

# Position statement

## Violence against women with disabilities

**This paper identifies Women with Disabilities Victoria's position on ways to prevent and respond to violence against women with disabilities. It outlines initiatives, research and women's experiences.**

### About Women with Disabilities Victoria

Women with Disabilities Victoria is an organisation run by women with disabilities for women with disabilities. Our gender perspective allows us to focus on inequities of particular concern to women with disabilities: access to women's health, women and the National Disability Insurance Scheme (NDIS), and safety from gender based violence.

We undertake systemic advocacy, professional education, empowerment programs and research.

We dedicate particular attention to the issue of violence against women with disabilities, due to its gravity and occurrence in our lives. See our Fact Sheet on violence at [www.wdv.org.au](http://www.wdv.org.au) with contacts for support and information.

### Our research: Voices Against Violence

*Voices Against Violence* (2014) is a cross-sectoral investigation of women with disabilities who have experienced violence. It was undertaken by Women with Disabilities Victoria, the Office of the Public Advocate and the Domestic Violence Resource Centre Victoria. The research provides data used to develop evidence-based recommendations for legal, policy and service sector reform. The research findings are referred to throughout this paper and can be accessed via <http://www.wdv.org.au/voicesagainstviolence.html>.

### Position statements

Women with Disabilities Victoria recognises that:

1. Violence is not acceptable. Living free from violence is fundamental to quality of life.
2. Active participation of women with disabilities is critical in violence preventions and responses. This is important in policy and management where women with disabilities are vastly under-represented, and at a service level where far too many women are ignored and disbelieved.
3. Violence against women with disabilities must be understood in the context of the intersections between gender and disability, power and marginalisation.
4. Violence is preventable. Due to the high rates of violence against women with disabilities, there is an urgent need to undertake prevention programs. Women with Disabilities Victoria is piloting and evaluating a violence prevention program: the Gender and Disability Workforce Development Program.
5. There must be concerted action to address discriminatory attitudes and practices. Disability is not just a person's condition but the result of the disabling social structures, behaviours and environments.
6. We all have a responsibility to act. The prevalence of violence in the lives of women with disabilities is a community concern, requiring leadership and coordination across departments and sectors (including mental health, aged care, sexual assault, police, courts, family violence and disability).

## Women with disabilities are a large and diverse population group in Victoria

- Nearly one in five women and girls have a disability.<sup>1</sup>
- The rate of disability for Victoria's culturally and linguistically diverse population is 22%, slightly higher than in the general population.<sup>2</sup>
- The proportion of Victorians with a disability is higher in rural and regional Victoria than in cities: 22% compared to 17%.<sup>2</sup>
- Nationally, 51% of Indigenous women and girls have a disability.<sup>1</sup>
- Women with disabilities face additional inequalities to men with disabilities; for example women are more likely to be unemployed,<sup>1</sup> have primary caring responsibilities, and be affected by poverty.

## Understanding violence against women with disabilities

*Violence against women* and *disability-based violence* combine to increase the risk of violence against women with disabilities. These types of violence can be experienced differently depending on factors such as age (for example, what can be known as elder abuse), culture (lack of culturally appropriate support services), and location (lack of available support in regional areas).

### Violence against women

Violence against women describes forms of violence that are mostly experienced by women and mostly perpetrated by men.<sup>3</sup>

Men who use violence against women are likely to believe in rigid gender stereotypes and male entitlement. Men will often target victims who they perceive are less powerful, such as girls and women who may not be able to communicate to others what has happened to them, and those who may be restricted in their physical movement.<sup>4</sup>

The most prevalent form of violence experienced by Victorian women is family violence. This includes a range of controlling behaviours such as financial abuse, isolation, continual humiliation, psychological abuse, threats to harm children, injury and death.<sup>5</sup>

The Australian 2012 Personal Safety Survey found that women were significantly more likely than men to have experienced:

- an episode of stalking as an adult: 19% compared to 7.8%
- sexual assault since the age of 15: 17% compared to 4%
- physical assault by a male in their home during the last 20 years: 62% compared to 8.4%
- emotional abuse by a partner since the age of 15: 25% compared to 14%.<sup>5</sup>

### Violence against people with disabilities

People who use violence abuse their power over people with disabilities. They may be providers of personal care in a private setting (such as an intimate partner or a family member) or in a service setting (for example, staff, managers, volunteers).<sup>6</sup> More needs to be understood about who uses violence against women with disabilities.

