



**Diversity Dialogues,
Unpacking Family
Violence & Disability**



**Centre for
Non-Violence**



About the Artist

Tanya Higgins is a local Bendigo artist and victim survivor living with trauma induced schizophrenia, a part of her experience that shapes how she moves through the world.

About the Artwork

The artwork, *"Breaking the Silence"* was a journey of expression, emerging from a gentle, supportive space where Tanya was invited to create without pressure or expectation. With the support of local art therapist, Melissa Harrington from Scribbles Allied Therapy, Tanya was provided a calm, open environment where she was able to explore her emotions and allow the piece to unfold naturally.

When reflecting on her work, Tanya describes it as "a journey, really" one that wasn't chosen, but experienced. She shares how life often moves us down paths we never asked for, shaping our stories in unexpected and sometimes painful ways.

Creating this piece offered her an opportunity to express aspects of her journey visually through colour, movement and symbolism, without needing to define it in words. The process allowed Tanya to process the trauma she has carried and begin the process of letting it go. Through art, she found a way to safely express her feelings tied to her lived experiences, reclaiming a sense of clarity and strength.

There are symbolic elements woven throughout the piece, a progression from darkness to light and themes of loneliness shifting toward the discovery of the world above. These visual movements mirror the emotional landscape behind the work.

Tanya acknowledges that the artwork holds deeper meaning, noting that there is "more to it than just this". Her piece invites viewers to sense the unspoken layers - resilience, growth, and the quiet courage found in navigating a journey she never chose. Tanya appreciates that everyone will have a different interpretation and connection to the piece, the artwork stands as both a personal testimony and a gentle reminder that even in the moments we don't choose, there is room to rise, to express, and to find light.





Abstract

This resource has been compiled from individual webinar sessions on the intersection of family sexual violence and disability and serves as a professional resource to achieve a well-resourced workforce.

*Please note that some of the presentations have been edited and updated in line with the rebranding of Centre for Non-Violence. However, content remains unchanged

The information within the resource is current as of December 2025 and content may need to be reviewed to ensure accuracy.*

Acknowledgement of Country

These learnings and resources have been developed and shared on the unceded lands of Dja Dja Wurrung and acknowledge the Traditional Owners and Custodians of this country, the Djaara peoples.

We extend our appreciation and respect to Elders and community, past and present for the continued custodianship of knowledge, languages and cultures and the ways in which they hold the memory of these lands, skies, and waterways.

We thank them for their continued protection of this land and its ecosystems, for thousands of generations.

We acknowledge the overrepresentation of Aboriginal and Torres Strait Islander people in relation to all forms of violence and recognise the diversity of relationships, including kinship networks and community relationships in which violence can occur.

We recognise that disability is understood and experienced differently to Aboriginal and Torres Strait Islander people and acknowledge the impact colonisation has had on the cultural safety and connectedness to the values, and practices of this community that adopts a cultural model centred on inclusion.

Acknowledgement of People with Disabilities and Survivors of Family Sexual Violence.

We acknowledge the lived and living experience of people with disabilities and recognise the resilience and strength in challenging generations of discrimination, coercion and neglect to achieve inclusion, empowerment and rights.

We recognise the over representation of people with disability in relation to all forms of violence, acknowledging the life course experiences of violence people with disabilities encounter.

We hope we can work towards empowering and embracing victim survivors with disabilities and build a safe space and practice that is inclusive and informed for everyone.

We give thanks to all of the victim survivors who allowed us to hear and share their stories, and acknowledge the power in improving the responses and experiences for the people who come after them and acknowledge the courage this requires.

Thank you for allowing our system to improve, be challenged, expand their learning and development as practitioners.



It is not the responsibility of disabled people to constantly be educating and teaching the able bodied community. This resource serves to invite the able bodied community to embark on their own learning and evolution and accept responsibility for improving their practice.

A note on language

When we talk about defining disability, it is not as simple as having a standard definition that applies to all, but rather dependent on how an individual identifies, the context in which it relates to, or even the service systems definition.

Some may argue that the term disability is limiting and seen to be a problem of the individual. However, this is something that is perpetuated by the medical model of disability and largely developed and encouraged by the able-bodied community. Whereas, a lot of the disability community experiences disability pride with their sense of self and their disability forms part of their identity, but this may not be the case for everyone, so when we are defining disability it is important to consider all aspects and meet the person where they are.

Generally speaking, this deficit based perception derives from the medical models requirement to look at the limitations of a person, where funding and supports are considered.

The history of disability is important to consider when we think about language, none of the models should be viewed in isolation, rather they can all be acknowledged for a more equitable and inclusive society.

We want to acknowledge where we use deficit based or pathologising language, we are doing so to highlight the ableism and unconscious bias that exists within our world and offer an alternative way of thinking and speaking.

This does not reflect how Centre for Non-Violence and any of the organisations who have been involved in the co-design process perceive people with disabilities, nor how we align with the language in our practice.

Centre for Non-Violence adopts and embeds the social model of disability and strength based practice, we recognise and acknowledge the lasting impact this language and attitudes have on people with disabilities.

Acknowledgements

Diversity Dialogues, Unpacking Family Violence and Disability series from conception is thanks to all of the wonderful professionals in our region who were honest, vulnerable and transparent about their lack of confidence to support people with disabilities and brave enough to challenge themselves and identify where they needed support.

The process of this identification was confronting and not free from discomfort. Thank you to those practitioners who sat in discomfort with me.

These webinar sessions were a collaborative approach to professional development and sought out exceptional leaders in our region, whether engaged in co-design, co-facilitation, or both.



Special thanks to the following people:

- Jen Hargrave, Disability Advocate, Researcher and Policy Maker
- Jessica Reade, Principal Practice Leader, Centre for Non-Violence
- Sarah Chard, Program Manager Loddon Intereach
- Caitlyn Williamson, Complex Disability Support Needs Practitioner, Anglicare Victoria
- Imogyn O'Neil, Specialist Disability Practitioner, Anglicare Victoria
- Katie Lowndes, Specialist Disability Practitioner, Bendigo Community Health Services (former)
- Sharon Granek, Disability Liaison Officer, Safe Steps
- Natasha Jones, Disability Liaison Officer, Safe Steps
- Candice Bull, Community Engagement Officer, National Disability Insurance Agency
- Ashleigh Ward, Senior Community Engagement & Inclusion Officer, National Disability Insurance Agency
- Susie Muller, Central Highlands Family Violence Disability Practice Leader, Central Highlands Integrated Family Violence Committee
- Nikki Anthony, Owner and Lived Experience, Our Sensory Life
- Harriet Storrar, Specialist AOD Family Violence Advisor
- Frederikke Jensen, Advocacy Manager, VALID
- Stuart Timms, Social Worker, Catalyst Ability
- Darren Moorhead, Advanced Practice Leader Adults Using Violence, The Orange Door

Thank you to the Loddon Family Violence Disability Practice Leader Steering Committee for consulting on the series, informing the design and delivery of the sessions and for being instrumental in the dissemination of the learnings.

