Forgotten sisters

a global review of violence against women with disabilities.

Women With Disabilities Australia (WWDA)

WWDA Violence Against Women With Disabilities
RESOURCE MANUAL

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acknowledgements

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Carolyn Frohmader
Project Manager

a word of caution

The content of this booklet may trigger anxiety for some individuals who have experienced, or are experiencing violence. We encourage anyone who has difficulty with the content of this booklet to seek support. Taking care of yourself is imperative to your ability to help others in similar situations.

emergency numbers

EMERGENCY (POLICE, AMBULANCE, FIRE BRIGADE)
Ph: 000
TTY: 106
Speech to Speech Relay Service Ph: 1800 555 727
From Mobile with no network coverage Ph: 112

KIDS HELPLINE Ph: 1800 551 800 (24hr)

VIOLENCE AGAINST WOMEN. AUSTRALIA SAYS NO.
National Helpline Ph: 1800 200 526 (24hr)

LIFELINE Ph: 131 114 (24hr)

NATIONAL RELAY SERVICE
Ph: 133 677 (24hr Using a modem or TTY)
or Ph: 1300 555 727 (24hr Speech to Speech Relay Service for callers with a speech/communication impairment)

TELEPHONE INTERPRETER SERVICE
Ph: 131 450 (24hr)

ACT Domestic Violence Crisis Service
Ph: (02) 6280 0900 (24hr) or TTY: (02) 6228 1852 (24hr)

Northern Territory Domestic Violence Crisis Line
Ph: 1800 019 116 (24hr)

NSW Domestic Violence Line

Ph. 1800 656 463 (24hr) or TTY: 1800 671 442 (24hr)

Queensland Domestic Violence Line
Ph: 1800 811 811 (24hr)

South Australia Domestic Violence Crisis Service
Ph: 1300 782 200 (24hr)

Tasmania Family Violence Response and Referral Line
Ph: 1800 633 937 (24hr)

Victoria Women's Domestic Violence Crisis Service
Ph: (03) 9373 0123 (24hr) or 1800 015 188 (24hr)

Western Australia Women's Domestic Violence Helpline
Ph: (08) 9223 1188 (24hr) or 1800 007 339 (24hr)

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about this booklet

This booklet aims to provide a global picture of violence against women with disabilities—a human rights issue that has been identified as a "global epidemic of crisis proportions" (Nosek 2003) and one that is largely ignored in efforts to address violence against women.

Section One of this Booklet examines the language used and the meanings given to notions of disability and violence. It identifies the lack of uniform definitions and

understandings of both disability and violence, particularly as they relate to women with disabilities. The lack of a broad definition of violence which encompasses the many forms of violence perpetrated against women with disabilities, is acknowledged by researchers to contribute to the lack of recognition of, and action to address, the issue.

Section Two reviews what is known about the incidence and prevalence of violence against women and girls with disabilities. Themes emerging from the broad range of published research are detailed. The Australian situation is explored. The overall lack of research in this area is a key finding, particularly the dearth of research into violence against women with disabilities in developing countries and across cultures.

Section Three examines the nature and the multiplicity of forms of abuse perpetrated against women with disabilities throughout the world. It also discusses the effect of this violence as it is identified in the published literature including an investigation of violence as a cause of disability. Specific attention is given to disability caused by violence in institutions, along with disability caused by harmful traditional practices such as female genital mutilation, commercial sexual exploitation, child marriage, and armed conflict.

Section Four looks at the responses to violence against women with disabilities including policy, legislative, and research responses, as well as service systems responses—such as community support services, police, and the criminal justice system. This section pays special attention to the responses to violence against women with disabilities in institutional settings,

concluding that progress to address violence perpetrated against people with disabilities in institutions has not moved forward.

Key factors that increase women with disabilities" vulnerability to violence are identified in **Section Five**. In addition, strategies to prevent violence against women with disabilities are discussed and cover areas such as legislation, definitions, policy, research and data collection, access to the criminal justice system, services, information, education and training, empowerment of women with disabilities, co-ordination, and more. Inherent among the key strategies is the need for a human rights approach and framework to conceptualise and address violence against women with disabilities.

Included at the end of this Booklet is an Annotated Bibliography of known published and unpublished resources on violence against women with disabilities.

introduction

"Gender-based violence knows no colour and nationality. It devastates lives and fractures communities, impeding development in every nation. In every country, the well being, promise and gifts of millions of women and girls are destroyed by violence . ..... to work together to end it, we must realise that it can be stopped" (Heyzer 2006:1)

Violence against women is the most widespread human rights abuse in the world. It is a universal problem of epidemic proportions (Amnesty International 2006, UNFPA 2005, UNIFEM 2005). It exists on a continuum from violence perpetrated by an intimate partner to violence as a weapon of war (WHO 2005). It encompasses a wide range of abuses including physical, sexual and psychological violence occurring in the family and in the community. It includes: battering, sexual abuse of children, dowry-related violence, marital rape; female genital mutilation and other traditional practices harmful to women; non-spousal violence; violence related to exploitation, sexual harassment, and intimidation at work and in educational institutions; forced pregnancy, forced abortion, and forced sterilisation; trafficking in women and forced prostitution; and violence perpetrated or condoned by the state (UNFPA 2006). Gender-based violence both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims.

Available data paints a daunting and harrowing picture of the scope of this global problem:

- Worldwide, an estimated one in five women will be a victim of rape or attempted rape in her lifetime. One in three will have been beaten, coerced into sex or otherwise abused, usually by a family member or an acquaintance (UNIFEM 2005).

- Violence kills and disables as many women between the ages of 15 and 44 as cancer (Krug et al 2002, UNFPA 2005). Its toll on women's health surpasses that of traffic accidents and malaria combined (UNIFEM 2005, World Bank 1993).

- Domestic violence is the most common form of gender-based violence. In every country where reliable, large-scale studies have been conducted, between 10 and 69 per cent of women report they have been physically abused by an intimate partner in their lifetime (Heise et al 1999, Watts & Zimmerman 2002). One in four women are abused during pregnancy (Krug et al 2002). Population-based studies suggest that 40-72% of all women who have been physically abused by a partner are injured at some point in their lives (Tjaden & Thoennes 2000).

- The perpetrators of violence against women are almost exclusively men. Women are at greatest risk of violence from men they know (Krug et al 2002).

- Female genital mutilation affects an estimated 130 million women and girls. Each year, 2 million more undergo the practice (UNIFEM 2005).

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- •Forced prostitution, trafficking for sex and sex tourism appear to be growing problems. Estimates on the number of trafficked women and girls range from 700,000 to 2 million per year (Vlachova & Biason 2005).
- Systematic rape, used as a weapon of war, has left millions of women and adolescent girls traumatised, forcibly impregnated, or infected with HIV (UNIFEM 2005, Watts & Zimmerman 2002).

Over 600 million people, or approximately 10 per cent of the world's population, have a disability of one form or another. It is estimated that there are now more than 300 million women and girls with disabilities in the world (World Bank 2006). it is widely acknowledged that, regardless of where in the world they live, women with disabilities tend to be marginalised, neglected, violated, excluded and isolated. Throughout the world they continue to be subject to manifold discrimination - female, poor and disabled—compounded further by intersections of race and culture. They remain largely invisible and voiceless, even though they face multiple forms of discrimination, structural poverty and social exclusion (UNFPA 2005). Their issues and needs are often neglected within services and programs. They remain marginal to social movements designed to advance the position of women, and the position of people with disabilities (Meekosha 2002, Chenoweth 1993, Morris 1996, Kallianes & Rubenfeld 1997). Despite the fact that the Universal Declaration of Human

Rights affirms that "**all human beings are born free and equal in dignity and rights"**, there is no doubt that there are widespread and serious violations of the human rights of women with disabilities, as well as failures to promote and fulfill their rights (Byrnes 2003). Women and girls with disabilities are one of the most vulnerable and least protected groups in society (WWDA 2002, UN ESCAP Workshop on Women and Disability 2003).

Regardless of country or culture, from the least developed to the most highly developed nations, women and girls with disabilities experience discrimination and negative stereotypes from both a gender and disability perspective. This perpetuates and legitimises not only the multiple forms of violence perpetrated against them, but also the failure of governments to recognise and take action on the issue. Despite increasing recognition of, and attention to, gender based violence as the "**most widespread human rights abuse in the world"** (Krug et al 2002, UNFPA 2005, Amnesty International 2006), violence against women and girls with disabilities continues in a culture of silence, denial and apathy (Raye 1999). It is largely through the actions of women with disabilities themselves that this culture is being challenged. Groups and networks of disabled women are emerging and organising at local, regional, national and international levels. Throughout the world, disabled women are coming together to share their experiences, to gain strength from one another and to collectively work on issues that affect them—researching and documenting their issues and experiences, developing programs to address these issues, and working to influence legislative, policy, and service development. This Booklet is part of that effort.

Section one
language and meaning: the intersection of disability and violence

Disability.

There is no universally agreed definition of disability rather it is a term with many different meanings. These meanings are influenced by cultural perspectives, political views, and the purposes of the definition itself, for example as a requirement by governments and service providers to determine eligibility for services and support.

The World Health Organisation (WHO) provides the International Classification of Functioning, Disability and Health (ICF) as a framework for describing disability. The ICF, accepted by governments in many countries, is primarily a classification of health and health related domains. It lists limitations in both body functions and structures but also recognises the impact of such limitations on domains of activity and participation. In ICF, the term "functioning" refers to all body functions, activities and participation, while disability is similarly an umbrella term for impairments, activity limitations and participation restrictions (WHO 2002, Steinstra & Gucciardi 2002). Disabled activists and scholars have been critical of the ICF as allowing only limited recognition of the social genesis of disability thus limiting the possibility of re-orienting the discussion to one of a critique of society which oppresses disabled people (DAA 2006, Snyder & Mitchell 2005).

Historically, disability has been equated primarily with medical conditions, with the "problem" located within the individual. This medical model has been challenged by disability activists and scholars, who have argued for a re-conceptualisation of disability as primarily a social phenomenon. The social model of disability draws a clear distinction between (bodily) impairment and (social) disability. It posits that society disables people with impairments by its failure to recognise and accommodate difference and through attitudinal, environmental and institutional barriers to their inclusion (Oliver 1990, 1996). Disability is a relative term whereby certain impairments become more or less disabling in different contexts (Thomas 2005). The term "disability" is becoming increasingly multifarious in the light of this new politics and scholarship. It suggests:

"**a set of practices, kinds of embodiment, interactions with the built environment, an almost limitless array of literary types, frames of mind, and forms of relationships. Gone are the days of a simple and dominant physiological or medical definition of disability. Instead, people have come to see an art of disability—poetry, music, song, literature—and a politics of disability that has accomplished path-breaking legislation and effected social change"** (Smith & Hutchison 2004:1).

Violence

The World Health Organisation (WHO) defines violence as: "**the intentional use of physical force or power, threatened or actual, against oneself, another**

person, or against a group or community, that either results in, or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (Krug et al 2002:5). According to the WHO, the inclusion of the word "power" broadens the nature of a violent act and expands the traditional understanding of violence to include those acts that result from a power relationship, including threats and intimidation, neglect or acts of omission as well as the more obvious violent acts of commission. "**The use of physical force or power"** should be understood to include neglect and all types of physical, sexual and psychological abuse, as well as suicide and other self-abusive acts (ibid:5).

The United Nations Declaration on the Elimination of Violence Against Women (1993) provides a basis for defining gender-based violence. According to Article 1 of the Declaration, violence against women is to be understood as: "**Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life"** (UN Declaration on the Elimination of Violence Against Women 1993).

The United Nations Population Fund (UNFPA) suggests a definition of gender-based violence which encompasses the social dimensions and root causes of violence against women and girls:

> "**Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal**

> **power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community). It includes that violence which is perpetrated or condoned by the state"** (UNFPA Gender Theme Group 1998).

The United Nations Population Fund (2005) maintains that the lack of accurate definitions of gender-based violence has contributed to the lack of research as well as the lack of programs to address the issue of violence against women.

Violence Against Women with Disabilities.

The published literature on violence against disabled women uses a variety of terms and definitions. Examples include: domestic violence, family violence, abuse, victimisation, intimate partner violence, wife battering, spousal violence, domestic abuse, maltreatment, hate crimes, assault, criminal violence, partner abuse, battered woman syndrome. The definition and understanding of what constitutes violence as it relates to women with disabilities varies from study to study (Plitcha 2004) with no standard consensus on which definition best suits the purposes of research (Watts & Zimmerman 2002).

Much of the literature on violence against disabled people, including disabled women and children, does not

use the term "violence" at all. One of the most commonly used terms within the literature is "abuse" (Alexander 1998, Atkinson & Hackett 2004, Beck-Massey 1999, Brown 2004, Bruder & Kroese 2005, Calderbank 2000, Copel 2006, Cramer et al 2003, Csoboth et al 2005, Curry et al 2003, Fawcett 2002, Hassouneh-Phillips 2005). The use of the term "abuse" instead of "violence" however can serve to minimise the severity of the crime against the disabled person (Tyiska 2001, Sanders 1997, Sinason 2002, Sobsey 1994, Luckasson 1999, Sherry 2003) and can be used to de-criminalise or trivialise serious offences.

