Organisational Responses Module Learning Guide











Organisational Responses Module

How can organisations respond effectively?

This module provides information, resources and tips to enable disability service providers to respond effectively to women with disability experiencing DFV.

Please watch the Organisational Responses Module video and explore:

- Your organisational existing strengths and resources.
- Women with disability, DFV and gender equity.
- Workplace Equality and Respect Standards.
- DFV and organisational good practice considerations.

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/



We recognise that the disability workforce is made up of individual service providers and small and large organisations. In this Module we use the term organisations to encompass all of these. The information shared is relevant to any individual or organisation providing support to people with a disability.

We assume that you have..

Resources

Extensive resources about abuse, neglect and exploitation of people with disabilities through National Disability Services Zero Tolerance, the National Quality and Safeguards Commission and other sources.

Systems & Processes

Policies and procedures to support staff that are experiencing domestic and family violence (DFV) through Fair Work Australia.

Knowledge

Awareness of the rights of people with disabilities when accessing the service and in general.

... and can apply these strengths to your work with women with disability experiencing domestic and family violence.

Women with Disability, DFV and Gender Equity



- As of June 2020, continued gender imbalance in the disability service provider workforce – 70% of the NDS Workforce Census sample were female (National Disability Services, 2020).
- Organisations need to be both disability and gender equitable so that workers feel confident about responding to DFV for women with disabilities in receipt of services and staff.
- All people need to feel safe and accepted in your organisation and eradication of gender and disability discrimination can help.



Organisations, Equality and Respect Standards

Violence against women in Australia is driven by gender inequality. Preventing violence against women through promoting gender equality will benefit your organisation and the people you work with.





Our Watch provides a range of tools and step by step process to equip organisations to embed these standards into their work. Creating a culture of equality and respect in your organisation can provide the foundations for working well with women with disability who are experiencing domestic and family violence and employees.

Examples of tools that Our Watch provide to support the development of gender equitable organisations are consultation tools, sample policies and action plan templates. These support organisations to bring teams along on the journey and share in ownership of organisational change.

A commitment to gender equity demonstrates that at all levels of your organisation respect of women is important and will make it easier for staff who suspect, witness or experience domestic and family violence to raise concerns, receive support and walk alongside the women they work with in maintaining their safety.

Considerations for DFV and organisational good practice

The disability workforce is a diverse mix of individual service providers and small and large organisations. Each will determine what steps they need to take to ensure effective responses to domestic and family violence experienced by the people they provide services to. Please find below some examples to consider and also check out the Fact Sheet, How Effective are our Responses to reflect on organisational strengths and areas for development.

Awareness & skills

Ensure that all staff, at all levels are aware of domestic and family violence and its impact on women with disability.

This could mean embedding Module 1-4 'Disability and DFV, What every worker needs to know' into staff induction programs.



Ensure that there are specific policies and procedures to guide staff in steps to take when they recognise DFV in their work with women with disability.

This could mean embedding 'routine asking' questions into intake processes and having documented policies to guide appropriate responses. Research shows women experiencing DFV are unlikely to disclose the first time they are asked so it is important to ask at subsequent contacts. Routine asking also shows the service is aware of domestic and family violence and could be a potential support if required.

Routine asking is not the same as the questioning used in an established, trusted relationship when DFV is recognised. The questions used in this case are more direct, use plain language and relate specifically to the DFV that needs to be responded to. In Module 3, Respond, there is more information about this type of questioning.

These are examples of routine asking questions which could be embedded into intake procedures.



Safety

Ensure that all staff have access and knowledge of tools and resources to support safety planning for the people they work with and to keep themselves safe.

This could mean that all staff are required to have an Emergency App on their mobile phones.



Organisational structure

Ensure that DFV is recognised as an important aspect of working with people with disability and is embedded into appropriate roles and visible in position descriptions.

This could mean there is a position within the organisation that is responsible to provide DFV support, advice, and a conduit to NDIS if required.



Trauma-Informed DFV Organisations

Trauma informed organisations are committed to supporting people who have experienced trauma and ensuring they are not re-traumatised through their engagement with their organisation. This is very important for working with women who have experienced DFV as they may have experienced substantial and complex trauma. It is also vitally important to care for staff who may be working with people who have experienced trauma as staff may also have their own experience of trauma. An organisation that is trauma informed will ensure that their staff can safely report DFV experienced by the people they work with and ask for any organisational support they need as they walk alongside the woman on her journey to safety.



Becoming a trauma-informed organisation will not only support good practice in working with women with disability experiencing DFV it will also contribute to making your organisation an employer of choice.

In Module 4, Refer, there is a practice example of how trauma informed principles may underpin a conversation with a woman with disability who is experiencing DFV. Here are some examples of how the principles of trauma informed practice can underpin a sensitive conversation with a staff member who is working with a woman experiencing DFV.