Finally, thank you to all of the practitioners and professionals that engaged with the content and who will in the future, prioritised their own learning, confronted their own knowledge, sat in discomfort with themselves and chose to educate themselves and assume responsibility for improving their own practice.

A note from the Loddon Family Violence Disability Practice Leader



It has been my immense pleasure to have hosted this series and worked with such incredible professionals to serve our community.

When I reflect on the objectives of the series, it was clear that we wanted to invite practitioners in our region to identify their own learning goals. Like all projects, the series developed far beyond this initial concept. After analysing the responses, it was evident that these were common, far-reaching themes.

I worked closely and collaboratively with professionals from a range of backgrounds, expertise and practice approaches that was rich and robust. Together we created something to be proud of that will support more than just workplace development.

Throughout this experience, we have confronted ableism, sexism along with a long list of other intersectionality that drive violence against people with disabilities and confronted this in a safe and accessible way.



Introduction

The Royal Commission into Family Violence identified that the family violence and sexual assault workforces need more support to work effectively and appropriately with people with disabilities and ensure people are supported to access the right services and supports.

The Family Violence and Disability Practice Leader initiative aims to strengthen access to specialist family violence and sexual assault support for people with disabilities at risk of family violence and ensure that support is, inclusive of, and tailored, to the needs of people with disabilities. The program recognises the high prevalence of sexual assault perpetrated against people with disabilities within the context of family violence and the role that the sexual assault system workforce plays in responding to people with disabilities who experience violence and abuse within families or family-like relationships

The initiative aims to strengthen the family violence and sexual assault service systems to better respond to adults, children and young people with disabilities at risk of family violence and to strengthen linkages and referral pathways with disability and other community-based services in a local area.

The Practice Leaders will provide a capability and capacity building role for the sector through the provision of inclusive practice leadership, advice on emerging best practice, coordination and dissemination of information on relevant training opportunities and advocacy.

What we already knew:

People with disabilities experience violence at increased rates, compared to those without disabilities.

Women with disabilities are more likely to have multiple perpetrators across their lifetime and for longer periods of time.

We know that the way forward in improving experiences and responses for women and children with disabilities, is about building the capability of the workforce, including addressing unconscious bias and ableism. However, we also recognise and understand that building the capability without increasing the confidence would not result in the attitudinal and cultural change that we need to see, for long term sustainable change. Therefore, our priority was to increase practitioners' confidence whilst simultaneously addressing practice and system related issues and barriers.

We arranged and hosted a series of working groups to identify and assess confidence levels in relation to supporting clients with disabilities. We ran 2 separate sessions for practitioners where we assured them their responses would remain anonymous, their attendance was not recorded and that leadership would not be in attendance.

What we did:

We opened both sessions with the following statement:

"For the next hour, we are giving you an invitation to not know how to support your clients"

We wanted to acknowledge the difficulties for practitioners to admit they don't know something and to speak openly about their own confidence levels. We were mindful of the power imbalances that exist within a practitioner and leadership relationship, as well as the potential barriers to honest discourse in relation to perceived negative outcomes.

We then hosted a working group that was dedicated for leaders.

We opened this session with the following statement:

"For the next hour, we are giving you an invitation to not know how to support your staff"



We felt that it was inequitable to expect practitioners to build their capacity, without supporting leadership to build their capacity to support them.

We aligned both responses and ensured that throughout content development, we included practice and leadership approaches.

We mapped out a total of 15 identified practice themes and incorporated practitioners feedback into the learning objectives.

We delivered 12 individual sessions over the span of 13 months.

We identified barriers to practitioners engaging with our content, including the time poor nature of our sectors. Therefore, we decided to record each session to share at a later date to increase the accessibility of the learnings.

We demonstrated the importance of accessibility within each session by incorporating a 10 minute break and allowing questions to be submitted ahead of time. Additionally, we made sure to advise attendees that all questions submitted would be anonymous and not recorded. This was important to us to foster safe spaces for practitioners to be vulnerable with their curiosity.

What did we learn?

At the conclusion of the series, we launched an evaluation survey.

Looking at the data in relation to session attendance, both at the time of the webinar and watching recordings at a later date, all attendees attended more than 1 session and the average was 3 sessions across the board. We had multiple attendees who attended every single session.

When asked 'What were your desired goals from completing this training?' the most common responses were increased awareness and confidence.

When we analysed the data and looked at what attendees enjoyed the most and was the most useful to their professional development, we found that attendees appreciated how accessible the learning was, not just in relation to access, but in the delivery and engagement. Attendees told us that they enjoyed the relatable service delivery and found that they were much more engaged with and able to retain the information because the method of delivery was less academic and clinical in nature and was more informal and found that they were able to put the learnings into practice because of this approach. However, a common response was the benefit of the evidence based delivery alongside this.

Attendees also enjoyed the collaborative nature of the series, allowing them to build their knowledge of professionals and pathways and building their networks.

We also learned that attendees were able to be curious and reflective about their own practice whilst developing their learning.

Overwhelmingly, we heard that attendees felt this webinar series was the first of its kind and supported the continuation of this style and format of learning. They commented that their confidence level had significantly increased and felt that they were more resourced and confident in supporting women and children with disabilities, including the improved awareness of how family violence and disability intersect, with areas such as risk assessment, management and safety planning.



Attendees also commented that they felt they would be more likely to advocate for their clients with disabilities as a result of their increased confidence and awareness.

The Loddon community demonstrated a significant desire to improve their practice and systems and expand their commitment to the disabled community at large.

Accessibility

Accessibility is very important to us and at the forefront of this project, we have ensured that the design meets the highest level of accessibility where possible, including the re-formatting of presentations to Word Document. However, as we are showcasing external resources, we are unable to re-format these as we do not own the copyright or intellectual property.