Violent crimes against disabled people is often termed "abuse", "misconduct", "neglect", "maltreatment" and "incidents"—euphemisms that provide a rationale for reclassifying serious crimes (particularly those committed within services and institutions) into mere "administrative infringements" (Sobsey 1994). Defining crimes such as rape, sexual assault, battery, as "abuse" rather than as crimes subject to the criminal system "**only serves to make crimes against disabled people truly invisible"** (Sorensen 1997:661).

The use of the term "abuse" in relation to violence against children and adults with disabilities, is also seen as part of the medicalisation of the experience and the devaluing of disabled people (Sinason 2002, Sherry 2003). The term is seen as a "**ubiquitous metaphor for experiences of disability oppression"** (Sherry 2003:16) which "**downplays the seriousness of assaults on the safety, dignity and integrity of women with disabilities"** (Brown 2004:41).

The Australian Context.

In Australia, there is no uniform definition or understanding of what constitutes violence against women (ABS 2006). Generally, it is understood in the context of "domestic", "spousal" or "family" violence. The legal definition of domestic violence for example, varies across jurisdictions because of differences in legislation. In 1997, the Australian Government's National Partnerships Against Domestic Violence Strategy developed a Statement of Principles which was agreed to by each State and Territory Government. This Statement defined domestic violence as: "**an abuse of power perpetrated mainly (but not only) by men against women both in a relationship or after separation"**. Under this Strategy and in response to the significant variations in legislation between Australian States and Territories, the Australian Government began work to develop a Model Domestic Violence Law in 1997 to address the need for "comprehensive and cooperative action" by Australian governments (Partnerships Against Domestic Violence 1999). Despite the development of a Model Domestic Violence Law in 1999, this work has not progressed and each State and Territory in Australia continues to have its own definitions and legislation.

Some Australian States and Territories have legislation which deals with domestic situations and non-domestic situations in separate pieces of legislation; others have continued to include domestic violence within the Criminal Code and other Acts (Tasmanian Government 2003). Most of the legislation defines what constitutes a "domestic relationship" and some of these definitions are more inclusive than others, including for example, gay,

lesbian and transgender relationships, siblings, children, non-partner family members, and so on. Some also include "informal care relationships" which apply to domestic support and personal care relationships provided without fee or reward, and which are not under an employment relationship between the persons; and/or not on behalf of another person or an organisation (Tasmanian Government 2003).
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Despite the many and varied definitions within the various Australian laws of what constitutes domestic violence, family violence, domestic relationships, significant persons, relevant persons and so on, the current laws do not contain definitions which specifically encompass the range of domestic/family settings in which women with disabilities may live (such as group homes, institutions), nor do they contain definitions which capture and encompass the various forms of violence as experienced by women with disabilities. Because these experiences may not fit either traditional, or contemporary definitions, violence against women with disabilities often goes unidentified (WWDA 2004, Gilson et al 2001). It is nominally possible for women with disabilities who experience violence to take measures such as apprehended or personal violence orders. In practice however, for women with intellectual disability who live in group homes for example, recognition of the specific support needs of such women is limited and their access to effective protection, rather than promoted by legislation, is dependent on mediation and intervention by others such as staff or carers, who may also be perpetrators.

In order to accomplish any appreciable reduction of violence against women with disabilities, it is necessary to understand its complexity. Causes, interventions and prevention strategies are contingent upon the validity of definitions available. Moreover, these definitions should incorporate the structural roots of violence against women with disabilities so that meaningful analysis can be conducted (Cunningham 2000). Such understanding and the strategies they enable must also be based on a clear understanding of the prevalence and intensity of such violence, factors that intensify disabled women's vulnerability to it and the barriers to developing a clear picture of its incidence in our communities.

Section two
incidence and prevalence of violence

There is a significant amount of published literature focusing on violence against women but only a limited amount specifically addressing violence against women with disabilities (Roberto & Teaster 2005). Within this specific field several core studies are regularly cited (Nosek et al 1997, 2001, Young et al 1997, Swedlund & Nosek 2000, Gilson et al 2001) with research primarily focusing on either women with physical disabilities or women with developmental disabilities (Elman 2005). Overall, most research addressing violence and women with disabilities comes from North America with limited work available concerning such violence in developing countries and across cultures. Work in this area is starting to emerge (Mohapatra & Mohanty 2004), largely undertaken by women with disabilities themselves.

Themes Emerging from Research.

Although the actual prevalence of violence against women with disabilities is unknown, an examination of the available research reveals several common general themes. These indicate that compared with women who do not have disabilities:

- •the prevalence of violence against women with disabilities is generally higher.
- •women with disabilities are at a significantly higher risk of violence and abuse.

- •violence experienced by women with disabilities is likely to be more frequent and more severe.
- women with disabilities are especially disadvantaged in their access to the criminal justice system and gender-based violence support services.

These themes are exemplified in recent international work including a study of 7,027 Canadian women living in marital or common-law union which examined the risk for partner violence against women with disabilities relative to women without disabilities. Findings suggest that women with disabilities had 40% greater odds of violence, and appeared to be at particular risk for severe violence (Brownridge 2006). A further Canadian study focusing on violence and victimisation, determined the prevalence of intimate partner violence was higher among women reporting activity limitations than those without (Cohen et al 2005).

Work in South Africa has examined the nature of violence against women with disabilities and the barriers they face when seeking assistance. Findings indicate that such women are extremely vulnerable to gender-based violence, that the violence and abuse they confront is shaped by the nature and form of their particular disability, and that they are especially disadvantaged in their access to the criminal justice system and gender-based violence support services, as compared

to women without disabilities (Naidu et al 2005). The recently released United Nations "**In-depth study on all forms of violence against women"** (2006) found that more than 50% of women with disabilities have

experienced violence, compared to one-third of non-disabled women. The study also found that many forms of violence experienced by women with disabilities are under-documented.

The annotated bibliography provided at the end of this document reports on a range of studies which further exemplify these themes (See Barile 2002, Curry et al 2001, Nosek 2003, Nosek et al 2001, Jans & Stoddard 1999, Myers 1999, Powers et al 2002, Sobsey 1994, Merkin & Smith 1995, Gill 1996, Feurstein 1997, Hassouneh-Phillips & Curry 2002, Frank et al 2006, Gilson et al 2001, Zavirsek 2002, NCGV 2004). Evidence from these studies suggest that government and non-government organisations must be challenged to conceive of women with disabilities as citizens with rights and entitlements, rather than dependants in need of charity and special care. Seen in this way, addressing the intersections between disability, gender and violence becomes less an act of charitable kindness than a social imperative.

Violence Against Women with Developmental Disabilities

Research into violence against people with disabilities has focused on the experiences of sexual abuse among children and adults with developmental disabilities (Curry et al 2001, Roberto & Teaster 2005, Sobsey & Doe 1991, Petersilia 2001, Horner-Johnson & Drum 2006, Furey 1994, Joyce 2003). Offering an analysis of known cases of sexual abuse amongst people with developmental disabilities, these studies highlight the facts that:

- women with developmental disabilities have a very high likelihood of becoming the victim of abuse.
- most perpetrators of violence against women with developmental disabilities are known to them and are likely to be other service users, service providers or family members.
- treatment and response services to sexual assault on women with developmental disabilities are often inadequate or absent.

The high incidence of violence against women with developmental disabilities, particularly sexual violence has been reported in a range of studies (Westcott 1993, McCarthy 2000, Sobsey 2000, Carlson 1998, Emanuel 2000). It has been estimated that close to 80% of women with developmental disabilities have been sexually assaulted at some point in their lives (Sorensen 2002, Stromsness 2003, Lumley & Miltenberger 1997, Hard 1986) and that women with developmental disabilities are four to 10 times more likely to be sexually assaulted as other women (Sobsey 2000, Wilson & Brewer 1992).

The annotated bibliography provided at the end of this document outlines these and a range of other studies which exemplify the above themes - notably Sobsey & Doe (1991) who were among the first to report the patterns of sexual abuse and assault among children and adults with developmental disabilities in Canada. Their findings have been mirrored in studies in the USA (Furey's 1994) and in the UK (Brown, Stein & Turk 1995). This UK study found that men were as likely as women to be identified as victims. The authors suggest that may be explained by an increased willingness to acknowledge male sexual abuse, rather than an actual

decrease in the incidence of abuse among women. In general, evidence emerging from the range of research undertaken in the area of violence and women with developmental disabilities suggests that such women represent a particularly vulnerable subset of an already highly at risk population.

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Violence Against Women with Physical Disabilities

Research into violence against women with physical disabilities forms a significant proportion of the available research in the field of gender, disability and violence. The work of Margaret Nosek and colleagues from the Centre for Research on Women with Disabilities (CROWD) in Texas, USA is frequently cited as the most comprehensive source of information in the field. Their sustained program of quantitative and qualitative research known as the "**Violence Against Women with Disabilities"** project (Nosek 1996, Curry et al 2001, Nosek et al 2002, Nosek et al 2003), together with work by a range of other researchers (Young et al 1997, Saxton et al 2001, McFarlane et al 2001) has identified a range of issues that differentiates the experience of violence by women without disabilities from that of women with physical disabilities who:

- experience a range of forms of violence including sexual, physical and emotional abuse.
- are more likely to be abused by a greater number of perpetrators, including health care workers and attendants.
- are more likely to experience abuse for a longer duration.

- experience a range of risk factors that increase their "vulnerability" to violence.
- experience greater stress and other effects as a result of violence.
- •have fewer options for escaping or resolving abuse.

In terms of incidence, early research in Canada suggested that 40% of physically disabled women had experienced abuse and 12% had been raped. Spouses and ex-spouses were identified as the most common perpetrators (37%), followed by strangers (28%), parents (15%), service providers (10%) and dating partners (7%) (Riddington 1989). Of the survey respondents, 15% reported that no services were available to assist them or that they were unsuccessful in their efforts to obtain services. Subsequent research indicated that up to 40% of women with disabilities in Canada have experienced some form of violence (Masuda 1995).

Qualitative research undertaken as part of the "**Violence Against Women with Disabilities"** project explored the dynamics of abuse in the context of disability, using in-depth interviews of women with physical disabilities who had experienced and resolved violent relationships. These yielded information about childhood experiences that appeared to increase the woman's vulnerability for abuse and identified multi-dimensional factors in adulthood that contributed to the continuation of abusive relationships such as abuse of alcohol and other drugs, lack of education, and untreated depression. Women with physical disabilities who are younger, more educated, less mobile, more socially isolated and who have higher levels of depression may have a higher likelihood of experiencing abuse (Nosek et al 2002). They may also be at risk of greater stress if they lack

social support, experience high levels of pain, and/or have current abusive experiences. Perceived stress appeared to be greater for women who are younger, have less income, lower levels of mobility and greater need for personal assistance services (Hughes et al 2005).

Risk factors that increase the "vulnerability" of women with disabilities to violence have also been identified. Disability-related vulnerability factors include inability to escape a situation due to architectural inaccessibility, lack of adaptive equipment, social stereotypes of vulnerability, increased risk in institutional settings, increased exposure to medical settings, and dependence on perpetrators for survival activities (Nosek 1996). An examination of the relationship of low sexual and body esteem to intimate partner abuse in women with physical disabilities has indicated that women with high degrees of physical impairment are more likely to perceive themselves as sexually inadequate and unattractive than women with mild impairment. These negative perceptions, when combined with a strong desire to be partnered, increased women's vulnerability to getting into and staying in abusive relationships over time (Hassouneh-Phillips & McNeff 2005).

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The "**Violence Against Women with Disabilities"** project used a range of evidence to develop an abuse screening tool for use in service or clinical settings. Evaluation of the outcomes of use of the Abuse Assessment Screen Disability (AAS-D) found that women defining themselves as other than black, white, or Hispanic (ie, Asian, mixed ethnic background) were

more likely to report physical or sexual abuse or both, whereas disability-related abuse was reported almost exclusively by white women. The perpetrator of physical or sexual abuse was most likely to be an intimate partner. Disability-related abuse was attributed equally to an intimate partner, a care provider, or a health professional. This study concluded that both traditional abuse-focused questions and disability-specific questions are required to detect abuse toward women with physical disabilities (Nosek et al 2002, McFarlane et al 2001).

The effects of violence against women with physical disabilities has also been considered, although these tend to focus on a particular "type" of effect, such as depression, anxiety, pain etc. One study of abuse and other health concerns of women with physical disabilities reported high levels of perceived stress and pointed out that women who are limited by pain, lack social support and/or have recent experiences with abuse are at particularly high risk of stress (Hughes et al 2005). A comparison of the psychological and physical sequelae of physical/sexual intimate partner violence in women with and without activity limitations found that as a result of the violence, women with activity limitations were significantly more likely to feel shame/guilt, depression/anxiety, fearful, a lower self esteem, increased caution, and problems relating to men. In addition women with physical disability reported physical injury from violence, higher medication use, anxiety and depression (Forte et al 2005). In a consideration of the broader impact of violence or its threat, one study in the UK identified violence and lack of protection as a issue which prevented young women from achieving independent living and greatly restricted the lifestyle of

many who lived apart from their parents (Hendey & Pascall 1998).

