

# Module 4: Refer

## Learning Guide



# Module 4 – Refer

## Who can support women with disability to obtain information and access supports and services.

This module provides further insights into the cycle of violence and stages of change which are common to women experiencing domestic and family violence. It explores some of the specific barriers and challenges experienced by women with disability in accessing support as well as how to access support from specialist DFV services.

Please watch the Module 4 video and explore the other resources provided to learn more about the following topics:

- Cycle of violence and intervention stages.
- Stages of change.
- Help seeking barriers and fears for women with disability.
- Information sharing guidelines.
- Trauma informed domestic and family violence practice.
- Where to get advice.
- Referring to specialist services.
- Worker self-care.

### Taking Care

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

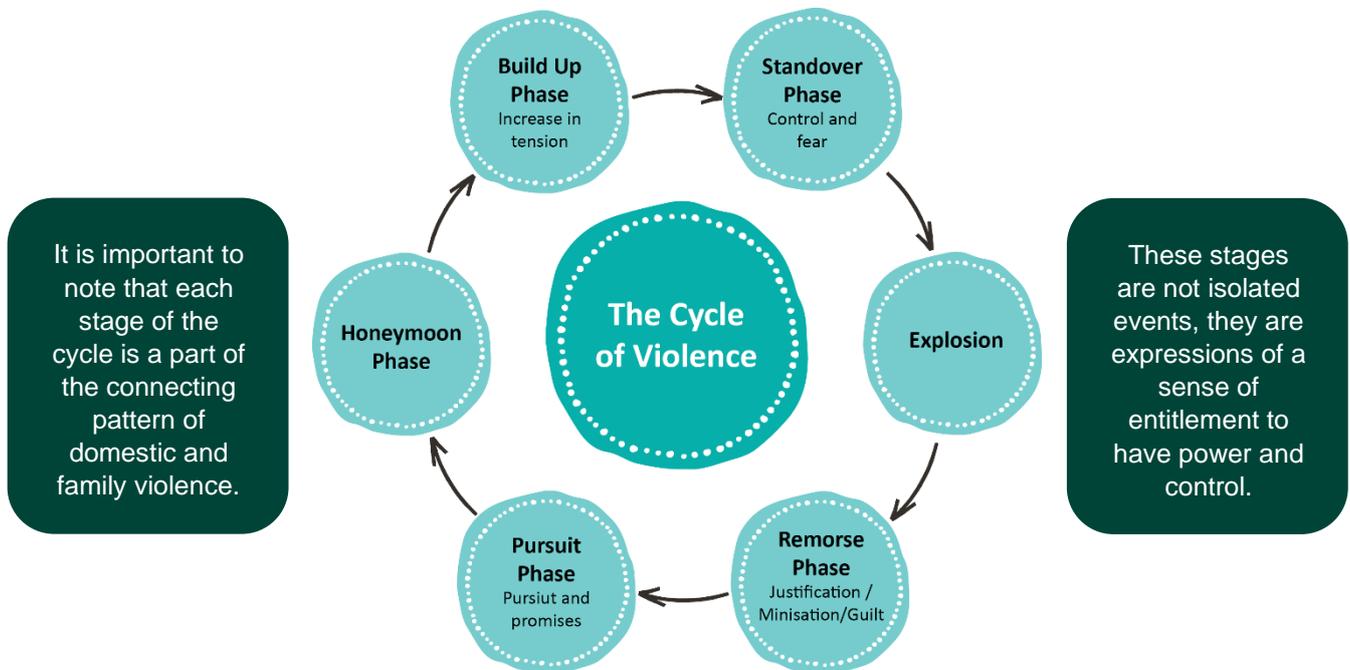
Here is a good organisation for both personal and professional help and support:

<https://www.1800respect.org.au/>

**1800RESPECT**  
NATIONAL SEXUAL ASSAULT, DOMESTIC  
FAMILY VIOLENCE COUNSELLING SERVICE

## The Cycle of Violence and intervention stages

It is important to learn about the cycle of violence as this helps to understand why women may remain in DFV situations for many years. It also assists us to know when it is the most appropriate time to enquire with a woman about DFV and to engage with a DFV service.



