

**“OPEN DIALOGUE”
Taking the “Silent Voices – Women with Disabilities
and Family and Domestic Violence” report to the next
phase**

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for

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Glossary of Terms

1. Aboriginal and Torres Strait Islander	ATSI
2. Culturally and Linguistically Diverse	CaLD
3. Department for Community Development	DCD
4. Department of Health	DoH
5. Disability Services Commission	DSC
6. Domestic Violence and Support Services	DVASS
7. Ethnic Disability Advocacy Centre (Inc)	EDAC
8. Family and Domestic Violence Unit	FDVU
9. Local Area Coordinator /s	LAC
10. Department of Justice	DoJ
11. People with Disabilities WA (Inc)	PWD
12. Women's Health Centres	WHC
13. Women with Disabilities	WWD

Foreword and Acknowledgements

A significant document was released in December 2004 by the then Minister for Disability Services, the Hon Sheila H^cHale. The report was “*Silent Voices: Women with Disabilities and Family and Domestic Violence*”. This report was funded by Lotterywest and thanks to their foresight and commitment, this important social research represents a significant start to raising community consciousness about women with disabilities living with or recovering from violence. Dr Judith Cockram from the Edith Cowan University (ECU) Centre for Social Research is to be commended on this seminal research that will inform policy, strategies and dialogue for years to come.

The *Silent Voices* report would not have been possible without the commitment, professionalism, compassion and concern of a wide range of people. Without the considerable input from women with disabilities themselves who bravely told their stories and shared the pain and frustration of living with violence, *Silent Voices* would not have the potency and impact that it does. More importantly, it has given a voice to those whom, with our support and encouragement, will be heard and will speak for themselves in guiding this process into the future.

In order to progress recommendations from *Silent Voices* funding was made available by the Family and Domestic Violence Unit (FDVU) to move to the next phase. The sponsors of the “*Open Dialogue*” project were People with Disabilities (PWD) and the Ethnic Disability Advocacy Centre (EDAC), who are the most significant advocacy groups in WA for people with disabilities. As well, a reference committee shaped the objectives and guided the project to its fruition. There were many organisations and individuals who also shared experiences and expertise along the way, who were generous with their knowledge, prepared to give time and energy and who offered support to the long journey of raising awareness about and responding to this critical situation. Not only was there a strong commitment from key organizations to ensure that policy and practice become more responsive and personalised, but there was a clear personal engagement with every person, who attended forums, responded to e-mails or who took the time to have conversations.

I want to thank Kerry Allen in particular for sharing her experiences at various forums and to acknowledge her strength of character, wonderful sense of humor and her ability to demonstrate that one can not only survive violence, but grow in strength, character and potential. She is a hero and role model to women with disabilities who have been, and still are involved in violent relationships.

Helena Kristel assisted me very ably with the internet search and a prolonged process identifying resources within Australia and overseas. This was an important but sometimes frustrating task and I thank her for the professional way in which she approached it.

Finally, I would like to thank Kaye Regan, Executive Officer PWD, Jenny Au Yeong, Executive Officer EDAC and Vanessa Harvey, Acting Manager Community Engagement FDVU for their support and expertise throughout this project.

Executive Summary

The need for training for both the disability and family and domestic violence sectors, and other key stakeholders around the issues for women with disabilities and violence were articulated in the Cockram report. Throughout the “Open Dialogue” project it was emphasized that an important precursor to implementing the recommendation, made in the Cockram report, for the development of a training manual was more discussion, agreement and financial support. Whilst the aim of “Open Dialogue” was to focus on women with disabilities and family and domestic violence, it is clear that men and children with disabilities are equally vulnerable to abuse. Importantly, children of men and women with disabilities who are in abusive relationships, and are vicariously and/or directly affected need particular attention.

Recommendations for key stakeholders that explicate issues outside of women with disabilities who are in violent relationships are included. This is not meant to diminish the impact on those women, but rather to expand our thinking about this complex social issue that produces devastating and long-term dysfunction.

Underpinning each of the recommendations are three important emergent themes from the consultation and searches undertaken throughout this project. All require a long term commitment and approach.

1. The need to raise awareness about the issues for women with disabilities who are involved in violent relationships at a community, key organizational level, and amongst women with disabilities. An important part of this is ensuring that the differences for people with disabilities are clearly articulated. This will ensure that it is well understood that there are differences that need to be acknowledged, compared to those of other marginalised and disempowered groups such as CaLD and ATSI people.
2. To develop policy, strategies and appropriate responses at a community and organisational level that will enable access to services and resources
3. Development of a training manual to be seen as one way amongst a raft of other strategies to educate and train a variety of key stake-holders.

Recommendations

There was a consistency in the responses from forums and other consultative processes on how best to proceed with initiatives in this area. They were identified as:

Development of a training video

- ◆ Without exception, the feedback from forums and consultations was to develop a video that could raise community awareness, augment training sessions and be used by key stakeholders in a variety of ways.
- ◆ Production of this video would be a way of including WWD and form the basis of a project they might drive.
- ◆ WWD with personal experience of violence were critically important in articulating the issues in forums.
- ◆ Development of a logo that names the issue. For example **“Disability + Violence = No Tolerance.”**
- ◆ Use of the logo in all publicity, resource materials, T-shirts, stickers and other forms of social marketing.

Negotiating media coverage

- ◆ Engaging with talk back radio and television is a powerful tool to raise awareness of women with disabilities and violence.
- ◆ It is a way in which WWD can themselves tell their stories and engage in a real way with the wider community.
- ◆ This form of coverage provides a milieu for WWD with experience of violence to give a voice and validity to their journey of pain and recovery.

Providing community education

- ◆ The production of fliers for wide distribution.
- ◆ The use of already established web sites of key stakeholders that provide information and resources for the community, organizations and individuals – see Appendix 1
- ◆ Encouraging stakeholders to insert issues related to women with disabilities and violence, in their newsletters, staff updates and notice boards.

- **Developing training modules with key stakeholders using key principles that acknowledge:**
 - ◆ skills which training aims to develop
 - ◆ subject matter
 - ◆ existing skills of the individuals who are to be trained
 - ◆ trainee's cultural familiarity with potential delivery styles
 - ◆ numbers in the groups to be trained.

- **Using methodology / training environment that considers factors such as:**
 - ◆ cultural environment
 - ◆ available training resources
 - ◆ available timeframes
 - ◆ affordability
 - ◆ cost-effectiveness
 - ◆ the need to use adult learning principles
 - ◆ the variety of interactive processes
 - ◆ engaging women with disabilities who have been involved in violent relationships as central to the learning process.

- **Focus on data collection and reporting**
 - ◆ ways in which the number of WWD can be identified
 - ◆ encouraging agencies to include these statistics in their data collection
 - ◆ targeting organisations which are more likely to engage with these women.

- **Gaining access to women with disabilities who do not qualify for DSC assistance**
 - ◆ Some women involved in domestic violence situations have a disability that does not qualify them for assistance from DSC. It is important that they are provided with information that will assist them.
 - ◆ Accessing and/or providing information for them could be through General Practitioners, specialists involved in diagnosing and treating people with disabilities, Centrelink and other key organizations.

- **Developing a training manual**
 - ◆ This is discussed in considerable detail in the body of this report and it is recommended that this strategy be undertaken following more awareness raising.
 - ◆ Reviewing the current training modules and manuals is highly recommended before proceeding with this recommendation.

Key stakeholders – Suggestions about how they might specifically respond to the emergent themes from forums/consultation process.

Department for Community Development (DCD)

- ◆ Ensuring that data is collected from funded Agencies that identify women, men and children with disabilities, and children without disabilities living in families with a disabled parent where violence is a factor.
- ◆ Taking a leading role in the protection of children who have parents with a disability that does not involve services from DSC.
- ◆ Developing and leading a quality framework around this complex issue across all of Government, particularly for children.

Disability Services Commission (DSC)

- ◆ Take a major role in raising awareness throughout the disability sector of the issues raised in this report.
- ◆ Determine how appropriate current protective behaviour training is to the needs of women, men and children with disabilities who are vulnerable to abuse.
- ◆ Play a leading role in the dissemination of information through current portals and lines of communication.

Department of Health (DoH)

- ◆ Development of training and policies for staff in community and acute care settings that will help identify women, men and children with disabilities who are “at risk” of violence.
- ◆ Focuses on reporting and data collection that will help identify more clearly these vulnerable people.
- ◆ Ensuring that a seamless pathway is in place that connects “at risk” people with appropriate services.

Ethnic Disability Advocacy Centre (EDAC)

- ◆ Providing a focus on the identified target group at a cultural level to better inform the needs of CaLD families.

- ◆ Developing specific material that will better inform CaLD families about the issues of violence, and services available to them.
- ◆ Play a leading role in a whole of government approach in terms of “at risk” CaLD families.
- ◆ In collaboration with PWD place a major focus on the target group who fall outside DSC.

Family and Domestic Violence Unit (FDVU)

- ◆ Recognition of the need for additional resources to respond to recommendations, and that funding be sourced from FDVU and DSC.
- ◆ Resources be made available to investigate the efficacy and appropriateness for WA of the CD ROM commissioned by the Disability Services, Department of Human Services Melbourne and due to be released in November 2005. Whilst some of the content would be specific to Victorian legal and statutory requirements, it could be the basis of the development of a training manual.
- ◆ The Australian Government’s Office of Women’s “Domestic Violence and the Workplace Training Manual” (2004) could inform development of a training manual.
- ◆ Encourage Regional Domestic Violence Committees (RDVCs) in WA to place a particular focus on the issues raised in the report and recommendations.
- ◆ Place particular attention on working with men who perpetrate violence against women with disabilities.
- ◆ Provide resources that will facilitate WWD who have experienced violence to engage with the sector at various levels. It is important that consideration be given to appropriate levels of payment for WWD who engage in forums/training/consultation.
- ◆ Lead the focus on community education and in particular development of resources.
- ◆ Draw on experience from previous campaigns with the media to draw community attention to the issues.

Western Australia Police

- ◆ Continue to develop responses to family and domestic violence that are mindful of the particular needs of people with disabilities by involving WWD, DSC and other key stakeholders.
- ◆ Prioritize membership of RDVCs to enable more collaborative strategies at a community level.
- ◆ Identify the educational/training needs of staff and how that could be incorporated into current curriculum and professional development.