Only a small proportion of women with physical disabilities seek and receive adequate help when in situations of abuse. Reasons for not seeking help include being unaware of where to get help, feeling guilty that it was their fault, fear of the perpetrator, fear of not being believed and concern that crisis services would lack appropriate accommodations (Milberger et al 2003). In addition, women's fear of retribution, her health, and the lack of mobility/transportation can affect the likelihood she will be able to seek help (Nosek et al 2002). The studies presented here bring together clear evidence that the effect of violence is intensified for women with physical disability, its impacts reach beyond the personal, physical and psychological and the experience of disability can increase vulnerability to experiencing abuse.

Violence Perpetrated by Personal Assistance Providers

One particular experience common to many women with disability is a reliance on personal assistance providers (both formal and informal) for support in their daily lives. While respectful and supportive assistance should be expected, studies have suggested that women with disabilities who rely on personal care assistance are likely to be subject to frequent abuse (Saxton et al 2001, Powers et al 2002, Strand et al 2004). Typically, 30% of respondents in one study reported mistreatment from their primary provider and 61% reported mistreatment by another provider (Oktay & Tompkins 2004). Issues relevant to the likelihood of abuse in relationships

between women with disabilities and their personal assistance providers include:

- social and personal boundary confusions and power dynamics;
- difficulties in recognising, defining and describing abuse in the personal assistance relationship;

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- the complexity of using family and friends as providers;
- barriers to responding to abuse;
- limited awareness of strategies to prevent and manage abuse.

Where such abuse does occur, women with disabilities have reported the range of specific forms perpetrated by personal assistance providers. Most common are neglect and poor care, verbal abuse and threatened and actual physical abuse (Oktay & Tompkins 2004). In addition rough treatment, inappropriate sexual touching, financial abuse, alteration of medications, theft and denying choices have also been reported (Powers et al 2000). No significant relationships have been found between the age, gender or home arrangements although women with lower incomes were most likely to experience mistreatment (Oktay & Tompkins 2004).

A Swedish survey of staff in care settings for adults with intellectual disability corroborates the reports of women with disabilities themselves. Strand et al (2004) reported that thirty five percent of staff respondents admitted they had been implicated in or witnessed a violent incident towards an adult person with intellectual disability and

14% of the staff members admitted they themselves had been the perpetrators.

Management of personal assistance provider abuse is complicated by a range of factors which relate to the nature of the care provision sector itself. There is a recognised shortage of qualified assistance providers and a lack of back-up providers likely due to the low wages paid in the sector. This results in limited choice for many women who rely on care provision and a fear that reporting abuse may result in provider backlash and withdrawal of services (Powers 2002). Whether a result of these limitations or embarrassment on the part of women with disabilities who find themselves in such a predicament, clearly abuse by personal assistance providers takes many forms and poses significant obstacles to women's capacities to live independently, to care for their own health and to work.

Violence in Institutional Settings

Institutional care for women and girls with disabilities can include an array of living arrangements and related programs, such as group homes, hospitals, foster care, residential schools, day support programs, respite care settings, prisons and a host of other environments. Extensive and documented research of more than 30 years points to the fact that institutions and institutionalised living are in themselves, causal factors in the presence and perpetration of frequent and sustained forms of violence against persons who are devalued and vulnerable, and create a climate in which violence goes unreported (Sobsey 1994, Roeher Institute 1994, White et al 2003, QAI 1998, Stewart 1998, Waters 2004). While much of the evidence

available is not gender specific, women and girls with disabilities make up part of the population of virtually all institutional settings.

Institutions have a long history of violence and it is clear that an entrenched culture of violence continues to exist in both public and private institutions today. For example, a recent investigation by Mental Disability Rights International into institutions in Turkey, found intellectually disabled girls and boys bedridden with plastic bottles permanently duct taped over their hands to stop them scratching or biting themselves due to boredom: "**I was in what they called the "hyperactive ward" and this girl who looked at least ten or eleven years old and had outgrown the crib, was tied down at the waist to the bed. Her arms and legs were tied down and she had something wrapped around her head and plastic bottles over her hands"** (MDRI 2005:19). The investigators also found evidence of disabled girls and boys dying from starvation, dehydration and lack of medical care (MDRI 2005).
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Violence against people with disabilities in institutions is not restricted to developing countries. In 2003, mentally and physically disabled children and adults in residential care in Queensland, Australia were locked in cages and physically and sexually abused (Bottom 2003). In Australia in 2004, two disabled residents were removed from a state run residential service after it was discovered that they had been abused and neglected by staff while in state care (Paine 2004). A review by the New South Wales Government examined reported incidents involving abuse and lack of care in Government run group homes across the State between

2004-2006. The review examined all reported incidents that resulted in investigations and found that one in 50 disabled people in Government-run homes across New South Wales were suspected of having been abused while in care. The main causes of abuse were the use of casual staff, lack of supervisors, nepotism and factionalism among staff, and lack of training (Pearlman 2007, Horin 2007). These are not isolated incidents. Advocates of people with disabilities abused in institutions reported being told by Disability Services Queensland that a certain level of abuse in groups homes was commonplace and to be expected (Wenham 2006).

Violence Against Indigenous Women with Disabilities and Women with Disabilities from Non-English Speaking Backgrounds

Most of the published literature dealing with violence against women with disabilities focuses on the issue as it occurs within developed nations and deals primarily with intimate partner violence and violence perpetrated by caregivers. Because of our national make-up, of particular interest to the Australian experience, is the issue of violence against Indigenous women with disabilities or women with disabilities from non-English speaking backgrounds. Very little information exists in this area.

The Australian Bureau of Statistics (ABS) has estimated that the Aboriginal and Torres Strait Islanders make up 2.4% of the Australian population (458,500 people), with slightly more Indigenous women (230,994) than men (227,562). It is estimated that just over one-third of Indigenous Australians have a disability or long-term

health condition (HREOC 2006). It is widely recognised that Indigenous people suffer violence at significantly higher rates than non-Indigenous Australians and that this situation has existed for decades with no identifiable improvement (Memmott et al 2001, HREOC 2006).

Indigenous concepts of violence are broader than mainstream definitions of domestic violence, therefore the term family violence is considered to reflect the experience of Indigenous people more accurately. Family violence goes beyond physical abuse to include emotional, social, economic, spiritual, cultural and institutional dimensions (HREOC 2006). As Simpson (1993:157) points out: "**It is violence to move people forcibly from their place of birth and to dump them in strange places ... It is violence to separate family members by policy ... It is violence to classify by race in order to deny privileges to some and heap privileges on others".**

Understanding the centrality of culture to Indigenous women is critical to understanding what constitutes family violence (Atkinson 2003). According to Bennett (1997:159) "**Strategies for addressing family violence in Indigenous communities need to acknowledge that an Indigenous woman may be unable or unwilling to fragment her identity by leaving the community, kin, family or partners as a solution to the violence"**. Many of the current approaches to domestic violence, underpinned by western models of female oppression do not resonate with the Indigenous experience (HREOC 2006). Rather than sharing a common experience of sexism binding them with other women, for Indigenous women the stronger ties may be those that bind them to their community, including the

men of that community. Historical and contemporary experiences must

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be considered when addressing family violence. Well-intentioned but inappropriate solutions to issues, as Atkinson (2003:159) points out, "**can create further problems for subordinated groups within a society particularly when the "solutions" are based in a systemic structure that has functioned abusively on the subordinated group"**.

There is an absence of research or information available in Australia on violence against women with disabilities from non-English speaking backgrounds. People from non-English speaking backgrounds make up 24.5% of the total population (NEDA 2005). Despite the fact that there are no statistics available on disability and ethnicity, it is estimated that 4.9% of Australians are from non-English speaking backgrounds and have a disability (NEDA 2005).

The discussion above has highlighted the diversity of experience of the group that is women with disabilities. It has identified key issues relevant to the incidence and prevalence of violence and abuse as it is experienced and responded to by such women. The next section highlights the record of Australian governments and advocacy bodies in identifying and responding to its presence and incidence in our community.

The Australian Situation. Government Initiatives

The most immediate and apparent finding in researching and analysing violence against women with disabilities in

Australia, is the limited information available on any aspect of the issue. This neglect in research of women with disabilities was recently highlighted by the United Nations Committee on the Elimination of All forms of Discrimination Against Women (CEDAW), in its assessment of the Australian Government's Report "**Women in Australia"** (the combined Fourth and Fifth Reports on Implementing the United Nations Convention on the Elimination of All forms of Discrimination Against Women (CEDAW):

> " **... The Committee regrets the absence of sufficient information and data on women with disabilities. The Committee requests the State Party to include adequate statistical data and analysis, disaggregated by sex, ethnicity and disability, in its next report so as to provide a full picture of the implementation of all the provisions of the Convention. It also recommends that the State Party regularly conduct impact assessments of its legislative reforms, policies and programmes to ensure that measures taken lead to the desired goals and that it inform the Committee about the results of these assessments in its next report."**
>
> " **... The Committee is further concerned that the health needs of disabled women are inadequately met due to the lack of special equipment and other infrastructure ... The Committee recommends that the State Party develop the necessary infrastructure to ensure that disabled women have access to all health services."** (CEDAW Concluding Comments February 2006:3,5)

There is no data collection in Australia on violence against women with disabilities. The main indicators available to date are from the 1996 Australian Bureau of Statistics (ABS) Women's Safety Survey which gathered information about women's experiences of violence, and the 2005 ABS Personal Safety Survey, which gathered information about women's and men's experiences of violence. Both the ABS Surveys (1996, 2005) appear limited in providing a sufficiently

comprehensive picture of violence against women (Mulroney 2003, Phillips & Park 2004, 2006, Flood 2006). National disability organisations have called for a widening of the ABS Personal Safety Survey data collection to include information on violence against women with disabilities (WWDA 2004, PWDA 2004). In addition, there is a need for further qualitative studies to expand on the Survey results, including information about women with disabilities.

In 1990 the Australian Government established a National Committee on Violence Against Women (NCVAW) to "**initiate research, coordinate community education and act as a forum for national consideration of legal, policy and program issues"** (Putt & Higgins 1997:xiii). The NCVAW commissioned a project to examine the effectiveness of service delivery to women with disabilities who experience violence, representing an acknowledgment by the Australian Government that violence against women with disabilities was an issue. The study looked at access to police, legal and support services and used a qualitative framework to interview women with disabilities, service

providers, relevant government agencies and non-government organisations. The major recommendations pertain to: data collection, training of service providers, funding for disabled women's organisations, and the need for women's refuge and crisis/emergency services to reorient their services and practices to be inclusive of women with disabilities. The NCVAW was wound up in 1993.

In 1996, the New South Wales Government funded a small research project to investigate access for women with disabilities to existing assault services. Interviews with women with disabilities, carers and organisations identified key issues such as lack of understanding by service providers of the intersections between gender, disability and abuse; the discriminatory culture within services; lack of information for women with disabilities about abuse; and lack of access to services. Recommendations centred on empowerment, access to quality services and advocacy (NSW Department for Women 1996).

Australian Research

The limited and dated work undertaken by Governments, are supplemented by a small number of research studies into violence against women with disabilities in Australia. This lack of research has been identified by several writers as a major concern for some time (Sceriha 1996, Chenoweth 1997, Howe 1999, Cattalini 1993). The small number of research studies on violence against women with disabilities have tended to be one-off, short term, small scale, and localised to a particular State/Territory or region.

Examples of the work undertaken include an examination of the experiences of women while inpatients in a psychiatric hospital. This study uncovered the occurrence of sexual abuse and made evident the failure of the system to respond to that abuse. Both lack of awareness of the reality of sexual abuse and active resistance to the actuality of sexual abuse occurred at many levels within the hierarchy of psychiatric services resulting in the suppression of victim's accounts and any knowledgeable discussion about the subject (Davidson & McNamara 1999, Davidson 1997). Identification of the barriers facing women with an intellectual disability when making a statement about sexual assault to police was undertaken by interviewing sexual assault workers and police officers in New South Wales. While the study found that women with intellectual disabilities face significant barriers in successfully making statements to police following a sexual assault, the omission of the views of the women themselves is a significant limitation. In addition, despite policies and procedures being in place for police to follow, the level of awareness and implementation of these is low (Keilty & Connelly 2001).
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Similarly localised, Cockram's (2003) work documenting the nature and extent of family and domestic violence against women with disabilities in Western Australia sought to ascertain whether the needs of women with disabilities were being adequately addressed by relevant services. The accounts of women with disabilities who have histories of family and domestic violence coupled with information from service agencies, highlighted discrimination against such women by service providers across a range of sectors. In many cases service providers perceived women with disabilities as: "too

hard", "problematic", "hard to serve", "too difficult to take", "incredibly hard to work with" and "time consuming" (Cockram 2003). Studies of this type, while having limited or local applicability, serve to acknowledge that such biases and behaviours amongst professional service providers may support the root cause of the very problem which workers and services are meant to be addressing.