Principle	Practice example
Safety	Choose your time to have a conversation about the DFV. Is the space for the conversation private?
Trust	Take a gentle approach that is not about your own agenda. Let the employee know that that any sensitive information disclosed will be maintained unless a serious threat to safety is identified.
Choice	Invite the employee into the conversation, perhaps asking what they need to be able to work with the woman experiencing DFV through these circumstances.
Collaboration	Work together, ask the employee how the organisation can provide support through the process.
Empowerment	Find ways to ensure that your interactions are respectful and inclusive. This will ensure that the employee will feel safe to raise concerns and valued as a key contributor in keeping the woman experiencing DFV safe.

Working together

Specialist DFV services are the experts in providing DFV support for a woman with disability experiencing domestic and family violence. This includes working with the women to develop a safety plan.

Disability organisations and their staff work closely with women with disability and may walk alongside them through their journey to safety. This may include working with the specialist DFV service and other service providers as part of a coordinated approach to safety plan implementation. This could include supporting access to legal, health, financial, housing or NDIS supports.

In some instances, Government agencies may also 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 and hold perpetrators to account for their behaviour.



Check the Qld Domestic and Family Violence Information Sharing Guidelines for more information.



It is suggested that disability and DFV services build collaborative relationships. This is mutually beneficial as disability organisations will build their understanding and skills in responding to DFV and specialist DFV services will build their understanding of how to respond well to women with disability who access their services. This collaboration means better support and enhanced safety for women with disability experiencing DFV.



Disability organisations will also find it useful to familiarise themselves with national and state-wide services such as 1800RESPECT and DV Connect. This is especially important for disability organisations in rural or remote areas with limited access to face-to-face specialist DFV services.

Some DFV specialist services have an educational role and may be able to visit organisations to speak with staff about DFV as well as providing useful information and resources.

Things to consider

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



The local services in your area.



The accessibility of DFV services for women with disability?



How services are provided ie, on-line, phone etc?



Availability to connect using Zoom, Skype etc.



Will your clients feel comfortable accessing the service? Check the service out.



Is the service culturally safe for the woman you are working with?



How disability organistions can support or enhance accessibility for women with disability experiencing DFV.



Watch the video to learn more about trauma:



https://vimeo.com/395869419

From NDS Zero Tolerence

Reflective questions

- 1. How might a staff members' experience of trauma impact their engagement with a client experiencing DFV?
- 2. What steps might your organisation take to support a staff member working with a woman with disability experiencing domestic and family violence?



Case Study

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 bruises on Emily's arm that appeared to indicate severe bruising. 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 Emily uses a wheelchair.

When Jill asked Emily if she would like assistance to access professional 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 health needs. Emily also expressed fears that were the family to separate, her daughter may have to stay with James as he is more physically able to take care of their daughter. Emily then indicated that she did not want support from a DFV service and shut the conversation down.

Jill returned to the office and asked you as her line manager for advice on what to do from here.

Reflective questions:

- 1. How would you expect Jill's line manager to respond?
- 2. What actions would your organisation take to support Jill to ensure Emily's safety?
- 3. What other services might your organisation/Jill need to engage with, to support Emily?



Case Study

Rosie is one of three women who live together in supported independent living. 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 adult son Michael, oversees Rosie's finances. Peter is Rosie's support worker. Peter has 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. Peter is worried about Rosie who has become very despondent over not being able to enjoy her regular activities or be able to buy things she might want. However she has told Peter that she does not want to push the issue and risk her son not coming to visit her.

Peter has discussed this with a colleague who tells him there is nothing that he can do as this sort of thing happens all the time, and he should get used to it.

Reflective questions:

- 1. How can we build an organisational culture where violence is recognised and responded to as being unacceptable?
- 2. What steps should Peter take in this instance?
- 3. What alternative approaches might have supported Peter in his work with Rosie?



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.

Your organisation runs a community activity for Aboriginal and Torres Strait Islander women who have a cognitive impairment which Stacey usually attends twice a week.

Stacey and her Support Worker have a healthy rapport and will often laugh and joke with one another. Stacey's personality at these activities is usually bright and mischievous.

Lately James, the Support Worker has noticed that Stacey is not participating in activities or engaging with others in the group. She does not want to laugh or joke with her James and she does not seem to be herself. When James asks Stacey about it, she discloses her boyfriend has been physically abusing her.

Stacey's boyfriend picks her up from the activity and James feels more and more upset by the situation.

Reflective questions:

- 1. What would be some helpful responses to Stacey's disclosure of the violence she is experiencing?
- 2. What are some of the ways your organisation could support James as he is working with Stacey?
- 3. What would you/your organisation need to consider in potential referral of Stacey to a specialist DFV service?

Where to find out more

Our Watch	https://workplace.ourwatch.org.au/
Blue Knott Trauma Informed Practice	https://www.blueknot.org.au/Portals/2/Fact%20Sheets%20Info/Fact Sheet tips for applying trauma-informed principles to trauma conversations.pdf
The Healing Foundation Intergenerational Trauma	https://healingfoundation.org.au/intergenerational-trauma/
QLD DFV Information sharing guidelines	Guidelines: https://www.youtube.com/watch?v=nyXVBxBCxE8

Please also check out the Organisational Module resources.

Fact sheets

- 1. Considerations for DFV and Organisational Good Practice
- 2. Resources

Accessible/easy to read learning guide

List of references

A list of references can be found here - https://workupqld.org.au/disability-workforce-project/