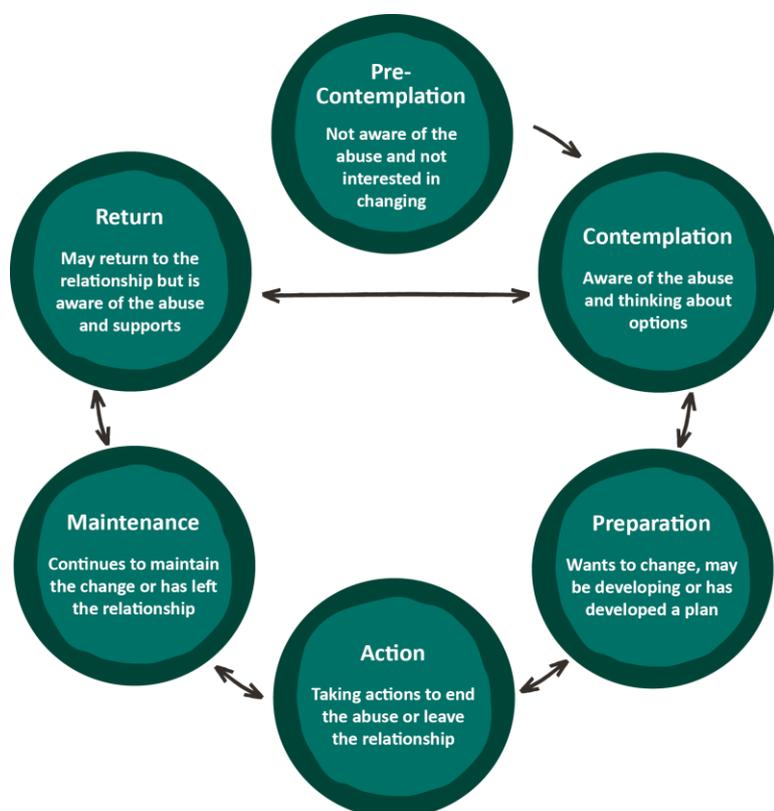
Source: Lenore Walker (1979) USA

Not all victims will experience the cycle of violence in the same way and the timeline of the stages can be spread over a day, a week or even over months

- However, Explosions usually increase in frequency and severity over time.
- Engagement with a DFV service is the least successful in the Honeymoon Phase. This can be a time of confusion for the victim; remembering the good times, bonding and denial of how bad things are.
- Interventions are most effective between the Build-Up and Explosion phases.

## DFV and Stages of Change

Equally important is to learn about the Stages of Change to be aware of when women may be ready to seek support regarding an abusive relationship.



Women are most at risk of lethality/serious harm during or immediately after separation.

If women do return to their relationships, increased knowledge of what is happening, and awareness of support options may strengthen future actions to leave.

Women may go through the stages several times, or it may end at the Maintenance stage.

DFV services may be involved at all stages.

## Help seeking barriers and fears for women with disability

Women with disability may have significant reasons to be afraid when seeking support. They may have disproportionate levels of not being believed about matters important to them in the past and therefore be distrustful of services. Examples include:

- Not knowing that they are being abused if they have always been treated this way.
- Not knowing their rights or the law against DFV.
- Fear that leaving may result in ending up in aged care, experiencing poverty or homelessness.
- Fear of being shamed by family, friends or the community.
- Fear that no-one will believe them.
- Fear of being punished again for reporting the violence.
- Fear of losing their children.
- Fear of authorities and/or services due to past negative experiences.
- Lack of access to information – abusers may make this inaccessible.