This section has highlighted the complexities inherent in measuring the prevalence and incidence of violence against women with disabilities. It has identified a range of circumstances experienced by women with disabilities which increase their vulnerability to violence and abuse including particular forms of impairment, the presence of personal assistance providers and the intersection of other forms of social disadvantage including an indigenous or other minority cultural background. It has also offered a synthesis of the Australian situation and highlighted the limited and fragmented capability within the Australian framework to construct a clear picture of the prevalence and incidence of violence against women in our communities.

Section three
forms and effects of violence

"I never knew it wasn't supposed to hurt when someone combed my hair". (in Curry 2002:4)

Forms of violence affecting women with disabilities.

The nature of violence against women and girls with disabilities incorporates a significant range of injustices and maltreatment, contributing to this global problem of "crisis proportions" (Nosek et al 2003). It is a human rights violation with legal, social, cultural, economic and psychological dimensions. Despite increasing global recognition of, and attention to gender based violence as the "**most widespread human rights abuse in the world"** (Krug et al 2002, UNFPA 2005, Amnesty International 2006), it continues to thrive in a culture of silence, denial and apathy.

It has been suggested that a prime condition accounting for the presence of violence against women in almost all societies is patriarchal power—when male control of females is widely accepted and culturally condoned, violence against women is legitimised (UNFPA 2003). Across a range of countries and cultures, women and girls with disabilities are vulnerable to discrimination and negative stereotypes from both a gender and disability perspective. These conditions can legitimise a multiplicity of abuses and account for the lack of

recognition of and response to the issues by governments.

Disabled women and girls can experience violence from birth. In some societies, the practice of "infanticide" (also known as "mercy killing") still occurs, where disabled children may be killed either immediately at birth or at some point after birth; and sometimes years after birth. Disabled girl infants and girl children are much more likely to die through "mercy killings" than are boy children of the same age with comparable disabling conditions (UNICEF 2005). Girls with disabilities are often deliberately neglected within their own households, through receipt of less food, medical care or other life sustaining services. In a number of countries, disabled girls and boys are regularly used to generate income through begging. Some are placed on the streets to beg by their own families, some are sold by their families to others who keep stables of disabled children in organised rings of beggars (UNICEF 2005). Disabled girls used as beggars are often subjected to physical abuse and torture in order to make them appear more pathetic and worthy of charity (Wonacott 2004). In many parts of the world, disabled girls are sold into prostitution by poor families to raise money to meet basic needs or to simply rid them of the burden of caring for a disabled girl child (Rousso 2003, NYOF 2004). Disabled girls may also be considered "good catches" by prostitution rings as their disabilities can prevent them from escaping (Rousso 2003).

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Harmful traditional practices, such as female genital mutilation (FGM), dowry murder, honour killings and forced marriage are practices which are widely

recognised as causes of death and disabilities for millions of girls and women annually (UNIFEM 2005). Although female genital mutilation occurs primarily in African countries, it also occurs among some minorities in Asia and immigrant communities in Europe, Canada and the US (UNIFEM 2005). An estimated 130 million women have undergone FGM and an additional two million girls and women are being subjected to it each year (UNIFEM 2005, World Bank 2006).

In the developing world, where cultural practices and poverty lead to forced and/or early marriages and early pregnancies, at least two million girls are disabled by the consequences of obstetric fistula. Girls and young women suffering from fistulas are ostracised by their communities and abandoned by their families, forcing many to become beggars (UNICEF 2006, UNFPA 2006).

Honour killing is the practice of killing girls and women who are perceived to have defiled a family's honour by allegedly engaging in sexual activity or other improprieties before marriage or outside of marriage. The girl is killed to restore the family's honour. Documented honour violations have included engaging in an elicit sexual relationship, eloping, being raped, being sexually abused by a family member, seeking divorce, and being seen alone with a man or a boy (YAPI 2000). A study of female deaths by murder in Alexandria, Egypt, found that 47% of the women were killed by a relative after they had been raped (Mercy et al 1993). In Pakistan in March 1999, a 16 year old intellectually disabled girl was repeatedly raped by a government employee. The girl's uncle reported the rape to police who held the girl in protective custody before releasing her to her tribe, the Mazuzai. The tribal leader

concluded that the only way to restore the tribe's honour was to kill the girl for the shame she brought on the tribe. At a tribal gathering, the girl was shot dead (Amnesty International 2000).
Today, approximately half of the 40 million people living with HIV are women, and they are now being infected at a higher rate than men. Seventy-seven per cent of all HIV-positive women in the world are African (UNFPA 2005, UNICEF 2006). Women and girls are not only becoming disabled by HIV/AIDS, but disabled women and girls are also experiencing widespread, targeted sexual violence due to the folk-myth that having sex with a disabled woman (assumed to be a "virgin") cures HIV (Groce & Trasi 2004, Charowa 2005, UNICEF 2005, Rousso 2003, Human Rights Watch 2006). The Global Survey on HIV/AIDS and Disability found reports of virgin rape of disabled individuals in association with HIV/AIDS in 14 of the 21 countries reviewed. Moreover in 12 of those 14 countries, from sub-Saharan Africa, south and south-east Asia, North America and Europe, more and more such rapes have been reported in recent years. For example, a wheelchair user from Southern Africa reported being raped three times within a month by men from her neighbourhood who believed themselves to be HIV positive (Groce 2004).

Girls and young women with disabilities throughout the world continue to be unlawfully sterilised. Some countries continue to enforce mandatory sterilisation and abortion for people with hereditary mental illness and genetic physical disability while other countries have a requirement for involuntary sterilisation of some categories of women with disabilities (Dowse & Frohmader 2001, Ghai 2002). In both developing and industrialised nations, disabled girls as young as seven

or eight continue to be sterilised without their consent (UNICEF 2005, Mohapatra & Mohanty 2004).

Pervasive and negative stereotypes and myths about people with disabilities are recognised as being a fundamental factors that perpetuate and contribute to violence against people with disabilities (DAWN 2002, Barnes 1992, 1997, Sobsey 1995, Shakespeare 1996, Rousso 2001, Nosek et al 1997, Curry et al 2001). According to Barnes (1992:16) "**disabling stereotypes which**

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medicalise, patronise, criminalise and dehumanise disabled people abound in books, films, on television, and in the press. They form the bedrock on which the attitudes towards, assumptions about and expectations of disabled people are based. They are fundamental to the discrimination and exploitation which disabled people encounter daily and contribute significantly to their systematic exclusion from mainstream community life".

Women with disabilities may be stereotyped as passive, asexual, dependent, (Nosek et al 1997, Curry et al 2001, Meekosha 2004), compliant (Carlson 1997), sick, child-like, incompetent and helpless, (Rousso 2001, Crawford & Ostrove 2003), powerless (Chang et al 2003) or insecure (Calderbank 2000). Alternatively, women with developmental disabilities in particular may be regarded as overly sexual, creating a fear of profligacy and the reproduction of disabled babies, often a justification for their sterilisation. These perceptions, although very different, can result in women with disabilities being stripped of traditional female roles such as mother, lover, wife, caregiver (Rousso 2001, Curry et al 2001).

Structural, Cultural and Contextual Factors

There is a need to consider the structural causes of violence experienced by women with disabilities. Structural violence occurs when people are harmed because of inequitable social arrangements (Turpin & Kurtz 1997). According to Epp and Watkinson (1997:2) structural violence is "**any institutionalised practice or procedure that adversely impacts on disadvantaged individuals or groups."**

Structural violence differs from the other types of violence in that power relations within it are subtle and submerged. Furthermore, structural violence is frequently initiated and maintained by existing systems rather than identifiable individuals or groups. It produces disability, suffering and death just as often as direct violence does, although the damage is slower, more subtle, more common and more difficult to address (Winter & Leighton 1999). In essence, structural violence is built into the fabric of society based on norms and traditions that subjugate one group in favour of another. Structural violence generates its consequences through the state, its social institutions, and through the collective psyche.

Much of the published research on violence against women with disabilities tends to focus exclusively on the individual and/or micro level. For example, research that focuses on the behaviours or lifestyles that place women with disabilities "at risk" of violence, fails to recognise that risk is not determined solely by individual behaviour and that susceptibility to violence for women with disabilities is aggravated by social factors such as

discrimination and poverty. Few researchers have considered structural causes of violence experienced by women with disabilities the world over—including for example, exclusion from the labour market, inadequate income support, lack of access to public services (such as health, housing, legal, transport), denial of educational opportunities, lack of access to full citizenship, lack of access to information, denial of the right to bear children and parent, and more.

Ignoring the intersection of women with disabilities and social structures has serious ramifications for studies on violence against women with disabilities, in that analyses will be short-sighted and incomplete at best (Cunningham 2000). It is clear that violence against women with disabilities is complex in nature and takes a number of forms. It can be perpetrated not just by an intimate partner or spouse but by relatives, caregivers (paid and unpaid, male and female), co-patients, residential and institutional staff, service providers, strangers, institutions, and social structures. Violence against women with disabilities is legitimised and perpetuated by cultural beliefs, norms, and social institutions.
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It is also clear that issues of abuse, neglect, discrimination and omission can provide the conditions and contexts that deny human rights and also lead to violence. Examples include: failure to provide adequate support, food, shelter, clothing or hygienic living conditions; failure to provide required medical care; denial of access to services or information; denial of control over finances; illegal, improper use and/or

mismanagement of a person's money, property, assets or resources (SafePlace 2005, Penno et al 2000). Having canvassed the overall character of violence against women with disabilities and the nature of its overt and covert conditions this section now identifies the forms of violence which can be unique or specific to women due to the presence of impairment.

Physical violence

Physical violence includes all types of assaults and torture as well as administration of poisonous substances or inappropriate drugs. It can also include deprivation or withholding of sustenance, equipment, medications, or transportation or the refusal to provide assistance with essential needs. In terms of treatment approaches, violence encompasses inappropriate behaviour modification; confinement, experimental treatment, control of/use of/alteration of equipment and the use of chemical or physical restraint (Waxman-Fidducia & Wolfe 1999, Saxton et al 2001, Curry 2002, Beck-Massey 1999, Erwin 2000, Gilson et al 2001, Greenley et al 2004, Nosek et al 2003, Hoog 2003, Powers & Oschwald 2004, DAWN 1994, WWDA 2004).

Sexual violence

Sexual violence is non-consensual sexual contact of any kind including sexual contact with a person who is incapable of giving consent. The use of emotional or physical violence to force another person to engage in sexual activity also constitutes sexual violence. For women with disabilities this may also include the demand or expectation of sexual activity in return for help, and forced sexual activity that takes advantage of

physical weakness or an inaccessible environment. Roughness with intimate body parts and being left naked or exposed are also commonly experienced. The denial of a range of rights including rights to sexuality, to sex education and information and to appropriate reproductive health care is also common. Finally forced/involuntary sterilisation, forced/coerced abortion and menstrual suppression are recognised as forms of sexual violence (Curry 2002, Beck-Massey 1999, Waxman-Fidducia & Wolfe 1999, Saxton et al 2001, Erwin 2000, Gilson et al 2001, Greenley et al 2004, Nosek et al 2003, Hoog
2003, Powers & Oschwald 2004, CASA 2006, DAWN 1994, WWDA 2004).

Emotional or Psychological Violence

Emotional or psychological violence refers to the infliction of anguish, pain, or distress through verbal or non-verbal acts and/or behaviour. It results in harm to a person's self-concept and mental well-being as a result of being subjected to behaviours such as verbal abuse, continual rejection, withdrawal of affection, physical or social isolation and harassment, or intimidation. For women with disabilities emotional or psychological violence may also include denial of disability, threats to withdraw access to care and/or services, ignoring requests for assistance and violations of privacy. Women with disabilities are also vulnerable to a range of threats such as that of punishment or abandonment, institutionalisation, and the removal of children (Saxton et al 2001, Powers & Oschwald 2004, Curry 2002, Beck-Massey 1999, Erwin 2000, Gilson et al 2001, Nosek et al 2003, Hoog 2003, Waxman-Fidducia & Wolfe 1999, Greenley et al 2004, DAWN 1994, WWDA 2004).

Control of Reproduction as a Form of Violence

The control of disabled women and girls" reproduction and menstruation is a form of sexual violence that is rarely considered within the published literature on violence against women with disabilities, despite the fact that involuntary or forced sterilisation has been recognised as a critical human rights issue facing women with disabilities in a variety of international contexts including the United Nations and within international disability and women's right's forums (Dowse & Frohmader 2001).

Forced sterilisation refers to medical procedures, which permanently remove an individual's ability to reproduce, and are conducted without the consent of the individual (Dowse & Frohmader 2001, Dowse 2004). In countries across the world, governments, medical, legal and other professionals, families, advocates and carers, continue to promote sterilisation as being in the "best interest" of disabled women and girls (Diekema 2003, Brady, Briton & Grover 2001, Raye 1999, Dowse 2004). In reality this justification often has more to do with eugenic fears that disabled women may produce disabled children; the best interest of the state, community or family or the social control of the unruly bodies of disabled women and girls (Brady & Grover 2001:1).