Table of Contents

Abstract.....	2
Acknowledgement of Country.....	2
Acknowledgement of People With Disabilities and Survivors of Family Sexual Violence.....	2
A note on language.....	3
Acknowledgements	3
A note from the Loddon Family Violence Disability Practice Leader	4
Introduction.....	5
Accessibility.....	7
Session Overviews.....	9
Intersect of Disability and Family Violence.....	9
Adopting a Disability lens to MARAM Assessments.....	10
NDIS, Will We Accept You?.....	11
NDIS, Will We Fund it?	12
Capacity and Inclusive Practice.....	13
Neurodivergence.....	15
Responding to Non Disclosures of Disability.....	16
Disability as a result of Family Sexual Violence	17
Caring Roles in Family Violence.....	18
Collaboration with a Disability Lens.....	19
Mental Health or Psychosocial Disability?.....	20
When does NDIS and Disability Collude?	21
Resources.....	22
Intersect of Disability and Family Violence.....	22
Adopting a Disability Lens to MARAM Assessments.....	22
NDIS, Will we Accept You?	23
NDIS, Will we Fund You?.....	23
Capacity & Inclusive Practice.....	24
Neurodivergence.....	24
Disability as a result of Family Sexual Violence	25
Responding to Non-disclosures of disability in Practice.....	26
Caring roles in Family Violence.....	26
Collaboration with a Disability Lens	27
Mental Health or Psychosocial Disability?.....	28
When NDIS and Disability Collude.....	28
References	29



Session Overviews

Intersect of Disability and Family Violence.



Jen works in University research teams researching violence and service access.

Jen worked on the REACH project at Sexual Assault Services Victoria.

Jen was Senior Policy Officer at Women with Disabilities Victoria where she advocated for accessible violence prevention and response services.

She sits on the Victorian Governments Disability Advisory Council.

Most recently, Jen was a recipient of the 2024 Order of Australia Medal for service to people with disability, and to the community.

“Women and children with disabilities experience disproportionate rates of family violence. It's good if Specialist Family Violence Services can take opportunities to consider how to improve service access.” - Jen Hargrave, Disability Advocate, Researcher and Policy Maker.

Overview & Learning Objectives.

This 1.5 hour Professional Development will guide you through the intersection of Disability and Family Violence. Jen will share where the movement to end violence against women with disabilities came from, and what exists to address that violence today.

She'll overview the prevalence data and available qualitative research along with case scenarios, including forms of disability-based violence and the ways inequality can present.

Jen will highlight the value of Disability Pride and the service system approaches which can support disability rights.

What will you learn from this session?

- Understanding of where the movement to end violence against women started and what focused programs exist to address it today
- Knowledge of available research and where to access it for later reference
- Understanding of ways violence against women compounds with disability based violence
- Familiarity with the positive impacts of Disability Pride, strengths based approaches and anti-oppressive practice for women with disabilities.



Adopting a Disability lens to MARAM Assessments



As Principal Practice Lead, she leads and supports a team of practice leaders to support high level practice.

Jess is responsible for aligning service delivery within CNV's Integrated model and guidelines, including the Multi Agency Risk Assessment and Management Framework (MARAM), Family Violence and Child Information Sharing Schemes (FVIS and CIS) and develop tools and approaches that support these frameworks.

Jess has over 10 years experience working in the Family Violence sector within various roles.

"We all have a joint responsibility for keeping all victim survivors, including those with diverse needs safe through a consistent understanding of what family violence looks like and asking if someone is experiencing this or feeling unsafe. This session really bought to life the importance of collaboration, leaning into expertise and our responsibilities as a system to understand, assess risk in a way that holds a strong lens on disability and share information to ensure all victim survivors are heard and being supported appropriately.

This session highlighted the MARAM responsibilities, where there are intersections across services and how we all hold, manage and share risk to keep perpetrators of violence in view and accountable." - Jess Reade, Principal Practice Leader, Centre for Non-Violence

Overview & Learning Objectives

This 1.5 hour Professional Development will guide you through how considering a person's disability will impact a MARAM assessment, it will also demonstrate the difference in assessments when this isn't considered.

Even if you aren't completing MARAM assessments, this session will provide you the opportunity to learn about how disabilities can be weaponised by people using violence, and also the questions that you can be asking your clients about their experiences of violence and things to be aware of.

What will you learn from this session?

- MARAM overview - What is MARAM and why do we use these?
- NDIS providers and MARAM - how do you participate and what is your role?
- How not considering someone's disability could impact the safety of the individual
- What the assessments look like when a person's disability is considered
- How the assessment changes in association to risk level, safety planning and overall service response
- Best practice approach to completing MARAM assessments with the intersect of disability



NDIS, Will We Accept You?



“The webinar was a fantastic opportunity to collaborate with another organisation within our local community to share information which will better support those working in the sector and people living with a disability who are applying to the NDIS for access. I enjoyed developing my understanding of other organisations and their roles and how we can work together to support people and building stronger connections within the community. It’s great to know that if we had any questions, we could now reach out to those who have expertise in their fields because we’ve been able to build these networks and will see the benefits flow on to the broader community.” – Sarah Chard, Program Manager Loddon Intereach.

Sarah works as one of the Program Managers at Intereach for the Local Area Coordinator program in the Loddon region.

In her role as program manager, Sarah provides support for up to 10 Local Area Coordinators and Administration.

Sarah has worked with Intereach for 5 years, previously as a Local Area Coordinator.

Sarah has a background in disability support, and holds a Bachelor of Psychology and Forensic Science, and Postgraduate Diploma in Psychology.

Overview & Learning Objectives.

This 1.5 hour Professional Development will provide you with the knowledge around how NDIS eligibility is determined, what supports are available if you are not eligible for NDIS and equip you to gain a better understanding of how the NDIS operates.

What will you learn from this session?

- NDIS Eligibility criteria
- What is the functional impact of an impairment and how does it differ from diagnosis?
- What is considered good supporting evidence for an NDIS application
- What is the difference between Early Childhood Approach, Early Intervention, NDIS and Community Connections?
- Application process & Alternative Pathways
- Responding to an application decline
- Where to go for support - applications & appeals



NDIS, Will We Fund it?



Overview & Learning Objectives

This 1.5 hour Professional Development will provide an extensive overview of NDIS funding, what it can and cannot be used for, how funding is determined for an individual, as well as how the NDIS responds to family violence. Similarly, we will be showcasing the role of the Disability Liaison Officer at Safe Steps and expanding on the Family Violence Crisis Response Initiative that the role is responsible for managing.

The session has been co-designed with the Community Engagement Officer that holds the Family Violence portfolio at the NDIA, and the two Disability Liaison Officer's from Safe Steps.

What will you learn from this session?

