances. A single case plan was sufficient for some women, other women were involved in a number of case planning sessions or reviews. One woman's situation was quite complex so we developed three case plans and held five meetings with other service providers to review the plans and continue offering support.

Women generally accessed case management for up to six months, although the woman with three plans received case management for twelve months.

Four women had their cases formally closed. Of these:

- One declined further services after receiving assistance to obtain an intervention order
- One moved out of the area and was referred to alternative family violence and housing services in her new location
- One was living safely with her parents
- One was living safely in transitional housing and linked with a disability service

WHW informed all involved agencies that cases were closed.

Findings

Working across sectors

As discussed in the introduction, there are significant differences in the ways that specialist family violence services and disability services respond to family violence against women with disabilities. This project enabled us to deepen our understanding of the complex decisions faced by disability workers when they suspect or know that family violence is occurring. Conversely, disability workers involved in the project or supported by the project worker had opportunities to consider how they might work to extend the human rights of their female clients.

In our experience, case-based discussions were the most useful approach to developing shared understanding by enabling real-world application of what might otherwise be abstract ideas.

Recommendation 2
Use case discussions to achieve cross-sector understanding and integration

We observed that disability service workers encountering women with limited communication or cognitive capacities rarely questioned them about their safety. The lack of a consistent reference framework limits systematic thinking and practice for disability workers. The family violence risk assessment and risk management framework has the potential to assist in this regard. There is a significant need to provide disability service workers with training on this aspect of their practice.

Recommendation 3
Train all disability workers to use the family violence risk assessment and risk management framework

Reaching women

One of the strengths of this project was that it provided opportunities for continued conversations between workers in the two sectors. A limitation, however, was that our focus was on working with agencies providing services to women with very high disability support needs.

While these women were eligible for family violence case management, none were referred to intensive case management by disability workers for case management support; although a number of disability workers did contact the project worker for secondary consultations. It was beyond the scope of this project to analyse the reasons women were not referred. It is likely that women requiring high disability support demand different responses than those offered through the project. Therefore, women presenting at community-based disability support programs may be more suited to the traditional model of intensive case management. In future, we would develop relationships with a broader range of services who are regularly in contact with women with a disability and work with them to identify the best ways to provide family violence information and support. This could include developing posters and other information materials specific to individual services or programs.

Recommendation 4
Focus future disability intensive case management efforts towards supporting women with diverse disability support needs who engage in a range of services

Recommendation 5
In partnership with disability services, develop alternative and flexible way of responding to family violence that recognize the unique circumstances of women who have high disability support needs

Complexity

Women who are unable to report violence

When workers rely on a woman's partner for communication or when a woman cannot report the abuse for herself, it is very difficult to know whether family violence is occurring. Disability workers reported suspicions about abuse in the family home, but if a woman cannot communicate about her situation and there is no other evidence, workers have few options. They struggled with the complexity of taking action in these situations.

The Office of the Public Advocate can provide disability workers with advice, but it may be necessary to apply to the Victorian and Civil Administrative Tribunal (VCAT) for an urgent hearing to revoke a guardianship order until an investigation takes place or apply for a temporary guardianship order. In the meantime, the disability service provider needs to be able to develop and implement a risk management and an alternative care plan. Consultations with family violence services would assist in this task.

Recommendation 6
Advocate for the development of statewide protocol to instruct disability and family violence workers on possible actions when women at immediate risk of family violence are subject to a guardianship order

Recommendation 7
Promote awareness among disability workers about the Office of the Public Advocate's capacity to provide advice and direction when there are concerns about family violence for a woman who cannot advocate for herself

Maximising choice

Women and children's experience of violence, the impact of violence, and engagement with service delivery systems will vary according to a range of factors, including disability. As a result, an integrated, client-centred and strengths-based service that works with women and their children is vital to assist them to navigate complex service systems without further loss of control. The client's right to self-determination is all the more important because of the compounding disempowerment of gendered violence combined with disability.

As a result, case managers must understand and respect women's choices, even when they do not agree with them. Part of their role is to ensure that women have a broad range of options and can access resources to realise those options.

Maximising choice for women with disabilities can require more intensive support, especially if women have few resources and/or are reliant on the perpetrator of the violence for care or support. Inaccessible services and inaccessible alternative accommodation exacerbate this difficulty. It is critical that the case manager is

aware of the services and funding streams available to women. However, in our experience, knowledge of possibilities is rarely enough. The project worker devoted considerable time to advocacy. For example, one woman's disability was a result of a family violence injury and the worker was able to advocate successfully for an assessment for her to enter the state's disability support system.