Forced sterilisation can also increase the risk of other forms of sexual violence against women and girls with disabilities. Young disabled women and girls who have been sterilised are less likely to receive education and

skill development in sexual abuse, sexuality, protective behaviours and assertiveness because there is no risk of pregnancy (Brady 2001, Dowse & Frohmader 2001, Sobsey & Doe 1991). According to Dowse & Frohmader (2001:17) "**sterilisation can inadvertently serve to cover up the sexual abuse of women with disabilities, since pregnancy is often the only clear evidence that sexual abuse has occurred . ... others may know she had been sterilised and she may be seen as a safe target"**. Sterilisation can also contribute to "a cycle of health neglect" as women and girls who have been sterilised are seen as non-sexual and are less likely to receive sexual and reproductive health screening (Dowse & Frohmader 2001, Brady 2001).
For many women with disabilities, forced contraception, through use of contraceptive methods such as Depo-Provera, is a means of denying basic reproductive rights and is a form of sexual violence. Involuntary menstrual suppression or elimination of the menstrual cycle has been justified as a way of reducing the "burden" on carers who have to "deal with" managing menstruation of disabled women and girls (Dowse 2004, Carlson & Wilson 1994, Brady 2001).

Effects of violence against women with disabilities.

"He used to pull my hair, push my head into the wall, kick me on the head, hit me with fists on the head ... That is what he used to do continuously when he was fighting me. I don't think the blindness was caused by one incident ... I think slowly I was getting damaged." (In Naidu et al 2005:21)

Undoubtedly, violence can cause injuries, ranging from cuts and bruises to permanent disability and death (Krug et al 2002, Carlson 1997, Forte et al 2005, Tjaden & Thoennes 2000). Population-based studies suggest that 40-72% of all women who have been physically abused by a partner are injured at some point in their life (Krug et al 2002, Tjaden & Thoennes 2000). Sexual violence 35
has been associated with a number of mental health and psychiatric conditions in both childhood and adulthood and studies have found that women who experience sexual violence in childhood or adulthood are more likely to attempt or commit suicide than other women (Davidson et al 1996, Felitti et al 1998). The consequences of violence on women's psychological and emotional health and well-being are profound. Researchers have identified a litany of psychological, emotional and behavioural effects of all forms of violence against women (Carlson 1997, Crossmaker 1991, Carlson 1997, Kramer et al 2004, Golding 1999).

In addition to its human costs, violence places an enormous economic burden on societies in terms of increased health care expenditures, lost productivity and increased use of social services. In Australia, domestic violence has been identified as the single biggest health risk to Australian women of reproductive age, resulting in economic losses of $6.3 billion per year (Access Economics 2004, UNFPA 2005). In the United States, the figure totals $12.6 billion annually. Research has also shown that women with a history of violence are more likely to have experienced periods of unemployment (Milberger et al 2003, Lloyd & Taluc 1999), to have a higher turnover of jobs, and suffer more physical and mental health problems which affect work

performance. They are also likely to have lower incomes and more likely to receive welfare assistance than women who do not have a history of violence (Lloyd & Taluc 1999).

Violence against women with disabilities has significant direct and indirect effects in dimensions including physical, mental, emotional, and financial (Hughes et al 2005, Nosek et al 2002, Forte et al 2005, Hendey & Pascall 1998). It has been linked to a host of different health outcomes, both immediate and long-term. Research demonstrates that:

- the influence of violence can persist long after the violence itself has stopped;
- the more severe the violence, the greater its impact on a woman's physical, emotional, and mental health;
- the impact over time of different types of violence and of multiple episodes of violence appears to be cumulative (Krug et al 2002).

These findings are particularly pertinent for women with disabilities, given that they:

- experience violence at higher rates and more frequently than non-disabled women;
- are at a significantly higher risk for violence and abuse than non-disabled women;
- have significantly fewer pathways to safety;
- tend to be subjected to violence for significantly longer periods of time than non-disabled women;
- experience violence that is more diverse in nature than for non-disabled women;

- experience violence at the hands of a greater number of perpetrators than non-disabled women.

(Barile 2002, Abramson et al 2000, Jans & Stoddard 1999, Frantz et al 2006, Gilson et al 2001, Myers 1999, Curry et al 2002, Nosek et al 2003, Powers et al 2002, Hoog 2003, Nosek 1996, Curry 2002).
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Violence as a cause of disability.

There is very little research within the published literature on women with disabilities who have acquired their disability as a result of violence. Violence can cause acute and chronic injuries that may lead directly to disability as well as leading indirectly to disabilities through distress and adverse lifestyle or coping strategies (Coker et al 2002, Csoboth et al 2005). Disabilities acquired as a result of violence can be temporary or permanent.

US studies suggest that of the population of women with disabilities in approximately 40% of instances their disabilities are a result of violence perpetrated against them by either their partners or caregivers (Hickman 1998). This is corroborated in the Australian experience by a Western Australian study which found that 38% of abused women with disabilities serviced by that State's violence and/or disability services in a two year period, had acquired their disability as a direct result of the abuse (Cockram 2003). Intimate partner violence has been demonstrated to have significant consequences for women's physical health, increasing their risk of injury, disability, chronic pain and death (Plichta 2004).

Disability caused by violence in institutions

The problem of violence in institutions has been recognised for decades, with no doubt that chronic abuse has occurred and continues to occur in a variety of institutional settings (Sobsey 1994, Conway 1996, Stewart 1998, Joyce 2003, Commonwealth of Australia 2004, Waters 2004, Pearlman 2007). According to Sobsey (1994:89) the term institutional violence refers to "**neglectful, psychological, physical or sexual abuse that takes place in the managed institutional care of human beings"**. A number of writers (Sobsey 1994, Wardhaugh & Wilding 1993, White et al 2003) have discussed violence against people with disabilities in institutions, including the characteristics of institutional violence and the factors that contribute to such violence. However, few have included discussion of institutional violence as a direct cause of disabilities.

An Australian Senate Inquiry in 2003 into "Children In Institutional Care" highlighted the many hundreds of children in institutional care who acquired their disabilities as a result of the violence perpetrated against them while in "care". The Inquiry received evidence of "**general physical, psychological and dental health problems through to severe mental health issues of depression and post traumatic stress disorder"** (Commonwealth of Australia 2004:153), along with reports from many care leavers that they acquired their disabilities as a result of being assaulted in the institutions. According to the Inquiry's Report, "**the outcome of serious abuse, assaults and deprivation suffered by many care leavers has had a complex, serious and negative impact on their lives"** (ibid:47).

Harmful practices as a cause of disability

As outlined in the opening paragraphs in this section, there are a number of other social, cultural, political conditions which disadvantage women and result in practices which cause significant negative health consequences and ultimately disability. These include harmful practices such as female genital mutilation (FGM); commercial sexual exploitation; and child marriage. Armed conflict between warring states and groups within states is also a major cause of disability among women throughout the world.
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Female Genital Mutilation (or female circumcision) refers to the removal of all or part of the clitoris and other genitalia. This "rite of passage" is not only extremely painful but results in serious mutilation of parts of girls" reproductive system and can cause infection and death. The procedure entails both immediate risks of haemorrhage and infection and longer-term complications such as chronic infections, chronic pain, tetanus, hepatitis, HIV, and sterility (UNFPA 2006, YAPI 2000).

Women and girls make up 98% of those forced into commercial sexual exploitation (ILO 2005) including prostitution, pornography and trafficking for sexual purposes (YAPI 2000, UNICEF 2005). The physical and psychological effects of this exploitation are profound and can include: acquired physical and neurological disabilities as a result of abuse, HIV/AIDS and other sexually transmitted diseases, post-traumatic stress disorder and other mental health illnesses, and drug

addiction. Girls forced into early marriage for cultural reasons face greater health risks and experience physical violation and trauma as their young bodies are forced to deal with early sexual activity and the strains of pregnancy and childbirth. Higher levels of complication such as fistula have significant disabling consequences and can lead to divorce, abandonment and young women becoming social outcasts (UNFPA 2006, UNICEF 2005).

Armed conflicts between warring states and groups within states have been major causes of disability, ill health and mortality for most of human history (Murray et al 2002). Armed conflicts have left populations vulnerable to appalling forms of violence including amputation, mutilation, forced displacement, sexual exploitation, and genocide (UNICEF 2006, Krug et al 2002). They can cause a wide range of disabilities ranging from physical, neurological and mental health disabilities through to disabilities related to infectious and communicable diseases and malnutrition (Krug et al 2002). Rape and other forms of sexual violence against women are used in conflict to terrorise and undermine communities, to force people to flee, and to break up community structures (Krug et al 2002, WHO 2005). The end of armed conflicts does not necessarily signal the end of violations against women. In the post-conflict period, many women confront discrimination in reconstruction programs, sexual and domestic violence in refugee camps, and violence when they attempt to return to their homes (Human Rights Watch 2006).

Section four
responses to violence

Society attempts to respond to violence through the legal and judicial systems on the one hand and through service systems which provide protection, support, treatment and education on the other hand (Roeher Institute 1994). Women with disabilities are not only marginalised and ignored in many of these responses, but paradoxically, experience violence within and by the very systems and settings which should be affording them care, sanctuary and protection. Advocacy organisations have a role to play in communicating the lived experience of violence against women with disabilities, mediating the impacts of responses by various systems, agencies and institutions and advising on the impact of these changing responses on women with disabilities themselves. This section maps out the range of responses to violence against women with disabilities that have taken place over the past decade and assesses progress in recognising its occurrence and lessening its impact.

Policy, Legislative & Research Issues.

International Human Rights Treaties & Instruments

There are a number of international human rights instruments that delineate the clear and specific responsibilities of governments to address violence against women. Examples include: the Convention on

the Elimination of All forms of Discrimination Against Women (1981) and the Declaration on the Elimination of Violence against Women (1993). The need for the universal application to women of the rights and principles with regard to equality, security, liberty, integrity and dignity of all human beings, are enshrined in a number of other international human rights instruments, including for example: the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Responsibilities of governments to address violence against women and girls with disabilities are also clearly delineated in the Convention on the Rights of Persons with Disabilities (2006) and the Convention on the Rights of the Child (1990). However, despite the many agreements embraced and treaties ratified by many States Parties around the world, the reality is that in the early 21st century, disabled women the world over continue to experience serious violations of their human rights, as well as failures to promote and fulfill their rights.

The Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) is arguably, the most important human rights treaty for women, yet it does not mention women with disabilities. Recognising this omission, the monitoring body of the Convention passed a general recommendation to ensure that States Parties understand that this instrument also covers the human rights of disabled women. General Recommendation 18 requests States Parties to provide information on disabled women in their periodic reports and on measures taken to deal with their particular

situation. Despite this, signatories to CEDAW have shown scant regard for women with disabilities in their Progress Reports on the implementation of CEDAW. An analysis of five States .....40 Parties Progress Reports (Quinn and Degener 2002) found that none of the Reports reached the benchmarks for reporting on women with disabilities set under Recommendation 18. Australia is no exception.

The Optional Protocol to CEDAW was adopted in 1999 and contains two procedures: a communications procedure allowing individuals, or groups of individuals, to submit claims of violations of rights to the CEDAW Committee; and an inquiry procedure, enabling the Committee to initiate inquiries into situations of grave or systemic violations of women's rights. Individuals may make communications only if the nation concerned is a party to the protocol. A number of countries, including Australia, have not signed the Optional Protocol to CEDAW, meaning that women in these countries have effectively been locked out of using an enforcement mechanism to investigate violations of their human rights.

The Australian Government has cited a number of reasons for not signing the Optional Protocol to CEDAW. These include: that the individual complaints mechanism established by the Optional Protocol creates an additional burden on an "already stretched" treaty body system; that complaints mechanisms do not necessarily improve the situation of people in countries where some of the worst human rights abuses occur; and that within Australia, there are a range of avenues for women to lodge complaints of discrimination, should they wish to.

In late 2006, the United Nations adopted the Convention on the Rights of Persons with Disabilities ending decades of struggle for recognition of people with disabilities and their rights as human rights. Women's disability groups from around the world faced significant opposition to their demand that the Convention contain a stand alone Article that recognises that women face aggravated discrimination due to their gender, disability and other identities, and compels states to take all measures necessary to ensure that women with disabilities enjoy their human rights in full. The final Convention does include such an Article and gender is mainstreamed throughout the document. Together with other groups, WWDA (WWDA 2005) has expressed disappointment that the Convention does not explicitly recognise the need to address specific gender-based violations such as female genital mutilation, forced sterilisation, coercive abortion, female infanticide and honour killing.

Legislation

Legislation sends out a strong message that violence against women is a public issue not a private concern. It also has the potential to provide clear definitions of the various forms of violence and those actions that are defined as criminal. Although many countries today have some type of legislation concerning violence against women, it is often outdated (UNFPA 2003) and is limited in recognising the range of forms of violence against women. This is critical for women with disabilities, who experience forms of violence that are not traditionally included in existing legislation. Both general provisions and specific laws also frequently fail to take into account

the context in which violence occurs, a major factor for women with disabilities experiencing violence.