Forms of violence include impairment related violence, denigration and unethical practices in care service settings.

The *Voices Against Violence* review of the files of 100 women with disabilities at the Office of the Public Advocate found that:

- 45 of the 100 women reported experiencing violence at the hands of a total of 89 perpetrators.
- The most common forms of violence reported were psychological, physical, controlling behaviour and economic abuse.
- Impairment-related abuse included withholding medication and disability aids.
- Many women experienced social isolation as both a risk factor for, and a consequence of, violence. Some perpetrators used social isolation as a form of violent behaviour in itself.

The numbers found in this review are particularly stark when we consider that violence against women is an under-reported crime.<sup>7</sup>

**CONTROL** "I've been locked up in the house, basically not allowed to talk to no-one, not allowed to go down the street, not allowed to do what I want to do. I wasn't allowed to talk on the phone, I wasn't allowed to go anywhere unless he was with me." Katrina<sup>8</sup>

**THREATS** "To go on took a lot of faith and courage, it hadn't worked before. I had been threatened by my dad that if I said anything, I would be put in a home and this was etched in my mind." Jane<sup>8</sup>

**CONSTRAINT** "I wanted to leave this house to just have time away and I got off my wheelchair to change... into my clothes and he came in to my room and took a wheel off my wheelchair so I couldn't then leave." Michelle<sup>8</sup>

**PSYCHOLOGICAL ABUSE** "My ex-husband was always playing mind games with me... and kept telling my children I was psychotic." Emma<sup>8</sup>

**DENIGRATION** "It was a case of, you know, 'you can't cook', 'you'll never be able to look after yourself', 'you're disabled' and it was always an emphasis on the 'dis'... To me it was just, well this is what it's like in families." Louise<sup>8</sup>

## Recommendations for action

**1** **Violence is not acceptable** Department of Human Services and National Disability Insurance Agency standards of practice must recognise the dynamics of power and control. Their workforces must be trained in upholding the safety of women with disabilities. Government funded training on risk assessment and violence against women with disabilities is essential.

**2** **Listen to women** Government, human services and community organisations must provide avenues for women with disabilities to participate actively in decision-making and planning: individually and systemically.

It is important to recognise the strength and resilience of women. Living with violence and disclosing personal experiences of violence takes enormous strength and trust, and in turn requires a trust-worthy response.

**3** **Understand the causes** Further research and improved data collection is needed to prevent and respond better to violence.

**4** **Primary prevention** Violence prevention providers and disability services must ensure general violence against women prevention programs are inclusive of women with disabilities.

Implementation of tailored prevention programs for women with disabilities is required. Continued funding of the Gender and Disability Workforce Development Program is critical to engaging disability services in gender sensitive practice, as well as providing education programs to women with disabilities.

**5** **Access to justice** Government must consider legislative reforms to improve Family Law responses to family violence. Applicant Support Workers should be available at all magistrates' courts. Resources are required for an Office of the Public Advocate Independent Third Person Program referral service. OPA's investigatory powers should be strengthened. Victoria Police must address systemic failures to facilitate justice.

**6** **We all have a responsibility** The Victorian Interdepartmental Committee on Violence Against Women and Children should lead a whole-of-government response to the *Voices Against Violence* Research recommendations. It is recommended the Committee consult with women with disabilities and representatives of disability, mental health, aged care, family services, family violence and sexual assault services and statutory and legal bodies as part of its response.

