



Women with Disabilities Victoria's  
Safeguards Project

Best practice guidelines for the development of resources for  
women with disabilities about violence and abuse  
(Excerpt from the Phase One final report)

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## 7. BEST PRACTICE GUIDELINES

### 7.1 Background

There is growing recognition in Australia of the distinct needs and experiences of women with disabilities in violence prevention and response efforts. Research demonstrates that women with disabilities are at significantly increased risk than other women of experiencing abuse, of experiencing multiple types of abuse and experiencing abuse by more than one perpetrator.<sup>1</sup> Women with disabilities are also more likely to experience abuse and violence than men with disabilities. However, guidelines for the development of resources for women with disabilities about violence and abuse are lacking.

Best practice guidelines for resources that seek to prevent violence against women with disabilities are timely in the current disability and violence prevention policy contexts. There are emphases at both state and federal levels on recognising women with disabilities as a priority group in violence prevention, providing targeted, accessible information to people with disabilities and promoting cross-sector collaboration to address violence and abuse. The United Nations Convention on the Rights of Persons with Disabilities and the Convention on the Elimination of All Forms of Discrimination Against Women provide broader imperatives for organisations to ensure resources about violence and abuse are consistent with best practice.

### 7.2 Glossary of terms

**Abuse and violence:** These terms are used interchangeably to describe ‘any intentional act [against a woman] that results in, or is likely to result in, harm or suffering, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life’.<sup>2</sup> Women with disabilities experience the same types of violence as other women. However, they may also experience other forms of abuse that are ‘particular to their situation of social disadvantage, cultural devaluation and increased dependency on others’<sup>3</sup> such as low quality care or practices that deprive them of dignity in institutions or long-term care settings, as well as:

*‘chemical restraint, forced or coerced sterilization, forced contraception, forced or coerced psychiatric interventions, medical exploitation, withholding of or forced medication, violations of privacy, forced isolation, seclusion and restraint, deprivation of liberty, denial of provision of essential care, humiliation and harassment... unnecessary institutionalisation, denial of control over their bodies, lack of financial control... and denial of the right to decision-making.’<sup>4</sup>*

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<sup>1</sup> E. Lund (2011), ‘Community-Based Services and Interventions for Adults with Disabilities Who Have Experienced Interpersonal Violence: A Review of the Literature’, *Trauma, Violence and Abuse*, 12(4): 171-182. See also L.E. Powers et al (2009) ‘Interpersonal Violence and Women with Disabilities: Analysis of Safety Promoting Behaviours’, *Violence Against Women*, 15(9): 1040-1069 and S. Robinson-Wheelen et al (2014), ‘A Safety Awareness Program for Women with Diverse Disabilities: A Randomized Controlled Trial’, *Violence Against Women*, 20(7): 846-868.

<sup>2</sup> *United Nations Declaration on the Elimination of Violence against Women*. GA Res 48/104, 1993.

<sup>3</sup> Frohmader, Dowse & Didi, op cit.

<sup>4</sup> Frohmader, C, Dowse, L & Didi, A. *Preventing Violence Against Women and Girls with Disabilities: Integrating a Human Rights Perspective*. Women with Disabilities Australia: January 2015.

Violence and abuse includes physical, sexual, financial, psychological and emotional abuse against a woman as well as neglect and exploitation. Elder abuse is also in scope.

**Accessible:** The resource is affordable, available, approachable (e.g. women with disabilities are aware of the resource and feel comfortable engaging with it), appropriate (e.g. relevant and engaging) and acceptable (e.g. barriers to women with disabilities engaging with the resource are removed).<sup>5</sup> All components of a resource must be accessible and meet the needs of its audience. This includes the resource's language, format, delivery mode, assumptions, messaging and the broader organisation's attitudes, behaviours, culture and procedures.