Research & Data Collection

The lack of research and data collection on violence against women with disabilities is a consistent theme throughout the published literature on the issue (Nosek et al 2003, Calderbank 2000, Protection and Advocacy Inc 2003, Chang et al 2003, Chappell 2003, Copel 2006, Curry et al 2001, Erwin 2000, Frantz et al 2006, Gilson et al 2001, Hassouneh-Phillips & Curry 2002, Monohan & Lurie 2003, United Nations 2006). Women with disabilities are notably absent in international research and programs on violence against women. The World Health Organisation, in its landmark

global study on violence and health (2002), fails to include any discussion of, or reference to violence against women with disabilities. In 2003, the United Nations Development Fund for Women (UNIFEM) released a report "**Not A Minute More—Ending Violence Against Women"** which detailed UNIFEM's global study on violence against women. The Report makes no mention of women with disabilities even though it discusses the "**intersection of gender oppression with factors such as race, ethnicity, age, caste, class, religion, culture, language, sexual orientation and immigrant or refugee status"** (UNIFEM 2003:77).

It is widely acknowledged that to monitor progress in gender equality and the advancement of women, and to guide policy, it is crucial that reliable and timely statistics be available. The United Nations major publication "**The**

World's Women", released every five years, reviews the availability of data and assesses progress made in the provision of gender statistics during the past 30 years. The 2005 edition identifies the lack of data available on women with disabilities and recommends that "**disaggregation of data beyond sex and age are required in order to capture information"** for this group (UN 2006:43). It also cites the lack of information available to monitor violence against women: "**the available information is scant and thereby severely limits the ability of Governments to guarantee the basic human rights and freedoms of women in general, and of women who are members of disadvantaged groups in particular"** (UN 2006:86).

Service System Issues.

Community Support Services

The lack of services and programs for women with disabilities experiencing or at risk of experiencing violence, is well documented within the literature (Gilson et al 2001, Frantz et al 2006, Jennings 2004, Beck-Massey 1999, Calderbank 2000). This is widely recognised as a barrier to women with disabilities escaping the violence, resulting in limited support options when leaving a violent situation, recovering from the trauma of victimisation, and rebuilding their lives as independent, active, valued members of society (Frantz et al 2006). Of the services that do exist (such as refuges, shelters, crisis services, emergency housing, legal services, health and medical services, and other violence prevention services) a number of specific issues have been identified in the literature and borne out by WWDA's experience of supporting women over

two decades, which make access for women with disabilities particularly problematic.

- **Knowledge & Understanding of the Issue by Women Themselves** Identification and recognition that the violence in their lives is a problem or a crime remains a significant issue for many women with disabilities (Cattalini 1993, Copel 2006, Hassouneh-Phillips & Curry 2002). Whilst domestic violence is a significant presence in the lives of large numbers women with disabilities, many are unaware of the services and options available to them or lack the confidence to seek help and support (Leeds Interagency Project 2004). It has been suggested that disabled women's internalised oppression and silence contributes to an already unresponsive service system (Gilson et al 2001, Sobsey 1994, Cramer et al 2003, Chenoweth 1997).

- **Information & Communication** Policy makers, service providers and the broader community have limited understandings of accessibility, believing it requires only a ramp or an accessible toilet (Frantz et al 2006, Safe Place 2005, WWDA 1997, 1999). In fact accessibility includes being able to receive all service and program information in an accessible format. Experience in Australian

community support services suggests that this kind of access is very limited in terms of both content that reflects the experiences of disabled women and format of information available, such as Braille, audio, Easy English and the use of telephone access relay services and sign interpreters (WWDA 2006). Another dimension of access includes being

able to understand and meaningfully participate in the services and programs available. Again experience suggests that women with disabilities generally have limited input into the development of services and programs, including information and education resources.

Getting to and using a service For many women with disabilities, the physical means of fleeing a violent situation, (such as accessible transportation), are often unavailable on short notice. Crisis services do not necessarily have accessible transport nor are they able to assist a woman to physically leave the violent situation (Swedlund & Nosek 2000). As Nosek & Howland (1998:4) point out "**few of the strategies listed in the classic safety plans are possible for women who must depend on their abuser to get them out of bed in the morning, dress them and feed them"**. Potential referral services, such as disability services and other non-government agencies, may not be aware of violence issues for women with disabilities. Assumptions made by crisis and emergency workers can mean for example, that women with disabilities are referred to a disability agency rather than a domestic violence agency simply because they have a disability and regardless of their status as a victim of violence (Sceriha 1996).

Service Structure & Physical Environment

Refuges and other crisis services may not be physically accessible to many women with disabilities. Even if a woman using a wheelchair can "get into" a refuge, the physical design and internal arrangement may be inaccessible, meaning that the woman is restricted in moving around the refuge.

Service procedures (such as orientation programs, emergency procedures etc) may not be structured in flexible ways that meet the needs of women with disabilities (WWDA 1997, 2006). Policies and "rules" within services may work against women with disabilities, such as rules against visitors that may make it difficult or impossible for a woman to get help from a personal carer or friend (Nutter 2004).

Attitudes & Skills of Workers Service providers within community support services may share some stereotypes and myths held by society at large regarding women with disabilities (Cockram 2003). Limitations in workers awareness of the broader issues of accessibility and disabilities, negative or ambivalent attitudes about providing access, lack of knowledge of the complex nature and multiple forms of violence against women with disabilities, limited recognition of the sexuality of women with disabilities, and a tendency to focus on the disability rather than the violence may all stem from this (WWDA 1999, Frantz 2006, Curry et al 2002, Zweig et al 2002, Civjan 2000). Resources, attitudes and narrow prescriptions of responsibility are often the reasons for women's services and generic services maintaining exclusionary practices (Jennings 2004:7).

Police & the Judicial System

Women with disabilities are one of the groups least well served by the justice system. It is widely acknowledged that violence against women with disabilities often goes unreported and even when it is reported, very few cases

are prosecuted (Chappell 2003, Dubin 2000, Keilty & Connelly 2001, Erwin 2000, Bailey & Barr 2000).
Just as in community support services there are a number of specific issues have been identified in the literature and borne out by WWDA's experience that make access to justice for women with disabilities particularly problematic. These include:

- perceived lack of credibility of women with disabilities;
- poor reporting practices of care staff;
- absence of protocols for dealing with women with disabilities who make complaints;
- attitudes of police towards people with disabilities;
- lack of access to courts;
- rules of evidence which discriminate against people with disabilities giving evidence;
- courtroom procedures that unfairly impinge on the rights of people with disabilities;
- lack of knowledge about disability;
- lack of knowledge of the nature and forms of violence against women with disabilities,
- systemic gender bias in the criminal justice system.

  (Kielty & Connolly 2001, Erwin 2000, Roeher Institute 1994, Howe 2005, Chappell 2003, Waxman-Fidducia & Wolfe 1999, Bailey & Barr 2000)

Limited recognition and reporting of crime against women with disabilities has been recognised as a significant issue. Early work from Australia indicates for example that 40% of crimes against people with "mild and moderate mental retardation" and 71% of crimes

against people with "more severe mental retardation" went unreported (Wilson & Brewer 1992).

Police attitudes and the lack of developed policy and procedure for dealing with disabled victims of crime have been identified as a significant issue affecting access to justice. Police have been found to be generally helpful in assisting women with disabilities who experienced sexual assault, particularly women with physical disabilities (Cattalini 1993). However research into the barriers facing women with intellectual disability when making a statement about sexual assault to police, found that police officers stereotyped women with intellectual disabilities as promiscuous and not credible (Keilty & Connelly 2001). These views are reflected in the following comments made by police officers participating in the study:

> "**They seem to get sexual very young and have a high sex drive. Maybe they have something to prove?"**
>
> "**Just like rabbits . ... they seem to have a higher sex drive than other people."**
>
> "**She's being sexually assaulted too often ... we make a report and note that it's very unlikely to have happened. You just can't spend that much time with somebody like that who comes in with stories that are always similar and it's always outrageous and there's never any physical evidence; nothing to corroborate what they've said."**
>
> (Keilty & Connelly 2001:280,281)

Similarly attitudes of police officers towards people with learning disabilities in the UK have been seen to impact on decisions pertinent to investigations of alleged sexual assault. The lack of police policies for investigating sexual crimes against such people leaves the way open for individual attitudes and personal values to cause variations in practice (Bailey & Barr 2000).

Institutional Settings

The lack of reporting and cover up of violence in institutions is acknowledged as a widespread and common problem (Stewart 1998). This culture within institutional and service settings which include living arrangements and related programs such as group homes, hospitals, foster care, residential schools, day support programs, respite care settings, prisons has been attributed to a number of factors including:

- staff witnessing violence may fear reprisals or retribution from managers and peers;
- managers/administrators may fear negative publicity, questions about their competence, damage to their careers, or loss of licenses for their facilities;
- staff culture which normalises violence;
- assumptions that allegations of abuse would be difficult to "prove".
-

(Sorensen 2002, Sobsey 1994, Wardhaugh & Wilding 1993, Brown 1994, Cambridge 1999, Conway et al 1996)

Even when violence is reported, there is no guarantee of action. For example, in 2005, an investigation was undertaken into an acute mental health facility in Tasmania (Australia) after allegations of staff sexual misconduct and concerns about the standard of care and treatment of mental health patients. The investigation by the Tasmanian Health Complaints Commissioner found that management had not adequately addressed the incidents and complaints, and staff who had raised concerns claimed they had been victimised by management as a consequence. The report of the investigation states: "**From information obtained during the course of this investigation, it would seem that neither management nor staff had any actual understanding of the procedures to be applied in the reporting, investigation and resolution of incidents, complaints and concerns"** (p.22). The report was also critical of the Government Department responsible for the provision of public mental health services in Tasmania: "**The initial response of the Department to the various matters of complaint and concern demonstrated a failure of policies and procedures; a lack of understanding of appropriate procedures; a lack of coordination on the part of those charged with responding to or dealing with the matters raised; confusion as to the roles of the various officers to whom the matters were referred; and a lack of effective action"** (Office of the Health Complaints Commissioner 2005:22).

As can be seen from the examples provided here, recognition of and response to violence in institutions remains limited. Although deinstitutionalisation has meant fewer traditional large institutional settings, the many initiatives being taken against child abuse and

family violence in broader society over the past 40 years have had limited penetration into these institutional settings.

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Advocacy Issues.

Advocacy organisations have a role to play in communicating the lived experience of violence against women with disabilities, mediating the impacts of responses by various systems, agencies and institutions and advising on the impact of these changing responses on women with disabilities themselves. In 1997, Women With Disabilities Australia (WWDA) conducted a national project to increase the access of women with disabilities to violence services, particularly women's refuges. The Project involved working with a women's refuge to develop a Disability Discrimination Act (DDA) Action Plan and produced a Model Process for refuges and crisis services to develop accessible policies, services and programs for women with disabilities (WWDA 1997). The following year, WWDA conducted a National Workshop on Women With Disabilities and Violence. The first of its kind in Australia, this workshop brought together women with disabilities, service providers, researchers, academics, and policy makers to work collaboratively to develop strategies to combat violence against women with disabilities. The Workshop proceedings, along with essays on violence against women with disabilities, were published by WWDA in the report "**Women With Disabilities and Violence"** (1999). The Report contained a detailed Action Plan and a series of recommendations, which remain relevant today.

In 1998, the Queensland Government funded a small, six-month project to research and design information resources and strategies for women with disabilities about domestic violence (MIMS & Associates 1998). Based on interviews with women with disabilities and surveys to service providers in the disability and violence sectors, the study identified key issues such as: service providers" lack of knowledge and skills about the needs of women with disabilities, inaccessible services, and lack of information and resources for women with disabilities experiencing or at risk of experiencing, domestic violence.

In 1999, in response to national research and advocacy undertaken by WWDA, the Australian Government conducted a short national project under its then Partnerships Against Domestic Violence (PADV) Strategy. This project resulted in the development of an information kit entitled "**It's Not OK—It's Violence"**, which provided basic information for both disabled women and service providers about domestic violence in relation to women with disabilities.

In 2002, the Victorian Domestic Violence and Incest Resource Centre (DVIRC) with funding from the Victorian Government, commenced a one-year pilot project to create partnerships between disability services and services for women experiencing violence. This was undertaken in order to better address the needs of women with disabilities who are marginalised by the service system. The Project Report identified the need for the project to be supported by the Government as an on-going initiative, recognising that systemic change would require a long-term approach. However, government funding for the project ceased in 2004.

In 2001, WWDA undertook a National Project on the Sterilisation and Reproductive Health of Women and Girls with Disabilities. A survey of WWDA members at the time identified control of reproduction as a form of violence (see Section 3). This project, funded by the Australian Government, aimed to ensure that the voices of women with disabilities be heard, as well as provide an opportunity for participation in legislative, policy and/or program debate around the issue of sterilisation. The Project Report, "**Moving Forward: Sterilisation and Reproductive Health of Women and Girls with Disabilities"** (2001) contained a series of recommendations and argued that sterilisation of disabled women and girls is an act of "**unnecessary and dehumanising**

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violence which denies an individual's basic human right to bodily integrity and to bear children and which results in adverse life-long physical and mental health effects" and can only ever be justified in circumstances where it is necessary to save life or preserve the health of the individual. It called on the Australian Government to act immediately to **"ban all sterilisations of girls under the age of 18 years, unless sterilisation is being performed as a life saving measure or medical emergency"** (Dowse & Frohmader 2001:5). In the case of adult women with disabilities, the report recommended that sterilisation be prohibited in the absence of the informed consent of the individual concerned, except in those circumstances where there is a serious threat to health or life (Dowse & Frohmader 2001). To date, there has not been a national response to any of the Report's recommendations.

