

SMCFA & SMFVRIC
Child and Family Working Group (0-10)

Morning Series Summary:
WAYSS- Family Violence & Disability Intersectionality

Thursday May 22nd

Guest Speaker: Lisa Ashton

Our Acknowledgements

Acknowledgement of Country: We acknowledge the people of the Boonwurrung, Bunurong and Wurundjeri tribes of the Kulin Nation who are the traditional owners and custodians of the Aboriginal land of our region. We recognise their continued connection to the land and waters and acknowledge that sovereignty was never ceded. It always was and always will be Aboriginal land.

We embrace diversity in all its forms, and respect everyone's strengths and contributions irrespective of gender, ethnicity, culture, religious beliefs, sexual orientation and political views.

Morning Series Summary: WAYSS

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W: <https://www.wayss.org.au/get-help/family-violence/>

For additional information:

About WAYSS

WAYSS is guided by an unwavering commitment to the dignity and individual needs of all, it is a safe and welcoming place that works to improve people's lives. WAYSS began in the 1970's in Westernport Victoria. WAYSS now covers the Southeast region, they have partnerships with federal and state governments, councils, courts, Victoria Police, developers, philanthropists and emergency accommodation and support services. They stand for people, advocate for funding, legislative changes and support people facing or at risk of family violence and homelessness.

Programs

- **Housing and Homelessness**

WAYSS offers housing and homelessness support for individuals, youth and families and specialised assistance for aboriginal people. WAYSS offers personalised support and places to stay. They aim to help secure and maintain housing for families, individuals, couples and youth by providing advice, linking to available housing options and relevant services, aiding with social housing and rental applications and guiding to programs offering bond loans and essential support.

- **Family Violence Support**

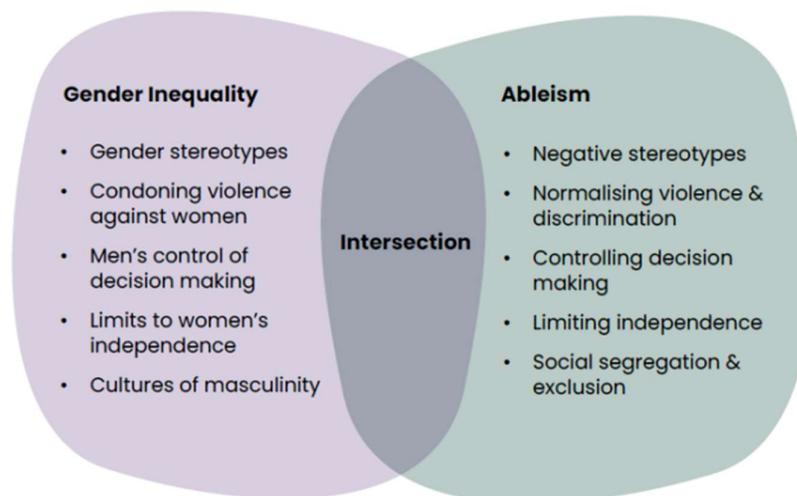
WAYSS has a range of services available to support people who are experiencing family violence, designed to provide individuals and families impacted by violence with a welcoming environment to start their healing journey. Depending on circumstance WAYSS provides refuge and emergency accommodation for people in immediate danger. Qualified professionals work closely with families and individuals to develop a personalised plan that prioritises safety and well-being. This plan can include access to legal help, counselling services, financial support and referrals to other community resources.

"Above information taken from WAYSS website"

Presentation Notes:

- Lisa is a Family Violence Disability Practice Leader. The presentation was about the intersectionality of family violence and disability.
- Role came out from Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Initiative by Family Safety Victoria in partnership with Safe + Equal, Women with Disabilities Victoria and Sexual Assault Services Victoria.
- The aim of the initiative is to better respond to people with disability who are at risk of or experiencing family violence or sexual assault.

- Lisa offers consultations, capacity building, advice, information and resources. There are 8 Disability Practices Leaders across Victoria.
- There are various and broad definitions of disability. Lisa has used Australian Bureau of Statistics definition *"Any limitation, restriction or impairment which restricts everyday activities, and has lasted or is likely to last for at least six months"*.
- There are 6 types of disability- Sensory, Intellectual/Cognitive, Physical including chronic pain, Psychosocial, Head injury and Other.
- 5.5 million people in Australia has disability. 52% are over 50 years of age. 70-80 % are hidden disability.
- For children the Survey of Disability 2022 found 950 thousand young people aged 0-24 have diagnosed disability. The most common being learning difficulties and then psych social. Over half have multiple disabilities across the disability groups. Common diagnosis's being ADHD, Autism and Anxiety/Depression.
- Family violence- is defined as *"Any violent, threatening, coercive or controlling behaviour that occurs between people with a family or family-like relationship or current or previous intimate partners that causes the person experiencing the behaviour to feel fear."* In context of disability family like is important, this might be carer, support worker, group home residence and workers at group home and more. Finding out who their network is key for understanding their family context.
- Gender inequality and ableism are the main drivers of violence. When they intersect, it has led to more intensity of violence, more perpetrators, the violence goes longer, and more severe injuries sustained.



