

Learning Guide Module 3: Respond

Module 3: Respond

What to do if women with disability are experiencing DFV?

This module provides an overview of what to do if you are working with a woman who you recognise may be or is experiencing domestic or family violence. It explores what you can do to support the woman and how you can maintain your own safety as you do this work.

Please watch the module 3 video and explore the other resources provided to learn more about the following topics:

- The cycle of violence.
- Asking/finding out more about domestic and family violence.
- How to respond.
- Helpful and unhelpful responses.
- Safety planning.
- Professional boundaries.
- Worker safety.
- Resources.

Taking Care

Sadly, domestic and family violence is common, and you may feel distressed as you learn more.

Here is a good organisation for both personal and professional help and support:

[1800 Respect website.](#)

1800RESPECT

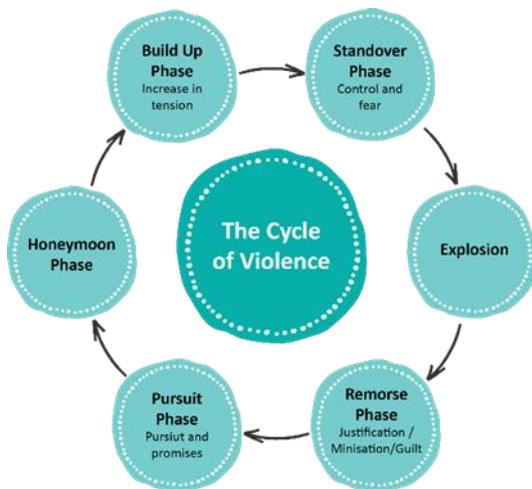
NATIONAL SEXUAL ASSAULT, DOMESTIC
FAMILY VIOLENCE COUNSELLING SERVICE

Cycle of Violence

An awareness of the Cycle of Violence can assist you to understand when and how to respond appropriately to DFV.

Not all victims will experience the cycle of violence in the same way and the timeline of stages that women go through can be spread over a day, a week or many months. It is important to understand that you may need to go through the process of responding several times.

The cycle of Violence



Standover phase – control and fear

Explosion

Remorse Phase – Justification/Minimisation/Guilt

Pursuit Phase – Pursuit and promises

Honeymoon Phase

Build Up Phase – Increase in tension

And back to the Standover Phase of Control and Fear

Asking/finding out more about DFV

If you suspect that women are experiencing DFV, you need to safely and sensitively find out more.

It can be hard for victims to let you know about DFV. So, they need to know that you:

- are genuinely interested
- will not judge them
- will know how to respond if the answer is “yes, I am having that experience”
- will do this safely

Tip

Do not rush people to disclose DFV. They may be going through trauma and not be ready to share their story.

What does this mean in practice for you?

Where will you do this? Safety

How will you start this conversation? Sensitivity

Start the conversation with something like:

“I’m worried about you or you don’t seem like yourself lately.”

“I’ve seen some things that worry me and just want to make sure you are OK.”

Asking about DFV

Avoid the term “domestic or family violence” because women may not recognise that this is what they are experiencing, and they may feel stigma about discussing DFV. Instead use plain language to ask questions. For example:

Has your partner or family member ever:

- Made you do sex things when you don't want to?
- Made you take medication that you didn't want or need?
- Shouted at you or said things that make you feel bad?
- Slapped, hit, punched, kicked or thrown things at you?
- Said they would hurt you if you didn't give them money?
- Stopped you from seeing your friends or family?
- Made you feel bad about your language or skin colour?
- Stopped you from going to church, cultural or religious events?
- Forced you to wear clothes of their choosing?
- Stopped you from accessing your medication?

Tip

Communicate in a way that suits the woman.

How to respond to disclosures

If you work closely with and have ongoing trusting relationships with a woman she may disclose to you what is going on.

It is important to respond in a way that is sensitive and helpful.

Believe: Do not suggest that she is not telling the truth

Validate: Confirm that it must have been difficult to talk about

Inquire: Ask about what she needs and wants

Consider safety: Discuss how she can keep herself safe for now

Support: Assist her to obtain information and connect to appropriate services

Make referrals: Make a 'warm' referral to a specialist DFV service

Tip

A warm referral means calling first and walking alongside the woman to access the support.

What is helpful and what is not?

Many workers report feeling unsure about how to respond to disclosures of DFV. Generally, responses that are empowering, validating and supportive are helpful and responses that blame, criticise, or disempower the victim are unhelpful. Examples include:

Helpful responses

"I believe you".

"That must have been very scary for you".

"I'm glad you were able to tell me about this".

"No-one deserves to be treated this way".

“You are brave to have been managing this for so long”.

“How have you dealt with this situation before?”.

“Do you need help to find out what services are available?”.

“What can I do that is going to help you most?”.

Unhelpful responses

“Why do you stay with someone like that?”

“Why didn’t you contact the police?”.

“How could you have avoided the situation?”.

“He sounds like a nasty piece of work”.

“What were you doing before he did this?”.

“Anything beginning with “You should...” and “If I were you...”.

Tip

Doing nothing causes harm.

Safety Planning

Safety planning is a process of looking at a situation to work out what needs to be put in place to ensure that women are safe.

There are three main areas of safety planning and it is important that women do this in partnership with a professional with the appropriate skills and experience to do so.

[1800RESPECT](#) can support safety planning over the phone and through other technology.

It is important to understand what safety planning is because as someone who is important in the life of a woman with a disability you could have a key role throughout this process. Please see below a practice example from each of the three stages.

1. **Safety when living with a perpetrator:** E.g. There may be a word or symbol that the woman uses to let you know she is in danger.
2. **Safety when considering or preparing to leave:** E.g. Alternative contact methods may be used to ensure the perpetrator is not alerted.
3. **Safety during/after separation:** E.g. You may need to be careful of efforts by perpetrators to use you to locate the woman.