The Standing Committee of Attorneys-General (SCAG), the national ministerial council made up of the Australian Attorney-General and the State and Territories Attorneys-General, has proceeded with the development of uniform national legislation to set out how the sterilisation of minors with a decision-making disability can be authorised. In September 2006, the SCAG released its Draft Model Bill "**Children with Intellectual Disabilities (Regulation of Sterilisation) Bill 2006."** The Australian Government continues to pursue development of this legislation, despite a recommendation from the United Nations Committee on the Rights of the Child that Government's "**prohibit the sterilisation of children, with or without disabilities"** (UN Rights of the Child Committee Concluding Comments December 2005:10). Australia is a signatory to this Convention.

The examples of action discussed in this section highlight the limited and fragmented approach to violence against women with disability. Responses are characterised by limited recognition by governments and the service sector of the extent of the problem, inadequate research, incomplete or partial response structures and scare resources to support advocacy in the area. All these factors mean that the complexity inherent in undertaking effective remedies can appear almost overwhelming.

Section five
identifying risk and preventing violence

Much of the published literature on violence against women with disabilities considers characteristics and factors that increase the "vulnerability" of this group of women to violence. Some researchers discuss "attributes" of disabled people which make them more vulnerable to violence such as "limited skills, learned helplessness, inappropriate behaviour, an impaired judgement, inordinate desire to please, inappropriate social skills" and so on (Watson 1984, Sobsey 1994, Lumley & Miltenberger 1997). It could be suggested however, that such a focus may result in a "victim blaming" approach to vulnerability (Hoog 2003), rather than locating the "risk factors" in a human rights context. Reframing "vulnerability" and "risk factors" in a human rights framework, locates the responsibility squarely with the perpetrators of such violence, be they individuals, societies or governments.

Risk Factors.

The published literature identifies a wide range of factors that increase the "vulnerability" of women with disabilities to violence. These factors can be grouped into the following categories:

- **Dependence on others**
  The high level of dependency women with disabilities have on others is well documented as a factor which increases their risk of violence (Carlson

1997, Chang et al 2003, Shakespeare 1996, Erwin 2000, Hassouneh-Phillips & Curry 2002, Curry et al 2001, Nosek et al 2001, Saxton et al 2001, Andrews & Veronen 1993). Many women with disabilities are in positions where they are reliant on others to provide care and support for a range of needs - from basic needs such as eating and dressing - to more complex ones such as transportation. The imbalance of power and control built into caregiving relationships can support overt and subtle violence against women with disabilities by those closest to them. Often these relationships play out in environments isolated from any significant formal or informal scrutiny. According to Mandeville & Hanson (2000:15) "**this power imbalance is so pervasive it permeates program policy, agency culture, professional practice, and the personal dynamics in paid relationships"**.

- **Credibility & Fear of Disclosure**
  Many women with disabilities are not believed when they disclose their experiences of violence (Milberger et al 2003), and this is even more likely the case for women with intellectual disabilities, who are often labeled as "liars" or "exaggerating the incident", or "having a poor memory", or "being too vulnerable to suggestion" or "attention seeking"

(WWDA 2004, Keilty & Connelly 2001, Davidson 1997, Furey 1994, Sobsey 1994, Roeher Institute 1994, Erwin 2000, Horin 2007). Women with disabilities may be reluctant to report violence for similar reasons that non-disabled women do not report violence, such as fear of retaliation, shame, dependency, blame and so on. However, the

difficulties of disclosing violence are further compounded for women with disabilities, who may risk losing essential care and/or services, or the only home that can accommodate their needs (Chappell 2003). Not disclosing violence means that such women are far more likely to remain in abusive situations and therefore be vulnerable to further violence. Many women with disabilities also face the very real fear of losing their children if they disclose their experiences of violence (Chappell 2003, DAWN 1992, Cockram 2003, Frantz 2006, Tyiska 2001). Threats to take children away are common in abusive relationships involving women with disabilities. According to DAWN (1992:9) "**many women with disabilities do lose their children ... In what they see as, "the best interests of the child" judges may decide that a parent who has no disability, even an abusive parent, is more capable of caring for a child than is a woman with a disability. Until the necessary community supports for mothers with disabilities are in place, such judgments will continue to be made."**

- **Poverty & Lack of Economic Independence**
  Women with disabilities throughout the world bear a disproportionate burden of poverty and are recognised as amongst the poorest of all groups in society (McClain 2002, UNFPA 2005). Poverty and lack of economic opportunities are major barriers to the empowerment of women with disabilities (MIUSA 2005) and are major factors contributing to their risk of violence. Regardless of country or culture, women with disabilities experience discrimination and negative stereotypes from both a

gender and disability perspective which compound their exclusion from the workforce (WWDA 2005, DAWN 1992). Limited opportunities to be self-supporting, especially where children are involved, restrict women's options for leaving violent relationships (Carlson 1997, Mosher et al 2004). Economic disadvantage increases susceptibility to entering and remaining in violent relationships (Nosek et al 2001). Women with disabilities in employment also face higher rates of sexual harassment, violence and abuse in the workplace (WWDA 2004).

- **Lack of Education**
  Widespread cultural biases based on both gender and on disability greatly limit the educational opportunities of girls and women with disabilities (UNESCO 2003). A cultural bias against women can lead to preferential treatment and allocation of resources and opportunities to male children. Disability bias restricts opportunities for disabled girls even further (Rousso 2003). According to Rousso (2003:47) "**Disabled women and girls are regularly deprived of the skills to recognise and address violence including adequate opportunities to learn about sexuality or culturally appropriate sexual behaviour and mores"**. A woman with disabilities whose right to education is denied, for example, is more likely to face compromises to her rights to health, to vote, to work, and to parent.

- **Social isolation**
  It is well recognised that isolation is a major contributor to powerlessness in the lives of women

with disabilities (Lord 1991, Nosek et al 2002, Hughes et al 2005). Social isolation may be especially problematic for women with disabilities whose lives are more likely to be characterised by a lack of relationships and networks because society treats people with disabilities with avoidance and segregation (Muccigrosso 1991, Carlson 1997, Chenoweth 1997). Women with disabilities who are socially isolated may not learn about available services and resources or their legal rights.

- **Place of Residence**
  For some women with disabilities, their "place of residence" may be a community based group home or residential institution, a boarding house, shelter, hospital, psychiatric ward, or nursing home. Within these settings violence may be perpetrated by a number of people who come into contact with the woman, in the course of her domestic life. These may include other residents, co-patients, a relative and/or a carer, whether family member or paid service provider (WWDA 2004). Many women with disabilities living in institutional or residential settings have limited access to police, support services, lawyers or advocates (Chenoweth 1997). It is widely acknowledged that women with disabilities living in institutions are at particular risk of violence (Abramson et al 2000, Crossmaker 1991, Sobsey 1994, Nosek 1996). These women may face increased vulnerability to violence due to a demand for compliant behaviors, a perceived lack of credibility of individuals with disabilities, the social isolation and lack of access to learning environments, the individual's economic, physical

and psychological dependence upon others (Safe Place 2000), and the entrenched sub-culture of violence and abuse prevalent in institutions.

- **Communication**
  Communication barriers and impairments increase the vulnerability of women with disabilities to violence (Sobsey 1994, Carlson 1997). Deficits (sic) in communication and language skills may interact with social factors to predispose women with disabilities to violence and abuse, particularly if such deficits lead to "**increased conflict, difficulty obtaining help, or difficulty extricating oneself from an abusive relationship"** (Carlson 1997:81).

- **Lack of Services & Support**
  The lack of appropriate, available, accessible and affordable services, programs and support has been widely documented in the literature as a factor that increases the vulnerability of women with disabilities to violence (Nosek et al 2003, Erwin 2000, Chang et al 2003, Rousso 2001, Curry et al 2001, Chappell 2003, Frantz et al 2006, Gilson et al 2001, Milberger et al 2003, Powers & Oschwald 2004). Two key factors are thought to contribute to the tendency for women with disabilities to be subjected to violence for significantly longer periods of time than non-disabled women: "**first is the perceived and real lack of options for escape and for receiving assistance programs for abused women and other abuse relief services. Second is the general inability of disability-related service providers to identify women who are in abusive situations and refer them appropriately"** (Nosek et al 2003:187). The pervasive stereotyping of

women with disabilities as either asexual or hypersexual can impede the ability of service providers to recognise and comprehend the seriousness of violence experienced by women with disabilities.

- **Nature of Disability**
  According to Nosek et al (2002:2) "**disability is not a protective factor against abuse; indeed it often serves to reduce a woman's emotional and physical defences. Although the nature of the abuse revolves around the dynamics of power and control, the presence of disability or the context of a disability-related setting or relationship opens new channels for the expression of those dynamics."** A number of writers suggest that women with disabilities can encounter increased durations of violence as a result of factors related to specific disabilities, such as the inability to physically escape the perpetrator (Chang et al 2003, Andrews & Veronen 1993, Hassouneh-Phillips 2005, Nosek et al 2001, Sobsey 1994, Beck-Massey 1999).

- **Low Self Esteem & Lack of Assertiveness**
  Low self-esteem and lack of assertiveness have been identified as a factor that contributes to violence against women with disabilities (Rousso 2001, Crawford & Ostrove 2003, Carlson 1997, Gilson et al 2001, Hassouneh-Phillips 2005, Hassouneh-Phillips & McNeff 2005). According to Rousso (2001:26) "**in a culture that defines "womanliness" in terms of unreachable and arbitrary standards of physical perfection and**

beauty", many women with disabilities struggle with issues of self-esteem and body image. Rousso (2001:26) suggests that for young women with disabilities, "**the issues may be compounded by real physical differences and stereotypes of disabled women as asexual, undesirable and unattractive; thus these young women are likely to face considerable challenges in establishing positive views of their own bodies"**. Another aspect of increased vulnerability to violence is the way that many women with disabilities are taught and "rewarded" for unquestioning compliance (Mazzucchelli 2001, Chenoweth 1997, Roeher Institute 1994). Sobsey & Varnhagen (1991) found that being "too compliant" was cited as a factor linking disability to sexual assault or sexual abuse.

Key strategies to end and prevent violence against women with disabilities.

A Human Rights Approach

A human-rights based approach to conceptualising and addressing violence against women with disabilities, recognises women with disabilities as "rights holders" which implies that others are "duty bearers". Under a human rights framework, governments are the primary "duty bearers". Duties can include the establishment of equitable laws and systems that enable women with disabilities to exercise and enjoy their rights, and to seek judicial recourse for violations under the rule of law. As rights holders, women with disabilities can then claim their legitimate entitlements. This approach emphasises the participation of women with disabilities and their communities in decision-making processes that shape

policies and programs that affect them. A human rights approach to addressing violence against women with disabilities means giving priority to a group whose rights are often ignored and calls for a more equitable distribution of resources in their favour (UNFPA 2005).

In adopting a human rights approach to addressing violence against women with disabilities, governments can develop national human rights action plans which promote the protection of women against any form of violence and address the underlying value systems that legitimise discrimination against them. Women With Disabilities Australia (WWDA) has argued that such action plans should be developed in accordance with the Vienna Declaration and Programme of Action (1993) and the eradication of violence against women and girls with disabilities must be a priority within such plans (WWDA 2004).

Ratification and Implementation of International Conventions and Agreements

There are a number of international human rights instruments that delineate the clear and specific responsibilities of governments to address violence against women. Translating these powerful human rights instruments into concrete change in the lives of women and girls with disabilities depends on sustained and concerted action at the country level. Governments have a responsibility to fulfil obligations under the various international conventions they have ratified. The reports from States Parties on the implementation of these conventions would benefit from the inclusion of

information on the situation of women with disabilities under each right, including their current de-facto and de jure situation, measures taken to enhance their status, progress made and difficulties and obstacles encountered (Quinn & Degener 2002).

Global Advocacy Campaigns

Global and national advocacy campaigns against gender-based violence are one of the strategies recommended by the UN Millennium Project (2002) to reverse the poverty, hunger and disease affecting billions of people throughout the world. There are a number of high profile global and national advocacy campaigns which aim to increase the visibility of violence against women. For example, the **International Day for the Elimination of Violence Against Women (IDEVAW)** is observed internationally on November 25 each year. The **16 Days of Activism Against Gender Violence** campaign, coordinated by the Centre for Women's Global Leadership, runs each year from November 25th to December 10th (Human Rights Day), and involves hundreds of organisations around the world in activities ranging from media programs, to demonstrations, to conferences, exhibitions and performances (UNIFEM 2006). In 2004, Amnesty International embarked on a six-year global campaign to **Stop Violence Against Women**, emphasising the responsibility of the state, the community and the individual to take action to end violence against women (Amnesty International 2006). The **White Ribbon Campaign**, founded in Canada and now run in conjunction with IDEVAW, specifically focuses on the role of men and boys and is based on the idea that all

men and boys must take responsibility for ending violence against women. Wearing a white ribbon is seen as a personal pledge never to commit, condone or remain silent about violence against women (UNFPA 2005).

