



Women
With
Disabilities
Australia
(WWDA)

***Forgotten Sisters: Recognising and
Responding to Domestic Violence in the
Lives of Women with Disabilities***

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Diverse and Inclusive Practice: Redrawing the Boundaries

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Some Reflections on Activist Practice in Domestic Violence

Annie Parkinson

This conference is very timely for WWDA. As you may know, we have been working for some time (for a much longer time than we originally hoped) to produce a resource manual on violence against women with disabilities. It has at last received final approval and consists of four booklets each with its own perspective:

- *It's not okay, it's violence* contains information for women with disabilities about domestic violence and an updated directory;
- *More than just a ramp* sets out ways to help refuges develop disability discrimination plans;
- *A life like mine* is a collection of narratives by women with disabilities about their experiences with violence;
- *Forgotten sisters* pulls together a global review of violence against women with disabilities.

The content of this resource manual will be covered in more detail later. First though, I did want to mention something of my own sense of how the women's refuge movement developed over the years.

I first grew aware of the work done by women's refuges in the mid seventies. This was a time when second wave feminism created changes in the way women and women's issues were perceived and when newly created women's organisations lobbied for and received government funding. As someone who was actively involved in the women's movement for many years, initially through the Sydney Rape Crisis Centre, I have observed some of the shifts that seemed to occur in the domestic violence field over the years.

Probably the first shift in focus was around sexuality. Many of the women who identified as heterosexual when they first became involved in women's refuges moved slowly but surely towards lesbianism. For some this change in sexual identity was temporary, for others more long lasting. The acceptance of this in organisations like rape crisis centres and women's refuges seemed fairly painless.

Class was a more difficult struggle. The women who ran the refuges led the women's movement in recognising that for the most part it was pretty middle class and that this affected not just how the movement was represented but what issues became significant. During the mid eighties, women

who were ex-residents of the refuges joined the collectives or management committees. As the management process changed to accommodate the new members, the refuges had to start querying some assumptions they held. This was a painful but necessary process. Discussions of internal power structures in relation to Aboriginal and migrant women followed on. The 1988 anti-bicentennial movement really proved a focus for this kind of discussion.

So, issues of sexuality, class and race were thoroughly addressed by the women's refuge movement in terms of how they provided services to women in violent situations, but what happened to disability? There's no denying it's a complex issue with different requirements according to the type of impairment. Buildings need to be physically accessible for wheelchair users, communication needs to be possible for women who are deaf or whose capacity for speech is impaired. Information about services needs to be available in alternative formats. The definition of 'domestic' in the phrase domestic violence needs to be developed to take into account that women with disabilities have a range of different types of domestic arrangements including group homes, institutions and nursing homes. The people who share these domestic spaces may be paid carers, fellow residents or others and this broadens out the range of situations that can result in violence.

Our concern at WWDA is that the woman living with a disability becomes invisible behind her disability, that the issue of resources, or the lack of them, becomes paramount for crisis services. Women who live with disability and want to escape violent living situations must have the same access to a safe place as other women.

At a conference organised by WESNET in the late nineties there was a fierce discussion about whether the refuge movement could or should start to address the issues involved in making domestic violence services truly available to all women. A resolution to improve awareness of disability issues came out of that conference but there was also strong resistance from some women in the refuge movement. Since that time some domestic violence workers have showed signs of passion and commitment but this still has to translate to real outcomes for women who are in violent situations and who also happen to have disabilities. We believe that if the sector takes on disability as a significant factor in service provision, real changes can be made.

my autumn arm

*Autumn leaves falling outside my window,
Here I sit with my Autumn arm,
Red and Brown and Bruised.*

Watching the fall from my window

*Waiting for someone to notice my Autumn arm,
Sooth me with cool and gentle hands.*

*I am anxious for someone to notice my Autumn arm,
Red, Brown and Bruised,
I have not fallen,
My Autumn arm didn't just appear
There is no sign for abuse on my communication board.*

*Please don't tuck me in,
Please don't touch me hard and furious,
Please don't give me another Autumn arm*

By Amanda

From: *a life like mine! narratives from women with disabilities who experience violence*, WWDA 2007

Maria's Story

After I got my payout, my brother turned up. He said he wanted to help. First thing he asked me was about the money. Then he got control of it. He wouldn't give me any money and he wouldn't tell me where my money was or what he was doing with it or anything. It was a lot of money. If I asked him where it was, he threatened me. He kept saying he would put me in an institution. I knew he could do that so it shut me right up. It was my biggest fear.....

