Developing an ACT crisis response to women with disabilities who experience domestic violence and/or sexual assault

A Report of the ACT Disability & Community Services Commissioner

June 2014
Service pathways can be complex for women with disabilities who experience violence. Factors impacting on response outcomes include:

- where the woman is living,
- the nature of her disability,
- whether or not she has contact with services, and
- whether her first contact for disclosure is with a disability service or a family violence service.

Mapping pathways for service access is not straightforward. Disability workers generally feel overwhelmed by the enormity of the issue. When discussing barriers to service access with family violence and sexual assault workers, they talk in terms of a series of hurdles, rather than a well-defined set of pathways to support for victim/survivors. Lack of resources to initiate flexible responses for women with disabilities who need assistance is one of the biggest problems.


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June 2014

Author: Di Lucas, on behalf of the Steering Committee

Mr Simon Corbell MLA
Attorney-General
Legislative Assembly for the ACT
CANBERRA ACT 2601

Dear Attorney-General

I present to you a report of a commission-initiated consideration into gaps in service delivery for women with disabilities needing to escape violence and/or sexual assault. The report has been prepared by a steering committee of organisations involved in the delivery of services to women.

This report is being given to you pursuant to s 87 of the Human Rights Commission Act 2005, which provides that you must present the report to the Legislative Assembly within six sitting days after the day that you receive the report.

The report contains a range of recommendations aimed at improving service delivery for women with disabilities and I look forward to a government response.

Yours sincerely

Mary Durkin
Disability and Community Services Commissioner

27 June 2014
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1. INTRODUCTION

In June 2012, the office of the Disability and Community Services Commissioner convened a meeting with the Domestic Violence Crisis Service (DVCS), the Canberra Rape Crisis Centre (CRCC) and the Office for Women to discuss concerns about gaps in services for women with disabilities trying to escape domestic violence and sexual assault.

That first meeting led to the establishment of a Steering Committee, including the Commissioner’s office, DVCS, CRCC, the Victims of Crime Commissioner (VoCC) who also represents Victim Support ACT (VSA), Women With Disabilities ACT (WWDACT) and Disability ACT. Since that time, the Committee has met regularly and has overseen the management of a project to develop solutions for providing support to women with disabilities who are in crisis as a result of domestic violence or sexual assault.

This report is the product of that project and is provided to the Government pursuant to s 87 of the Human Rights Commission Act 2005.

Recommendation 1

That the ACT Government, in accordance with s87 of the Human Rights Commission Act 2005, respond to the recommendations in this report within three months of it being tabled in the Legislative Assembly by the Attorney-General.

1.1 Background

Domestic violence and sexual assault thrive in situations of inequity, in situations where people are vulnerable and where they are dependent on others. According to the Australian Bureau of Statistics (2003) 20% of Australian women have a disability. ¹ The 2012 report, Strong Women, Great City,² reports that there are 31,542 women in the ACT with disabilities, 17.8% of the total female population. In contrast, men with disabilities make up 14.4% of the total male population. The 2012 Survey of Disability and Carers confirms this estimate, reporting 31, 700 women with disabilities and slightly changed population proportions (17.0% and 13.6% for women and men respectively).³ Research in Australia, and internationally, shows that women with disabilities are extremely vulnerable to gender-related abuse; in fact they are two to ten times more likely to experience domestic violence or sexual assault than women without a disability.⁴

It is difficult for any woman to escape a situation of violence but there are additional barriers for women with disabilities. A major barrier is the assumption that she will be unable to find temporary, safe accommodation in which she will have access to the daily personal care or support services she needs. Another barrier is experienced in the ACT where the organisations that make up the Specialist

² Carnovale, Angela (2012). Strong Women, Great City: A snapshot of findings from a survey of ACT women with disabilities, Women’s Centre for Health Matters, Canberra, p. 8
³ Australian Bureau of Statistics, Disability Ageing and Carers Australia: Summary of Findings, 2012, Table 5 ALL PERSONS, LIVING IN HOUSEHOLD; Disability status, by age, sex and geographic location–2012; The 2012 Survey of Disability and Carers estimates that there are 21,500 women with disabilities ages less than 65 years, and 10,200 older than 65 living in households, making a total of 31,700 (17.0% of female population). In contrast there are 25,400 men with reported disability (13.6% of male population).
⁴ Murray & Powell (2008), Sexual assault and adults with a disability. Enabling recognition, disclosure and a just response, ACSSA Issues No. 9, Australian Centre for the Study of Sexual Assault, p. 3
Homelessness Services do not have the staff capacity, training or experience, or the equipment to provide necessary disability support and personal care services.

This project builds on the work of previous projects in this area, which have sought to address some of these barriers.

In 2008, a disability awareness project was undertaken by Women With Disabilities ACT (WWDACT), the Women’s Centre for Health Matters (WCHM) and the various specialist homelessness and violence crisis services in the ACT. The Project, “Women with disabilities accessing crisis services in the ACT”, aimed to explore current practices, raise awareness and assist services to become more accessible to women with disabilities. It provided details of good practice principles that would improve access for women with disabilities to crisis services. An audit of accessibility at eight refuges and the Women’s Health Services was undertaken. Most locations had accessibility features but recommendations were made for infrastructure adaptations, for training of staff and for changes to intake processes.

In 2010, WCHM and WWDACT partnered with Advocacy for Inclusion on a follow-up project focusing on disability awareness and human rights training for the managers and staff of domestic violence and crisis services.