People With Disabilities (PWD)

- ◆ Ensure that this report is made available to key stakeholders and the general public and that a variety of methods are used to ensure universal access.
- ◆ In collaboration with EDAC, work toward accessing those “at risk” families who are eligible to receive services from DSC.
- ◆ Partner with key stakeholders and obtain funding to advance the recommendations from this and the Cockram report.

RDVCs

- ◆ Identify this “at risk” group as needing particular attention and focus in strategic plans and activities.
- ◆ Engage WWD in raising the awareness of RDVC members throughout WA about disability and violence.
- ◆ Work with key agencies toward improving access to services by this “at risk” group of people.

Women’s Council for Domestic and Family Violence Services

- ◆ Identify universal access to refuges and training of staff around care issues for women with disabilities involved in domestic violence as high priorities in strategic planning.

- ◆ Identify possible funding sources to assist with universal access to women's refuges encourage women's refuges to engage in collaborative strategies with key stakeholders at a local level.

Women's Health Centres

- ◆ Develop a State wide policy for all women's health centres that is responsive to the needs of women with disabilities who are in violent relationships.
- ◆ Continue to collaborate with key organisations at a local level to ensure well managed care and appropriate referral processes.
- ◆ Work closely with LACs and their area managers to develop local strategies for this "at risk" group of women.
- ◆ Identify ways in which early identification and/or preventive measures for women and their children can best be operational.
- ◆ Engage with WWD in all phases of these suggested responses.

Women With Disabilities

- ◆ Consideration be given to incorporating this organisation in order to formalise and professionalise an important group, and seek assistance from key stakeholders to assist with this initiative.
- ◆ Seek funding to undertake "train the trainer" programs that will equip women with disabilities who have experience of violence to be advocates and trainers.
- ◆ Identify key organisations who can facilitate a voice being given to the issues surrounding violence, access to services and the impact on children and other family members.

These recommendations have been presented in no particular order of importance with the view that organisations with vested interests in the work being undertaken will personalise and prioritise them for themselves.

Introduction

The Reference Committee guiding the project directed the consultant to:

Objectives

1. Initiate dialogue between the key stakeholders involved in preventative and service response programs to protect women with disabilities escaping family and domestic violence.
2. Gain the participation of a wide range of people within the two fields of disability and family and domestic violence.
3. Increase the knowledge of services, supports and policies that currently exist in WA to support women with disabilities escaping domestic violence.
4. Initiate discussion and action on essential ingredients for 'Best Practice' models for women with disabilities on service provision in both fields of endeavour.
5. Set in place action for the development of 'Best Practice' models.
6. Undertake a literature search at national and international level around the issues of women with disabilities who were involved with domestic violence.
7. Search for training manuals that have been produced and included an approach incorporating both the disability and domestic violence sectors in Australia and overseas.
8. Identify methodologies and best practice used in training / education.
9. Develop a training manual.

Response to these objectives:

Forums

Several forums were held during the course of this project. They were conducted and underpinned with the intent of the first three objectives. Key personnel were targeted to ensure that they were:

- well informed in terms of their organisation;
- had the ability to affect change;
- were cognisant of the policy framework in which their organisations were working; and
- knowledgeable of and/or committed to the issues of women with disabilities who were involved in domestic violence.

These forums were conducted over a period of six months:

- 20 January 2005 – involved organisations already undertaking or interested in training in the area of disabilities and/or violence. Organizations and individuals who attended included: ASeTTS, Community Youth Training Services, DSC, Department of Justice, Warrawee Women's Refuge, EDAC, Aboriginal representative from Armadale, PWD and the Cerebral Palsy Association – **16** people attended with many more making e-mail and telephone contact and offering comment.

- 13 March 2005 – briefed a staff member from the Rockingham Women’s Health Centre and provided resources for **30** members of the Rockingham/Kwinana Regional Domestic Violence Committee planning day as I was unavailable at that time. The brief included suggested responses to recommendations from “Silent Voices” and is attached as Appendix 2.
- 18 April 2005 – targeted DSC management staff involved in Individual and Family Support (IFS). Their interests focused on a better understanding of women involved in domestic violence situations. As well, we wanted to encourage them to explore how policy, training and strategies interfaced between the FDVU and DSC. This group included senior specialist staff, coordinators north and south of the river of IFS, senior Clinical Psychologists, Social Workers, Therapists and Social Trainers. These participants work with a senior manager who holds the portfolio for *People at Risk* for the DSC. In total, **25** people attended.
- 12 May 2005 - a forum targeting organisations and individuals directly involved in providing services in the area of family and /domestic violence. The participants were primarily from RDVCs, a representative from the Department of HealthD Policy Office, LACs, the convenor of WWD – who is also a survivor of domestic violence, and a private consultant interested in awareness training about disability. There were **10** participants at this forum and their input and interest was inspiring.
- 24 May 2005 – meeting with the senior training officer from the Sexual Assault Resource Center (SARC) to raise issues related to access and issues for women with disabilities who are sexually abused. Strategies about how best to respond to the challenges were discussed in some detail and will continue over time.
- 23 May 2005 – a forum was organized by the Mirrabooka Domestic Violence Regional Committee. The focus was on working with men who are perpetrators of violence and over **100** people attended from a variety of settings. Broadly they came from RDVCs, Centrelink, several members from the FDVU, the Police, DCD, private counsellors, men’s groups and organisations and other individuals who are interested in working with and understanding men who choose to use violence against women.
- 14 June 2005 – the second forum with senior staff from DSC. There were **16** LAC Area Managers from north and south of the river who were conducting a day workshop. Their input into the process of collaboration and strategic planning between the two sectors is critical and they offered support at several levels. Their Director – Eddie Bartnik made a commitment to ensure this in his directorate at DSC, appropriate responses to this critical situation will be made.

Given that the various Directorates within DSC meet on a regular basis it is expected that the discussion from this forum will be taken to a wider audience in the Commission. Feedback from this forum is attached as Appendix 3 and a summary of other forums in Appendix 4.

Further responses to the first three objectives included:

Production of Safety Cards

In collaboration with the Rockingham Women's Health Centre, safety cards were produced that provided critical numbers for women at risk. These cards were distributed to RDVC Coordinators, LACs and offered through e-mail to any individuals and organizations that requested them. In all 5000 cards have been distributed through metropolitan and regional West Australia. Acknowledgement is due to the DSC who facilitated this process through the disability sector, and to the Rockingham/Kwinana RDVC Coordinator who undertook this role for the family and domestic violence sector. A sample is attached to this report as Appendix 5.

As well, at every forum held throughout this project, these cards were made available and acted as a beginning step in providing individuals and organisations with access to critical contacts in the disability and violence sectors, police, refuges and help lines. PWD and EDAC also discussed the recommendations from "Silent Voices" and this project in newsletters and forums.

Literature review / Internet search

In response to the objectives related to identifying training manuals and methodologies related to women with disabilities and violence, an extensive literature search, and telephone and e-mail contacts were undertaken over a period of some months. During the literature review a significant report alerted the consultant that there was the need for several important steps prior to the development of a training manual. The first step was informed by an Australian project.

In 1997, the Domestic Violence and Incest Resource Centre (DVIRC) in Melbourne investigated the barriers those women with disabilities experience when trying to access women's refuges. They identified many barriers faced by women with disabilities gaining access not just to refuges, but to domestic violence services generally. It should be noted that these findings were also articulated in the "Silent Voices" report. A summary of the DVIRC trainers and consultant's comments is attached as Appendix 6 and thanks are extended to DVIRC staff for their willingness to share this document.

From the Victorian initiative, they decided to develop a training package that would help to create partnerships between the disability and family and domestic violence sectors. Whilst key people from the region they targeted indicated an understanding of the importance of this project and a willingness to be involved in the training, at the time of implementation several of the workshops were cancelled due to lack of support.

The recommendations from their report “**Triple Disadvantage: Out of Sight, Out of Mind**” were no surprise, and emphasised:

- that women with disabilities need more information about family violence - in a format that is accessible to them;
- that we owe it to women with disabilities to recognise the extent of the problem;
- that we need to facilitate an ongoing dialogue between family violence and disability programs and strategic planning;
- that we need to learn more about interventions that are effective for women with disabilities - escaping violence is harder for women with disabilities;
- that we need data about women with disabilities; and
- that we need more access and equity for women with disabilities who are in abusive relationships.

Forums that the consultant for “Open Dialogue” subsequently undertook raising awareness with key-stakeholders made it quite clear that while there is a willingness to find ways in which to respond to the issues of women with disabilities who are involved in violent relationships, the need for a long term approach was critical. The challenge for both sectors was where to start and how to include this issue into strategies, forward planning and the provision of appropriate support. This finding which was reinforced throughout forums changed the direction and outcome of this project and in consultation with the reference committee a decision was made to defer development of a training manual.

The important lesson to learn from the DVIRC experience is that considerable work needs to be undertaken prior to the development of a training manual that would be embraced by key-stakeholders. Consequently, the focus of this project shifted to how this might be achieved. This involved exploring ways of disseminating information about the issue in a more strategic way. Clearly there needs to be a wider community involvement as well as that of key-stakeholders and women themselves who are involved in domestic violence situations. One of the important issues raised was that the disability of the women involved in domestic violence situations often did not bring them to the attention of the DSC as they were not eligible for financial or other assistance from them. However, both PWD and EDAC are ideally placed to advocate and provide information.

Examples of training and training manuals and identifying methodologies

Another objective was identification of the current training and manuals that are being used by both sectors and a need to identify how they interface with the training and development of a manual. Given the preceding comments, whilst this project was not going to include the production of a training manual, some considerable time was spent researching and consulting about the process and current availability. Please note Appendix 7 for summary of this search. There are several programs addressing the needs of people with disabilities that are targeted at developing protective behaviours against abuse.

DSC has a significant focus on training within the disability sector, as do ACROD and other agencies in the disability sector. There needs to be some consideration of how or if that training articulates with the needs of women with disability involved in domestic violence. The view taken over the time of this project was that these training programs would inform, but not answer the needs for an appropriate manual for this target group.

However, a significant publication “Domestic Violence and the Workplace Training Manual” (2004), has been produced by the **Office of Status for Women**, Department of the Prime Minister and Cabinet with *Partnerships Against Domestic Violence funding*. Many of the modules included in this manual could be helpful in developing a training manual on issues for women with disabilities experiencing family and domestic violence.