- How NDIS funding works
- NDIS in relation to Family Violence
- What the funding can/cannot be used for
- How/why does NDIS funding get approved
- Making an assessment for use of funding
- Management styles and what they mean
- Parental responsibility
- How NDIS responds to FV ~ guidelines and processes
- How does NDIS view FV

Candice is the Community Engagement Officer at the National Disability Insurance Agency, working across both provider and community support. Candice has been with the agency for over a decade and has worked in many areas through this time

Sharon and Natasha job share the Disability Liaison Officer role at Safe Steps.

Sharon's wide range of experiences have provided her with an excellent perspective of the diversity sector. As a woman with a disability, she has a particular interest in this area and has a long history in advocacy. Sharon helped to establish and was the first coordinator of Disability Advocacy Resource Unit, a dedicated resource unit funded to work with disability advocacy organisations to promote and protect the rights of people with disability.

Natasha is a social worker by background holding a Masters of Social Work from the University of Melbourne. She has lived experience of physical disability, and a member of the LGBTIQ+ community.

She is passionate about upholding the rights of and advocating for People with a Disability. Natasha also holds a degree in Bachelor of Psychology with a minor in gender studies, and a Graduate Certificate in Forensic Behaviour Science, which are other areas of interest for her.



- Removal of plan nominee ~ under/over 18 Process and how practitioners can provide information or escalate.
- Changes in circumstance in relation to FV ~ loss of carer, relocation
- Sharing and requesting information with the NDIA

Overview of DFVCRI & DLO role

- When to request DFVCRI
- What is required (including why a FV service needs to be involved)
- What to expect from a consult / what information should be provided in a consult by FV worker or practitioner
- What can/cannot DFVCRI cover
- Awareness of other resources and avenues

Capacity and Inclusive Practice



"My goal for my contributions to the series was to promote workplace conversations on how we can think outside the box and provide a great service for those who need it most, and may often be overlooked, which I feel was achieved." - Caitlyn Williamson, Complex Disability Support Needs Practitioner, Anglicare.

Overview & Learning Objectives

This 1.5 hour Professional Development will approach the topic of capacity in relation to disability, and how the current service systems perception of capacity can be harmful and damaging to people with disabilities. It suggests ways of making the service system

Imogyn works at Anglicare as the Specialist Disability Practitioner in the North Central Region.

The Family Services Specialist Disability Practitioner role involves working closely with families and individuals with disabilities to provide them with the support and services they need to achieve their goals.

Imogyn's background includes disability support work, NDIS Support Coordination, Psychosocial Recovery Coaching, Participant Support Coordination of direct supports, as well as Out of Hours On Call Support for community facilitators.

Caitlyn works as the Children Complex Disability Support Needs practitioner and has been with Anglicare for over 12 months. Prior to this, Caitlyn has spent the better part of a decade working with registered providers throughout various roles, including Service Management, Community inclusion, pathways and engagement, risk assessment and planning as well as direct support work in the early stages of her career working specifically with individuals with complex presentations.

Caitlyn has stepped into the role with Anglicare to share her skills and experience both from her professional career, as well as her lived experience as a parent carer of young people with complex disability support needs. Caitlyn is passionate about ensuring that every family who engages with the Complex Disability Support Needs service is afforded the opportunity to have their disability specific needs met through both funded and mainstream supports, while empowering parents & carers to build their self-advocacy to set them up for success in future"

I would also like to recognise the input and collaboration from Katie Lowndes, who was previously the Specialist Disability Practitioner at Bendigo Community Health Services who has since moved onto a different role and therefore was not part of the presentation, but deserves the acknowledgement nonetheless.



responses more inclusive and challenges our thinking and responses to align with that inclusive practice.

The session has been co-designed with the Specialist Disability Practitioner roles at Anglicare and Bendigo Community Health Services and the Complex Disability Support Practitioner at Anglicare.

What will you learn from this session?

- What is capacity
- How do we confidently identify and measure capacity
- Non-verbal communication in practice
- Disability informed practice
- The intersect of capacity & parenting
- Children with disabilities and how we hear their voice



Neurodivergence



Nikki is the owner of local business "Our Sensory Life". She has been dedicated to implementing inclusive practices in selling sensory resources for the past four years.

Nikki holds a Bachelor's degree in Behavioural Science (Psychology) and is pursuing a Graduate Certificate in Disability and Inclusion. Being an AuDHD (Autistic and ADHD) woman, she is passionate about educating professionals in neuro-affirming practice.

As part of her training and advocacy work, Nikki has conducted sessions educating staff in many industries, including education, mental health, allied health and the medical industry. Additionally, as a mother of four neurodivergent children, she has had the honour of addressing parent-carers on the subject.

Nikki is passionate about sharing her lived experience as a peer, parent, and child of neurodivergent parents. Only recently diagnosed, she has worked with clients before and after formal diagnosis, experiencing the privileges and pitfalls of both sides of the coin.

Enthusiastic about helping others understand and apply sensory supports in a neuro-affirming way, Nikki is ready to help you flip the paradigm on how you think about neurodiversity.

Overview & Learning Objectives

This 1.5 hour Professional Development will be dedicated to neurodiversity. Nikki will deliver a 101 on Neurodiversity that allows individuals to confront what you do not know and get comfortable with how to support your neurodivergent clients and challenge what you already know.

What will you learn from this session?

- History of Autism
- The myths and legends
- Language 101
- Introduction into sensory and stimulus
- The role of sensory items in engagement and how to use them appropriately
- Trusted professionals that are Neuro-affirming and ones to be wary of.



Responding to Non Disclosures of Disability



Susie Muller, the Family Violence Disability Practice Leader for the Central Highlands region.

Inspired by the opportunity to improve the accessibility of specialist family violence and sexual assault services for people with disability, Susie joined Central Highlands Integrated Family Violence Committee in August 2023

Overview & Learning Objectives

This 1.5 hour Professional Development will offer attendees a look into how a client can remain supported and have their access and support needs met during their engagement with your service, without disclosing a disability or diagnosis.

Susie has a Graduate Certificate in Family Therapy specialising in Acquired Brain Injury and a Master of Politics and Policy, as well as experience in service delivery within the family violence and disability sector.

Susie is passionate about resourcing and implementing the Disability Responsive Intake Process across Victoria to enhance inclusive service delivery.

Susie will speak at length about the Disability Responsive Intake Report that has been trailed in the Central Highlands, and how it is making a difference for everyone. This session will be emphasising how practitioners as well as service systems can implement processes that are not considered 'alternative' but rather, the standard.

What will you learn from this session?

- How to 'park the disability'
- How to build trust
- Why Non disclosures occur
- When and why does disability identification matter?
- How can you meet someone's support needs if they don't disclose or identify?