These two projects significantly raised disability awareness for management and staff in the Specialist Homelessness Services, the Domestic Violence Crisis Service (DVCS) and Canberra Rape Crisis Centre (CRCC). At the same time the projects highlighted the lack of collaboration and relationships between the disability sector and the crisis services in relation to addressing safety for women with disabilities. Specifically, workers in the disability sector lacked knowledge about how to respond, and the skills needed to respond, to disclosures of domestic violence and sexual assault. They also lacked information about the work of crisis services, and about the prevalence and complexity of issues related to violence and sexual assault against women with disabilities. The workers in the crisis services lacked knowledge about the support services available for women with disabilities.

The projects also highlighted the limited options available to support women who have experienced sexual assault or domestic violence and who are seeking to establish safety.

1.2 Project Aims

Much effort and enthusiasm has gone in over the years to develop the ACT’s integrated response to domestic/family violence and sexual assault, the Family Violence Intervention Program (FVIP), and the Wraparound Program that frames the response to sexual assault. Participating agencies have developed collaborative processes to assist with the achievement of good outcomes for the people who experience the violence and trauma. This project aims to enhance the existing integrated crisis responses by developing the supports required by women with disabilities when they need to establish safety.

The project focuses on the crisis situation when women have immediate needs to establish safety from violence. It is a small contribution to a complex process of establishing sustainability in housing, finances, health, parenting, employment, and engagement with the community, to name just some of the issues that arise when people experience domestic violence or sexual assault. All people in this situation have specific needs and the system responds to address those needs.

5 Specialist Homelessness Services are discussed in more detail on page 18 – they include refuges that provide medium to long term accommodation and support.
This project aims to ensure that women with disabilities (whose habituated experience of marginalisation in both the disability and women’s sectors has excluded them from domestic violence and sexual assault responses available to non-disabled women), will no longer be disadvantaged within the ACT’s response because of their disability.

Most importantly, the project aims to develop a system of supports that is practical, sustainable, flexible, immediate, cooperative, collaborative, respectful and appropriate.

For the purposes of this report “women with disabilities” also includes women with children with disabilities.

1.3 Methodology

A literature search was conducted in order to identify crisis response models that provide women with disabilities with the possibility of establishing their immediate safety as well as having their disability-related support needs met. The ‘stand-out’ model that offered the elements crucial to the success of a response was the Victorian Disability and Family Violence Crisis Response Initiative (The Victorian initiative). This response was developed in partnership between Disability Services in the Department of Human Services and domestic/family violence sector, following an Ombudsman report into violence against women with intellectual disabilities. The Victorian Initiative provides the basis for the outcomes of this project. The information gained from the literature was followed up by interviews with the key partners, the Disability Family Violence Liaison Officer within Disability Services (DFVLO) and the Women’s Domestic Violence Crisis Service (WDVCS).

During the course of the project many ACT agencies were also consulted. Agencies from the domestic violence and sexual assault sector and disability related services were able to provide information that has contributed to this report. Many of those services are essential participants for an effective ACT crisis response. See Attachment A for list of agencies.

The Steering Committee provided guidance and expertise. Their passion and commitment to making the system responsive to women with disabilities will ensure a successful outcome.

1.4 Recommendations

Recommendation 1
That the ACT Government, in accordance with s87 of the Human Rights Commission Act 2005, respond to the recommendations in this report within three months of it being tabled in the Legislative Assembly by the Attorney-General.

Recommendation 2
That DVCS, CRCC and VSA develop MOUs to formalise their roles in the Crisis Services Scheme, which include arrangements for emergency expenditure at the crisis point to establish safety for a woman with disabilities who has experienced domestic violence and/or sexual assault.

Recommendation 3
That the Attorney-General refer the issue of legislative definitions of domestic violence and applicability to disability group homes, to the Domestic Violence Prevention Council for consideration.

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6 Salthouse & Frohmader (2000)
Recommendation 4
That the appropriate Directorate assumes responsibility for coordinating the Crisis Services Scheme on an ongoing basis, to ensure its sustainability and the maintenance of relationships at a systemic level. This would include:

- supporting a training program for disability, domestic violence, sexual assault and homelessness workers, and the wider community;
- promotion of the scheme;
- data collection, review and evaluation;
- facilitating meetings between participating agencies on an ‘as needs’ basis; and
- identifying strategies to make the scheme more effective.

Recommendation 5
That the appropriate Directorates assist the Disability and Community Services Commissioner/Steering Committee with the development of a training package on domestic violence and sexual assault, and the experiences of women with disabilities. The training package will be developed using the expertise of the disability, mental health, domestic violence and sexual assault sectors and delivered by those with expertise in these areas. The training will be available, in the first instance, to workers in all sectors who will be participating in the Crisis Services Scheme.

Recommendation 6
That the appropriate Directorates assist the Disability and Community Services Commissioner/Steering Committee to develop and implement a promotional strategy for the Crisis Services Scheme.
2. PATHWAYS TO SAFETY

2.1 The Victorian Disability and Family Violence Crisis Response Initiative (The Victorian Initiative)

The Victorian Initiative was developed in partnership between the family/domestic violence sector and Disability Services in the Department of Human Services. It aims to ‘assist women with a disability experiencing family violence who may require immediate [their emphasis] disability support to access a family violence crisis accommodation response while exploring longer term housing and support options or require immediate disability support to remain safe in the home or community’.7

Some of the key points relating to the Victorian Initiative are:

- It applies in situations where children with disabilities are escaping family violence with their mother.
- The initiative is located within Disability Services. A Disability Family Violence Liaison Officer (DFVLO) and the Women’s Domestic Violence Crisis Service (WDVCS) are the sector lead agencies. The DFVLO promotes the Initiative to generate referrals and provides ongoing education and training to both disability and family violence sectors.
- Family Violence workers across the state make referrals to the DFVLO or the WDVCS for access to the scheme.
- Only women who are eligible for Disability Services under the Victorian Disability Act 2006 are able to access the assistance.
- The State-wide scheme is supported by $250,000 per annum funding from Disability Services. Crisis funding of up to $9000 is available for a period up to twelve weeks to cover costs specific to disability support requirements. Further funds may be negotiated on a case-by-case basis.
- The funds may purchase ‘attendant care’ support such as personal care, shopping assistance, meal preparation, or support in providing care; the hire of equipment where their own is not available; Auslan interpreting if it is not available through usual channels; and transport costs related to disability.
- The Family Violence agency, after consultation with the DFVLO or WDVCS, is guaranteed reimbursement for any expenditure relating to disability needs in the immediate crisis period (up to 5 days) while the disability assessment is being completed.

In the first 18 months of the scheme approximately 30 women were assisted and none of them used the full amount of funding available to them. Half of the women were not already registered with Disability Services but were assessed to be eligible to receive that support.

2.2 The Proposal – the ACT Crisis Services Scheme

The proposed scheme for the ACT is based on the Victorian Initiative but has been adapted for the ACT context.

In order for the ACT Crisis Services Scheme to be effective, and sustainable, it must be:

- Practical
- Flexible
- Immediate
- Collaborative and Cooperative

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2.2.1 Funding

Domestic violence and sexual assault are often hidden crimes within our community, which makes it difficult to estimate the number of women who might access the scheme. In the initial phase it is anticipated that approximately 3 - 5 women may need assistance in a 12 month period. This may increase as disability workers and women with disabilities learn about the availability of the scheme.

The Victims of Crime Commissioner (VoCC) has offered to provide funding for a 12-month trial period, through the Victims’ Services Scheme. It is expected this source of funding will continue beyond the pilot period. If experience during the pilot indicates that some applicants for funding do not meet the VoCC’s eligibility criteria alternative funding sources will need to be explored.

Funding will only be required from the VoCC on a temporary basis. Once a woman is able to obtain an assessment under the National Disability Insurance Scheme (NDIS) to meet her support needs and establish her safety, funding from the Crisis Services Scheme will cease.

The introduction of the NDIS will change the face of disability support in the ACT. The NDIS will help people who have a significant and permanent disability and who need assistance with every day activities. This includes people whose disability is attributed to intellectual, cognitive, neurological, sensory, or physical impairment, or a psychiatric condition.

According to the National Disability Insurance Agency (NDIA), women who are eligible for, or who are already participants in the NDIS, will be able to review their plans when necessary, to include access to safety, for example. The NDIA has advised that emergency assistance packages will be available and that these might be arranged within a matter of days. The NDIA will not be a source of funding, however, for situations requiring an immediate crisis response e.g. in the middle of the night. Further, funding under the NDIS cannot be backdated i.e. money spent to address a crisis situation cannot be reimbursed.

2.2.2 Access to the Crisis Services Scheme

While the Victorian Initiative provides an excellent model of response to women who are eligible for assistance, it may also be seen as bordering on being exclusive. To access the scheme women (or their children) must fit into the disability definition described in the Disability Act 2006 which is a narrower definition than in the ACT. For example it does not include mental health as a disability. If women are not eligible for assistance from Disability Services they are not eligible to receive assistance from the Victorian Initiative. However, where a woman does not fit Disability Services’ criteria of eligibility there may be a possibility of providing the necessary supports through the Victorian Department of Health.

The proposed ACT Crisis Services Scheme is based on the needs of women (or their children) associated with their intellectual, psychiatric, sensory or physical disability. It is an enhancement of the current ACT crisis response to women who experience domestic violence or sexual assault to make those responses better available to women with disabilities, or with children with disabilities who:

- because of the domestic violence/sexual assault cannot safely access the disability support required to care for herself and/or her children on a daily basis, or
- because of her/her child’s disability is unable to access mainstream support services that are available to other women and their children who experience domestic violence/sexual assault and are seeking to establish safety.

It will be available to women who choose to remain in their own homes, women who choose to stay with family or friends, or women who require refuge accommodation. To access the scheme, the
woman or her advocate must be in contact with the DVCS, CRCC or Victim Support ACT (VSA). To receive funding the woman needs to register, or be registered, with Victim Support ACT.

A Memorandum of Understanding (MOU) should be developed between DVCS, CRCC and VSA to support their roles in the Crisis Services Scheme. It is further recommended that the MOU cover an arrangement whereby DVCS and CRCC, as 24-hour crisis services, may make necessary expenditure at the crisis point to establish safety for a woman with disabilities who has experienced domestic violence and sexual assault, and those crisis funds be reimbursed by VSA.

The effectiveness of the ACT Crisis Services Scheme will be in its flexibility to meet women’s individual needs. Situations may arise that require the response that the Crisis Services Scheme provides but where the woman does not have a disability as such, but may instead have a disabling condition, such as morbid obesity. In the ACT ‘disability’ also includes psychosocial disabilities (mental illnesses or disorders). The Crisis Services Scheme would also benefit from the involvement of Mental Health ACT.

In the crisis circumstances that are likely to arise, any response needed to accommodate a woman’s health needs is likely to be provided by current emergency services. If a woman with a psychosocial disability needs a crisis response because a situation arises where violence or sexual assault exacerbates a mental health condition, the Crisis Assessment and Treatment Team (CATT) is available on a 24 hour basis. Similarly, if a woman needs emergency treatment as a result of physical abuse the ACT Ambulance Service is available, as well as Emergency Department treatment.