**Disability:** A "physical, sensory, psychiatric or cognitive impairments (including an intellectual disability, acquired brain injury and dementia) that, "in interactions with various barriers may hinder a person's full and effective participation in society on an equal basis with others".<sup>6</sup>

**Empowering:** The resource enhances the self-determination and active participation of women with disabilities by offering useful and accessible information, removing barriers to engagement and promoting and celebrating women's capacities and inner strengths.

**Human rights framework:** Recognises the fundamental human rights of all people and the multiple forms of discrimination that women with disabilities face, including by virtue of their gender. Seeks to educate women with disabilities about their rights, including their rights to fully participate in society and live free from abuse. A human rights framework also promotes inclusion and accessibility, ensuring women of all backgrounds and experiences with different types of impairments receive appropriate information and support.

**Prevention of violence against women:** Preventing violence against women involves addressing its root causes and improving responses. The public health framework for addressing violence involves defining the issue, identifying its causes and risk factors, developing interventions and implementing those that are found to be effective.<sup>7</sup> Prevention activities can be primary, secondary and/or tertiary:

- **Primary prevention:** Activities that seek to prevent violence before it occurs. May include strategies for whole populations (including women who have not experienced violence).<sup>8</sup>
- **Secondary prevention:** Early intervention activities for groups who may be at greater risk of experiencing violence.<sup>9</sup>
- **Tertiary prevention:** Initiatives that aim to decrease the impacts of violence, ensure women's safety after violence has occurred and prevent its reoccurrence.<sup>10</sup>

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<sup>5</sup> Frawley, P, Dyson, S & S. Robinson. *Whatever it takes? Access for women with disabilities to family/domestic violence services*. Sydney: ANROWS (in publication).

<sup>6</sup> Article 1, *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 2515 UNTS 3 (entered into force 3 May 2008).

<sup>7</sup> VicHealth 2007, *Preventing Violence Before It Occurs: A Framework and Background Paper to Guide the Primary Prevention of Violence Against Women in Victoria*, Victorian Health Promotion Foundation (VicHealth), Melbourne, Australia.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

**Resource:** an information source that is designed to help women with disabilities recognise violence and abuse, understand their rights and seek support. Resources may take a variety of forms (including documents, videos, websites, apps and training sessions) and may be a primary, secondary or tertiary prevention initiative.

### 7.3 Purpose and target audience

The best practice guidelines are designed to assist a range of Australian organisations that:

- seek to support women with disabilities who may have experienced, or are at risk of experiencing, violence and abuse; and
- are developing a resource on violence and abuse for women with disabilities or
- wish to identify opportunities to enhance existing resources on violence and abuse to ensure their relevance and accessibility to women with disabilities.

The guidelines are applicable to the development of a range of resources and to primary, secondary and tertiary prevention efforts.

The context in which resources are developed and the quality of implementation affect their effectiveness. As such, organisations developing resources for women with disabilities about violence and abuse should demonstrate a broader commitment to addressing violence against women with disabilities. Organisations may do so by articulating their commitment to zero tolerance of abuse in a Code of Practice, proactively supporting the advocacy of women with disabilities, building cross-sector partnerships and collecting and using data relating to the needs of female service users with disabilities.

It is acknowledged that best practice is evolving and organisations face many challenges when designing resources for diverse groups of women in a relatively new field. The guidelines identify current best practice but also encourage organisations to develop innovative ideas that will build the evidence base in the area of preventing violence against women with disabilities.

### 7.4 How to read the guidelines

The six guidelines share common themes and complement each other - for example, a resource that is accessible and reflective of the diversity of women with disabilities also acknowledges women's human rights.

Indicators are provided as suggestions on how organisations' efforts may align with the guidelines. In some cases, case studies are provided to demonstrate how a resource has met a particular guideline.

For some guidelines, it is likely that organisations will take a staged approach towards alignment with the guidelines. In recognition of this, a continuum is provided for these guidelines with examples of initiatives at different levels of attainment. The continuum is intended to support organisations to reflect on their current efforts and identify opportunities to enhance these efforts.