Clearly, the manual could serve several purposes that would include:

- 1 Training for both the disability and family and domestic violence sectors and other key-stakeholders about the issues and responses related to women with disabilities and their children who are involved in family and domestic violence relationships.
- 2 Be identified as a model of best practice in terms of training for a range of staff employed within the disability and family violence sectors and with other key-stakeholders.
- 3 Used as acknowledgement of prior learning for staff working in either the disability and family violence sectors in programs conducted within TAFE courses – and credit given in those courses.
- 4 Completion of units / modules of the manual could be used as a way of promotion of staff within the sectors, be seen as critical study to be undertaken prior to or following employment within the sectors and have transferability across the sectors.
- 5 Interface with Certificate III and IV at TAFE colleges who conduct studies in Disability.
- 6 Units / modules of the training manual could be considered as core subject material for TAFE, the Police Academy and other training organisations
- 7 Identifying current training packages conducted by the Disability Services Commission (DSC) and other organisations to ensure that there is no overlap and that maximum cooperation is encouraged between key organisations.

At the time of completion of this project an initiative has come from Disability Services in Melbourne. That department funded RMIT University to develop a training resource for workers who may support women with a disability who experience domestic violence. In speaking to the supervisor of this initiative at Disability Services, she indicated that this was in direct response to the recommendations identified in “Silent Voices”. In November 2005 they plan to launch a CD ROM that “will provide information, tools and techniques and a series of interactive case study vignettes that allow worker-learners to engage with real life situations and to practice their skills” (Disability Services, Department of Human Services Melbourne July 2005).

They cite the contents will include; relevant legal and statutory requirements; safety of self and clients; rights and responsibilities; support processes and prevention strategies; inter-personal skills; and organisational standards and principles of person-centred care. It is possible that negotiations could take place between WA and Victoria to use this resource as a template.

A further resource is the selected bibliography compiled by Cockram in the “Silent Voices” report and this is attached as Appendix 8. It should be noted that this report can be downloaded from PWD’s website – <http://www.pwdwa.org>.

Models of Best Practice

Within the FDVU and DSC there is a strong commitment to producing, reviewing and re-framing models of best practice. In 2005 a review of FDVU best practice publications for both victims and perpetrators of domestic violence was undertaken with extensive community input. Their publications reach a wide audience and it may be that other key stakeholders would benefit from access to them. Clearly, they would provide the disability and other sectors involved in working with women who are in violent relationships with an excellent educational and professional resource.

Understanding the barriers in recognising violence, strategies that people use to survive and why they do not report violence is critical in working with people who are abused. Note Appendices 9, 10 and 11 and *Disability Counts: A profile of people with disabilities in Western Australia* (1997), Disability Services Commission – and other publications from their web sites.

Conclusion

The “Open Dialogue” report and recommendations is another step on a road to give voice to the silence of women, men and children with disabilities who are primary or secondary victims of abuse. There is a clear commitment from key stakeholders to ensure that there will be responses at management / organizational level that enunciate policies and processes and to embed strategies into service delivery. As well, the need for the wider community to be alerted to this complex social problem is an important step. In place at grass root level there are clear opportunities for organizations and individuals to collaborate and adopt models of responses to people with disabilities involved in violence. A critical difference for people with disabilities that separates them from the needs of CaLD, ATSI or other marginalized groups is their vulnerability. That vulnerability may be of an intellectual, visual, auditory or physical kind, but whatever it is the level of vulnerability in terms of accessing information and seeking help is magnified.

Involving people with disabilities in finding solutions to the range of problems associated with accessing key stakeholders and information, entrée to refuges and other support available is an important and challenging role for organizations to engage in. Equally important is the need to raise community awareness so that responses are driven by local solutions. There are many models of interagency collaboration and in every community, groups and forums that could be involved in operating recommendations from this report.

Working with people with disabilities who are in, or vulnerable to violence requires particular knowledge about disability in a wider context as does the area of family and domestic violence. Training for key stakeholders and in particular those agencies involved in disability and violence needs to be given a high priority.

Finally, whilst the focus of this report was confined to women with disabilities and the complex issues they face, we need to be reminded of the impact on children who are vicariously or primarily affected by living in a violent household. The damage to them should not be underestimated and in the long term planning associated with “Open Dialogue” recommendations, be given a high priority. Perpetrators of violence against women with disabilities demand additional and particular attention, and how they are identified and encouraged to seek assistance, is yet another layer of this complex issue. Clearly the FDVU has a key role to play, but they should not be left to shoulder the complete responsibility. This complex and appalling social issue demands a response from us all and with the help of a variety of agencies, groups and individuals a start can has been made.

Appendix 1

Websites - Related to Training Courses and / or Manuals around the area of Family / Domestic Violence and Women with Disabilities

Australian Centre on Quality of Life

<http://www.deakin.edu.au/acqol/index.htm>

An extensive site

Australian Disability Services, Abuse and Neglect Hotline

<http://www.disabilityhotline.org/help.html>

A site with information on what abuse is as well as contacts for when help is needed and how to go about reporting abuse.

Australian Domestic and Family Violence Clearing House

<http://www.austdvclearinghouse.unsw.edu.au>

A comprehensive national resource on domestic and family violence issues with extensive links to other online resources.

Australian Human Rights and Equal Opportunity Commission – Disability Rights Homepage

http://www.hreoc.gov.au/disability_rights/index.html

News on HREOC projects, information on legislation, rights and responsibilities, and subject pages on disability and different areas of life, and a feedback link provide a wide range of information for anyone interested in equal opportunity.

Centre for Research on Women with Disabilities

<http://www.bcm.tmc.edu/crowd>

This research centre focuses on issues related to health, aging, civil rights, abuse and independent living of women with disabilities. The website provides links to many useful resources, including current US research.

“Claiming our Bodies” Internet Resource Kit

<http://www.disabledwomen.net/claiming.htm>

This US based site has lots of information, articles, and links to websites on issues for women with disabilities on violence, sexuality, health and even a guide on using the Internet.

DAWN DisAbled women’s Network Ontario

<http://dawn.thot.net>

This site contained good information about available resources for women in Canada as well as information for women around the world provided.

DisABILITY Information and Resources

<http://www.makoa.org>

A compendium of links to many sites around the world.

Disability Social History Project

<http://www.disabilityhistory.org/index.html>

A fascinating site with information on a disability history timeline accounts of famous (and not so famous) people with disabilities, links to other resources and projects around the world on disability.

Disabled Women on the Web

<http://www.disabledwomen.net>

This site is still under construction, and has considerable amounts of information, including a search facility and links to other sites.

Disability World

<http://www.disabilityworld.org/index.htm>

A bi-monthly web-zone of international disability news and views, with pages of information on conferences, women, children, stories, access and technology, legislation around the world and may other links.

Domestic Violence and Incest Resource Centre

<http://www.dvirc.org.au>

This Victorian website has information on all sorts of issues likely to be of interest to a diverse number of people. There is a link to an excellent Online Document Library, lists of support groups and discussion forums around Australia and information on research, training and education. Provided training in this area - *Training Report for Disability Project Final Report* which is very informative

I-Can Online

<http://www.icanonline.net>

An online site for people with disabilities that provides positive and practical approaches to a range of issues / challenges facing them.

National Ethnic Disability Alliance (NEDA)

<http://www.neda.org.au>

The National Ethnic Disability Alliance (NEDA) is Australia's national consumer-based peak body for people from a non-English speaking background (NESB) with disability, their families and carers.

National Women's Health Information Centre

<http://www.4women.gov>

Office of Women's Health, US Department of Health and Human Services US: This American site has lots of information and resources.

North Queensland Domestic Violence Resource Centre

<http://cwpp.slq.qld.gov.au/nqdvrs/ordr.html>

Funded by the Queensland Department of Families that offers services and information to a large part of Queensland including the Gulf of Carpentaria region.

NSW Women's Refuge Resource Centre

<http://www.wrrc.org.au>

Central contact point and resource centre for the 55 women's refuges in New South Wales. The information kit "*It's Not Love, It's Violence*" is available to download from this site.

Partnerships Against Domestic Violence

<http://www.padv.dpmc.gov.au/index.htm>

This is an Australian Commonwealth initiative aimed at preventing domestic violence. The website covers many issues including breaking the cycle, protecting those at risk, informing the community and developing good practice. Violence against children, Indigenous family violence, violence in rural areas and violence against women with disabilities are areas of interest.

Western Region Disability Network

<http://www.disabilityconnections.org.au>

Information and services for people with disabilities in the Western region of Melbourne is the focus of this site.

Whole Woman

<http://www.wholewoman.org.au>

Information for women in Victoria, including a discussion board, how to use the Internet, local newsletters and publications, and a collection of women's stories and poems.

Women with Disabilities Australia (WWDA)

<http://www.wwda.org.au>

This site includes links to research, publications for sale, government policies and legislation and the status of women with disabilities in Australia, WWDA newsletters, poetry and a discussion group. Over 30 publications are available for purchase and online.

The Women's Council for Domestic and Family Violence Services WA Inc

<http://www.space.net.au/~wrgofwa/index.htm>

This site provides information about domestic violence issues and the services provided by the thirty-eight refuges for women and their children in Western Australia.

Appendix 2

TRAINING BRIEF – WOMEN WITH DISABILITIES AND FAMILY AND DOMESTIC VIOLENCE

Key findings from “Silent Voices – Women with disabilities and family and domestic violence”

1. There was a growing awareness among service workers of the need to address the traumatic effects of domestic violence against women with disabilities. However, many service workers reported that they were already struggling with limited resources, which meant that they often felt unprepared to respond to the complex needs of the women they serve. Evidence of this lay in the dissatisfaction with the effectiveness of their intervention and dissatisfaction with the level of services they could provide.

Suggested response and the impact on the Regional Domestic Violence Committees (RDVCs) throughout the State and Disability Services Commission (DSC)

- Explore strategies to become more inclusive of women with disabilities in service provision, by;
 - Inviting Local Area Coordinators (LAC) and women with disabilities to forums with service providers and key organizations to explore the issues – at various strategic and operational levels;
 - Identify models that have already been implemented and adapt to local and general needs;
 - Provide service providers with information about resources and other organizations that are available to women with disabilities that could enhance care;
 - Include women’s health centres as integral partners in planning.
2. Agencies identified areas of need to assist them to respond more effectively. A greater availability of services was cited by 90 per cent of all agencies. Seventy two per cent believed that there was a need for improved communication and coordination between agencies, and almost two thirds of agencies reported that their funding was not sufficient to enable them respond more effectively. More government and public awareness were cited as areas of need by 60 per cent of respondent agencies. Over half of all respondent agencies needed more training in disability issues *and* domestic violence issues.