Disability as a result of Family Sexual Violence



“I loved collaborating with Talitha and developing our webinar together. We were able to identify the different ways AOD use, family violence and disability intersect both for people experiencing and using family violence and find resources to support practitioners. The experience highlighted the importance of cross sector collaboration. “ – Harriet Storrar, Specialist AOD Family Violence Advisor, Bendigo Community Health Services.

acquired disability. We will be looking at the impact of substance use in relation to disability, including self-medicating.

Harriet is a qualified Social Worker and has been working in the Family Violence sector for over 7 years in many different roles, including at TOD and as RAMP coordinator.

Late last year she commenced in the role as the Specialist AOD Family Violence Advisor for the Loddon Region. Her focus is to assist AOD practitioners to understand their role within the MARAM framework, provide direct support to AOD practitioners when they are supporting people either using or experiencing family violence and improve collaboration between local AOD and FV services.

Overview & Learning Objectives

This 1.5 hour Professional Development will be addressing disability as a result of family violence and the nature of

What will you learn from this session?

- Definition of acquired disability including types of acquired disabilities
- Support and deeper understanding of ABI's
- Correlation of NFS (Non-Fatal Strangulation) and disability
- Undiagnosed disabilities in the context of acquired disabilities and family violence
- Prevalence of ABI's in family violence cases
- Substance use coercion



Caring Roles in Family Violence



Overview & Learning Objectives

This 1.5 hour Professional Development will be looking at how caring roles can be weaponised in the context of family violence. We'll be highlighting how our ableist systems gives rise to violence against women and girls with disabilities and how we can better understand these structures to become more curious about caring roles.

What will you learn from this session

- Guardianship & Administration
- How a PUV presents as a carer
- How to respond to a PUV being a carer
- Types of carers - rights/responsibilities
- Supporting a victim survivor who is a carer to a PUV
- Best Practice - Navigating guardianship/administration & decision making

Frederikke Jensen, Manager of the Individual Advocacy team at VALID shares her experience in supporting people who have been impacted by people in caring roles and to speak about the system responses as well.

Fred has been a non-legal advocate for four years at VALID. She has therapeutic training and a background in disability and mental health support, support coordination and community work.

The team at VALID exist to provide critical advocacy to people with Intellectual disability across Victoria. Despite many of the people they support being subjected to control and silencing, they are not just passive recipients of injustices. Fred's team at VALID handle 200 cases a year and strive for social change and giving people with disabilities and their supports a voice. A large proportion of VALID's cases are about family violence, where the agency of people they work with is often not attended to and in particular when guardianship, administration and family violence intersect.



Collaboration with a Disability Lens



Stu is a highly motivated and professional social worker who strives to create a more socially just community through the use of various practice theories and evidence-based interventions. Stu has experience working in the fields of housing, youth, disability, mental health, and crisis support.

Stu is the Founder of Catalyst Ability. Established in 2021 after Stu felt that disability support could be different, better, and more focused on individual's and their quality of life.

Stuart has a Masters in Social Work, has lived with Quadriplegia for the past 15 years, is a NDIS Participant and knows firsthand what it's like to have people in your home and part of your daily life.

Stu says the name 'Catalyst' was chosen because he recognized that having the right supports around you can be the catalyst to a better life.

Catalyst Ability has a diverse team of support workers who love what they do and care deeply about making a positive difference to the lives of others.

Overview & Learning Objectives

This 1.5 hour Professional Development will be looking at how the disability, family and sexual violence sectors can collaboratively work together, identifies some of the barriers to collaboration and importantly, provides a rich demonstration on how collaboration positively impacts our services, systems and clients when done well.

What will you learn from this session

- What collaboration looks like when done well, and when done poorly
- Requesting information from NDIS providers
- Sharing information with NDIS providers & Family Violence providers
- Responding to requests to share information
- Dealing with professional collusion
- Roles & responsibilities of care team members
- Safety Planning as a shared responsibility



Mental Health or Psychosocial Disability?



"In order to work effectively with our clients we need to ensure we are congruent, that our own bodies facilitate safety and that we hold our clients in mind in a positive light regardless of the complexity of challenges they may be presenting to us" - Mikaela Grant, Director and Psychotherapist, Care For Your Mind.

Mikaela is a Psychotherapist and the founder and director of Care For Your Mind, a multidisciplinary mental health care practice comprised of a team of varied mental health professionals who work collaboratively to provide trauma informed and evidence based mental health care.

Her central focus is to continue to redefine how we approach mental health, and the broader awareness that mental health is a collective responsibility, rather than an individualistic pursuit.

She works from an interpersonal and trauma informed framework to ensure collaborative client-therapist practice.

Mikaela has experience working with clients across the developmental life span with a particular interest in trauma and abuse. Previously, she has worked in the not for profit and private sector. And she has also worked in short term residential trauma treatment.

She has additional training in Eye Movement Desensitisation and Reprocessing (EMDR), Cognitive Behavioural Therapy (CBT), Attachment Focused Psychotherapy and Sensorimotor interventions.

Mikaela is a firm believer in the strength of the therapeutic relationship being the driver of longitudinal change.

When Mikaela is not in the clinic, she is also a lecturer in the Bachelor of Counselling & Psychotherapy degree at the IKON Institute in Melbourne.

Overview & Learning Objectives

This 1.5 hour Professional Development will be looking at the difference between mental health and disability, when does mental health become a disability and how do we distinguish between the two?

We will look at the importance and context of the language that we use as well as consequences.

What will you learn from this session

- How is mental health defined
- How is Psychosocial disability defined
- The difference between definitions
- How supports and/or responses might differ
- How can we take this into consideration in our engagement with clients

When does NDIS and Disability Collude?



Darren currently works as the Advanced FV Practice Leader at The Orange Door, providing practice guidance in relation to working with adults using violence.

Darren most recently worked as a Men's Program Worker at Centre for Non-Violence. This role includes intake, comprehensive assessment of men for Men's behaviour change program suitability, group facilitator, 1:1 Men's behaviour change sessions and case management.

Darren has over 20 years' experience working with both adults using violence and victim survivors. Darren has previously worked in roles including Youth Justice, Child Protection, MBCP, Family Services and Specialist Forensic Disability Accommodation.

Overview & Learning Objectives

This 1.5 hour Professional Development will be looking at how we view the intersection of disability and a persons use of violence and the improvements that can be made in this space. Similarly, how the pathologising nature of disability can negatively impact a service systems understanding of a person and influence the experience of individuals within our service system. We will explore what could be done to reduce some of these barriers and importantly, how does a therapeutic approach fit into the conversation?