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<sup>10</sup> P. Frawley et al. 'What Does It Take? Developing Informed and Effective Tertiary Responses to Violence and Abuse of Women and Girls with Disabilities in Australia: State of Knowledge Paper.' Sydney: ANROWS, 2015.

The continuum categories are defined as follows:

- Sensitivity (working towards current best practice): Demonstrated awareness of the guideline and preliminary steps taken
- Competency (consistent indicators of current best practice): Demonstrated understanding of the guideline and several actions taken, consistent with current best practice
- Proficiency (aligned with current best practice and contributing to the evidence base): Consistent alignment with the guideline and a commitment to continuous improvement. New approaches are developed to inform the evidence base.

A continuum is not presented for all guidelines. In some areas, organisations developing resources that are inclusive of women with disabilities should always align with current best practice.

A high level overview of the guidelines is contained in Appendix A.

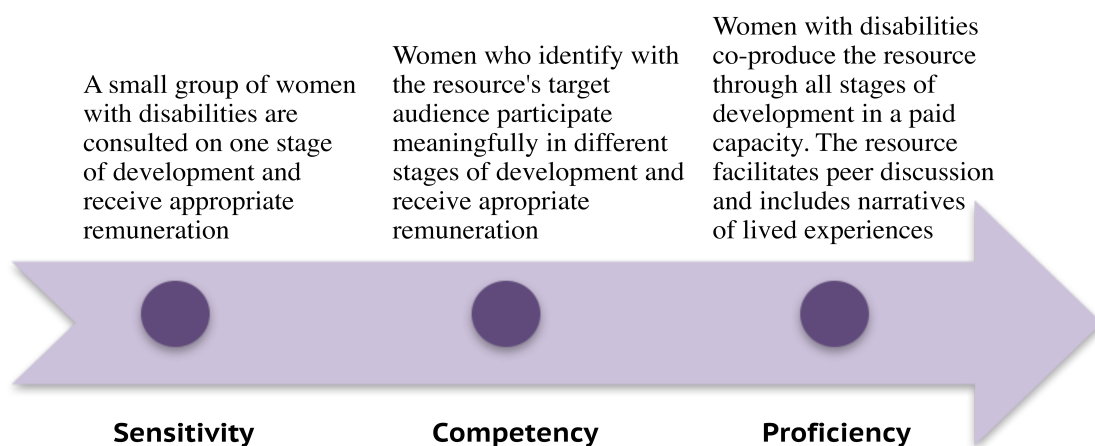
## 7.5 The guidelines

### Guide 1: Women with disabilities are involved in resource design, development and delivery

*Rationale:* The participation of women with disabilities in the development and delivery of resources promotes their personal empowerment. Their participation will enhance the quality and relevance of resources and ensure their accessibility to target audiences. The involvement of women with disabilities throughout the development of the resource also enhances the organisation's understanding of the needs and experiences of women with disabilities.

*Indicators* - The resource:

- is informed by the women it seeks to support
- provides financial remuneration to women with disabilities involved in developing or delivering the resource in recognition of their time and expertise
- incorporates women's narratives and real-life experiences
- offers opportunity for peer education and discussion
- development process addresses barriers to participation for women with disabilities (e.g. provision of communication aid, support worker) and establishes a process to safely manage disclosures of abuse.