Following the immediate crisis, women may need support from a general practitioner to address any ongoing health needs. The Steering Committee will hold discussions with ACT Medicare Local around potential issues.

**Recommendation 2**

That DVCS, CRCC and VSA develop MOUs to formalise their roles in the Crisis Services Scheme, which include arrangements for emergency expenditure at the crisis point to establish safety for a woman with disabilities who has experienced domestic violence and/or sexual assault.

This recommendation has already been accepted by the parties.

### 2.2.3 Ongoing barriers to access

Not all women with disabilities will, however, be able to access the scheme. It will depend on where they live and what type of violence they have experienced. Women who live in residential settings/group homes will have access to the Crisis Services Scheme if they have experienced sexual assault but not another form of violence.

The NSW *Accommodating Violence* report\(^8\) (2010) reported that while:

- Women with disability experience domestic abuse at a higher rate, in more diverse forms, for extended periods of time, and at the hands of a broader range of perpetrators than women without disability. Women with disability living in residential and institutional settings are at an even greater risk of abuse. French et al. (2009) cite research findings that people with disability living in residential facilities reported experiencing twenty types of abuse and

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neglect, including physical, sexual and emotional abuse, abusive behaviour management and failure to provide basic requirements.

The NSW Crimes Act frames the definition of domestic violence around the term “domestic relationship” and applies to a person who is:

- living or has lived as a long-term resident in the same residential facility...or has or has had a relationship involving his or her dependence on the ongoing paid or unpaid care of the other person.\(^9\)

The ACT Domestic Violence and Protection Orders Act 2008 specifically excludes a paid carer relationship\(^10\) and does not contain any reference to residential facilities. The definition of domestic violence is based on the meanings of ‘relevant persons’ and ‘relevant relationships’, neither of which covers relationships in residential facilities. This continues to be a point of contention for advocates in the disability sector in the ACT.

The Steering Committee recognises that pathways are needed for women to establish their safety and have their needs met when they have been subjected to personal violence in residential facilities/disability group homes. It was not possible to properly canvass this issue within the context of this project. The Steering Committee, however, considers that the issue requires further consideration.

It is also relevant to note the work being developed by National Disability Services on a zero based tolerance approach to violence, which provides opportunities for Disability Specialist Services to contribute to work and commit to a course of action on preventing abuse in support services they provide.

### Recommendation 3

That the Attorney-General refer the issue of legislative definitions of domestic violence and applicability to disability group homes, to the Domestic Violence Prevention Council for consideration.

#### 2.2.4 Assessment of need

The assessment of need is a key part of any crisis response, particularly in the context of developing a safety plan. In Victoria, all agencies complete a comprehensive assessment form when a woman seeks assistance following domestic violence. Where a woman has disability-related needs, a Supplementary Assessment form is completed which is then sent to the Disability Family Violence Liaison Officer (DFVLO). This is then used to assess a woman’s eligibility for the Victorian Initiative response, that is, does she fit the Victorian definition of disability.

For the ACT Crisis Services Scheme the proposed assessment focuses on a woman’s disability related needs rather than her disability status. It focuses on the needs that must be met to provide her with the option of establishing safety. The domestic violence or sexual assault crisis worker can assist the woman to complete the assessment. This would then guide the management of the response and provide the crisis worker with the necessary information about the appropriate services to call on (see Attachment C: Assessment for Crisis Services Scheme Form).

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\(^9\) NSW Crimes (Domestic and Personal Violence) Act 2007 No 80

\(^10\) ACT Domestic Violence and Protection Orders Act 2008 S.15 4(b) an intimate relationship is not taken to exist between people only because one of them provides a service for the other—

(i) for fee or reward; or

(ii) on behalf of another person (including a government or corporation); or

(iii) on behalf of an organisation the principal objects or purposes of which are charitable or benevolent.
2.2.5 Sustainability

As the funding agency for the trial period, the Victims of Crime Commissioner (VoCC) will fulfil the role of lead agency for that period. This fits well with the functions assigned to the VoCC as the Domestic Violence Project Co-ordinator under the Domestic Violence Agencies Act 1986.11

The VoCC will work in close collaboration with DVCS and CRCC to address the immediate needs of women with disabilities who experience domestic violence or sexual assault. A range of other agencies will also support the scheme and it is essential that relationships between agencies be developed to ensure positive and effective outcomes for women. A culture of cooperation and collaboration needs to be developed.

The ACT integrated responses to domestic violence and sexual assault are key elements in the attempts to reform the siloed nature of community/human services. The Crisis Services Scheme also aims to provide a bridge between silos so that some of the most vulnerable and disadvantaged people in our community can receive the assistance they need in a timely and appropriate manner.

The project to develop the scheme has had the support of structures that are vital to the ACT’s response to people with disabilities and to people who experience domestic violence and sexual assault: the Domestic Violence Prevention Council (DVPC), the Victims of Crime Commissioner, Disability ACT and the Disability and Community Services Commissioner. Their ongoing support for, and contribution to, the scheme is essential. The Crisis Services Scheme’ success would also benefit from the involvement of ACT Mental Health and ACT Health.

To have a number of agencies taking ongoing responsibility for the program’s implementation, however, would be resource intensive for those agencies and inefficient.

To ensure that the scheme maintains its momentum as time passes, the Steering Committee considers that a lead agency is required to ensure the ongoing promotion of the program, that up-to-date information is available to all parties, that training is provided, and that the program is evaluated to ensure that the approach and materials remain relevant.