Suggested response and the impact on RDVCs and DSC

- Information about service provision available through the Disability and Family and Domestic Violence sectors needs to be disseminated;
- Resource information packs to be developed that will inform both sectors – this is being developed through the PWD project;

- Training in both sectors that will inform practice – this will begin shortly with DSC and the Family and Domestic Violence sectors as part of the PWD project;
 - Strategies to be developed for DSC and other organizations, residential facilities, the community. For example how these issues can be included, or embedded into DSC Standard 9 protocol, used in monitoring DSC funded facilities and which addresses protection of clients from abuse, protective behaviours and other care and protection training that is being undertaken;
 - Inclusion into DSC services / policies and training and how that can be facilitated / encouraged;
 - Response and pathways to respond / inform when issues are identified could be developed;
 - RDVCS and DSC to respond in ways appropriate to their own business plans;
 - A training manual to be developed that will provide modules of training, be an accredited document that will take into account prior learning – this is being developed through PWD and partners;
 - That this training manual be appropriate for TAFE students, Police Academy and service providers.
3. For each disability type different dynamics of abuse come into play. Nevertheless, there are certain commonalities, which exist across disability groups, and particular attention must be paid to identifying vulnerability factors that are disability-related as opposed to those factors experienced by all women, which increase their susceptibility to entering and remaining in abusive relationships. These include dependency on others for care; denial of human rights that results in perceptions of powerlessness; less risk of discovery as perceived by the perpetrator; difficulty of being believed; economic dependence; social isolation; increased risk of manipulation; increased risk of poverty and social withdrawal and the whittling away of self-esteem associated with having a disability as a precursor to abuse.

Suggested response and the impact on RDVCs and DSC

- Communication skills for people with physical and cognitive disabilities requires alternative ways of communicating – focus on this issue is important;
 - These issues will be addressed in training, resources and in the development of a training manual;
 - That DSC and the RDVCs consider how they will respond in their own planning and business plans.
4. For women with psychiatric disabilities a number of key themes emerged in the interviews with domestic violence, family support and mental health workers. Refuge workers talked about the frustration of unproductive interventions and the impact this had on staff when trying to support this group of women. They also pointed out the considerable difficulties they, and other women and children had in managing a woman's behaviour in the communal

setting if the behaviour became erratic and a disruptive influence. There was an increasing awareness of the need for other services that would support them to address the concerns of women with psychiatric disabilities when they are subject to domestic violence. Increasingly, refuges are seeing women with the fewest resources, who have been multiply victimized as children and as adults. These are women who have experienced greater adversity throughout their lives, and who may be more vulnerable to the mental health consequences of abuse. This was evidenced by many of the women interviewed who shared their stories of childhood abuse. Moreover, psychiatric disability is still highly stigmatized and is frequently used against victims of domestic violence in child custody decisions by abusers as well as by the legal and child welfare systems.

- That DSC and the RDVCs include Mental Health Services (MHS) in the strategies they develop.
 - The lack of mental health services in Rockingham and elsewhere is critical. How we engage with MHS and how they respond needs urgent attention.
 - In the development of the training manual consideration be given to the issues of women with a psychiatric disability.
5. For women with physical disabilities, limitations in physically escaping violent situations, increased dependency on others for care, and difficulties in accessing the level of care needed in domestic violence services were common themes presented by community workers and the women themselves. In addition, poverty severely restricts options for these women. Options often suggested for a non-disabled woman in a domestic violence situation, for example housing, are often not suitable for women with physical disabilities.

Suggested response and the impact on RDVCs and DSC

- Refer to previous comments and the need to take a broad / holistic view of the needs of these women.
 - Organizations and service providers involved in consultations should be wide ranging so that issues of housing and financial management are included.
6. Women's health, domestic violence and family support workers identified the nature of the relationship between a woman with an intellectual disability and an abusive partner as particularly problematic and described the 'revolving door' situation which was evident for many of these women. It was their belief that many women with intellectual disability with whom they had had contact, lacked insight into the nature of abusive relationships, and this lack of insight meant that these women often fell back into these relationships time and again. Often communication between the woman and themselves was a difficult issue for them to manage making it hard for service workers to work with this group of women to break the cycle. A number of refuge workers reported that they found this group of women "hard to serve" and often found that it was "sometimes just too difficult to take them".

Suggested response and the impact on RDVCs and DSC

- Note previous comments related to available resources.
 - Refuges will be included in training forums to ensure that they are aware of the support available to them and women with disabilities when they need to access refuge.
 - Issue of access to refuges has been raised as an issue = identification of those refuges who do not have universal access and how this might be resolved is a priority.
7. The majority of the women who participated in this study experienced violence perpetrated by their partner, often repeatedly and severe enough to require medical attention. Many of the women described being threatened with, or experiencing, severe physical or sexual harm. Other women experienced verbal, emotional, social and financial forms of abuse and neglect. The emotional abuse often took the form of being isolated from contact with others. The women said that it was not uncommon for their disability to be used as a controlling or dehumanizing factor.

Suggested response and the impact on RDVCs and DSC

- Note all previous comments.
 - Health Department to be involved in forums as they are formulating a policy around the issues of family and domestic violence.
 - Strategies to be developed to ensure that Divisions of GPs are provided with resources / information.
 - Discussions with Divisions about training opportunities at a local level.
8. Agencies reported that nearly three quarters of the women who had accessed their services experienced emotional violence. A key to understanding the phenomenon of emotional violence against women with disabilities is in the image society has of them as well as how they see themselves. Some of society's negative images and myths regarding women with disabilities increased the women's risk of being emotionally abused in their intimate relationships.

These images and myths included:

Women with a disability are not able to give or participate equally in an intimate relationship - often the disability gets used as a basis for inequity in the relationship.

Women with a disability are child-like and dependent – the abusive partner perpetuates this by encouraging others to speak to him rather than her and his control may be disguised as 'caring support'.

Women with a disability are a burden to her partner and family, always needing/taking. This is typified by statements such as, "She has a disability, she can't do anything".

The woman's partner is a martyr or hero for being in a relationship with a woman who has a disability - illustrated by comments; "He wouldn't do that, he is wonderful for taking on a person with a disability".

Suggested response and the impact on RDVCs and DSC

- Note all previous, and include relationship and sexual issues as an integral part of planning and consultation with agencies;
- Consider how to respond to the issues of the partner / carer / perpetrator;
- Work with men's organizations to raise these issues and encourage development of strategies to include perpetrators of violence against women with disabilities;
- Offer / promote relationships counselling / sexuality awareness and protective behaviours training AND ensure that they are accessible locally;
- As well, this stigmatizing of women with disabilities can result in eating disorder and overt sexual behaviours that are displayed in the media which can result in greying boundaries / understanding of the norm for women with disabilities. This is a huge issue in terms of how women are portrayed in the media and how women then process that information.

9. Confusing feelings were distinct for many of the women in the study, particularly where violence was exercised by intimate partners. Many of the women described feelings of low self-esteem and negative images of their own body. The women were not free from the influence of the language of advertising when it came to what is desirable or not in a woman's body and made comparisons. Disability is seen as a 'deficit' and the 'ideal' imposed was far from reach. This message became ingrained and influenced negatively the perception some of the women had of their bodies. A comparison was established between the standards of beauty and the image the women had of themselves, which in turn led to a lowering of their self-esteem. For a number of women, this was given credence when their partner believed that they should be grateful for the relationship, despite their disability.

Suggested response and the impact on RDVCs and DSC

- Note all previous comments and to learn from DSC about how their focus on inclusion can impact at local level.
- Develop forums / groups and support for women with disabilities who are in abusive relationships that include women who are not disabled who are also being abused.

10. At the same time, as a result of the perception others have of disability, the traditional roles assigned to women are neglected or limited. Not being able to fit into the mould, many of the women ended up seeing their disability as something negative because among other things, it reduced their possibilities of having another relationship. Consequently, fear became a major deterrent to

the women leaving. Some women talked about their fear of being alone superseding their fear of being assaulted.

Suggested response and the impact on RDVCs and DSC

- Note all previous comments and,
- A sharp reminder of the social view of women who are assigned traditional gender roles, are disabled even further by physical and / or intellectual disabilities and who may also be in violent relationships;
- Strategies that might help redress, reverse and encourage community reflection about this marginalized group of women.

Appendix 3

Possible Strategies to address Domestic Violence within the Disability Sector: Brainstorming Activity (LAC Management Meeting 14 June 2005)

- ✓ Need to raise the profile of domestic violence within the disability sector.
- ✓ More clarity around our LACs legal obligations.
- ✓ DSC representation on regional domestic violence groups → this leads to an awareness of training needs.
- ✓ Need to insert domestic violence within Operational Plans.
- ✓ Need to highlight different DV scenarios (eg. DV & women; DM & men; DV & adult children with disabilities) & explore different strategies.
- ✓ Training is magnified when the speaker has had a personal experience.
- ✓ More speakers should be located (perhaps through the domestic violence committees) who may be willing to share their experiences with other people / organizations.
- ✓ Need to identify what the role of the LAC is when DV is suspected or identified.
- ✓ What is available – resources?
- ✓ Work in a DV area to get disability agenda embedded as integral part of operations (e.g. in community development work).
- ✓ Training should include how to support families; resources needed.
- ✓ DV is societal issue and should be responded to at many levels (e.g.. refuges are not the only answer).
- ✓ More creative media to include PWD e.g. Intellectual Disability.
- ✓ Need to generate/develop some preventative ideas & implementation (as opposed to only People at Risk).
- ✓ Greater focus in Strategic Plan/Operational Plan.
- ✓ Engage with local DV agencies, make the connections.
- ✓ Promote family leadership.

- ✓ Promote and encourage accessibility of services for all people who are exposed to DV.
- ✓ D.D.A.
- ✓ Resource development at a local level.
- ✓ Not “Disability Focus” - look at family first.
- ✓ Support networks, at various stages, from initial stages → ongoing situation → etc.
- ✓ Senior Managers groups throughout the Metro – opportunity to discuss DV at a senior level.
- ✓ Identify what LACs mandate to inform other areas is – e.g. Police, Housing and Works, DCD, Justice System.
- ✓ It can be helpful to let the police know that a disability is present and that the DV was occurring over a period of time. Speech difficulties can be exacerbated by emotional pressure and stress.
- ✓ Awareness raising in our own organization – within the LAC network – district/regional level – awareness of local resources.
- ✓ Need to take a longer time planning approach to get out of the cycle.