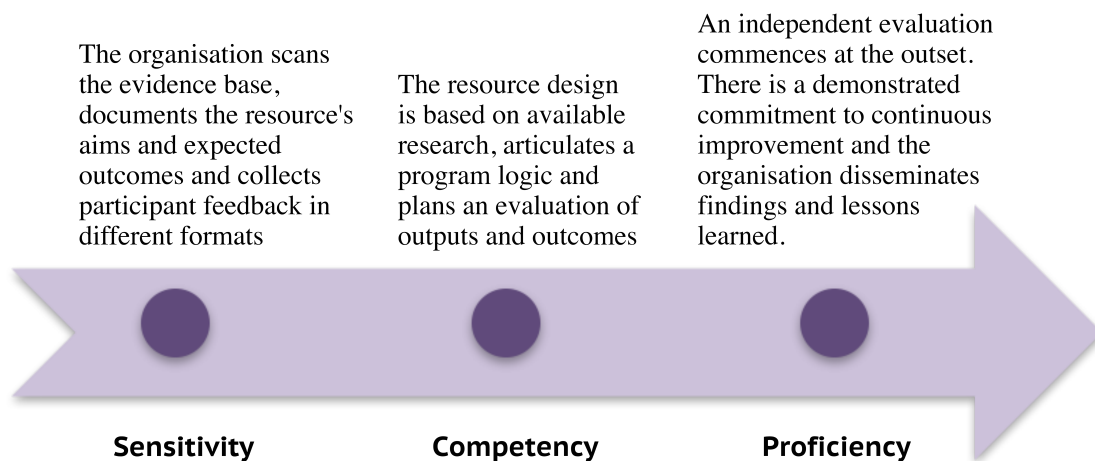


**Guide 2: The resource draws on available evidence and makes a link between its purpose, content and expected outcomes**

*Rationale:* Prevention of violence against women with disabilities is an emerging field with a limited evidence base. The prevention of violence against women field is building a body of work that includes women with disabilities (e.g. *Change the Story: A Shared Framework for the Primary Prevention of Violence Against Women and their Children in Australia*) but literature of the effectiveness of violence prevention initiatives for women with disabilities is still emerging. To promote women's safety and to support evaluation, resources should consider available evidence and explicitly link the resource's aims, content and format to its intended outcomes.

*Indicators* – The development process:

- articulates the resource's role in efforts to prevent violence against women with disabilities
- applies relevant research and theory in design
- includes a scan of the current evidence base and existing resources and engages expert services as appropriate
- clearly communicates a link between the resource's content and expected outcomes
- considers avenues to independently evaluate the resource.



**Guide 3: The resource articulates women's human rights and acknowledges the intersecting factors that contribute to different experiences of violence and abuse for women with disabilities.**

*Rationale:* Resources that aim to prevent or respond to violence against women with disabilities must acknowledge both gender and disability as risk factors for violence and abuse and recognise the multiple, intersecting determinants of violence against women with disabilities. Resources must educate women on their rights and promote respect, personal empowerment and safety.

*Indicators* - The resource:

- promotes women's human rights and articulates the right to safety
- acknowledges gender and disability as risk factors in violence against women with disabilities
- articulates in its aims and objectives the principles of empowering women with disabilities and promoting their safety.

## **Guide 4: The setting and mode of delivery are safe and responsive**

*Rationale:* Women with disabilities face multiple barriers to identifying, disclosing and responding to abuse. Any resource that aims to promote women's empowerment, build trust and raise awareness of abuse must be delivered in a setting and mode that is safe, welcoming and conducive to disclosure. The resource setting and mode of delivery must therefore recognise the multiple barriers women with disabilities face and be culturally responsive.

### *Indicators:*

- the organisation has clear, appropriate and coordinated systems to respond to, and pursue, disclosures of abuse
- women with disabilities know how to, and are supported to, access a professional who is trained in responding to abuse disclosures to debrief after using the resource
- the organisation considers appropriate ways to offer women with disabilities choice in whether and how they engage with the resource separately from their support workers or family members
- the resource includes prompts for self-care and alerts women that the content includes sensitive issues that may be distressing
- plans for distributing the resource consider the safety of women with disabilities.

### **CASE STUDY 1 – ALIGNMENT WITH GUIDE 4**

WDV'S 'Our Right to Respect' program is a four-session group program for women with disabilities delivered by trained peer educators and co-facilitators. Each session begins by discussing confidentiality and group expectations. A traffic light system is used to help women identify and express how they feel at different times throughout the program. Participants are invited to speak privately with facilitators at any time. Participants receive program materials in advance and are encouraged to identify a learning partner (e.g. trusted friend or family member) who can discuss the materials with them between sessions. Sessions teach self-care strategies and relaxation exercises.