The Government has policy responsibility in relation to issues affecting women and funds a number of women’s services. It will also continue to play a policy and regulatory role in relation to people with disabilities following the introduction of the NDIS. It should be a major partner in the Crisis Services Scheme and work closely with the domestic violence and sexual assault sector to ensure women with disabilities are not further disadvantaged because of either their disability or violence.

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11 S12(b) The [Victims of Crime Commissioner] has the following functions in relation to domestic violence:
   (i) the provision of health, education, crisis or welfare services to victims or perpetrators of domestic violence or otherwise relating to the incidence or prevention of domestic violence.
Recommendation 4
That an appropriate Directorate assume responsibility for coordinating the Crisis Services Scheme on an ongoing basis, to ensure its sustainability and the maintenance of relationships at a systemic level. This would include:

- supporting a training program for disability, domestic violence, sexual assault and homelessness workers, and the wider community;
- promotion of the scheme;
- data collection, review and evaluation;
- facilitating meetings between participating agencies on an ‘as needs’ basis; and
- identifying strategies to make the scheme more effective.
3. PUTTING THE CRISIS SERVICES SCHEME INTO PRACTICE

The Crisis Services Scheme aims to assist women seeking to establish safety after domestic violence or sexual assault whether they choose to remain in their own home\textsuperscript{12}, whether they seek shelter with family or friends, or if they require emergency accommodation. A holistic response will address their needs related to the domestic violence or sexual assault and the needs related to theirs, or their child’s, disability.

All women seeking to establish safety and security after domestic violence or sexual assault have needs that may include, for example: assistance from crisis services, accommodation options, case management, advocacy, financial assistance, tenancy support, childcare, and interpreting services. Women with disabilities, or with children with disabilities, have those needs in common with non-disabled women, but may possibly have the added need for personal care services (which can also include shopping and support to care for others), equipment, transport, and disability-specific case management and advocacy.

The Crisis Services Scheme focuses on addressing a woman’s disability related needs so that she is not disadvantaged in the existing systemic response to domestic violence and sexual assault because of her disability. Women with disabilities will have the same level of access to existing domestic violence and sexual assault services as all people in the ACT, and the same level of opportunities for establishing safety and to live free from violence. Cooperation and collaboration between services and sectors, and access to financial resources, will make this an effective response.

In reality, however, women with disabilities will have the same level of frustration as all people with the limited availability of some of the supports required after domestic violence and sexual assault. For example, the DVCS \textit{Staying at Home} project has found that it is very difficult for people to access emergency childcare so that they can attend court appointments etc. and there is little financial assistance available to help women to sustain tenancies.

3.1 Crisis Services

CRCC can provide a crisis response to any woman in the ACT who experiences sexual assault and DVCS can provide a crisis response to any woman who experiences domestic violence in the ACT.\textsuperscript{13} Both services are \textit{key agencies} in the ACT’s integrated responses, which include the police and legal systems. Crisis services have been hampered in their attempts to establish a woman’s safety when they have not been able to provide access to the necessary disability supports. Anecdotally there were at least three crisis situations in 2012 to 2013 where women with disabilities needed to be accommodated at short notice by a Specialist Homelessness Service, and where links to put support services in place were not available. Lateral thinking and innovation enabled solutions to be found but not without added strains on the services involved.

3.2 Women staying in their own home

It is common knowledge in the domestic violence sector that most women who experience domestic violence choose to remain in their own homes, with many of these women never coming into contact with the support available through the homelessness sector. The rationale for the current DVCS \textit{Staying at Home} project has this knowledge at its base.

\textsuperscript{12} The current \textit{Staying at Home} project at DVCS is exploring the supports needed by women to stay in their own homes post crisis. It has found that a ‘crisis of sustainability’ occurs around the eighth month, when they are no longer able to access assistance from domestic violence crisis services.

\textsuperscript{13} Both services also provide a response to men who experience sexual assault or domestic violence but this report and the CSS is focused on the needs of women, who are the majority of people who experience these types of violence.
Women with physical, intellectual and psychiatric disabilities often face a whole realm of additional problems if they are forced from their homes. In addition the availability of affordable, accessible housing is a considerable barrier to women with disabilities escaping violence. Access to purpose-built dwellings is limited. For many women with disabilities, considerable financial and human resources go into setting up a living environment that maximises personal independence. Being suddenly removed from that environment has the potential to severely impact on a woman’s confidence and independence, at least initially if not long term.

Potentially there are more benefits for both women with disabilities and women with children with disabilities to have supports in place for the removal of the perpetrator from their home. Exclusion orders\(^\text{14}\) may be an essential requirement for those who cannot leave their homes due to financial dependency or reliance on disability-modified premises and proximity to support services. They are also valuable for women and their children for whom the disruption of using emergency accommodation and/or a series of subsequent relocations will result in levels of trauma beyond that experienced by non-disabled women.

For women who have children with disabilities, leaving their home can mean additional disruption in their child’s life because they may lose contact with any one or a combination of the services they require, such as:

- therapist (occupational, physio, speech); respite care; school based assistance
- community nursing; specialists & GP’s who know the child’s history
- family & behavioural intervention and support teams; child & adolescent mental health teams
- specialist child care, playgroups or school options
- specialist recreational options; in home support

Women who can remain in their homes may still have requirements associated with their disability, such as personal care support, and they will also have the same needs as other women who stay in their homes after domestic violence - for support in dealing with the immediate aftermath of the violence and separation, and establishing safety and a sustainable lifestyle. They will be eligible to receive the same assistance as all women who experience domestic violence, in securing their property with lock changes, security lights etc. and will also benefit from the implementation of any of the recommendations from the Staying at Home report. In the interim, the Special Homelessness Services, which include the ‘women’s refuges’, established to accommodate women and their children leaving domestic violence, can offer some outreach support to women in their homes.