The chronic nature of the violence experienced by intensive case management clients meant their situations often defy easy solutions. Practices such as case conferencing and secondary consultations were important ways to identify and expand women's options. The working group was also useful in this regard. In all instances, it was important for the professionals involved to step back from their work, policies or procedures and look instead at what they could do to assist women to be safe.

Recommendation 8

Advocacy for individual women's rights and systemic change is an important component of intensive case management. WHW recommend that the program be funded appropriately

Limited options in crisis situations

Women in family violence crisis find disability services very difficult to access. Disability Client Services provides a 'planned service' and has no capacity to respond to women's immediate needs. Registration on the disability support register often takes six months and there is a significant waiting list for assessment and support.

Disability agencies such as local councils, Annecto and CareConnect can provide disability support in the western metropolitan region. However, these services are not free and are not crisis services. They have little capacity to provide immediate assistance for women with disabilities fleeing family violence.

The project worker made referrals to the Disability Client Services Intake and Response Service (IRS) but was unable to source crisis accommodation or funding for any woman receiving intensive case management. In each case, she provided information about the disability support needs of the client but the IRS could only refer to other agencies. Once the worker had exhausted all options for support she returned to IRS, but they were unable to offer further options.

These limited options meant that half of the women supported through intensive case management could not source the immediate disability support they required. Since the completion of this project the state government has implemented the Disability and Family Violence Crisis Response Initiative Pilot. This initiative provides immediate disability support for a maximum of 12 weeks to enable women with disabilities to access family violence accommodation and assist her to find longer-term housing and support. Short-term funds to a maximum of $9,000 are also available to assist with purchase of attendant care, equipment hire, or transport.

Acknowledging that all women with disabilities are not the same

We worked most closely with three agencies that provide care to women with profound disabilities; these women are often highly reliant on their partner or family members for care and/or accommodation. Disability workers reported taking

significant care not to jeopardise their relationships with the perpetrators of the violence, lest women be withdrawn from their service. As a result, this population group tended to be the subjects of secondary consultations and case discussions. In contrast, the women who received intensive case management referred themselves to WHW and had low-to-moderate disability support needs. The fact that each cohort had different needs highlights the imperative for different responses to experiences of family violence among women with disabilities.

Minimising risk

Disability service workers who believed that a woman's family circumstances prevented them from directly confronting the family with allegations of violence tended to use other strategies to minimise risk. These included attempting to increase the woman's out-of-home care to reduce the amount of time she was exposed to violence, increasing the amount of in-home care to increase scrutiny of the family, providing extra respite care, or taking measures to reduce women's social isolation. We acknowledge that disability workers often have to manage very complex situations, balancing the client's safety and needs. It is important that workplace and care teams support workers to undertake these measures and formally identify this work as managing family violence risk.

Achieving systemic change

Management support

It is essential that both sectors develop policies and procedures that respond to women with disabilities who experience family violence. The involvement of management staff in the project was instrumental in raising the profile of family violence among workers in disability services. Without the openness and good will of participating disability services management, participation of disability workers would have been difficult, if not unlikely.

Recommendation 9

Implement and support the development of regional disability and family violence service networks attached to regional integrated family violence committees to foster innovative and collaborative practices

Accessing the family violence system

Women supported by intensive case management reported encountering barriers when they sought family violence assistance from family violence services, police, courts and the Victorian Child Protection Service. Examples of these barriers included:

- Police referred two women who had been assaulted to courts instead of initiating action themselves; these women were supported by the project worker at court and granted intervention orders
- The assumption that a woman's disability impacted negatively on her capacity to parent her child; the project worker supported this woman to revoke the order that removed her child from her care

Staffing intensive case management

The components of the disability and family violence intensive case manager role include:

- Assisting disability services to develop and implement systems to better respond to family violence, including improvements to referral systems
- Assessing the needs of women and their children in collaboration with the women themselves and other support agencies including their disability support workers
- Providing women with direct support to manage practical, emotional and psychological difficulties arising from experiences of family violence
- Advocating for women in the disability and family violence systems and in the broader legal and human service system
- Assisting women to identify and work towards their goals
- Liaising with other professionals for case planning and case management
- Actively referring women to appropriate services
- Managing exit processes including ensuring clients are linked to community supports