What will you learn from this session

- The role of non-case management therapeutic approaches
- The benefit of therapeutic approaches - AVITH, Child & Adult Victim Survivors, People using violence.
- Difference between use of violence and behaviour of concern
- Barriers to current practice
- Vision for an accessible and inclusive practice for people using violence
- Prevalence of disability in people using violence and what this tells us



Resources

Intersect of Disability and Family Violence

Content Recording & Presentation

[Diversity Dialogues, Unpacking Family Violence & Disability - Intersect of Disability and Family Violence - Recording](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Intersect of Disability and Family Violence - Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Intersect of Disability and Family Violence - Presentation \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Intersect of Disability and Family Violence - Q&A, Full Written Responses \(DOC\)](#)

Resources

['We're not "vulnerable" by virtue of disability': How language propels a culture of violence toward women with disabilities](#)

[10 Top Tips - Voice at the Table](#)

[Changing the Landscape, National Resource to prevent violence against women and girls with disabilities - Our Watch & WDV](#)

Adopting a Disability Lens to MARAM Assessments

Content Recording & Presentation

[Diversity Dialogues, Unpacking Family Violence and Disability - Adopting a Disability lens to MARAM assessments - Recording](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - Adopting a Disability lens to MARAM assessments - Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - Adopting a Disability lens to MARAM assessments - Presentation \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - Adopting a Disability lens to MARAM assessments - Case Study \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - Adopting a Disability lens to MARAM assessments - Case Study, Alternative endings \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - Adopting a Disability lens to MARAM assessments - Q&A, Full Written Responses \(DOC\)](#)



Resources

[Adopting a Disability and NDIS Lens - MARAM Comprehensive Risk Assessments \(PDF\)](#)

[Adopting a Disability and NDIS Lens - MARAM Comprehensive Safety Planning and Risk Management Tools \(PDF\)](#)

NDIS, Will we Accept You?

[Diversity Dialogues, Unpacking Family Violence and Disability - NDIS, Will We Accept you? Recording](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - NDIS, Will We Accept you? Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - NDIS, Will We Accept you? Presentation \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - NDIS, Will We Accept you? Q&A, Full Written Responses \(DOC\)](#)

Resources

[NDIA - List A Conditions that are likely to meet disability requirements \(PDF\)](#)

[NDIA - List B Conditions that are likely to result in a permanent impairment \(PDF\)](#)

[NDIA - List D Permanent impairment/Early Intervention \(PDF\)](#)

[NDIS Access Supporting Letter TEMPLATE \(DOC\)](#)

[NDIS Access Carer Impact Statement TEMPLATE \(DOC\)](#)

[RIAC NDIS, Statement of Lived Experience Access TEMPLATE \(DOC\)](#)

NDIS, Will we Fund You?

Content Recording & Presentation

Unfortunately, due to the privacy and confidentiality policies of the NDIA, this session was unable to be recorded.

[Diversity Dialogues, Unpacking Family Violence and Disability - NDIS, Will We Fund It? Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - NDIS, Will We Fund It? Presentation \(DOC\)](#)



Capacity & Inclusive Practice

Content Recording & Presentation

[Diversity Dialogues, Unpacking Family Violence and Disability - Capacity & Inclusive Practice - Recording](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - Capacity & Inclusive Practice - Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - Capacity & Inclusive Practice - Presentation \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence and Disability - Capacity & Inclusive Practice - Case Study \(DOC\)](#)

Resources

[NovoPsych - Psychological assessments, self assessments](#)

[Connecting the Dots - Practice Framework](#)

Neurodivergence

Content Recording & Presentation

[Diversity Dialogues, Unpacking Family Violence & Disability - Neurodivergence - Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Neurodivergence - Q&A, Full Written Response \(DOC\)](#)

Resources

[ADHD and burnout - Bravo Allied Health](#)

[Autism DSM in Pictures - Neurodivergent Insights](#)

[Energy Budget - Neurodivergent Insights](#)

[Misdiagnosis Monday Autism - Neurodivergent Insights](#)

[Misdiagnosis Monday ADHD - Neurodivergent Insights](#)

[Grounding Exercises - Neurodivergent Insights](#)

[Self-Disclosure Thermometer - Neurodivergent Insights](#)

[Neurodiversity Paradigm - Neurodivergent Insights](#)

[Neurodivergent Insights Blog](#)

[Neurodivergent Insights Membership - The Nook](#)



Disability as a result of Family Sexual Violence

Content Recording & Presentation

[Diversity Dialogues, Unpacking Family Violence & Disability - Disability as a result of Family Sexual Violence - Recording](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Disability as a result of Family Sexual Violence - Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Disability as a result of Family Sexual Violence - Presentation \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Disability as a result of Family Sexual Violence - Q&A, Full Written Responses \(DOC\)](#)

Resources

FASD & Substance Use

[Fetal Alcohol Spectrum Disorder, Strategies not Solutions - NOFASD Australia](#)

[VicFAS Out of Home Care \(OOHC\) Resources](#)

[Victorian Fetal Alcohol Service - Monash Health](#)

[What is Substance Use Coercion](#)

[Family Violence & Substance Use Coercion Safety Planning - Latrobe Community Health Service](#)

[Resources and downloads](#)

[They Know Better - Jump Start Psychology](#)

[What Lies Beneath - Jump Start Psychology](#)

[FASD Hub Australia](#)

Non-Fatal Strangulation

[Understanding Non-Fatal Strangulation - Safe and Equal](#)

[Non-Fatal Strangulation Medical Referral Template](#)

[Strangulation/Neck Compression Discharge Instructions - Bendigo Community Health Services](#)

Acquired Brain Injury

[Neuropsychology Referral Form - Turning Point](#)

[Acquired Brain Injury 'The Facts' - Synapse](#)



[The Prevalence of Acquired Brain Injury Among Victims and Perpetrators of Family Violence – Brain Injury Australia](#)

Pelvic Pain

[Statement on Pelvic Pain and Endometriosis – Faculty of Pain Medicine](#)

Responding to Non-disclosures of disability in Practice

Content Recording & Presentation

[Diversity Dialogues, Unpacking Family Violence & Disability – Responding to Non-Disclosures of Disability – Recording](#)

[Diversity Dialogues, Unpacking Family Violence & Disability – Responding to Non-Disclosures of Disability – Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability – Responding to Non-Disclosures of Disability \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability – Responding to Non-Disclosures of Disability – Q&A, Full Written Responses \(DOC\)](#)

Resources

[Designing Disability Responsive Intake Process Project \(DDRIPP\) Report Final](#)