Diverse population groups may face challenges that heighten help seeking barriers and fears:

Culturally and Linguistically Diverse Women	Aboriginal and Torres Strait Islander Women	LGBTIQ+
<ul style="list-style-type: none"><li>• Immigrant status impacting access to financial support.</li><li>• Perceiving DFV as a private issue.</li><li>• Language barriers.</li><li>• Lack of culturally appropriate support.</li></ul>	<ul style="list-style-type: none"><li>• Distrust of services such as police or child protection.</li><li>• Geographical barriers to accessing services if located in regional or remote areas.</li><li>• Lack of culturally appropriate support.</li></ul>	<ul style="list-style-type: none"><li>• Fear of exclusion by mainstream services.</li><li>• Fear of being blamed for the abuse because of their sexuality.</li><li>• Fear that services may not know how to support them appropriately.</li></ul>

## DFV Information Sharing Guidelines (May 2017)

It is always best practice to have consent from a client before sharing information for referral purposes. In Queensland there are some instances where the level of risk to the victim is assessed and if appropriate, information may be shared with relevant services to keep women safe, and perpetrators of violence in sight of appropriate services such as the police.

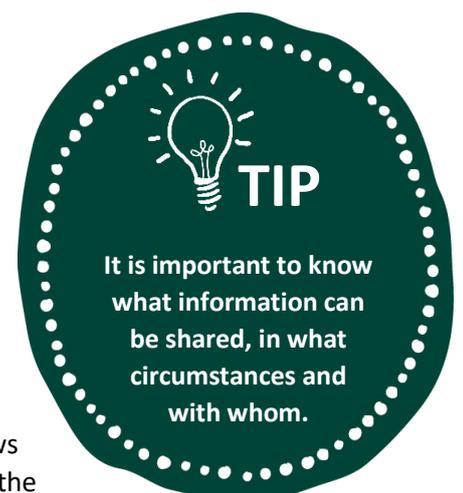
The Domestic and Family Violence Protection Act, 2012 legislates information sharing in the context of DFV. The DFV Information Sharing Guidelines were designed to support professionals and service providers to implement the information sharing legislation.

In **defined** circumstances relevant personal information can be shared by identified professionals and service providers (including the disability workforce), to refer a person to a specialist DFV service.

In addition to sharing information for a referral to a specialist DFV service, there are other circumstances in which identified professionals or service providers (including disability workforce) can share information relating to DFV with, or without, the consent of a person experiencing or perpetrating DFV.

The Act states '*safety, protection and wellbeing of people who fear or experience domestic violence, including children, are paramount*' and allows for relevant information about a perpetrator of DFV to be shared without the perpetrator's consent because the safety and protection of the victims take precedence.

We encourage everyone working with people with disability to find out more about the DFV Information Sharing Guidelines to inform their work and organisational policy development.





## A good practice example

Jill is working as a disability support worker for a disability service provider. Jill has identified that Emily, her client with a disability is anxious around her partner James. Jill has noticed over time that Emily rarely has access to money to buy personal items. Recently she noticed extensive bruising on Emily's arm that may indicate physical abuse. Jill and Emily have a trusting relationship and on a recent outing Jill asked Emily if she was ok and about the bruising. Emily disclosed that James is very controlling including restricting access to her finances and becoming angry if Emily asks for money for personal items. Emily said that James has hit her in the past and that the violent outbursts are increasing in intensity. Emily also expressed concern that she is unable to protect her daughter when James is angry because she uses a wheelchair.

When Jill asked Emily if she would like her to assist her to access professional DFV support and to explore her options Emily became distressed. She said everything is ok and that it must be stressful for James to take care of her with all of her disability needs. Emily also expressed fears that if her family were to separate, her daughter may have to stay with James as he is more physically able to take care of her. Emily then indicated that she did not want support from a DFV service and shut the conversation down.

In this instance Jill believes that Emily and her daughter are at risk due to ongoing controlling behaviour and increasing physical violence. Jill is concerned that Emily will not access the support she needs because of her fears of losing her daughter and her lack of access to money. Jill contacts a local specialist DFV service and the police to report her concerns about the family. Jill also completes an incident report to alert her workplace and activate implementation of procedures to keep Emily and her children safe and hold James to account, and to keep Jill safe during her work with the family.