From: *it's not ok it's violence information about domestic violence and women with disabilities*
WWDA 2007

Graciela

Graciela has bi-polar disorder and rang the domestic violence referral agency and said she wanted to leave her violent partner. As part of the referral the service had a list of questions to ask all women ringing the service. One question asked did Graciela have a disability. She said yes, her disability was bi-polar disorder. The referral agency said sorry but they didn't take any women with psychiatric disabilities. They suggested she contact the nearest mental health centre.

Who are Women with Disabilities?

In Australia 20% of women have a disability and more than 50% of people with disabilities are women. Women with disabilities come from a diverse range of backgrounds, lifestyles and beliefs including those from Aboriginal and Torres Strait Islander backgrounds and from culturally and linguistically diverse communities. Some are in heterosexual relationships, some in lesbian relationships and some are single. These women experience a range of impairments that will impact on their lives in different ways. These may include medical conditions, and/or sensory, physical, cognitive and psychiatric impairments or have multiple involvements. It is important to acknowledge that every woman with a disability will see herself and experience her disability in a unique way.

Where are Women with Disabilities?

Women with disabilities live in range of domestic situations including with a partner and/or children, with their parents or other family member, with a friend or on their own. Some women with disabilities live in a group home or a boarding house or in an institution. Some women with disabilities also experience homelessness and find themselves living on the street. It is important to recognize that in all these living situations women with disabilities can and do experience domestic violence.

Recognising Domestic Violence in the Lives of Women with Disabilities

Women with disabilities - regardless of age, race, ethnicity, sexual orientation or class - are assaulted, raped and abused at least twice as often as women who do not have disabilities. Perpetrators include present or past spouses/partners, family members. They can also be someone the woman comes into contact with in her daily life including carers or other residents in supported forms of accommodation. Women with disabilities can often experience violence from more than one perpetrator.

Types of Domestic Violence Experienced by Women with Disabilities

Women with disabilities may experience a range of forms of domestic violence including physical violence, sexual violence, emotional violence, social violence and financial violence. Physical

violence includes commonly identified forms of physical assault but for women with disabilities may also include actions like restraining a woman, or taking control of her wheelchair or pushing her around against her will. Neglect is also a form of physical violence. Some women with disabilities depend on someone for some or all of their physical needs. If the person deliberately ignores those needs, withholds medication, doesn't feed her properly, won't assist in bathing properly - this is a form of domestic violence.

In addition to the commonly identified forms of sexual violence, women with disabilities have reported incidents where care or support workers have denied them services until they have sex with them or have been coerced into sex for a range of reasons to do with their location and their disability. The issue of withholding of sex education, denial of access to contraception and reproductive rights including forced sterilization is also seen by WWDA as a form of sexual violence.

Emotional or psychological violence includes actions that make a person feel intimidated. Women with disabilities report threats of being institutionalized if they "don't do what they are told". Withholding information or making decisions without recognized legal authority or consent is also included in this category. Women with disabilities who are dependent on others to facilitate their access to friends, family and community are often vulnerable to control by others. Denying, restricting or forcing access in contradiction to the woman's wishes is considered a form of social violence. Taking control of money against a woman's will or excluding her from decision making about her finances without legal authority is identified as financial violence.

Vulnerability to Violence

There are many myths and stereotypes about women with disabilities that can affect the way they are treated and responded to by society. These include that women with disabilities are always dependent on others and that they are passive and compliant. Myths about the sexuality of women with disabilities include that they are either asexual or more likely to be promiscuous and that women with disabilities should be grateful for any sexual advances. There is also a widely held belief that no-one would hurt a woman with a disability.

These myths can be damaging and can contribute to the cycle of violence as experienced by women with disabilities. It is often due to these myths that women are denied access to education, important information and resources and support to confront forms of violence. As a result a woman may not know about domestic violence, nor that many forms of domestic violence are a crime. She may not know that she does not have to live with domestic violence and that there are services which can help. Lack of education can also limit women with disabilities' access to

employment and an independent lifestyle. In addition many women with disabilities live in poverty making them socially isolated and financially dependent - often on perpetrators.