It is critical that the person undertaking this role understands the context within which family violence and disability professionals work. This understanding fosters credibility with those professionals while ensuring the worker has the ability to assess, case manage and refer effectively. In addition, the case manager should:

- Have an intimate technical knowledge of how family violence and disability service systems operate
- Work collaboratively with other professionals in the disability and family violence sectors
- Engage women with disabilities
- Be aware of how disability and family violence affect all aspects of women's lives
- Receive supervision

This is a full time role to maximise the worker's capacity to participate in networking activities, provide secondary consultations and direct services to women.

Recommendation 10

Ensure that intensive case management for women with disabilities positions are adequately resourced in recognition of the breadth of the role

Conclusion

The project revealed the delicate balance between promoting human rights and maintaining women's continuity of care and valued family relationships. While ideally, women would always have other care options, the resources for these are not always available. Furthermore, like many women who experience family violence, women with disabilities often want the violence to stop and the relationship to continue.

Our experience of conducting this project largely supports the recommendations for intensive case management made by Women with Disabilities Australia in 2008. Our project made modest yet important gains to improve service responses to women with disabilities who experience family violence. The ten women who received direct support via the project including advocacy, referral, emotional support, safety planning and case management. The case-focused working group and case manager's secondary consultations indirectly supported many more women.

Collaboration between the disability and family violence sectors is still in the early stages and the project had limited scope to develop cross-sector protocols and systems. Far more groundwork is required to support a more systematic approach to intensive case management.

This project attempted to develop a holistic practice model that showcased collaboration across the disability and family violence sectors and looked beyond traditional ways of working with our clients. We believe that the project objectives are consistent with the objectives outlined in Victorian Government's paper *Human Services: The case for change*. We invite the Government to use the findings of this project to inform current service sector reform.

Intensive case management requires elements of community development and partnership/integration development to maximise outcomes for women so it is imperative that these aspects of the role are resourced alongside the direct service role.

Not all women with disabilities are suited to, or in need of, intensive case management. One of the challenges for future intensive case management work is to establish clear pathways for women with different levels of need – in relation to their daily life activities and the family violence they experience. There are clear priorities in this work:

- It is critical that workers working with women with disabilities are trained to identify family violence so that they can refer women with low-to-moderate disabilities into the family violence system.
- Generalist family violence services must promote their capacity to provide secondary consultations so that disability services can better respond to women with disabilities
- Family violence services require resources to provide crisis responses to women with disabilities
- It is critical that disability and family violence services work collaboratively to develop a holistic response and agreed protocols to meet the family violence-related needs of women who cannot communicate their experiences of violence, have high disability support needs, or are reliant on the perpetrator of violence for care or accommodation

WHW appreciated the opportunity to undertake this project and make the following recommendations for future service provision to women with disabilities who experience family violence:

Recommendation 1: Develop a protocol to assist disability workers with concerns about family violence; particularly reciprocal secondary consultations between disability and family violence services

Recommendation 2: Use case discussions to achieve cross-sector understanding and integration

Recommendation 3: Train all disability workers to use the family violence risk assessment and risk management framework

Recommendation 4: Focus future disability intensive case management efforts towards supporting women with diverse disability support needs who engage in a range of services

Recommendation 5: In partnership with disability services, develop alternative and flexible ways of responding to family violence that recognise the unique circumstances of women who have high disability support needs

Recommendation 6: Advocate for the development of statewide protocol to instruct disability and family violence workers on possible actions when women at immediate risk of family violence are subject to a guardianship order

Recommendation 7: Promote awareness among disability workers about the Office of the Public Advocate's capacity to provide advice and direction when there are concerns about family violence for a woman who cannot advocate for herself

Recommendation 8: Advocacy for individual women's rights and systemic change is an important component of intensive case management; WHW recommend that this program be funded appropriately

Recommendation 9: Implement and support the development of regional disability and family violence service networks attached to regional integrated family violence committees that foster encourage innovative and collaborative practice

Recommendation 10: Ensure that intensive case management for women with disabilities positions are adequately resourced in recognition of the breadth of the role

In early 2013, the Western Region Family Violence and Disability Services Network adopted all recommendations and incorporated into their 2013-14 work.

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