Appendix 4

Summarise comments from forums

- Link DSC with RDVC.
- Linking committees - Lotterywest, Health, DSC, Women's Policy Office and others to assist in disseminating information and forming policies.
- Travelling Forum that takes the issues to regional and rural areas.
- Training for workers – possible grant from FDVU/DCD.
- Raising awareness for DSC workers about what domestic violence is about.
- “Video” – that is solution focused.
- Women with disabilities who have been abused to come as guest speaker at Annual Chairs and Coordinators of RDVC seminar and other meetings.
- Campaign – to increase awareness.
- A letter should be sent to Minister Sheila McHale letter identifying what DSC and the FDVPU are doing – refer to strategic plan – a participant offered to initiate this and forward to PWD and EDAC for signature.
- Link this issue to the Women's Council.
- Provide training refuge workers in issues related to Disability access.
- TTY Access on information cards etc – that is remembered that not all WWD are verbal and may have other sensory loss / issues.
- Contact with RDVCs, LACs, Doctors, Physiotherapists, O.T, Nurses, Social Workers would assist in spreading this problem / issue further.
- Professional Training; awareness of need to treat with respect/dignity, knowledge about specific issues of abuse, acknowledge own attitudes/values.
- People with disabilities are encouraged to expect less – these needs to change.
- Women with disabled children are trapped more than women who are not disabled.
- Work with disabled children to improve self-esteem, protective behaviour.
- “Sell” to agencies especially LACs, benefits of membership and collective power.

- Victims aren't always female.
- Disabled people are not an homogeneous group.
- Develop a model so that RDVC / LACs / FDVU / Women's Health Centres and others can work better together.

Appendix 5

Safety Cards

Women's Health Centers in WA Women with Disabilities Safety Numbers	Other Useful Numbers
Bunbury (08) 9791 3350 Freecall 1800 673 350 Fremantle (08) 9430 4545 Geraldton (08) 9964 2742 Goldfields (08) 9021 8266 Gosnells (08) 9490 2258 Hedland (08) 9140 1124 Joondalup (08) 9300 1566 Midland (08) 9250 2221 Mirrabooka (08) 9345 5335 Northbridge (08) 9227 8122 Rockingham (08) 9527 8221 Tom Price (08) 9188 1224	Police 000 (emergency only) Your nearest police station 13 14 44 Crisis Care (08) 9223 1111 or 1800 199 008 Women's Domestic Violence Helpline (08) 9223 1188 or 1800 007 339 Family Helpline (08) 9223 1100 or 1800 643 000 Kids Helpline 1800 55 1800 People with Disabilities (WA) Advocacy Service (08) 9386 6477 or 1800 193 331 Ethnic Disability Advocacy Centre Advocacy Service (08) 9388 7455 or 1800 659 921 Centrelink (family assistance) 13 61 50

Appendix 6

DVIRC report for disability project

Preparation and consultation

The trainers at DVIRC, after consultation with the project worker, did some background reading to further familiarize themselves with the issues of domestic violence specifically as it relates to women with disabilities.

Some examples of background reading consulted

- Madge Sceriha “Women with disabilities and domestic violence”, a paper presented to the National Domestic Violence Forum, September 1996.
- Lesley Chenoweth “Invisible acts: violence against women with disabilities” Australian Disability Review.
- Cathy McPherson “Out of sight, out of mind” Canadian Women’s Studies 1991.
- Lesley Chenoweth “Violence and women with disabilities: silence and paradox” in Women’s encounters: Australian experiences Sandy Cook & Judith Bessant (editors).
- Kelley Johnson “Locked in...and locked out: women with intellectual disabilities coming out of the institution” in WWDA News, Issue 18, 2000.
- Keran Howe “Gender and disability” in Violence against women with disabilities: a report from the National Women with Disabilities Workshop, 1998.

Consultations

DVIRC convened a Training Advisory Group prior to beginning training development. This group was comprised of a number of women with disabilities who came from Headway Victoria, Action for Community Living, Blind Citizens Australia, Women's Health West, Action for Disability in Ethnic Communities and a woman with a physical disability who is a survivor of domestic violence.

The first meeting was held in November 2002. Participants identified the following issues for inclusion in training:

- The need to really listen to women with disabilities and believe them.
- The need to examine underlying assumptions; that women with disabilities are stupid, are asexual, do not have parenting skills, that women with disabilities are helpless.
- To challenge the belief that violence is less of a trauma for women with disabilities.
- The importance for women with disabilities to be seen as **women** first.
- Exploration of the further barriers to disclosure for women with disabilities.

The Training Advisory Group met twice more - once to give feedback on the proposed content of the training and a second time to review the training and consultation process. Their input was invaluable to the development of the training, and we deeply appreciate their generosity in assisting the project.

Program development

We were very fortunate to obtain the services of Jennie Grundy (Trainer, Headway Victoria) to co-facilitate the training.

Jennie is a qualified and experienced trainer with a background in both public sector and community based settings. At the time of the project her role as Training Officer at Headway Victoria was to provide training about Acquired Brain Injury (ABI), its causes and effects. Jennie has personal experience of acquired brain injury and has worked with people with ABI for a number of years through volunteer positions with Bear in Mind, a self-advocacy organisation and the Alfred Hospital neuro-surgical support group (NSG). Jennie is passionate about community education and the rights of people with disabilities.

Also, very fortunately, we were able to include the testimony of a survivor of domestic violence who has a disability. This woman generously gave of her time and, more importantly, shared her story with participants in both training programs. We were very grateful for her generosity and courage, and the testimony became one of the highlights of the training program.

Content and rationale

We decided to provide three training opportunities. One day of training for the domestic violence field, one day of training for the disability field, and then bring all the participants of these training programs together for a one-day forum. The two separate days were necessary because the domestic violence and disability fields had very different training needs. We also wanted participants to have a "safe space" in which to air any difficulties/dilemmas before coming together to discuss working collaboratively. Clearly, the emphasis needed to be different in each training day, and we hoped that by the time of the forum, both groups of participants would be more "up to speed" on the issues relevant to each group and their clients.

A number of aspects of the training content were the same for both days: exploration of violent behaviours those women with disabilities experience; identification of indicators; exploration of empowering responses. The training for the disability field included more "basic" information on domestic violence and the training for the domestic violence field will include more information regarding disability awareness. Each program included guest speakers from the respective fields outlining the service system.

Delivery and response

The trainers and project worker located an excellent venue in Sunshine, which was fully accessible, provided catering, and was well served by public transport.

Training for the Domestic Violence field: April 2

- 12 participants attended: 4 from women's refuges; 3 from Western Women's DV Support Network; 4 from Women's Health West and 1 from DHS.
- From the evaluations, participants reported that their level of understanding had improved as a result of the training (Before the training 4 rated their level of understanding as low, 6 rated it as medium, and 2 rated it as high; after the training 2 rated it as medium, 7 as high and 3 as very high).
- Participants found the survivor telling her story to be of most benefit and the role plays to have had the most impact.
- The quality of the reading materials and the trainers' skills were both rated as High or Very High.

Some examples of comments:

"I thoroughly enjoyed the day and learnt a lot. I feel I gained some excellent knowledge that will make me a better worker."

"It was great....the presentation was excellent..... no chance to be bored! I learned heaps: accessible, useful and entertaining."

"Very well structured and informative."

Training for Disability field: April 9

- 26 participants attended: 9 from Care Connect; 2 from DHS Disability Client Services; 2 from HRSS; 2 from WIN Support Services; 2 from VicDeaf; 2 from EW Tipping; 2 from Outreach/Scope; 1 from Foster Grandparents Scheme; 1 from Mambourin Enterprises; 1 from CREATE (Geelong) 1 from Isis: Aged Disability Services; 1 from Victoria University.
- From the 24 evaluations, participants reported that their level of understanding had improved as a result of the training (Before the training 11 rated their level of understanding as low, 11 rated it as medium, and 2 rated it as high; after the training 7 rated it as medium, 14 as high and 3 as very high).
- Participants found the material on responses to survivors and referrals the most valuable and the role-play, lectures and group discussions to have had the most impact.
- The quality of the reading materials and the trainers' skills were both rated as High or Very High.

Some examples of comments:

"It's a good chance for organizations to get together and network and learn about existing organizations and how they work."

"Much needed - suggest could be repeated annually."

"The role play was useful and interesting to see the small group and group discussions put into practice."

"Guest speakers were wonderful and opportunity to network very supportive."

"Both trainers set a very high standard which flowed through the complete presentation. Many thanks for sharing your skills and knowledge."

Excellent presentation made me evaluate how to gain information from clients if they are in abusive relationships."

This course was extremely helpful. Guest speaker [survivor] was excellent."

Joint seminar May 7

- 33 participants attended: 12 from the domestic violence field and 21 from the disability field.
- There was input from women with disabilities: Ria Strong and Janice Slattery (unfortunately, Nadia from Blind Citizens Australia was unable to attend). Once again, this input proved invaluable in that participants were able to hear about the lived experience of women with a disability, not just information **about** them.
- No formal evaluation sheets were distributed, however, from the closing remarks of participants it was evident that they had found the day useful and informative.
- Participants from both sectors made commitments to certain actions as a follow up: e.g. pursuing further training, beginning to collect data, networking, in particular a joint conference/seminar of the Family Violence Network and the Disability Network.
- The facilitator made notes of these commitments and emailed them to participants following the training, as well as details of organizations and individuals who attended the training.

Conclusion

In aiming to encourage and facilitate a process whereby two different fields are able to develop and enhance their work together, training provides an opportunity for workers to explore areas of commonality and difference, to develop an appreciation and understanding of each other's work, and to develop strategies for future collaboration.

Fundamental to this learning process is a willingness to listen to and value the experiences and wisdom of our clients (in this case, women with disabilities). DVIRC was very fortunate to have women who were prepared not only to give their time both to advise us on the training, but also to share their stories with us.

Each one of us needs to be recognized as a human being with intelligence, talents and gifts to give and receive from others. If this recognition does not take place then our very state of being is invalidated. We all need to be recognized as people.

Phyllis Rappaport.