Jill has acted appropriately, firstly by talking to Emily in a safe, private place and asking her about what she would like to do. Jill also sought Emily's consent to engage with a specialist DFV service about her situation. When Emily declined, Jill determined that Emily's safety, protection, and wellbeing, and that of her child needed to be assessed to determine if there was a serious threat due to DFV. She therefore provided information to a specialist DFV service as well as information to the police about James and his perpetration of violence. Jill also notified her organisation.

## Trauma-Informed DFV practice

It is important to recognise that victims of DFV may have experienced substantial and complex trauma. Care is needed to ensure women are not made to feel even more fearful as they may already be living with ongoing threats or acts of violence.



Learning more about DFV and trauma-informed practice can guide you in your work with women experiencing domestic and family violence.

Here are some examples of how the principles of trauma informed practice can underpin a sensitive conversation with women with disability about DFV.

Principle	Practice example
<b>Safety</b>	Choose your time to have the conversation. Will the woman be physically safe, is she in a receptive emotional state?
<b>Trust</b>	Take a gentle approach that is not about your own agenda. Make sure you are trustworthy.
<b>Choice</b>	Invite the woman into the conversation, perhaps asking where they would like to meet, where and when.
<b>Collaboration</b>	Ask what the woman wants rather than make assumptions about her ability to make decisions about issues which impact her.
<b>Empowerment</b>	Recognise that trauma erodes self-esteem and a person's sense of their own abilities. Try to find ways to ensure that your interactions are respectful, democratic, and inclusive.

## Referring to a DFV specialist service

As an important person in the life of women with disability who may be experiencing DFV it is helpful to know what happens when you contact a DFV service and how you may be involved. Firstly, you may assist by providing a warm referral and you also may be able to assist women to understand the process that will take place.

A list of referral points is provided in the fact sheet 'Referral Pathways and Information'. You can also contact 1800 RESPECT for assistance to link to a local service. 1800 RESPECT is also to assist with safety planning which is a first step when accessing a DFV service – let them know if the woman has a disability so they can provide appropriate advice.

A reminder about safety planning:

Safety Planning for women with disability must be done by a professional with appropriate DFV skills and experience. This could be with 1800 RESPECT which can be done over the phone or virtually which may be helpful for women in rural or remote locations which do not have access to DFV specialist services.

The three main areas of safety planning include:



## Things to consider about referring

- Is it a local service?
- Is it accessible for women with disability?
- Will it be on-line, phone etc?
- Will it be virtual eg Zoom, Skype etc?
- Will your client feel comfortable? Check the service out first?
- Is it culturally safe for the woman you are working with?

### Cultural Safety

*“An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening.” Robyn Williams*

## Coordinated response considerations

As someone who works closely with women with disability you may walk alongside them through their journey to safety. The specialist DFV service may not be the only service that the woman needs to interact with as they enact their safety plan. You may also work with women and DFV services to support access to legal, health, financial, housing or NDIS supports.

In some instances, you may also work with Government agencies that have a role to play in responding to the needs of women who experience DFV or holding perpetrators to account for their violent behaviour, for example, the police. In working alongside providers as part of a coordinated response sharing information appropriately will ensure that all services are aware of crucial information required to keep the woman safe.

## Worker self-care

Vicarious trauma is the trauma that you experience by being exposed to the trauma of others. Working in the human services sector can expose you to the trauma of others and this can result in vicarious trauma which may impact on your work and personal life.

Please be aware, as you work with others, to take care of your self and be aware of your own feelings and needs.

Tips to care for yourself include:



**Reach out to someone** - Your manager, a trusted friend or colleague, a counsellor or another support person. You could also access your employee assistance program (EAP), if you have one or call 1800RESPECT.