- Women with disability 65% of over 15-year-olds has reported family violence, they are 2 times more likely to be sexually assaulted. Children and Young People are 3 times more likely to experience violence and abuse. These numbers could be only the tip of the iceberg due to barriers to reporting and rates of reporting.
- **Disability Specific Family Violence:**
 - **Restricting access to services** Cancelling appointments, blocking access GP or NDIS, not taking children to GP, refusing doctor recommendations.
 - **Disability related financial abuse** Misappropriating money, use NDIS funding by taking payments, taking pension or carer payments for personal use, power of attorney and making money decisions on behalf of victim.
 - **Medical abuse** Under or overdosing prescribed medication, taking medications not prescribed or with holding medication.

- **Physical abuse** Threatening to harm service animal, withhold food water or medication, restricting access like locking them in home, abusing support needed by victim like support to bath or toilet by leaving them there for prolonged periods.
 - **Reproductive coercion** Forced abortion, forced pregnancy, forced sterilisation, or contraception refusal.
 - **Psychological abuse** Isolating victim, threats to involve Child Protection if children involved, blocking supports. Women with disability are 11 times more likely to have children removed and less likely to reunify, put downs in relation to disability, denying disability, sharing information about disability or threat to institutionalise, threat to harm service animals.
 - **Restrictive practices**- Removing wheels from wheelchairs, obstructing hallway and areas of home and making obstacles, locking away, shackling.
 - **Sexual abuse**- Unwanted touching, demand for sex for services to be accessed.
- **Disability as result of family violence** -Family violence in Victoria is a leading cause of death and the risk to women with disability is increased. A study 40% done recently showed of all survivors from Family violence had sustained a brain injury from this. The number could also be higher due to reporting issues. 31% of hospitalisations were children and 25% of those had a brain injury. There is a link between brain injury and dementia, the more brain injuries received over time the more chance of this. Disability may come from family violence instantly or from ongoing violence and may present later not immediately.
 - **Family Violence Indicators- *Below indicators for children may also be signs of bullying**
 - **Changes in behaviour** Older children may present with as more negative behaviours and self-harm whilst behaviour for younger children more general like outbursts, aggression, withdrawn, can't regulate or eagerness to please.
 - **Social changes** Isolation, withdrawal, aggressive and angry towards friends.
 - **Physical** Body responses like tummy aches, headaches, weight loss or gain, feeling unwell, anxious, poor hygiene, self-harm.
 - **Damaged aids**- Wheelchairs or aids being damaged.
 - **Changes to appointments/engagement** Cancelling appointments or supports or person using violence might suddenly begin attending appointment and takes over or calls or stalks while there to pull focus from the appointment and perhaps remind of fear & unexplained injuries with no rationale or likely explanation.
 - **Barriers**- People with disability have more trouble accessing reporting services and support possibly through websites not in English or difficult to navigate and not having the access about services via flyers. Often don't know rights or recognise family violence or that it is crime. Person using violence may withhold the knowledge of rights. Mistrust is another barrier people may have been through systems before and may have had negative experiences or heard stories from the community as well. The Royal Commission on disability found Police weren't applying a disability lens and responses could be inappropriate and lack understanding. An example shared was a report made saying person has mental capacity of 8-year-old without evidence of this is creating bias and judgement for services and the person ongoing. Police may report heightened behaviour which could be a symptom of brain injury or slurred speech or stability issues assuming possibility of being under the influence there has also been instances where the perpetrator a can present calm and person with disability wrongly

labelled perpetrator, this may be amplified by actual perpetrator implying the are under the influence or “crazy”. Lack of appropriate support also plays a role. Victims may feel their disclosures will be dismissed or minimised or thought to not be credible. Example in the case of a sexual assault the thought they might not be a credible witness so not worth reporting. Transport has been another barrier. The victim may require a specialised car or rely on transport from their perpetrator, availability of disability taxis, being regional or rural may apply this. The support systems can also be a tricky space to navigate getting the supports, it can become overwhelming. Lastly language barriers and access to interpreters.

- **Breaking down barriers**

By increasing knowledge, awareness and understanding of disability and being aware of the barriers people with a disability may face.

Don't make assumptions about someone's capacity, ask how can I best support you? Take time to build rapport and a relationship. No one size fits all approach, be ready to adapt or modify your approach via things like shortened meetings, take breaks, phone meetings seek what the person you are working with needs, what works for them. They may not see themselves as a person with disability, be undiagnosed or not agree with the diagnosis or be embarrassed and not want to disclose. This should also inform how you work, meet them where they are. Seek a secondary consultation if needed.

- **Considerations**

NDIS plan nominee/child representative. If nominee and person using violence is also the carer, who will fill in this space and will this affect the NDIS plan. If they are removed there may be the option to change the plan but gathering evidence for this can be a big task. If the person using violence is the child representative and there is a request to remove them the person is notified which can create risk. Even with AVO/IVO in place it normally takes a Family Court order for this saying the parent does not have decision making rights. The risk of the person using violence being a representative on the plan is that any changes they have access to include contact information and address, particularly risky if the victim has fled.

- **MARAM with disability lens**

When creating a MARAM remember ways a person's disability can be weaponised against them. Questions like do they have access to NDIS plan? Do they restrict access to disability services? Have they restricted access to equipment/aids? Have they harmed service animals? Do they refuse access to medication? Do they take advantage of the disability? Is the person using violence the carer? Secondary consult can also be useful for create the MARAM and for Safety Planning. This can be more difficult due to barriers like transport, ability to flee, suitable accommodation, service animals and safely getting them out and local supports like GP. These should not be barriers for fleeing serious violence and supports can be sort just requires work.

Safe Steps does have some brokerage available to aid the safety of women and children who have fled family violence to assist with any barriers