Appendix 7

Search for Family and Domestic Violence and Disabilities Training

1. The most relevant Australian site was Domestic Violence and Incest Resource Centre (DVIRC) in Victoria who have provided training combining both areas. They provided the '**Training Report for Disability Project Final Report**' which is very informative. They did not have a training manual however. They did recommend a book called '**Responding to Family Violence and Abuse: An Independent Living Approach**' from the Canadian Association of Independent Living Centers (CAILC). We have tried without success to date to find an Australian source for this book and have asked DVIRC if we could loan their copy to us.
2. Further to this, we were provided with a copy of the report '**Triple Disadvantage – Out of Sight, Out of Mind: Violence Against Women with Disabilities Project**'. This report includes stories of women with disabilities, and recommendations of how to improve service responses for women with disabilities.
3. Whilst researching the DAILC resource on the internet a listing of resources in **Women with Disabilities Resource Guide** which has a variety of resources which might be useful was identified.
4. **Breaking the Silence: A training resource for workers supporting women with disabilities who experience domestic violence.**

Disability Services (Victoria) has funded RMIT University to develop a training resource for workers who may support women with a disability who experience domestic violence. The new training resource will provide information, tools and techniques and a series of interactive case study vignettes that allow worker-learners to engage with real-life situations and to practice their skills. Contents will include: relevant legal and statutory requirements; safety of self and client; options available; rights and responsibilities; support processes and prevention strategies; inter-personal skills; and organizational standards and principles of person-centred care. The resource will be housed on a CD-ROM and will contain a printable Resource Manual and Learner Guide, a Knowledge Base, case study vignettes, a directory of useful contacts and a glossary of terms. The resource is due to be launched in November 2005.

For more information contact:

Edwina Breitzke, Senior Project Officer, Community Building and Innovation Team
Disability Services, Department of Human Services
19/555 Collins St, Melbourne, Vic, 3000
Ph: 03 9616 7349 TTY: 1300 131 525
Email: Edwina.Breitzke@dhs.vic.gov.au

5. ***Women's Health West (Victoria) Family Violence Information Resources***

Women's Health West (Victoria) hosts the leading family and domestic violence crisis service for Melbourne's Western metropolitan region. Women and children whose safety is at risk can contact Women's Health West for information and referral to a range of services, including a specialist children's worker, a rental subsidy scheme and crisis housing for Culturally and Linguistically Diverse women. Women's Health West also does advocacy, research and health promotion related to family violence and women's health, offers a women's health information and referral service, and publishes multilingual resources on women's health and family violence.

Recently Women's Health West has produced a limited number of Braille and Tape format resources that contain information on Family Violence as well as a large print plain language version which contains TTY numbers. The resources briefly outline the various forms of intimate partner/carer violence against women as well as provide various useful crisis numbers for women in the Western Region of Melbourne to seek help.

For more information contact:

Women's Health West, 317- 319 Barkly StreetFootscray VIC 3011

Ph: 03 9689 9588 Fax: 03 9689 3861

Email: info@whwest.org.au

Web: www.whwest.org.au

6. ***It's not ok, it's violence: information kit***

A kit with information about domestic violence for women with disabilities that includes a brochure, cassette, poster and booklet for service providers.

www.ofw.facs.gov.au/womens_safety_agenda/elimination_of_violence/previous_initiatives/padv/resources.html#dv_disability

Appendix 8

Note – this selected annotated bibliography is extracted from “Silent Voices and Women with Family and Domestic Violence”.

SELECT ANNOTATED BIBLIOGRAPHY

This annotated bibliography focuses on the most recent articles and papers published in journals and on the Internet, together with some other key writings. Internet addresses were current at the time of publication but can change at any time.

Due to copyright laws, most online journal articles are only accessible through a licensed institution. If you are unable to access any of them, they can be viewed by visiting an Edith Cowan University library in Western Australia and logging in as a guest on a “Sunray” terminal. Printing is not available from these computers. For further information on this, please contact an ECU library near you on 134328. Access may also be possible through other university libraries.

Australian Bureau of Statistics. (1999). *ABS survey shows one Australian in five has a disability*. Australian Bureau of Statistics Media Release. Retrieved 25th March, 2003, from the World Wide Web: <http://www.abs.gov.au/ausstats/abs@.nsf/0/81A21B2987D05D49CA2568A90013631F?Open&Highlight=0,disability>.

AUSTRALIA: Statistical information from a survey in 1998 shows that 19% of Australians – or 3.6 million people - have a disability. Of these, 87% experienced specific restrictions in core activities, such as self-care, mobility or communication, or in their ability to participate in schooling or employment.

These statistics point to the need for services and support, not only for those with a disability but also for those who provide care.

Cattalini, H. (1993). *Access to services for women with disabilities who are subjected to violence*. Report to the Department of Prime Minister and Cabinet, Office of the Status of Women, National Committee on Violence Against Women: Canberra: Australian Government Publishing Service.

AUSTRALIA: This study is about how women with disabilities who are subjected to violence access necessary support services and processes. The study looks at access issues, appropriateness of service, service philosophy, community attitudes, support services, police services and legal services. Consultations with service providers and groups of women revealed that support and legal services generally have failed to respond adequately to women with disabilities who are subjected to violence.

Chenoweth, L. (1996, Dec 1996). *Violence and Women With Disabilities: Silence and Paradox* [Online]. Violence Against Women 2(4) Dec 1996. Retrieved, from the World Wide Web: April 1, 2003, from Proquest Database.

AUSTRALIA: Women with disabilities experience marginalisation and exclusion, which makes them “more vulnerable to violence and abuse than other women”. The silence of their lived experience means that the violence in their lives is largely invisible. This article explores the notions of certain paradoxes through the stories of women with disabilities themselves, their mothers and other workers. For example, women with disabilities, although having little voice, are overprotected, segregated, and taught to be compliant; and those women with disabilities are seen simultaneously as asexual and yet promiscuous. These paradoxes increase the incidence of abuse and violence rather than prevent it. It also examines several Australian inquiries into violence.

**Curry, M. A., Hassounch-Phillips, D., & Johnston-Silverberg, A. (2001). *Abuse of Women With Disabilities: An Ecological Model and Review* [Online Journal: *Violence Against Women* 7(1)]. Retrieved 28 Aug, 2002, from the World Wide Web:
<http://proquest.umi.com/pqdweb?TS=1030505137&RQT=309&CC=2&Did=000000065097249&Mtd=17&Fmt=3>**

USA: This study examines the problem of abuse against women with disabilities within the social context of disability itself. Women with disabilities may experience greater levels of poverty, social isolation, discrimination, stereotyping, low self-esteem, increased health problems, depression and suicide than non-disabled women who experience abuse. The researchers assert that the prevalence of abuse among women with disabilities is unknown. In addition, the multiple types of victimisation have not been described but are known to include more than physical and sexual abuse.

This lack of knowledge and attention to the issues has contributed to the invisibility of the victimisation of women with disabilities.

**Diaz-Olavarrieta, C., Campbell, J., Garcia de la Cadena, C., Paz, F., & E Villa, A. (1999). *Domestic Violence Against Patients With Chronic Neurologic Disorders* [Online Journal: *Archives of Neurology*, Chicago, June 1999. 56 (6) start page 681]. Retrieved 28 Aug 2002, from the World Wide Web:
<http://proquest.umi.com/pqdweb?Did=000000042444175&Fmt=3&8Deli=1&Mtd=17&Idx=9&Sid-0&RQT=309&LDid=000000043077799&LSid=1&L=1>**

USA: This very short paper poses questions that a health professional might ask in order to identify women with disabilities who are victims of abuse. The authors highlight the reluctance of physicians to broach the topic of abuse with patients for a number of reasons, including the lack of training in the area of abuse. Chronic or unexplained symptoms, the over-solicitous behaviour of domestic partners or other social factors may be an indication of abuse which doctors should be alert to. It concludes with a reminder that abuse can be fatal and those patients who have experienced abuse should be responded to as seriously as if they had, for example, a heart condition.

Doe, T., O'Toole, C., & Kafer, A. (1999). *Claiming Our Bodies*. Disabled Women's Conference May 26 1999, Washington DC. Retrieved 20th March, 2003, from the World Wide Web: <http://www.disabledwomen.net/claiming.htm>

USA: This internet resource kit has several articles written by women with disabilities (including "Claiming our bodies, claiming our lives", "Resistant Bodies: disability as sites of resistance" and "Ending Violence") on issues relevant to women with disabilities. The recounting of deeply personal experiences make for an excellent source of information for all people concerned about the quality of life of women with disabilities. It also includes a list of useful printed resources (many of which are not, however, available in Australia) and websites, which provide information and resources on a variety of issues.

Domestic Violence & Disability Working Party (WA). (2000). *Domestic Violence and Disability: A Neglected Combination* (Report from Forum held November 2000).

AUSTRALIA: This Western Australian report states many government documents have been written on domestic violence but these have had little impact on those with a disability. The report particularly highlights the situation of migrant and refugee women with a disability. This group may have special needs due to low English proficiency and limited social or family support. The report calls for collaboration between 'all parties' (for example, in the areas of policing, multiculturalism and disability) to meet the needs of women with disabilities.

Elman, R. A. (1997, Jun 1997). *Disability Pornography: The Fetishization of Women's Vulnerabilities* [Online]. *Violence Against Women* 3(3) June 1997. Retrieved, from the World Wide Web: April 1, 2003, from Proquest Database.

USA: This article critically explores various pornographic media that sexualize and ridicule women and girls whose disabilities make them especially vulnerable to sexual abuse and how this pornography contributes to the second-class safety and status of not only women with disabilities, but all women.

Focht-New, V., (MSN, RN). (1997). *Beyond Abuse: Treatment Approaches for People with Disabilities*. 1(2) [Online]. Retrieved, from the World Wide Web: Access date 24th March, 2003. www.quuxuum.org/~greg/journal/focht_new.html

USA: This article uses case studies to highlight evidence that people with disabilities are at risk of misdiagnosis of serious illnesses because their ways of communicating may be misunderstood. Gestures and behaviours may be assumed to be signs of temper or anxiety rather than as calls for help, especially in those with disabilities that impairs communication. The author sees prevention, as a key element in assessment, intervention and treatment, citing research that indicates 90% of abuse does not result in treatment for the individual.

Institutionalization and the dehumanization and labelling of people with disabilities increase their vulnerability to abuse. Focht-New suggests that by creating societal, familial and organizational cultures that focus on learning and competence, people with disabilities can be supported in advocating for themselves rather than being victimized by a system that devalues them.