[Appendix 3 – CHIFVC Disability Responsive Intake Process \(DRIP\) Practice Ready Layout](#)

[Language Guide – People with Disabilities Australia \(PWDA\)](#)

Caring roles in Family Violence

Content Recording & Presentation

[Diversity Dialogues, Unpacking Family Violence & Disability – Caring Roles in Family Violence – Recording](#)

[Diversity Dialogues, Unpacking Family Violence & Disability – Caring Roles in Family Violence – Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability – Caring Roles in Family Violence \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability – Caring Roles in Family Violence – Q&A, Full Written Responses \(DOC\)](#)



Resources

[Guardianship and Administration Flow Chart - Office of the Public Advocate](#)

[National Disability Abuse and Neglect Hotline - Report abuse or neglect of a person with disability \(Report abuse or neglect of a person with disability | Job Access\)](#)

[Being an NDIS Nominee - Fact Sheet](#)

[Appoint or decline a nominee - SOP \(Standard Operating Procedure\)](#)

[Notice of a nominee request - Example](#)

[Term of reference 1 review report](#)

[Review into circumstances surrounding NDIS](#)

Collaboration with a Disability Lens

Content Recording & Presentation

[Diversity Dialogues, Unpacking Family Violence & Disability - Collaboration with a Disability Lens - Recording](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Collaboration with a Disability Lens - Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Collaboration with a Disability Lens \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Collaboration with a Disability Lens - Case Study \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Collaboration with a Disability Lens - Best Practice Referral \(DOC\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Collaboration with a Disability Lens - Common Practice Referral \(DOC\)](#)

Resources

[1800RESPECT Fact Sheet, Using the Sunny App](#)

[1800RESPECT Fact Sheet, Easy English Booklets](#)

[1800RESPECT Easy English book 1: Learn about violence](#)

[1800RESPECT Easy English book 2: Learn about rights](#)

[1800RESPECT Easy English book 3: Where violence happens and who can do violence](#)

[1800RESPECT Fact Sheet, Working with People with Disability](#)

[1800RESPECT Putting into Practice - Guidelines](#)

[1800RESPECT Safety Planning with People with Disability](#)

[1800RESPECT Your escape bag checklist](#)



Mental Health or Psychosocial Disability?

Content Recording & Presentation

[Diversity Dialogues, Unpacking Family Violence & Disability - Mental Health or Psychosocial Disability? - Recording](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Mental Health or Psychosocial Disability? - Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - Mental Health or Psychosocial Disability? - Q&A, Full Written Responses \(DOC\)](#)

Resources

[Person Centred Framework \(DOC\)](#)

When NDIS and Disability Collude

Content Recording & Presentation

[Diversity Dialogues, Unpacking Family Violence & Disability - When NDIS and Disability Collude - Recording](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - When NDIS and Disability Collude - Presentation \(PDF\)](#)

[Diversity Dialogues, Unpacking Family Violence & Disability - When NDIS and Disability Collude \(DOC\)](#)

Resources

[Comprehensive Behaviour Support Plan - NDIS Quality Safeguard Commission](#)

[Identification Tool for people who use violence 2, Responsibility 2, Appendix 2](#)

[Adolescent family violence in Australia, ANROWS](#)

[Summarising the evidence - Adolescent Violence in the Home](#)



References

- 1800RESPECT & Women with Disabilities Australia. (2019) 1800RESPECT Easy English book 1: Learn about violence. <https://1800respect.org.au/sites/default/files/2020-09/DST%20EE%20Book%201.pdf>
- 1800RESPECT & Women with Disabilities Australia. (2019) 1800RESPECT Easy English book 2: Learn about rights. <https://1800respect.org.au/sites/default/files/2020-09/DST%20EE%20Book%202.pdf>
- 1800RESPECT & Women with Disabilities Australia. (2019). 1800RESPECT Easy English book 3: Where violence happens and who can do violence. <https://1800respect.org.au/sites/default/files/2020-09/DST%20EE%20Book%203.pdf>
- 1800RESPECT & Women with Disabilities Australia. (2019). Fact Sheet Using the sunny app. <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjYmcKcw5GRAXW7afUHHetKAPMQFnoECCMQAw&url=https%3A%2F%2F1800respect.org.au%2Fsites%2Fdefault%2Ffiles%2F2020-09%2FDST%2520Fact%2520Sheet%2520Sunny%2520App.pdf&usg=AOvVaw1MvU7PNM0svL9xlbUHXL-1&opi=89978449>
- 1800RESPECT & Women with Disabilities Australia. (2019) 1800RESPECT Fact Sheet, Working with People with Disability. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwizia7Lw5GRAXW_jq8BHR_SAAkQFnoECBgQAQ&url=https%3A%2F%2F1800respect.org.au%2Fsites%2Fdefault%2Ffiles%2F2020-09%2FDST%2520Fact%2520Sheet%2520Working%2520with%2520People%2520with%2520Disability.pdf&usg=AOvVaw2f3EseQyGQYXEgqCsSqufT&opi=89978449
- 1800RESPECT. (n.d), Escape bag checklist. <https://1800respect.org.au/help-and-support/escape-bag-checklist>
- Bravo Allied Health. (n.d). Attention-Deficit/Hyperactivity Disorder (ADHD).
- Cadwallader, JR., Mathieson, P., Muller, S., Bilbrough, A. and Muller, M. (2024). Intake is more than a process: Disability, disclosure and accessibility. CHIFVC:Ballarat
- Disability Royal Commission. (202). EXHIBIT 33-012 - CTD.8000.0012.1809 - NDIS - Review into the circumstances surrounding National Disability Insurance Scheme participants, 'Kaleb' and 'Jonathon' (Queensland). <https://disability.royalcommission.gov.au/publications/exhibit-33-012-ctd800000121809-ndis-review-circumstances-surrounding-national-disability-insurance-scheme-participants-kaleb-and-jonathon-queensland>
- Disability Royal Commission. (2023). EXHIBIT 30-197 - CTD.8000.0042.0338 - SMSB-6 - NDIA, 'Being a NDIS Nominee' <https://disability.royalcommission.gov.au/publications/exhibit-30-197-ctd800000420338-smsb-6-ndia-being-ndis-nominee>
- Disability Royal Commission. (2023). EXHIBIT 30-199 - CTD.8000.0042.1328 - SMSB-9 - NDIA, Nominee Appointment Letter template. <https://disability.royalcommission.gov.au/publications/exhibit-30-199-ctd800000421328-smsb-9-ndia-nominee-appointment-letter-template>



Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists. (2024). PS15(PM) Statement on the clinical approach to persistent pelvic pain including endometriosis- associated pain 2024

Family Safety Victoria. (n.d), MARAM Practice Guides – Working with adult people using violence, Appendix 2: Identification Tool for people who use violence.

