VIOLENCE AND WOMEN WITH A DISABILITY
BREAK DOWN THE BARRIERS

Chris Jennings
Domestic Violence and Incest Centre

Paper presented at the
3rd National Homelessness Conference 'Beyond the Divide'
convened by the Australian Federation of Homelessness Organisations
and held at the Sheraton Hotel Brisbane, 6-8 April 2003

Primary Focus of the Violence and Women with Disabilities Project is to create partnerships between the disability services and services for women experiencing violence in the western metropolitan region of Victorian.

DVIRC has developed a pilot training strategy based on increasing both the disability and the family violence sectors understanding of violence against women with disabilities.

I would like to begin with a snap shot of one woman's experience. One woman's experience that is mirrored by hundreds of women

A woman with a regressive disability is living in her own home with her three children and partner. She lives under constant threat of violence 'he's not coping with his wife becoming increasingly disabled'. Disclosure - What are her options? It is very possible this woman aged 36 would be looking at a nursing home placement, as currently there are few more 'appropriate' accommodation options available. What about her children? Well the perpetrator as their able-bodied father is granted sole custody and she no longer sees them.

What's the definition of Homelessness? Would any thirty-six year old woman, a mother of three, call Nursing Home Accommodation 'home'?

International research 'indicates that regardless of age, race, ethnicity, sexual orientation or class, women with disabilities are assaulted, raped and abused at a rate of at least two times greater than non-disabled women, yet are much less likely to receive assistance or services if they experience violence (WWDA 1998)

How is it that such high levels of abuse have gone unidentified for so long?

Eighteen per cent of Australians over eighteen have a disability. Just under half of these are women. Most statistics and information from research on disability perpetuate the invisibility of females with disabilities, as these statistics do not disaggregate the information into female/male statistics (Diane Temby, 1996). Any Gender analysis of statistics gathered is for the most part none existent. Gender analysis of disability services is none existent. All that is seen is DISABILITY, DISABILITY, DISABILITY not women, not mothers, not lovers.

Women with disability more often than not live in a state of poverty, dependent on government pensions, are offered limited access to education, lack access to appropriate information on rights, experience a lack of choice in housing and transport, may be dependent on others for self-care, live restricted social lives.

Keran Howe's WWDA Research paper in 1999 showed that there is no statistical information available in Australia on the rates of violence against women with disabilities, including domestic violence. However, anecdotal evidence from women with disabilities about the incidence of violence has been accumulating, and it is now so compelling it cannot be ignored (Sceriha 1996)

Madge Sceriha writes

> *'We must address entrenched attitudes, which reinforce the powerless position of women in our society. And then we must identify that this powerlessness is exacerbated for women with disabilities because of entrenched ableism in our society.*

If we start with the notion that woman hating is the basis of gendered violence (see e.g.: Rowland 1988) and add to it the notion that hatred is the unacknowledged dimension in violence against people disability (Waxman 1985) we come up with a lethal cocktail of societal influence that women with disability have to swallow from their earliest awareness of who they are in the scheme of things. (Madge Sceriha WWDA 1996)'

Violence against women with disabilities refers to wide range of abuses, both individual and systemic. Women with disabilities experience many different types of abuse, some of which are unique to women with disabilities. For example, sexual abuse of a woman with a disability may include forced sterilization, forced abortion. Physical abuse may include taking away a woman's wheelchair, or bathing an individual in very hot or cold water, it could involve rearranging the physical environment which then increases risk of personal harm. Not only are women with disabilities at a greater risk for abuse, but also let's not forget that abuse can be the cause of disability.

'Women and girls with disabilities live at the intersection of gender and disability bias. As a consequence, they experience higher rates of violence and lower rates of service access than their non-disabled peers do.

Indeed, it is not a disability itself that creates vulnerability, but the social and political reaction to disability.' (Fiona Strachan, WWDA 1997)

Violence against women is compounded by a society, which disempowers women with disabilities by not providing them with the knowledge, options or opportunities and by all too often condoning the violence. Women with disabilities are often treated as children, devalued, or simply not thought of when programs are designed. The ever-present myth that women with disabilities are asexual in its self renders women more valuable to violence.

Women with disabilities write:

As disabled women, (and this is true for all women) we must discard this notion of gratitude for any sexual attention. Our fear of being alone supersedes our fear of being assaulted, *not because we are stupid or enjoy physical pain.* Pain is a feeling, and some women may decide that bad feelings are better than not at all. For others, we try to dissociate ourselves from the parts of our bodies that are being assaulted. Women disabled from birth are very familiar with this tactic, as we have had to shut off our feelings as doctors cut, probed, and generally caused constant pain in the name of "helpers". Those people also denied us privacy. Our bodies were public and our nakedness was the norm as the medical staff examined us as if we were not human. For women who became disabled later in life, the experience is newer but lack of privilege is the same. Newly disabled women may still cling to the memory of their healthy physical selves. They may choose to react against the discrimination caused by their disability with power and anger: they know what they are missing. For others, there may be sad resignation that this new life is one devoid of many pleasures, including consensual sexuality. They may take on the new role of potential victim because their old behaviors do not apply in the new disabled community. Although they see themselves as whole people, the world does not.

Disabled women have had few healthy sexual models against which to measure ourselves. Because of longing to feel intimacy with another person, we sometimes engage in unhealthy and even lethal activity, rather than shut off from human contact. (Chris Womendez and karen Schneiderman)'

What are some of factors that lead to the increased targeting by perpetrators and therefore the vulnerability of many women with disabilities?