Professional boundaries

As mentioned above, it is important that Safety Planning and Risk Assessment are done by a professional with the appropriate DFV skills and experience to do so.

However, you may play a key role in this process as a support person or advocate.

If you are unsure about your role, obligations or how you can support the woman you are working with contact [1800RESPECT](#) to get some advice.

It is very important to **take care of yourself**, reach out to [1800RESPECT](#) for debriefing and support if you need it.

Ensure you talk to your employer (if you have one) about your role, responsibilities and keeping safe and any policies and procedures that need to be enacted at an organisational level.

Tip

Be aware of the limits of your own skills, knowledge, and workload

Worker Safety

Perpetrators of DFV may be manipulative, threatening, abusive or violent towards staff and clients. As a worker, you may be continuing to support a person with disability who is living with a perpetrator of DFV.

It is important to let your organisation (if you have one) know about these risks and take measures to keep yourself safe.

Examples include:

- Have a two-worker model for known violent homes.
- Undertaking staff incident response training.
- Installation of duress alarms or panic buttons.
- Locked doors and counters or other barriers at reception.
- CCTV monitoring.
- Having immediate access to a phone to dial 000 if necessary.
- Having an Emergency + or similar App on all mobile phones.

Resources

The **SUNNY App** is for women with disability who have experienced violence and abuse and can empower her to have some control of her own situation.

The woman can use the Sunny app to:

- Tell her story.
- Understand what has happened.
- Know her rights.
- Find people who can help.
- Understand what abuse is.
- Learn about different types of abuse.

The **Women's Technology Safety & Privacy Toolkit** provides guides and tips on topics such as online safety and privacy and safe smartphone usage to keep women safe.

Frontline workers are able to access a range of best practice guides that will support them to work safely with women experiencing DFV through the **Technology Safety for Frontline Agencies** resources. Topics covered include:

- Best practices for employee smartphones and tablets.
- Best practices: texting with survivors.
- Best practices: communicating with survivors by video.
- Best practices: communicating by phone.
- Best practices: email privacy and safety.

Group Activity

[Watch the Preventing and Responding to Family Violence Video on YouTube](#)

From Women with Disabilities Victoria

Reflective questions

1. What is happening in this scenario?
2. How do you think Kerry is feeling?
3. What do you think about Kerry's support worker's response to the situation?

Case Study

Stacey is an Aboriginal woman who was diagnosed at birth with Foetal Alcohol Syndrome. Stacey's cognitive disability affects her mental processing, awareness, attention, memory, reasoning and judgement.

You run a community class for Aboriginal and Torres Strait Islander women who have a cognitive impairment which Stacey usually attends twice a week. You and Stacy have a healthy rapport and will often laugh and joke with one another. Stacy's personality in the class is usually bright and mischievous.

Lately you have noticed that Stacy is not participating in activities or engaging with others in the group. She does not want to laugh or joke with you and she does not seem to be herself. When you ask her about it, she discloses her husband has been physically abusing her. You realise that Stacey's behaviour changes began not long

after she and her husband moved into their own home, away from Stacy's parents. Stacey's husband will be here at the end of the session to collect Stacy and need to ensure her safety.

***These case studies are developed to assist you to explore power and control leading to DFV experienced by women with a disability. Your consideration of the case study should be focussed on the woman and her real experience of this.**

Reflective questions

1. What are some safety considerations for Stacey if she decides to stay in the home?
2. What are some safety considerations for Stacey if she is preparing to leave?
3. What are some safety considerations for Stacey after leaving?

A DFV Story

I don't remember when it started, because looking back it was an abusive relationship from the word go. I just didn't recognise it or maybe it was such a familiar way of being treated that I just ignored a lot of it.

The abuse took many forms but perhaps some are unique for someone in a wheelchair. There was the usual yelling, put downs and the degrading of me with words. These are common in many situations of abuse. He never hit me in any physical way unless you call kicking my wheelchair hitting? At the time I didn't see this as violence but now I would.

He took complete control over everything, from taking my keycard for my bank account to placing the house keys up high so I couldn't get them. At first he cooked and pretended that he was being nice. Eventually though I believed that I couldn't cook for myself because I would 'stuff it up'.

What was helpful?

When I was in hospital, I developed a strong trusting relationship with a social worker at the hospital. It was in talking with her over many hours that I very gradually began to see how controlling this man was (as I didn't see it as domestic violence) and that perhaps I deserved not to be treated this way. All the same abuses were happening – yelling, lots of put downs, pushing, manipulating me into doing things that I didn't want to do and also trying to keep me from being close to our child.

Services working together

The social worker asked me if I had anyone else that helped me, and I told her about my disability support worker. With my permission, we had a meeting with my disability worker and a worker from the local domestic violence service. I finally felt that I was being seen and heard and between us all, we worked out a safety plan that fit in with the other things that I needed help with. It was important that my disability worker was involved as I need this support most days and now we both know how to keep things safer at home.

Adapted from the Domestic Violence Resource Centre Victoria, n.d.

Where to find out more

[Dawn House Women's Shelter Safety Planning booklet PDF](#).

[Emergency & Safety App link](#): Download on your phone and let women know about this app.

[The Sunny App link](#): Download on your phone & let women know about this app

Contact [1800RESPECT Website](#) for advice on how to support women to use the Sunny App.

[Women's Safety Network Website](#): Information on engaging safely using technology.

Please also check out the Module 3 Resources

Fact sheets

1. What is safety planning?
2. Professional boundaries.

List of References

[A list of references can be found on the WorkUp Website](#)