Fitz-Gibbon, K., Meyer, S., Boxall, H., Maher, J., & Roberts, S. (2022). Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts (Research report, 15/2022). ANROWS.

Foley, K., Robinson, S., valentine, k., Burton, J., Marshall, A., Smith, R., & Moore, T. (2023). *Connecting the dots* [Practice framework]. ANROWS.

Frawley, P., Wellington, M., O’Shea, A., McAurthur, G., Plunkett, K & Stokoe, L. (2020). “Putting it into Practice”: Guidelines for using Specialist Resources to support women and girls with disabilities who have experiences violence and abuse. Geelong: Deakin University [2] https://www.scopeaust.org.au/wp-content/uploads/2014/12/Plain-Language-fact-sheet_Accessible.pdf

Gabbe, B., Ayton, D., Pritchard, E. K., Tsindos, T., O'Brien, P., King, M., Braaf, S., Berecki-Gisolf, J., & Hayman, J. (2018). *The Prevalence of Acquired Brain Injury Among Victims and Perpetrators of Family Violence*. Brain Injury Australia. <https://www.braininjuryaustralia.org.au/wp-content/uploads/BRAININJURYAUSTRALIAfamilyviolencebraininjuryFINAL.pdf>

Grant, M. (2025). Person Centred Framework.

Job Access. (2025) Report abuse or neglect of a person with disability. <https://www.jobaccess.gov.au/report-abuse-neglect>

Latrobe Community Health Service, Coercive Control in MH/AOD Special Interest Group members. (2023) What is Substance Use Coercion?

Latrobe Community Health Service, Coercive Control in MH/AOD Special Interest Group members. (2023) Family Violence SAFETY PLANNING - where there is Substance Use Coercion

Lee, N. (2020, October 26). *How language propels a culture of violence toward women with disabilities*. Women’s Agenda. <https://womensagenda.com.au/latest/were-not-vulnerable-by-virtue-of-disability-how-language-propels-a-culture-of-violence-toward-women-with-disabilities/>

National Disability Insurance Agency. (2022). List A: Conditions that are likely to meet the disability requirements. <https://ourguidelines.ndis.gov.au/home/becoming-participant/applying-ndis/list-conditions-are-likely-meet-disability-requirements>

National Disability Insurance Agency. (2022). List B: Conditions that are likely to result in a permanent impairment. <https://ourguidelines.ndis.gov.au/home/becoming-participant/applying-ndis/list-b-conditions-are-likely-result-permanent-impairment>

National Disability Insurance Agency. (2022). List D: Permanent impairment/Early intervention, under 7 years. No further assessment required. <https://ourguidelines.ndis.gov.au/home/becoming-participant/applying-ndis/list-d-permanent-impairmentearly-intervention-under-7-years-no-further-assessment-required>

NDIS Quality Safeguards Commission. (2023). Comprehensive Behaviour Support Plan V 3.0. Practice Quality Division. <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwi0r8qKxpGRAX>



[WGH68BHUV9AfgQFnoECBsQAQ&url=https%3A%2F%2Fwww.ndiscommission.gov.au%2Fsites%2Fdefault%2Ffiles%2F2023-12%2FComprehensive%2520BSP%2520Template%2520V3.DOCX&usg=AOvVaw1ARKKqOAXziOLUat7HNhkn&opi=89978449](https://www.ndiscommission.gov.au/sites/default/files/2023-12/Comprehensive%2520BSP%2520Template%2520V3.DOCX&usg=AOvVaw1ARKKqOAXziOLUat7HNhkn&opi=89978449)

Neff, M PhD (2021). Misdiagnosis Monday ADHD. Neurodivergent Insights.

Neff, M PhD (2021). Misdiagnosis Monday Autism. Neurodivergent Insights.

Neff, M PhD (n.d). Decoding the DSM-5 A Visual Guide to Mental Health Diagnoses Autism. Neurodivergent Insights.

Neff, M PhD (n.d). Energy Accounting. Neurodivergent Insights.

Neff, M PhD (n.d). Grounding Exercises 101. Neurodivergent Insights.

Neff, M PhD (n.d). Neurodiversity 101: Terms and Introductory Concepts. Neurodivergent Insights.

Neff, M PhD (n.d). The Neurodivergent Self-Disclosure Thermometer. Neurodivergent Insights.

No FASD Australia. (2023) Fetal Alcohol Spectrum Disorder Strategies not Solutions.

Office of the Public Advocate. (2020). Guardianship and Administration.

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiZ8vysvZGRaxW5ia8BHUEQCY8QFnoECBwQAQ&url=https%3A%2F%2Fwww.publicadvocate.vic.gov.au%2Fresource%2F79-is-guardianship-or-administration-needed-flowchart%2Ffile&usg=AOvVaw08tFqHerHumbUorr0HTc1Y&opi=89978449>

Our Watch, & Women with Disabilities Victoria. (2022). *Changing the landscape: A national resource to prevent violence against women and girls with disabilities*. Melbourne, Australia: Our Watch.

People with Disability Australia. (2021). PWDA Language Guide: A guide to language about disability

Respect Victoria. (2023). Summarising the evidence: Adolescent violence in the home. Melbourne: Respect Victoria;

Rights Information Advocacy Centre. (n.d). Statement of Lived Experience Template.

Safe & Equal. (n.d) Understanding Non-Fatal Strangulation

Search Results for "self assessment" - NovoPsych. (n.d.).

NovoPsych. https://novopsych.com/?swp_form%5Bform_id%5D=1&s=self+assessment

Spiller, V. (n.d). They Know Better. Jump Start Psychology

Spiller, V. (n.d). What Lies Beneath. Jump Start Psychology

Synapse Australia. (2021). Acquired brain injury, the facts: a practical guide to understanding and responding to acquired brain injury and challenging behaviours (6th ed.). Brisbane, Qld: Synapse Australia.

The State of Queensland (Queensland Family and Child Commission). (2020). Term of reference 1 review report. A report following the alleged neglect of two young people with disability.

VicFAS (n.d). Out Of Home Care (OoHC) Resources.

Voice at the Table. (2024). *Voice at the Table 10 top tips*. <https://voiceatthetable.com.au/wp-content/uploads/2024/04/2024-VATT-10-Top-Tips-Booklet-Plain-English-1.pdf>