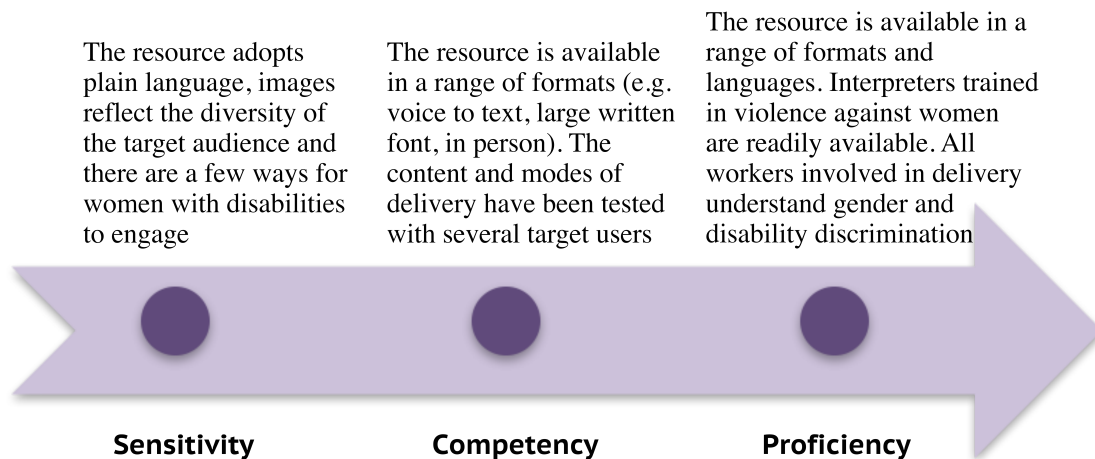
Processes to manage disclosures of abuse are communicated to participants from the outset and participants who disclose abuse can choose how the disclosure is followed up. The partnership with Centres Against Sexual Assault (CASAs) ensures there are CASA workers in attendance and appropriate arrangements to follow up disclosures. Women are asked not to share other people's personal stories. The facilitators encourage women to share their own experiences but request that any specifics of abuse be discussed with facilitators, rather than in the group setting.

## Guide 5: The resource is accessible and respects and responds to diversity of experience

*Rationale:* Consistent with a human rights approach, resources about violence and abuse for women with disabilities must be inclusive and available in a range of formats. Accessible resources support women's empowerment and safety in violence prevention initiatives and promote respect and dignity.

*Indicators* – The resource:

- embraces and reflects the diverse identities of women with disabilities (e.g. age, cultural background, geographic location, socioeconomic status, sexuality, religion)
- allows women with disabilities to choose how they engage with the resource
- language and communication systems are clear and have been tested with target users
- online content complies with the Web Content Accessibility Guidelines
- messages and graphics reflect the lived experiences of women with disabilities (e.g. images in the resource depict women from different cultural backgrounds and women with different types of impairments)
- is developed and delivered with workers who understand the diverse forms of abuse experienced by women with disabilities and the ways in which gender and disability act as risk factors for abuse.



### CASE STUDY 2 – ALIGNMENT WITH GUIDE 5

A training program on human rights and personal safety is designed for women with little or no speech. The content has been tested with several target users from different demographics in individual consultations. The program facilitators understand that many women with complex communication requirements are accustomed to having other people communicate on their behalf and to receiving information that has been mediated. They develop relationships with participants and their supportive networks and learn about each woman's preferred communication methods. The workers ask each woman sensitively and separately from her support worker / family member whether she would like to participate in the program alone or with her worker / family member present. The facilitators use the women's preferred communication tools to run individual sessions and present information via mechanisms other than text (e.g. picture boards).