**7** **Working together** The Department of Human Services should fund family violence and sexual assault services to provide face-to-face education and resources to disability, mental health and aged care workforces and clients, women's support groups and accessible information on support services, and thereby increase contact and information sharing between sectors.

### RESPONSIBILITY

"Every week a woman is murdered by her partner or ex-partner. Our culture is filled with men who hold an indecent sense of entitlement towards women...

...if none of us are saying anything, then this feral atmosphere gets worse, until it becomes an endorsement of violence against women." Ken Lay, Chief Commissioner, Victoria Police<sup>9</sup>

### LISTEN TO WOMEN

"...as my 'carer' they'd look to him, oh, and he'd discredit me and then they'd not believe what I'd say. And 'oh, she's just making this up'. The whole community could not believe that this person could do this. It makes it so much harder for the victim to voice something 'cause they know nobody's going to believe them!" Michelle<sup>8</sup>

**PREVENTION** "Violence against women with disabilities is preventable." Natasha Stott Despoja AM, Foundation to Prevent Violence against Women and their Children<sup>10</sup>

### WORKING TOGETHER

"They need to provide information on our rights and support services. Unless you know the systems you don't know what to ask for and you don't have any power." Sam, WDV member

“

If we could change one thing, it should be to make sure that no violence happens and that if it does, people are safe to talk out about it.”

Fiona, WDV member

## Prevalence of violence against women with disabilities

- Women and girls with disabilities are twice as likely as women and girls without disabilities to experience violence throughout their lives.<sup>11</sup>
- Over one-third of women with disabilities experience some form of intimate partner violence.<sup>11</sup>
- 45% of women experienced sexual assault during a mental health service inpatient admission and more than 80 per cent lived in fear of being abused.<sup>12</sup>
- 67% of women reported experiencing harassment during mental health hospitalisation.<sup>12</sup>

## Good practice examples

Following are examples of good practice across aspects of prevention, service provision and standards. More information on these is available in *Voices Against Violence Paper 2*.<sup>6</sup>

### Prevention

- Women with Disabilities Victoria's Gender and Disability Workforce Development Program delivers training to disability workers and peer education to disability service clients. The program is delivered by women with disabilities and professional trainers.
- Barwon CASA and Nelson Park Special School (Geelong) collaborated to implement the Sexual Assault Prevention Program in Secondary Schools. <http://www.casa.org.au/barwon/>

### Information access

- The *Tell Someone* website provides family violence information for people with a mild intellectual disability and for the community. <http://www.tellsomeone.org.au/>

### Service access

- The DHS Disability Family Violence Crisis Initiative assists women and children with a disability, who require disability support, to access a family violence crisis services. <http://www.dhs.vic.gov.au/for->

[service-providers/children,-youth-and-families/family-violence2/disability-and-family-violence-crisis-response](#)

### Cross sector collaboration

- Making Rights Reality enhances existing services for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties. <http://www.secasa.com.au/services/making-rights-reality-for-sexual-assault-victims-with-a-disability/>

### Standards and guidelines

- The Inter agency Guideline for Addressing Violence, Neglect and Abuse (IGUANA) is a good practice guideline developed by the Victorian Office of the Public Advocate in collaboration with services across relevant sectors. <http://www.publicadvocate.vic.gov.au/publications/539/>
- The paper *Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women With Disabilities* (2013) identifies minimum standards to support the delivery of accessible domestic violence services to women with disabilities. [http://www.victimsclearinghouse.nsw.gov.au/vocrc/victimsclearinghouse\\_researchdatabase\\_disability\\_healey\\_humphreys\\_howe.html](http://www.victimsclearinghouse.nsw.gov.au/vocrc/victimsclearinghouse_researchdatabase_disability_healey_humphreys_howe.html)

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12 Victorian Mental Illness Awareness Council, *Zero Tolerance for Sexual Assault: A safe admission for women*, VMIAC, Melbourne, 2013.