Both Doris and Toora refuges have offered to prioritise women with disabilities who remain in their home after domestic violence for any outreach support they have available.

3.3 When women need to leave their home

It is extremely difficult to access emergency accommodation at the time of a crisis, particularly if it is ‘after hours’. The gateway into domestic violence refuges is facilitated by the centralised homelessness intake service, First Point, and dependent on space being available.

3.3.1 Motel accommodation

Motels are the fall-back option for emergency accommodation and DVCS has brokerage funds to accommodate women in motels for a few days while accommodation options are explored. It is anticipated that this will be the situation for women with disabilities who are leaving their home after domestic violence as well.

\(^{14}\) Exclusion orders are made by the courts to remove perpetrators from a residence, rather than requiring victims to leave to establish safety. They are colloquially known as ‘kick out’ orders.
The Crisis Services Scheme has the support of a number of motels in the ACT.

Motel staff will participate where possible in any relevant training associated with the scheme and will work with the crisis services and other agencies involved meeting a woman’s needs.

3.3.2 Specialist Homelessness Services

Specialist Homelessness Services may be able to provide medium to longer-term accommodation and support. These services have participated in the previous disability-related projects run by WCHM, WWD.ACT and Advocacy for Inclusion and all have some level of physical disability access. Where possible, the refuges may move a woman without a disability out of an accessible unit in order to accommodate a woman with a disability, as the Women’s Domestic Violence Crisis Service does in Victoria with their emergency accommodation.

Participating refuges include:
- Doris Women’s Refuge (for women with children escaping domestic violence)
- Beryl Women Inc. (for women with children escaping domestic violence)
- Heira at Toora Women Inc. (for women unaccompanied by children who are escaping domestic violence. If Heira has a vacancy DVCS can place a woman after hours.)
- Toora House at Toora Women Inc. (for women unaccompanied by children who are homeless)
- Inanna (for people who are homeless and/or in emotional distress. Inanna may be able to respond immediately to women with psychosocial/mental health disabilities).

Refuges do not have the capacity or the skills to provide the personal care support that women with disabilities might require and they are keen to foster relationships with personal care agencies to ensure a woman’s needs are met.

It is more common now that refuge accommodation is in stand-alone units/houses but the congregate model still exists. Refuges that have accommodated women with disabilities in the past are aware of some of the complexities that can arise in a congregate living space. It is essential that personal care workers have an understanding of the issues associated with domestic violence and sexual assault and also an understanding about how refuges operate and the sensitivities of congregate living spaces. Refugee workers, on the other hand, need to have an understanding about the complexities that arise for women when gender and disability intersect. It is also essential that refuge workers communicate with other residents about the refuge’s commitment to supporting women with disabilities and what this means within the house. It also needs to be recognised that a congregate living space might not be appropriate for some women with disabilities, especially women with intellectual disabilities who are extremely vulnerable and at risk.

3.4 Disability support agencies

The capacity of disability support agencies to respond immediately to meet a woman’s needs in a crisis situation is a key to the success of the Crisis Services Scheme. Three agencies have been identified which are willing to be part of the Crisis Services Scheme. These agencies each have after-hours numbers and experience in providing personal care services to people with disabilities. Those participating are:
- Care Plus
- Just Better Care
- Duo

The relevant agency staff will attend any training that is provided. One of the main concerns is that staff may have to deal with a threatening situation when women remain in their home. Training and relationships with domestic violence agencies will help alleviate that concern.
3.5 Case Management/Case coordination

Women who experience domestic violence or sexual assault may have ongoing needs that crisis services are not resourced to meet. A preliminary finding of DVCS’ Staying at Home project is that women who stay in their own home may experience a ‘sustainability crisis’ [this report’s words] at about the eighth month period after domestic violence and that the women are no longer eligible to receive domestic violence crisis services. They may be under threat of homelessness but the fact that it is not their personal safety that is under threat may make them less eligible for domestic violence refuge accommodation.

The Crisis Services Scheme is focused on providing a response to the immediate crisis to establish safety but recognises the need to provide a smooth transition to longer-term support. Any support provided to women, especially to women presenting with a complexity of issues, with or without disabilities, is most effective if it is coordinated. It is not acceptable for a woman to be bounced from one agency to another, repeating her story every time. Case management provides the coordination that is required. In a refuge situation, a refuge worker may act as the Case Manager, but for women in their home it is not immediately obvious where that support can come from. Case management in such circumstances is required.

Two disability agencies that provide case management have offered to participate:
- Community Options, and
- Community Connections

It may also be possible to have a Case Management component within the scope of Specialist Homelessness Services that are providing outreach support to women in their homes.

Both disability case management agencies stressed the importance of teamwork to ensure the most effective outcomes for clients. The role of case management is to keep the necessary supports in place and to work with those agencies and the client to determine the ongoing support needs and how they can be met. Also consider a Recommendation on Case Management to either identify that these agencies will self fund or that this is an identified ongoing funding need.

3.6 Advocacy

The crisis services and Specialist Homelessness Services also provide advocacy for women in crisis situations. DVCS and CRCC provide specific advocacy within the legal system. There may, however, be some situations in which women require further advocacy than either of these agencies can provide, particularly if the issues are related to their disability. The participating advocacy agencies are:
- ADACAS
- Advocacy for Inclusion.

Where possible, ADACAS has offered to prioritise women referred by the Crisis Services Scheme.