Francis, J. (1992). *Voices in the Wilderness: Aboriginal Women and Disabilities*. National Aboriginal Network on Disability, Ottawa. Retrieved 18 March 2003, from the World Wide Web: www.schoolnet.ca/aboriginal/disabl6/acknow-e.html

CANADA: This article comes out of a conference run by Canadian Aboriginal women, and examines the lives of Canadian Aboriginal women with disabilities within the context of, for example, culture, the Christianisation of indigenous religion, Western medicine, gender, self-image, sexuality, alcohol and abuse. It includes personal recollections that demonstrate the complexity of life as an indigenous woman with a disability, living in a society that is still struggling to come to terms with generations of colonialism. Parallels to Australian indigenous life are striking and point to many issues in common to both countries.

Recommendations include the convening of a national symposium on Aboriginal people with disability which is consumer focused and driven, a video project to document the personal experiences of those with disabilities and a national directory of services available to Aboriginal people with disabilities.

Frohman, C. (1999). *Violence Against Women With Disabilities*. Dickson, ACT: Women With Disabilities Australia. National Women With Disabilities and Violence Workshop, Melbourne, February 1998.

AUSTRALIA: This is a report on the proceedings of a 2-day "National Women With Disabilities and Violence Workshop" in Melbourne, held in February 1998. The workshop linked women together for the first time in order to develop a strategic plan of action against violence against women with disability in Australia. A range of workshops was conducted on the first day, focussing on gender, disability and violence.

Day 2 workshops focussed on identifying gaps in knowledge and service provision; and developing strategies to meet those gaps in the areas of education, service, information, research, social action and networking. This report is a very comprehensive account of the weekend activities, with useful information on what the participants see as priorities for the next 5-10 years. The report includes a state-by-state list of some key service organizations as well as key Internet sites.

Gilson, S. F., Cramer, E. P., & DePoy, E. (2001). Redefining Abuse of Women with Disabilities: A Paradox of Limitation and Expansion.

AFFILIA, 16(2), 220-235

USA: This study found that although disabled and non-disabled women face the same forms of abuse, disabled women have unique experiences that require specialized services. One US statistic reveals that 40% of women seeking help had become disabled due to the abuse they suffered. Disabled women are more likely to be victims of sexual abuse than non-disabled women are.

Women with disabilities are often over-protected by their relatives and carers and are taught to comply with the requests and demands of others. This over-protection and compliance training may leave women ill equipped to handle an abusive relationship. The article points out the lack of information in the area and calls for future research to include, amongst other criteria, the type and onset of the disability.

Gilson, S. F., DePoy, E., & Cramer, E. P. (2001). Linking the Assessment of Self-Reported Functional Capacity With Abuse Experiences of

Women With Disabilities. *Violence Against Women*, 7(4), 418-431.

USA: The authors state that research indicates that women with disabilities are abused at similar or greater rates than women without disabilities; that women who are abused by an intimate partner are at greater risk of being disabled or suffering an illness that affects their activities of daily living; that women with disabilities experience more and unique forms of abuse than other women; and that women with disabilities experience significantly worse consequences in areas of mental and physical health. They point to the misapplication to disabled women of theory; policy and practice developed to address abuse in non-disabled populations.

They propose a model of abuse assessment for women with disabilities composed of three elements. Firstly, there is the traditional assessment that encompasses the unique forms of abuse experienced by women with disabilities. The second element is a comprehensive functional assessment of an individual's disability through self-reporting and self-rating. Thirdly, that attention is given to heterogeneity with regard to cultural sensitivity, structure of reporting and the nature of disability.

Hassouch-Phillips, D., & Curry, M. A. (2002). Abuse of Women With Disabilities: State of the Science. *Rehabilitation Counselling Bulletin*, 45(2), 96-104.

USA: This article points to the lack of information concerning women with disabilities and domestic violence. The authors conducted a critique of previous research, reaching several conclusions, which include (p. 102) the observation that women with disabilities are at greater risk of abuse from multiple offenders, and that a feminist perspective is valuable in this area of research. It points out some flaws in the methodologies and theoretical development of past research, including a lack of detail, which could impact upon the trustworthiness of the research.

Finally, the authors call for the conduct of “more rigorous and comprehensive research” (p. 103), which they see as essential to the promotion of the health and safety of women with disabilities.

Impact. (2000). *Feature Issue on Violence Against Women with Developmental or Other Disabilities* [Online]. The Institute on Community Integration (UCEDD), The Research and Training Center on Community Living, College of Education and Human Development, University of Minnesota, Volume 13, No. 3. Retrieved 17 March 2003, from the World Wide Web:<http://ici.umn.edu/products/impact/133/default.html>

USA: This is a series of articles in a special edition of the journal *Impact*, published in hard copy and online, which investigate abuse against people with disabilities. Articles include the personal account of a woman who experienced abuse in various ways at the hands of friends and strangers alike, to the investigation of issues such as the power imbalance between caregivers and care-giving agencies that supports overt and subtle violence against individuals with disabilities.

Another article looks at the many ‘faces of violence’ against women with developmental disabilities, highlighting the high rates of women with disabilities who are victims of homicide. Another focuses on the double impact of discrimination faced by women with disabilities because of their gender and disability, and calls for the silence that surrounds violence against women with disabilities to be broken. From disability services to attitudes of sexism and ableism, the author calls for changes in education and policies to empower women who have been the most marginalised.

The website profiles seven programs in the US and also has a link to resources on violence and women with disabilities. This is a very useful and informative collection of articles that although referring to American institutions and conditions seeks to shed light on problems also faced by women with disabilities in Australia.

**McMullen O'Brien, S. (2002). *Staying Alive: A Client With Chronic Mental Illness in an Environment of Domestic Violence* [Online Journal: *Holistic Nursing Practice* 16 (3) , pp. 16-23]. Retrieved 5 Sept, 2002, from the World Wide Web:
<http://proquest.umi.com/pqdweb?Did=00000012202783&Fmt=3&Deli=1&Mtd=1&Idx=18&Sid=1&RQT=309>**

USA: This is the case study of a young African American single mother with chronic mental illness. The local mental health and human service system could not adequately address her complex needs, combined with the effects of serious mental illness and the impact of abuse as a child and spousal domestic violence. She also needed “sensitive, coordinated, mental health community support that provided affordable housing, legal counselling, sheltered employment, social service consultation, and financial assistance”. The author points to the victimization of mental health patients by a “fragmented, stigmatized health care system” and calls for the same attention that is given to people with physiological disorders to be given to people with mental health disorders.

MIMS & Associates. (1998). *Domestic Violence and Women with Disability Project (Report)*. Brisbane: Department of Families, Youth & Community Care, Queensland.

AUSTRALIA: This report from Queensland acknowledges the slowness of Australian authorities to respond to violence against women with disabilities; the myths that have hindered meaningful responses; and the lack of information available to women in this situation.

The report includes women's stories, evaluations of agency resources, and an assessment of the information required to address the problems. It makes 11 recommendations to address the identified problems, ranging from education for individuals, agencies and government, resources in print and non-print formats for women with disabilities and the development of government strategies.

Nosek, M. A., Ph.D, & Howland, C. A., MPH. (1998). *Abuse and Women With Disabilities*. US Department of Justice, Office of Justice Programs. Retrieved 18 March 2003, from the World Wide Web: www.vaw.umn.edu/Vawnet/disab.htm

USA: The study brings together relevant statistics and information, finding, for example that "there have been virtually no studies that examine the existence, feasibility or effectiveness of abuse interventions for women with disabilities". Architectural inaccessibility, lack of services and inability of emergency accommodation services to cater for women who need daily help or medication are mentioned, along with other special needs of women with disabilities which need to be catered for.

Recommendations for research and program development include making all emergency shelters accessible and integrated for women with disabilities; keeping statistics on the number of women with disabilities who access crisis and other services; training of domestic violence workers in disability issues and training of disability workers in issues of domestic violence.

Nosek, M. A., Ph.D. (1999). *Guidelines for Physicians on the Abuse of Women of Disabilities* [Online]. Centre for Research on Women With Disabilities. Retrieved 20 March 2003, from the World Wide Web: http://www.bcm.tmc.edu/crowd/abuse_women/ABUGUIDE.htm

USA: Paragraphs in this document include

- Dispelling the Myth: No one would ever abuse a woman with a disability.
- Why patients don't tell their doctors about abuse.
- Reasons physicians don't ask about abuse, and;
- What can physicians can do for an abused patient.

Many useful points are made that can be helpful for anyone involved with women with disabilities. It forms part of a large website that offers valuable information on issues that affect women with disabilities who have experienced abuse.

Pane, L. (1994). *Emerging From the Shadows: A Report of the Status of Women with Disabilities Living in Australia*. Curtin, ACT, Australia: Women With Disabilities Australia.

AUSTRALIA: This report brings to light many issues facing women with disabilities, including the increased risk of abuse because of their dependency on others for care. It comments that although many “policies, strategies and legislation” have been put in place to protect the rights of people with disabilities, women with disabilities are still “categorized as a ‘special interest’ group...whose...experience is separated and marginalised”. The report sets out strategies to address the lack of action in the many identified areas.

Partnerships Against Domestic Violence. (2000). *It's Not OK. It's Violence*. (Information Kit). Sydney: Commonwealth Office of the Status of Women. Available at <http://www.padv.dpvc.gov.au/publications/publicat.htm>

AUSTRALIA: This information kit includes a poster, booklet and handy telephone reference card intended to educate and inform women with disabilities about their rights and avenues for recourse. Nationwide phone numbers are listed.

Powers, L. E., Curry, M. A., Oschwald, M., & Maley, S. (2002). *Barriers and Strategies in Addressing Abuse: A Survey of Disabled Women's Experiences* [Online: *Journal of Rehabilitation* 68(1)]. Retrieved 24th March, 2003 from the World Wide Web: <http://proquest.umi.com/pqdweb?TS=1030603107&RQT=309&CC=2&Dt p=1&Did=000000110353866&Mtd=1&Fmt=4>

USA: Women with disabilities who have experienced abuse identify personal assistance services (PAS) providers as a ‘particular problem’. This study explores women’s experiences of PAS abuse, behaviours of personal assistance providers considered most harmful, barriers to responding to abuse and strategies perceived as most helpful for preventing or stopping abuse. The discussion indicates that rather than increasing professional monitoring and supervision of care, the most useful approach would involve ‘building women’s capacities’ – through ‘information, validation and resources’ – to understand abuse and have an input into their own carer situations. Further research is called for.