- social isolation - the more isolated a woman with a disability, the more vulnerable she is to violence
- powerlessness
- poverty
- dependence on carers (particularly when they have not been chosen by the women herself)
- ignorance that violence is criminal and that she has rights to seek refuge
- discrimination
- exploitation
- not being believed and/or seen as a credible witness
- not knowing about services available to enable a woman to escape violence
- lack of **accessible** information about domestic violence
- **lack of accessible and inclusive domestic violence services.**

Despite the high incidence of violence experienced by women with disabilities, services are frequently non-existent, inaccessible or inadequate to meet the needs of these victims/survivors. Disability service providers frequently fail to screen clients for abuse histories. In addition, women with disabilities are frequently not believed when they report sexual and domestic violence, or their cases are not taken seriously by the criminal justice system or service providers. (Strachan 1997, Waxman 1997)

The first step in breaking the cycle of violence is actually 'naming the problem'. For many women with disabilities the nature of their disability would make it difficult for them to access anyone outside their environment to seek assistance in disclosing violence. Research suggests it's not always easy for women with disabilities to define their own abuse. Some women with disabilities have spent a lifetime in oppressive and abusive situations, and for this reason may have difficulty understanding what is abusive treatment and what is not. The Violence and Women with Disabilities Project would suggest that at the bare minimum women with disabilities deserve a community education program, which 'informs' women themselves, the community, workers, carers - names violence against women with disabilities for what it is and encourages everyone to share responsibility for its eradication.

Many women with disabilities have difficulty accessing information because carers, including organisations, act as "gate keepers", or decide on a women's behalf whether or not she needs information. Women often have limited or no control over what information they need or want to obtain. It may be the perpetrator who is the person who is providing assistance to the woman, and therefore, it is in their best interest to withhold information from that woman. Accept this as fact and it substantiates the need for a well thought out, strategic strategy 'on how we the community get the message out to women with disabilities that the violence perpetrated against them is not OK.

We need to creatively address

1. How to advertise information about services, which is accessible and meaningful.
2. How to reach women with varying needs and abilities.

We owe it to women with disabilities to recognize the hugeness of the problem. If sexual assault and family violence organisations were to target the population facing the highest risk of violence and serve them first, that group would be women with disabilities. Despite the high incidence of violence experienced by women with disabilities, services are frequently non-existent, inaccessible or inadequate to meet the needs of these victims/survivors.

We need to change the definition of domestic violence. Among women with disabilities, domestic violence can occur between intimate partners just as it does among women without disabilities. However, women with disabilities also face alarming rates of violence from paid and non-paid carers. To effectively provide services to this marginalised group of women, we must recognise that the perpetrators are not just intimate partners, but may also include those who provide personal care. This directly affects how we look at eligibility for services and develop prevention strategies.

We need to facilitate an ongoing dialog between family violence programs and disability programs. If the problem of violence against women with disabilities is to be addressed, there must be collaboration. Much more work must be done to increase the awareness of providers of disability-related services so that they can recognise abuse among their clients and make appropriate referrals to family violence programs. Correspondingly, much more work must be done to increase the capacity of family violence programs to serve women with all types of disabilities.

We need to learn more about interventions that are effective for women with disabilities. For example few of the strategies listed in classic safety plans are possible for women who must depend on their abuser to get them out of bed in the morning, dress them, and feed them or reliant on transport that even when booked in advance may arrive three hours late. 'Women with physical, intellectual and psychiatric disabilities often face a whole realm of additional problems if they are forced from their homes. For Some, it can mean long-term loss of independence and identity - long-term homelessness. Fear of such devastating loss and further social disadvantage may imprison women in violent relationships (Jenny Southwell 2002). **What are the alternatives?** We need to find out.

Women with disabilities have repeatedly reported that so often services do not have the time or patience to work with them about disclosure of violence or in providing them with information about their rights.

There is a dearth of organised, systematically retrievable statistical information about Australian women with disabilities. In our current climate statistics is the language of persuasion and tends to be heard by the decision-makers more than reports based on anecdotal evidence. Women with disabilities need your support to get issues affecting their lives on the agenda.

Services must be designed and delivered taking into account the diverse needs and experiences of all women

References

Canadian Association of independent Living Centres 'Responding To Family Violence And Abuse: An Independent Living Approach' CAILC ACCVA 1995

Domestic Violence and Incest Resource Centre 'Family Violence And Homelessness - Removing the Perpetrator From The Home' Discussion Paper No.3 2002. Prepared for DVIRC by Jenni Southwell.

Sceriha, M. (1996) 'Women with Disabilities and Domestic Violence'; Paper presented to the Domestic Violence Forum, Organised by the Office of the Status of Women, September 1996, Parliament House, Canberra.

Temby, D. (1996) 'More and Less'; A report of health and well-being experiences of Victorian women with physical disabilities and the nature and range of health and community services they use and want.

Women with Disabilities Australia and Woorara Women's Refuge (1997) 'More Than Just A Ramp' - A Guide for Women's Refuge to Develop Disability Discrimination Act Action Plans; Prepared for WWDA by Fiona Strachan.

Women with Disabilities Australia ' Violence Against Women with Disabilities ' - A Report from the National Women with Disabilities and Violence Workshop Melbourne February 1998; Prepared for Carolyn Frohmader for WWDA

Womendez; C. & Schneiderman; K. 'Escaping from Abuse: Unique Issues for Women with Disabilities.' Paper.