3.7 Other supports

Women may require transport to leave an unsafe situation, or to attend appointments related to establishing their safety. Two options for transport in an emergency are:
- Wheelchair Accessible Taxis (also for general appointments etc.), and
- Just Better Care (dependent on a driver being available).
4. ELEMENTS TO AN EFFECTIVE RESPONSE

4.1 Partnerships

A key principle of the Crisis Services Scheme needs to be that the range of services that work with and link with women with disabilities and their children, who might have specific care and support needs related to their disability, must be able to connect effectively and easily with each other. The disability, mental health, domestic violence, sexual assault and homelessness sectors all have a role to play in ensuring the effectiveness of the scheme.

Partnerships and mutually respectful and informed relationships between the sectors will benefit the whole ACT community. They will make it possible for:

- a shared understanding of violence/sexual assault across all service providers;
- a standardised approach to recognising and assessing the individual, immediate care and support needs, and the supports required;
- a standardised approach to identifying the appropriate agencies to provide those supports; and
- data collection and analysis that will ensure the scheme is responding adequately to meet women’s needs over time.

Working together across sectors also provides opportunities for exploring and addressing complex situations from a variety of perspectives, with the end result being a common understanding. Willingness to participate, and cooperation, along with an ongoing governance structure, is required. Opportunities for working together need to be embraced.

One case management agency said “Don’t get hung up on labels like ‘case manager’”. If everyone takes their role [it will be a] team getting together to keep [the support] going”.

A specialist homelessness agency emphasised the need for flexibility in partnering with other services to provide the support needed to address an individual’s needs. “There needs to be cooperation between homelessness agencies as well as between homelessness, domestic violence and disability agencies. If each contributes it will work well.”

As the Crisis Services Scheme is put into place for individual women there will be other agencies that need to be involved, such as the police, the Forensic and Medical Sexual Assault Care (FAMSAC), Carers’ ACT, Women’s Health Service, etc. It might become apparent that the governance of the scheme would benefit from their ongoing involvement. Otherwise, their experience would be of benefit to any interagency forums.

4.2 Training

Training provides an opportunity to work together and to build relationships. It also provides the basis for developing joint learning and understanding. The Steering Committee for developing the Crisis Services Scheme is grateful that a proposal for funds to develop and deliver a training package across the sectors has been approved by the Community Services Directorate. The office of the Disability and Community Services Commissioner will facilitate the delivery of the training.

The development and delivery of the training will provide an excellent opportunity for the sectors to work together.

The community as a whole will benefit from this type of training. The audience from across the support spectrum will include:
- workers directly involved with the Crisis Services Scheme (domestic violence and sexual assault workers, personal care workers, refuge workers, and other participating agency workers);
- the broader disability sector; and
- the broader community services and health sectors.

However, the training that is delivered needs to have components in which the various audiences are addressed together, so as to increase cross-sectoral understanding. The training should be easily accessible, financially and time-wise. Most personal support workers are “flat out” until lunchtime and it was suggested that fragmented training might be more accessible.

The training will cover:
- the domestic violence, sexual assault, disability and mental health support systems available;
- understanding domestic violence and sexual assault;
- the intersection of gender and disability;
- practical ideas for dealing with any situations of possible threat that arise;
- identifying domestic violence and sexual assault;
- responding to disclosures of domestic violence and sexual assault;
- the Crisis Services Scheme; and
- cultural issues.

As noted earlier, the Steering Committee for the development of the Crisis Services Scheme is grateful to the Community Services Directorate for its agreement to provide the funding for the development and delivery of the training program.

**Recommendation 5**

That the appropriate Directorates assist the Disability and Community Services Commissioner/Steering Committee with the development of a training package on domestic violence and sexual assault, and the experiences of women with disabilities. The training package will be developed using the expertise of the disability, mental health, domestic violence and sexual assault sectors and delivered by those with expertise in these areas. The training will be available, in the first instance, to workers in all sectors who will be participating in the Crisis Services Scheme.

**4.3 Promotion**

The ‘take-up’ of the Crisis Services Scheme will depend on knowledge about the availability of the scheme and the training package will be an important element in providing information to workers who have direct contact with women with disabilities.

It will be important that the health sector is informed as they may have contact with women who aren’t in contact with disability services, crisis services or support agencies.

The Medicare Local network is an avenue to provide information to GPs and the Disability Quarterly Forum is an existing network that can be used to disseminate the information regularly.

In the first instance, however, those involved in the violence, sexual assault, disability and homelessness sectors, will need access to accurate and readily available information about who to contact in a crisis situation so that a range of supports can be drawn around a woman needing assistance.

The information attached to this report summarises the material that services will initially need – contact details and assessment criteria. The Disability and Community Services Commissioner will fund the development of materials for the scheme and develop the promotional strategy.
An initial promotion strategy to identify and utilise existing networks which may have contact with women with disabilities, or women with children who have disabilities, needs to be developed. Promotion of the scheme will, again, need to be maintained to ensure its ongoing success.

The Steering Committee considers that the ongoing promotion of the scheme and updating of materials should be core business for Government, through an appropriate Directorate.

**Recommendation 6**

That the appropriate Directorates assist the Disability and Community Services Commissioner/Steering Committee to develop and implement a promotional strategy for the Crisis Services Scheme.
5. CONCLUSION

Service systems are best placed to respond in an integrated way to women with disabilities experiencing domestic violence or sexual assault when they have an approach in place that focuses on the rights, needs and safety of each unique victim, and when they take into account the individual circumstances, context, the resources needed for independence, and the risk situation for each woman and her children.