Credibility can be an issue for women with disabilities, who are often not believed when they disclose domestic violence to their families, friends, supporters, doctors or to the Police. A perpetrator may target a women with disabilities because it is seen that it is not easy for her to get help making her more vulnerable and less able to do anything about it. Life experiences particular to women with disabilities can also make them vulnerable to experiencing domestic violence. These include living in an institutional setting withdrawn from public scrutiny, with limited privacy and restricted access to outside services. Additionally dependence on carers increases vulnerability as does lack of communication skills.

The Impacts of Violence on Women with Disabilities

The impacts of domestic violence on women with disabilities are profound. The range of responses women with disabilities report include depression, anxiety, self-blame, shame, low self-esteem, self-harm. In light of these effects it is important to acknowledge that domestic violence is therefore also a *cause* of disability. The impacts of domestic violence are also further intensified for women with disabilities because there is often no support when they seek help.

Barriers to Getting Help

Many women find it hard to get help about domestic violence and most women find it hard to leave. For women with disabilities, the physical and social barriers created by the presence of disability often compound these difficulties. Common experiences reported by women with disabilities include issues ranging from no-one believing their story to the absence of accessible transport to enable women to leave violent situations. Women have also identified as critical issues relating to the un-preparedness of service providers once they do make contact – with many claiming they face discriminate from service providers. The inaccessibility of services is also a significant issue for many women. Specific difficulties women have identified include information not being available in accessible formats, workers who don't have skills or knowledge of disability; premises not being physically accessible, the lack of availability of attendant care. Women have also identified the attitudes of staff as a barrier to their use of services and have reported that referrals made by services providers are often inappropriate.

The WWDA office takes calls on a regular basis which highlight the difficulty and frustration that many women experience. Following are two recent examples.

A housing service tried to get a woman with a disability into (any) women's refuge in a particular area. They were told that nowhere could take her as she used an oxygen cylinder and they were concerned that she may therefore require 24 hr assistance. The Service also reported that they had experienced similar responses from the refuges when trying to place/refer women with autistic children. The reason given by refuges was "the behavioural issues these children presented and the impact they had on the other women in the shelter".

A Domestic Violence worker rang a Rape Crisis Centre to seek information on accessible refuges for women with disabilities. She was bluntly told that there aren't any and they can't help her. She then contacted WWDA. We gave her the number for the Domestic Violence Crisis Line in her state (she didn't know there was one), as well as some other contact points. The Crisis Line told her they "thought there might be an accessible refuge in an eastern suburb and maybe a far western suburb" but the only information they had regarding accessibility was that the bathroom and rooms were on the same level. The Crisis Line informed her that if accessible refuge accommodation wasn't available they would "refer" the woman seeking refuge to the Department of Housing's Emergency Temporary Accommodation.

What can services do?

Services must recognise the rights and needs of women with disabilities. Women with disabilities have the same rights to live safe from violence and free from fear as other women. They do not have 'special needs they have different needs. If a woman with a disability is calling your service because she is experiencing domestic violence, then it is help about domestic violence that she needs - not help with her disability. Like all women experiencing domestic violence women with disabilities need someone to believe what they are saying and to support them so they can make decisions about what to do.

It is important for services to be prepared to meet the needs of women with disabilities. Women may need information which services currently don't have so an information gathering exercise is an excellent first step. This will need to establish things such as which refuges are accessible, whether assistance with transport is available and whether there are accessible vehicles, the availability of personal care support, options for crisis funding, the range of housing alternatives, the existence of support groups, the availability of disability support services and whether gaps exist in services.

In looking within services it is important to ensure that they are accessible. This will include physically accessibility, accessibility of information or the availability of alternative formats, having staff who are trained to be aware of and sensitive to the issues facing women with disabilities, having policies and procedures that are inclusive of diversity and ensuring that all women can afford to use the service if they want to. It is important that services respond to women with disabilities in the same way they would any other service user and be prepared to use the law to protect women with disabilities from domestic violence.

deformed

If this is what you see

I stand no hope of acceptance

Like a mirror with no depth

This twisted outer shell of ignorance

betrays you

For it too has no depth in scornful eye.

To those with understanding, I am visible

As whole as the perfect leaf with

senses heightened and aware

That maybe one day

You will be my friend.

By Abigail

From: *a life like mine! narratives from women with disabilities who experience violence*, WWDA 2007

WWDA Violence Against Women with Disabilities Resource Manual

The information presented in this paper is a snapshot of the content of the WWDA Violence Against Women with Disabilities Resource Manual. The Manual is available from

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