**Find a way to escape physically and/or mentally** - reading, days off, holidays, walks, seeing friends



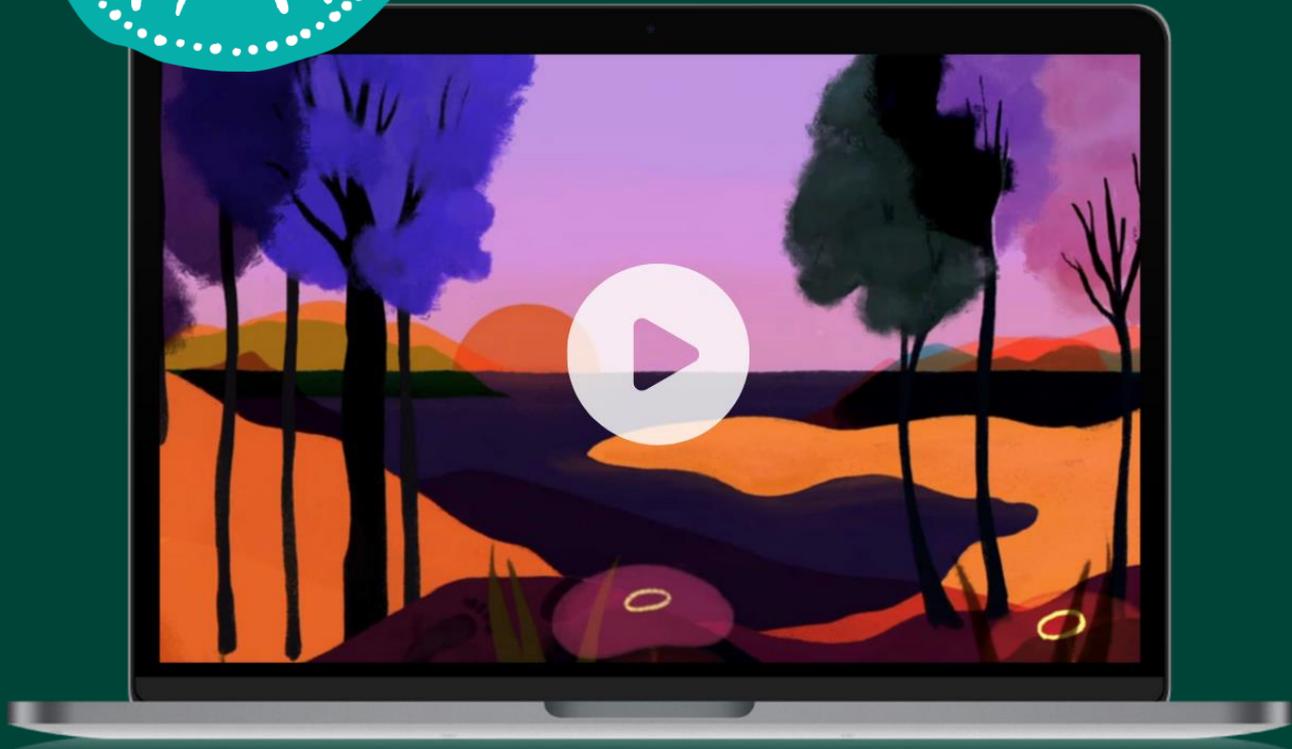
**Rest** – have some time with no goals e.g. taking naps, watching clouds, lying on the beach



**Play** – have fun and do things that make you laugh e.g. playing with children and pets, creative activities, watching a favourite comedy



Watch the video to learn more about trauma:



<https://vimeo.com/395869419>

*We thank NDS Zero Tolerance Initiative for allowing the inclusion of this film in Module 4. You can find out more about the Zero Tolerance: Focus on rights, target abuse Initiative and resources at Zero Tolerance ([nds.org.au](https://nds.org.au)).*

### Reflective questions

1. How might women's experience of trauma impact their engagement with DFV services?
2. Discuss as a group your understanding of trauma? What more would you like to learn more about and how will you do that?



Watch the video to learn more about self-care:



<https://www.youtube.com/watch?v=Zsaorjlo1Yc>

### Reflective questions

1. How can you take 10 to take care of yourself?
2. How can you take 10 as a team to take care of yourselves?
3. Who can you reach out to if you need support?



## Case Study

Rosie (65) is one of three women who live together in supported accommodation. Rosie has an intellectual disability and entered the house when her husband was deemed to no longer have the capacity to care for her. Rosie's son, Michael (42) oversees Rosie's finances.