The aim of the integrated service approach and response in the ACT is to encourage consistency between service providers in their assessments of needs and supports, and to build a collaborative response to securing a woman’s safety. An integrated service response will depend on all agencies across the service continuum who might come into contact with a woman escaping violence/sexual assault ‘speaking’ a common language in terms of needs assessment and violence/sexual assault, and having a common understanding of the issues facing a woman with disabilities who wants to establish safety from violence and a common understanding about how to get the necessary support in place.

The Crisis Services Scheme will not provide the magic wand that makes all the barriers fall away for women with disabilities who experience domestic violence and sexual assault. There will still be the barriers that all women face in trying to establish their safety. The scheme will, however, assist women with disabilities to establish safety at a critical time in their lives and reduce the disadvantage they experience because of their disability. If all agencies work together, the transition out of a crisis situation will be more easily navigated.

There will, of course, be challenges that arise that will require innovative thinking and a willingness to try different approaches but with a partnership model bringing together a range of perspectives there is the possibility of creative solutions to assist women in difficult circumstances.

The Crisis Services Scheme Steering Committee thanks:

- Di Lucas and Natalie Liosatos for progressing the project work on the Committee’s behalf;
- the Women’s Centre for Health Matters for providing the project workers with office space and administrative support; and
- all of the services that are named in this report for their willingness to work with us and commit to a scheme that will make a real difference to the lives of women with disabilities.
6. REFERENCES


Carnovale, Angela (2012). Strong Women, Great City: A snapshot of findings from a survey of ACT women with disabilities, Women’s Centre for Health Matters, Canberra


Murray, Suellen and Powell Anastasia, Sexual assault and adults with a disability. Enabling recognition, disclosure and a just response, ACSSA Issues No. 9, Australian Centre for the Study of Sexual Assault, 2008

7. ATTACHMENTS

Attachment A: List of Agencies Consulted

- ACT NDIS Taskforce
- ADACAS
- Advocacy for Inclusion
- Beryl Women’s Refuge (Refuge for women and children escaping DV)
- Canberra Rape Crisis Centre (CRCC)
- Care Plus
- Children and Young People Commissioner
- Community Connections
- Community Options
- Disability Family Violence Officer, Victoria
- Domestic Violence Crisis Service (DVCS)
- Doris Women’s Refuge (Refuge for women and children escaping DV)
- First Point
- Inanna Women’s Refuge (women in trauma with or without children)
- Just Better Care
- Sexual Assault and Child Abuse Team, AFP
- Staying at Home Project (DVCS)
- Toora House (Homeless single women over 16 years)
- Victims of Crime Commissioner
- Victims of Crime Team, ACT Policing
- Women’s Centre for Health Matters (WCHM)
- Women’s DV Crisis Service, Melbourne
- Women With Disabilities ACT (WWDACT)
## Attachment B: Contact Details for Participating Agencies

<table>
<thead>
<tr>
<th>Participating Agency</th>
<th>Contact</th>
<th>Weblink</th>
</tr>
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<tbody>
<tr>
<td>Advocacy for Inclusion</td>
<td>6257 4005</td>
<td><a href="http://www.adocacyforinclusion.org">http://www.adocacyforinclusion.org</a></td>
</tr>
<tr>
<td>Canberra Rape Crisis Centre (CRCC)</td>
<td>6247 2525 (24 Hrs)</td>
<td><a href="http://crcc.org.au">http://crcc.org.au</a></td>
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<tr>
<td>Domestic Violence Crisis Service (DVCS)</td>
<td>6280 0900 (24 Hrs)</td>
<td><a href="http://www.dvcs.org.au">http://www.dvcs.org.au</a></td>
</tr>
<tr>
<td>Doris Women’s Refuge Inc.</td>
<td>6278 9999 (24 Hrs)</td>
<td></td>
</tr>
<tr>
<td>Duo</td>
<td>6287 2870</td>
<td><a href="http://www.duo.org.au">http://www.duo.org.au</a></td>
</tr>
<tr>
<td>Toora Inc.</td>
<td></td>
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</tbody>
</table>

A number of ACT motels are also participating and their contact details will be available to crisis services.
Attachment C: Assessment Tool

ASSESSMENT FOR ACCESS TO CRISIS SERVICES SCHEME (CSS)

To be completed for women with disabilities (or with children with disabilities) who have experienced domestic violence or sexual assault wishing to access support from CSS

1. Are you (and/or your child) registered with Disability ACT?
   - □ Yes
   - □ No
   - □ Unsure

   If yes, contact Disability ACT (with woman’s consent) to determine what assistance they could provide. *(This response will also assist with support planning.)*

2. Is support required for:
   - □ a woman with a disability
   - □ and/or a child

   It would be helpful if you could provide contact details for people or organisations who provides support to you. *(This could be a case manager, carer, support worker, relative or other.)*

3. Do you use any aids or equipment?
   - □ Yes
   - □ No

   (a) Do you have access to your aids or equipment now?
   - □ Yes
   - □ No

   (b) If no, what aids and equipment do you need?

4. Do you remember where you got the aids or equipment from? *(This could help with finding replacements.)*
5. Disability related support needs – what kinds of support (including access to aids and equipment) do you and/or your child need because of your/their disability?

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Self</th>
<th>Child</th>
<th>If yes, how often and what sort?</th>
<th>Any specific aids or equipment?</th>
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</thead>
<tbody>
<tr>
<td>Bathe/Shower</td>
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<tr>
<td>Dress/Undress</td>
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<tr>
<td>Medication</td>
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<tr>
<td>Get in/out of bed</td>
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<tr>
<td>Being moved whilst in bed</td>
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<tr>
<td>Use the toilet</td>
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<td>Shopping</td>
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<td>Banking</td>
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<td>Preparing meals</td>
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<td>Communication</td>
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<td>Other</td>
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