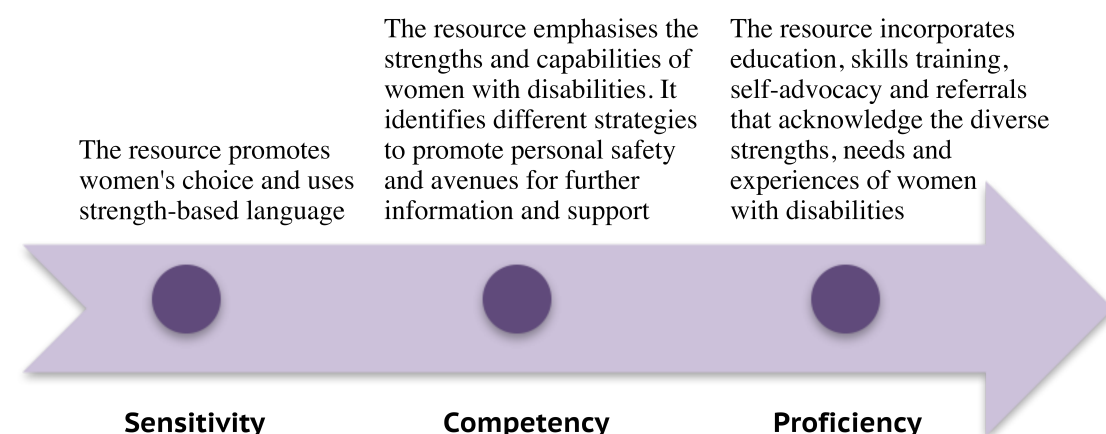


## Guide 6: The resource promotes personal empowerment and offers multiple options or strategies

**Rationale:** Resources that aim to prevent or respond to violence against women with disabilities must support women's independent decision-making and promote their empowerment. Current best practice involves building women's capacities through education, raising awareness and exploring multiple strategies to promote safety. Resources should offer women multiple avenues to seek further information and support. This will enhance the relevance of resources and promote women's safety.

**Indicators** – The resource:

- conveys positive messages, adopts empowering language and celebrates women's many strengths
- recognises the expertise of women with lived experience of disability
- facilitates connections with others
- builds women's capacities and explores multiple strategies to promote personal safety
- identifies a range of informal and formal avenues for women to access further support from specialists (e.g. family violence and sexual assault services, GPs, police, disability support workers, after hours telephone support) and non-specialists (e.g. family, friends, peer support groups).



### CASE STUDY 3 – ALIGNMENT WITH GUIDE 6

A video about promoting healthy sexual relationships is developed by and for women with intellectual disabilities. The video shows women with an intellectual disability talking about respectful relationships and what good relationships look like to them. The women talk about how they show respect to others and how they identify it in return. There is a short segment with plain language information about women's rights and sexual health. Key messages are repeated throughout. The video contains clear messages that women are not to blame for sexual abuse. The video and accompanying material contain a summary of ways women with an intellectual disability can access support, including through local peer support groups.

## PLAIN ENGLISH OVERVIEW OF THE GUIDELINES AND PROPOSED CONSULTATION POINTS

It is important to know when other people's behaviour is OK and not OK. It is also important to know what to do if you feel unsafe.

Many organisations like ideas on how to make information useful for women with disabilities about keeping safe. Women with Disabilities Victoria is making guidelines to help with this.

Women with Disabilities Victoria would like your advice on some ideas.

The ideas are:

- Listen to women with disabilities. Women with disabilities have good ideas on how to keep safe.
- Be clear on what the information aims to do. Check for research or other examples that can help.
- Teach women about their human rights.
- Make sure women feel safe when they use the information. Offer support.
- Make sure all women can use the information – including women of different ages, from different countries and different experiences.
  - Information should be available in different ways. For example, large print, on tape, in Braille, in videos, on the internet and face-to-face. Information should be available in different languages.
- Women with disabilities have many strengths and can do many things. Explain the different ways that women can get help or support. Let women with disabilities choose the best way for them.

Discussion points:

1. Are these good ideas? Do you have other ideas?
2. What else do organisations need to remember for information about keeping safe?
3. What is the best way to provide information about keeping safe?