You have twice requested for Michael to credit Rosie's account so that she may be able to participate in leisure activities and purchase personal care items, but Michael does not believe these are necessary for Rosie and will not. Although Rosie has become very despondent over not being able to enjoy her regular activities or be able to buy things she might want, she does not want to push the issue and risk her son not coming to visit her.

Your manager tells you there is nothing you can do as this sort of thing happens all the time, and you should get used to it. You don't believe her son or the organisation you are employed by have Rosie's best interests in mind, and you believe you have a responsibility to ensure Rosie's voice is heard.

\*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 experience of this.

### Reflective questions:

1. What service/s would you refer Rosie to? Why?
2. What would you need to consider when referring Rosie?
3. How might you access advice and support for yourself while supporting Rosie's referral?

# A DFV Story

I have cerebral palsy and osteoarthritis and use a walking frame. I lived with my sister for over 20 years and she was also my care provider would say things to me like, 'you can't cook', 'you'll never be able to look after yourself', 'you're disabled' and it was always an emphasis on the 'dis'.



There'd be these documentaries on people who were more severe than me and she'd turn around and say 'Oh you could never do that, you could never have a family, you could never have a life of your own 'cause you're disabled. The resentment use to build up and then explode and then she'd make me feel guilty and all this type of thing, 'after all I've done for you'.

## What was helpful?

A worker from Centrelink, she said the word, you know, domestic violence which sort of put me back in my seat and she said 'you need to get out and get out fast'. And that's when I sorted of started, you know she put me in contact with one of their social workers.

## Services working together

The social worker contacted a disability provider and they made a referral to a domestic violence service to assist with support and safety planning. The three services worked together to find suitable independent accommodation, ensure appropriate counselling for the domestic violence was obtained and also support with daily living requirements. This included involvement with public housing, RentConnect and health professionals with the outcome being the safety of a secure and affordable private rental.

*Adapted from Women with Disabilities Victoria, 2014*

## Where to find out more

Cycle of Change – Domestic Violence Advocacy Centre	<a href="https://www.dvac.org.au/wp-content/uploads/2015/06/Cycle-of-Violence.pdf">https://www.dvac.org.au/wp-content/uploads/2015/06/Cycle-of-Violence.pdf</a>
Family Violence and Culturally Diverse Women	<a href="https://www.betterhealth.vic.gov.au/health/healthyliving/Family-violence-and-culturally-diverse-women">https://www.betterhealth.vic.gov.au/health/healthyliving/Family-violence-and-culturally-diverse-women</a>
Blue Knott Trauma Informed Practice	<a href="https://www.blueknot.org.au/Portals/2/Fact%20Sheets%20Info/Fact%20Sheet%20tips%20for%20applying%20trauma-informed%20principles%20to%20trauma%20conversations.pdf">https://www.blueknot.org.au/Portals/2/Fact%20Sheets%20Info/Fact Sheet tips for applying trauma-informed principles to trauma conversations.pdf</a>
The Healing Foundation Intergenerational trauma	<a href="https://healingfoundation.org.au/intergenerational-trauma/">https://healingfoundation.org.au/intergenerational-trauma/</a>
NDS Zero Tolerance Initiative	<a href="https://www.nds.org.au/">Zero Tolerance (nds.org.au).</a>
Information sharing guidelines	Guidelines: <a href="https://www.cyjma.qld.gov.au/campaign/end-domestic-family-violence/our-progress/strengthening-justice-system-responses/domestic-family-violence-information-sharing-guidelines">https://www.cyjma.qld.gov.au/campaign/end-domestic-family-violence/our-progress/strengthening-justice-system-responses/domestic-family-violence-information-sharing-guidelines</a>  Video: <a href="https://www.youtube.com/watch?v=nyXVBxBCxE8">https://www.youtube.com/watch?v=nyXVBxBCxE8</a>

## Please also check out the Module 4 resources

### Fact sheets

1. Referral pathways & information.
2. What happens when you access a DFV service?

### Accessible/easy to read learning guide

### References

A list of references is located in the Introduction and Acknowledgements section of the webpage.