Ryan, C., & Women With Disabilities ACT. (2002). *An Inclusive Democracy? Paper presented at the Women's Constitutional Convention 2002 "Trust The Women"*.

AUSTRALIA: This paper evaluates the status of women with disabilities in Australia from a political viewpoint i.e. on matters of equity and access (both physical and attitudinal), self-determination, and the achievement of leadership positions in the community. The author says that the burden of poverty prevents women with disabilities from interacting in the community.

Ryan calls for a gender audit of all government programs and policies to reveal the discrepancies in the system; a rights based discrimination system rather than a complaints based system; an Access Action Plan in the political system; a constitutional Bill of Rights system; for government, business and the community to address inclusiveness and access concerns on a constant basis; whole of government access strategies; and grass roots level evaluation of access and egalitarian issues in local communities.

Sceriha, M. (1996). *Women With Disabilities and Domestic Violence. Women with Disabilities Australia. Retrieved 20 September, 2001, from the World Wide Web: www.wwda.org.au/madge.htm*

This article explores the issues facing women with disabilities who have experienced family and domestic violence concerned with the accessing of information, resources and services. Sceriha comments on not only the problems with accessing these things, but the lack of disability specific data collected in Australia that is both disability and gender specific.

The author discusses some of the myths concerning women with disabilities that make them invisible in a society that itself could be called disabled, in that it is itself blind and deaf to the needs of women with disabilities. She goes further to say, "But that's letting society off too easily though for, far from being disabled, our society is more appropriately described as ignorant, uncaring and in fact, disabling". Reasons why high levels of domestic violence against women with disabilities have been unidentified are explored. In a world that values physical beauty so highly, the voices of women with disabilities who experience domestic violence have been mostly unheard. Ignorance, superstition, fear and neglect have isolated people with disabilities throughout history and even when women are able to speak out or seek help, the system they seek help from may further marginalia and victimize them. And when people are marginalised, they can be hidden, ignored, silenced and more easily targeted by perpetrators of violence.

Strahan, F. of Sage Consulting. (1997). *Woorarra Women's Refuge Disability Action Plan 1997. Woorarra Women's Refuge and Women With Disabilities Australia: Commonwealth Office of the Status of Women.*

AUSTRALIA: Working with one women's refuge to develop a DDA Action Plan (*Disability Discrimination Act, 1992*), this project points to several issues affecting women with disabilities, for example, the lack of research, limited access to services and the lack of knowledge about domestic violence. A detailed report, it covers the research methodology, key findings, strategies, implementation and monitoring issues involved in the Action Plan that was developed. The Action Plan is meant as a model for all women's refuges in Australia to better respond to the needs of women with disabilities who are experiencing domestic violence.

Swedlund, N. P. (2000). *A Exploratory Study on the Work of Independent Living Centers to Address Abuse of Women With Disabilities* [Online: *Journal of Rehabilitation* Oct-Dec, 2000]. Retrieved 4 September 2002, from the World Wide Web: www.findarticles.com/cf_0/m0825/4_66/68865438.print.jhtml

USA: This study “attempts to learn more about how ILCs are addressing the issue of abuse”. Major themes to emerge from this study include:

- 1) The need for staff to recognize that abuse is a serious problem for women with disabilities.
- 2) Inadequate staffing levels hinder the ability to address abuse issues.
- 3) Utilization of existing services rather than establishment of new ones seems the most effective approach.
- 4) Greater inter-agency cooperation needed for effective abuse intervention, as with domestic violence issues.
- 5) Lack of accessibility of services to women with disabilities.
- 6) Although improvements have been made in abuse intervention in recent years, the needs of women with disabilities have often been ignored. Further research is called for.

White, N. (1995). *Society must realise that disabled are abused, too* [Online newspaper]. *South Coast Today*. Retrieved 24th March, 2003 from the World Wide Web: www.s-t.com/projects/DomVio/societymust.HTML

USA: This article is one of eleven published after a 6-month investigation into domestic violence in Bedford, Massachusetts and highlights some very important issues for people with disabilities. The state runs Disabled Persons Protection Commission “fields more than 300 calls a month to its 24-hour hotline”. The article points to reluctance in society to accept that abuse could happen to disabled people and the shortage of facilities that can accommodate disabled people fleeing situations of abuse.

The investigators found that of the 3,000 reports received in 1994, 60% of alleged abusers were caretakers and 40% of abuse occurred in private homes, most often by family members. The article also points out the added vulnerability of disabled people, although as abuse occurs across the board at about the same rates, disability is not a cause of abuse. The majority of victims are women and the majority of abuse reports do not come from victims themselves because they fear no one will help, they will be forced to move or they will lose their caretaker.

Whiteside, R. K., & Perry, D. (2001). 'Women', 'Dis'Ability and 'Us'. Retrieved 25th March, 2003, from the World Wide Web: http://www.people1stprogramme.com.au/publications_and_resources.shtml

AUSTRALIA: This article, draws attention to the problems facing women with disabilities and how the current trends of politicizing and valuing (or devaluing) the differences between human beings has not reduced the discrimination and disadvantage that many groups in society experience, “relating to things like sexual orientation, age, disability, ethnicity, economic circumstances”. The author’s point to an emergent ecological notion of ‘inter-dependence’ and the idea that ultimately what hurts one hurts us all.

It is very sobering information, which points out that women in general experience such abuses and discrimination at greater rates than men however women with disabilities are at even greater risk and experience greater levels of discrimination and abuse than women without disabilities.

Women With Disabilities Feminist Collective. (n.d.). *Women and Disability An Issue*. Victoria and South Australia: Women With Disabilities Feminist Collective.

AUSTRALIA: This small book brings together a collection of poems, stories and articles written by women with disabilities on issues such as family, children, work, violence, sexuality, belonging, the deafness of the medical community to their concerns and the ‘double disservice’ (in the areas of physical attractiveness and charity) done to women with disabilities by the beauty quest.

Young, M. E., PhD., Nosek, M. A., PhD, Howland, C. A., MPH, Chanpong, M. S., & Rintala, D. H., PhD. (1997). Prevalence of Abuse of Women with Physical Disabilities. *Archives of Physical Medicine and Rehabilitation*, 78. (1997 Supplement), S34-S38.

USA: This study was a case-comparison of 439 women with physical disabilities and 421 without disabilities. Results revealed that women, whether disabled or not, experienced emotional, physical and sexual abuse “to the same extent” (p. S-37). However, women with disabilities were at greater risk of abuse from attendants or health care providers and experienced abuse for a longer duration. They may feel powerless to report or prevent the abuse because of the disability itself, lack of services, dependence or fear.

Problems occurring include: a belief that disabled people does not get abused; lack of education and understanding of carers; reluctance of victims to report abuse for fear that they will not be believed. Further research and a direct confrontation of the issues are called for to reduce the prevalence and consequences of abuse for women with disabilities.

Appendix 9

BARRIERS TO RECOGNITION OF VIOLENCE

The following are some of the barriers that might prevent workers from recognizing abuse:

Fear

- Workers may feel threatened by or scared of abusive situations and of perpetrators who seem to have more power and control than they do. They may also be afraid of saying or doing the “wrong thing” and making the situation worse.

Identifying

- Workers may be experiencing (or have experienced) situation similar to that of the abuse survivor; disclosure may trigger memories or workers may identify with the behaviours or actions of the perpetrator and feel guilty or shameful.

Denial

- Workers may find it painful to acknowledge both systemic and individual abuse.

Minimizing

- Workers may refuse to acknowledge that abuse against people with disabilities exists, or that it is not such a big problem.

Information

- Workers may lack the information they need to recognize abuse and to feel comfortable about identifying it.

Resources

- Workers may feel that there is a lack of resources in the community to deal with the problem.

Awareness

- Workers may have their own ideas about “what abuse is” and what survivors and perpetrators look like and if the situation does not fit their ideas, they may discount it.

This handout is based on material taken from the manual “Responding to family violence and abuse: an Independent Living Approach”, Canadian Association of Independent Living Centers, 1995.

Appendix 10

WAYS OF SURVIVING

Coping with the after-effects of abuse presents a tremendous challenge to abuse survivors. These are some of the ways that abuse survivors find to cope with the after-effects of their abuse:

Minimizing

Making the abuse seem not as bad as it really is.

Rationalizing

Finding reasonable excuses for why the abuse took place.

Denying

Pretending the abuse is not happening.

Forgetting

Losing all or part of the memory of the abuse.

Splitting

A feeling of being divided into more than one person.

Control

Needing to have control of situations as a strategy. This can result in good organizational skills but also a lack of flexibility.

Chaos

Sometimes survivors maintain control by maintaining chaos; it is like an addiction to intensity and drama.

Spaced out

An ability to space out and not be present.

Super alert

An ability to be aware of everything that is going on around you including other people's moods and needs.

Humour

Using humour to hide behind or to get through tough times.

Business

Staying busy as a way to avoid feelings.

Escape

Television, books and movies are a way to temporarily escape the real world.

Survivors sometimes use more extreme ways to cope with the after-effects of abuse such as mental illness, self-mutilation and substances to numb the pain of abuse. This can lead to addiction: alcohol, eating difficulties, lying, stealing, gambling, working too much, compulsively seeking or avoiding sex.

Appendix 11

WHY DON'T SURVIVORS REPORT ABUSE?

The following are some reasons why abuse survivors with disabilities rarely tell us about their abuse:

- ✓ Low self-esteem and lack of assertiveness
- ✓ Feelings of shame and self-blame
- ✓ Feelings of worthlessness; the survivor believes she deserved the abuse.
- ✓ Fear of losing essential supports i.e. financial support from partner or family, attendant services.
- ✓ Fear of being institutionalized, e.g. If a survivor is living in the community when the abuse incident takes place, family or professionals may decide it is safer for them to live in an institution.
- ✓ Inability to escape – lack of available, accessible transport; perpetrator may prevent survivor from getting to the phone, or abuse may be taking place in a highly-controlled institution.
- ✓ Fear of not being believed, especially if perpetrator is a person with authority or of higher status than the survivor is.
- ✓ Fear of abuse happening again if the survivor is not believed the first time.
- ✓ Communication difficulties in reporting
- ✓ Knowing that reporting abuse does not always bring justice

Many of the above reasons for not reporting abuse are the same reasons why people with disabilities are at risk for abuse in the first place.

This handout is based on material taken from the manual “Responding to family violence and abuse: an Independent Living Approach”, Canadian Association of Independent Living Centres, 1995