Despite the multiple forms of violence perpetrated against them, women with disabilities are rarely included in these global campaigns. The failure of social movements, particularly the women's movement, to respond to issues of disability has been well documented (Lloyd 1992, Morris 1998, Meekosha 2002, Rousso 2001, Ghai 2002). Despite increasing appreciation of the heterogeneity of women and the need to address such factors as race, ethnicity and class, disability has not been recognised and it is this exclusion which renders the experiences of disabled women, including the experience of violence, essentially invisible (Garland-Thomson 2001, Barile 2002).

UNFPA has argued for global advocacy campaigns for the prevention of violence against women with disabilities. Partnerships towards this end should also be built at the country, regional and global level, identifying the comparative advantages of each partner and establishing modalities of collaboration and coordination (UNFPA 2004). The issue of violence against women with disabilities, in all its forms, is integral to existing global advocacy campaigns which aim to increase the visibility of violence against women. Access for women with disabilities to participate in these campaigns at all levels, including at the planning, implementation and evaluation levels is to be encouraged (Barile 2002, DAA 1997, Ghai 2002).

Legislation & Definitions

Without appropriate and inclusive legislation, there are limited legal means to fight violence against women with disabilities. Legislation has the potential to demonstrate that violence against women with disabilities is a public issue, not a private concern. Governments are responsible for failures to implement laws, and for gaps in the laws so that certain types of violence are not prohibited, or certain categories of victims are not afforded proper protection. Governments are therefore responsible for ensuring protection against the full range of violence, including the multiple forms of violence perpetrated against women with disabilities (UNIFEM 2003). Review, evaluation and revision of laws, codes and procedures, especially criminal laws, can enhance their value and effectiveness in eliminating violence against women with disabilities.
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Comprehensive and inclusive legislation dealing with domestic violence, which uses broad definitions of for example "family", can include the plethora of relationships that can occur within the domestic arena of women with disabilities, including children, paid or unpaid carers and/or domestic workers, and so on. Expansion of existing domestic violence legislation may go some way to ensuring that protection and restraining orders in the cases of violence against women with disabilities, can be issued against carers (paid or unpaid) who are perpetrators of violence against women with disabilities.

In legislation, good practices to combat and eliminate violence against women with disabilities would include:

- free legal representation for women with disabilities;
- special training for police officers;
- establishment of more women police officers and specialised police units to deal with violence against women with disabilities;
- changes to the rules of evidence to ensure women with disabilities have equal access to the criminal justice system;
- recognition of violence against women with disabilities in the law (UNFPA 2003).

Access to the Criminal Justice System

Legal systems are permeated by social norms that reinforce gender inequality and disability discrimination, foster mistrust by women, and leave many women with disabilities without effective recourse to justice (UNFPA 2005). All too often, women with disabilities are let down by the criminal justice system, subject to discriminatory, insensitive, aggressive and/or doubting attitudes from those working in it (Amnesty International 2005). Increased awareness of the difficulties that women with disabilities face, together with enhanced support from those working in the justice system, can ensure that women with disabilities are themselves aware that they have an effective alternative to a life of violence and can act to create a life free of violence in safety and dignity.

The review and revision of criminal procedures will assist in ensuring that women with disabilities subjected to violence are able to testify in court proceedings equal to that of non-disabled women. The facilitation of such

testimony and protection of privacy can promote the safety of women with disabilities. Mandatory disability, cross cultural, human rights, and gender sensitivity training modules can enhance the operations of police, criminal justice officials, practitioners and professionals involved in the criminal justice system that deals with violence against women, in all its forms (United Nations General Assembly 1998).

Data Collection & Research

The importance of research and data collection in the efforts to eliminate violence against women is clearly articulated in a number of international human rights instruments such as the UN Declaration on the Elimination of Violence Against Women (1993). The United Nations "**In-depth study on all forms of violence against women"** (2006) found that many forms of violence experienced by women with disabilities are under-documented and acknowledged that new methods of data collection need to be developed in order to adequately understand the extent and dynamics of these under-documented forms of violence.
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Research, collect data and compile statistics on violence against women with disabilities, in all its forms is a priority. It can be enhanced by upgrading knowledge regarding:

- extent and prevalence;
- forms and nature of the violence;
- causes, consequences and effects, including the structural causes of violence against women with disabilities;

- the perpetrators and the relationships between the perpetrators and women with disabilities;
- rates of arrest, prosecution and conviction of perpetrators;
- efficiency and effectiveness of the criminal justice system in meeting the needs of women with disabilities subjected to violence;
- service system responses and barriers for women with disabilities in accessing services.

Comprehensive research and data collection encompasses both quantitative and qualitative methodologies and includes global, state, regional, local and service levels. Of paramount importance, is the need for all aspects of research to include women with disabilities. This entails the funding and empowerment of groups and organisations of women with disabilities in both developing and developed countries, to undertake their own research in order to include their own definitions and experiences of violence, and their recommended strategies to address the issue (Calderbank 2000, DAA 1997). Research can lead to changes that will empower women with disabilities to live a life free from violence. The integration of research findings into national policy can ensure their application to the development of appropriate social support systems for women with disabilities experiencing, or at risk of experiencing violence (Barile 2002, Curry et al 2001, Elman 2005).

Social, economic and political empowerment of women with disabilities

Enhancing awareness and understanding of the extent and seriousness of violence against women with

disabilities can be achieved through effective, targeted measures to overcome entrenched negative attitudes and prejudices. Education and public information programs can help eliminate prejudices which hinder the equality of women with disabilities as can the development of systems, policies and procedures that allows disabled women to be viewed as holders of rights rather than objects of pity and/or charity (DAA 1997). Women with disabilities throughout the world bear a disproportionate burden of poverty and are recognised as amongst the poorest of all groups in society. Poverty and lack of economic opportunities are major barriers to their empowerment and are major factors contributing to their risk of violence. Poverty and discrimination diminish freedom by depriving individuals of opportunities to exercise their fundamental human rights. The denial of human rights can lead to a vicious cycle that entraps individuals in a life of highly restricted choices. A woman with disabilities whose right to education is denied, for example, is more likely to face compromises to her rights to health, to vote, to work, and to parent.

A human-rights based approach to ending poverty and deprivation is at the forefront of United Nations reform and central to the UN Millennium Declaration (UNFPA 2005). In adopting a human rights approach to addressing violence against women with disabilities, governments at all levels can take measures to empower women with disabilities and strengthen their economic

independence. This includes creating the conditions and structures that improve women with disabilities access to the labour market and affording them more adequate levels of income support.

Economic independence and political representation are essential markers of gender equality. Women with disabilities access to decision-making and political participation and representation are essential so that laws and policies reflect their interests and they can exercise their full rights as citizens (UNIFEM 2003). Equal opportunities to participate in decision-making processes that shape their lives, and those of their families, community and nation are essential for women with disabilities.

Organisations and groups of women with disabilities play an important role worldwide in raising awareness of, and alleviating the problem of violence. There is recognition that the empowerment of women with disabilities is achieved principally through disabled women coming together to share their experiences, gaining strength from one another and providing positive role models (DAA 1997). Financial and political support is needed for the establishment and maintenance of such groups of women with disabilities at national, regional and local levels.

Services

The lack of inclusive services and programs for women with disabilities experiencing or at risk of experiencing violence, is well documented and is widely recognised as a barrier to women with disabilities escaping the violence perpetrated against them. Services assisting with the recovery of human rights violations against women with disabilities, including all forms of violence, must encompass the following principles if they are to serve women with disabilities adequately:

- **Available**
  Services for women with disabilities experiencing or at risk of experiencing violence are essential. In many instances services cannot meet the needs of women with disabilities who experience violence. The funding of sufficient women's shelters and crisis services that cater to women with all types of disabilities is critical.

- **Accessible**
  In the broadest sense accessible services encompass physical, intellectual, psychiatric, sensory and other disabilities. An integrated approach will ensure that services can assist and empower women with disabilities to leave a violent situation, recover from the trauma of victimisation, and rebuild their lives as independent, active, valued members of society.

- **Acceptable**
  Services that combine sensitivity to both disability issues and to issues of gender are necessary for women with disabilities experiencing or at risk of experiencing violence. Cultural appropriateness is a further requirement.

- **Appropriate**
  The provision of responsive and suitable services requires skills and training to enable front line workers to respond appropriately to the needs and issues of women with disabilities.

  (UN Committee on Economic, Social and Cultural Rights 2000, Frantz et al 2006, WWDA 1999).

Violence and abuse of women with disabilities continues to be endemic in many service environments, particularly institutions, where violence is a deeply entrenched part of the culture. There is a lack of responses from governments worldwide to the violence perpetrated against people with disabilities living in institutions. Deinstitutionalisation in itself is not a sufficient condition to ensure quality of care and a life free of violence. Rather national, transparent public inquiries into violence and abuse of people with disabilities in institutions can begin the process where governments can work collaboratively with disabled people's organisations and other key stakeholders to take all necessary steps to eliminate such violence.

Information, Education & Training

The combination of information, education and training is a key strategy in preventing violence against women and girls with disabilities. Information, education and training will assist these groups to protect themselves against all forms of violence, and seek effective recourse to justice. Quality information, education and training for women with disabilities will include information on gender roles (including the intersection of gender and disability) and the human rights of women with disabilities and be available to all women with disabilities, regardless of where they live and must be appropriate, accessible, and acceptable. Organisations and groups of women with disabilities play an important role in the development, implementation and evaluation of violence information, education and training strategies and

therefore deserve recognition and support (Barile 2002, DAA 1997).

Fulfilling the promise of human rights for women with disabilities calls for transformations in the underlying value systems that legitimise violence and discrimination. Human rights education, information and training is therefore essential to sensitise those responsible for protecting the human rights of women with disabilities—including for example, those working in the criminal justice system as well as the wide range of service providers and staff in the community, health, welfare and social service systems. This can be delivered by ensuring that the curricula of relevant professional, technical and academic institutions include information, education and training on the human rights of women with disabilities.

Coordination and inter/multi agency collaboration

The importance and necessity of interagency collaboration and cooperation in the field of violence prevention has been stressed for over two decades (UNDAW 2005). Violence prevention involves a number of systems, including for example, criminal justice, health, welfare and social service systems. An effective intervention approach requires that all of these systems work co-operatively. Community wide collaborative efforts are becoming the standard for effective violence prevention. However, women with disabilities are often forgotten in these collaborations (Barile 2002).

The participation of women with disabilities themselves is central in all violence prevention policies, programs

and services. A genuine commitment to including women with disabilities in inter-agency work is required at all levels. It is simply not enough to conduct meetings, roundtables and even entire projects which result in reports, workshops or conferences, but create minimal change in the support, safety and services provided for women with disabilities experiencing violence, the sanctions applied to their perpetrators, or the efforts aimed at prevention of all forms of violence against women with disabilities (UNDAW 2005).

Conclusion

This booklet has provided a global overview of violence against women with disabilities, drawing on available published and un-published literature. The review reveals that gender based violence remains one of the most widespread human rights abuses in the world. It demonstrates that regardless of country or culture, women and girls with disabilities experience discrimination and negative stereotyping from both a gender and disability perspective.

Studies about the incidence and prevalence of violence against women with disabilities reveal that although there is a slowly growing body of work on the issue, this work has for the most part, come from small scale studies undertaken by disabled women themselves. The research indicates that, compared to non-disabled women, women with disabilities:

- experience violence at higher rates and more frequently;
- are at a significantly higher risk;
- have considerably fewer pathways to safety;
- tend to be subjected to violence for significantly longer periods of time;
- experience violence that is more diverse in nature; and,
- experience violence at the hands of a greater number of perpetrators.

The nature of violence against women and girls with disabilities encompasses a wide range of injustices and maltreatment. Women with disabilities are greatly at risk of violence and abuse due to structural, cultural and contextual issues such as: discrimination, poverty, exclusion from the labour market, isolation, lack of services and support, lack of autonomy and so on. The forms of violence for disabled women are similar to those for non-disabled women, however women with disabilities can often experience different dimensions to physical, psychological, and sexual violence—such as those which are derived from their sexuality, including for example, control of reproduction and menstruation. For women with disabilities, issues of abuse, neglect, discrimination and omission often provide the conditions and contexts that deny human rights and also lead to violence.

Researchers have identified a litany of physical, psychological, emotional and behavioural effects of all forms of violence against women, whereas the specific effects of violence against women with disabilities remain comparatively unresearched. Violence as a cause of disability is another area where the research is limited. Violence against women and girls with disabilities in institutions and harmful practices as a cause of disability both warrant further attention.

Society's responses to violence against disabled women indicate that not only are disabled women often marginalised and ignored, but they can experience violence within and by the very systems and settings which should be affording them protection and care.

Some examples of efforts to address the issue exist, mostly at a local level. However, current areas of legislation, policy and services which focus on the broader issue of violence against women, indicate a prevailing lack of awareness about the complexity of issues facing women with disabilities in relation to violence.

Preventing violence against women with disabilities requires political will and commitment to action which seeks to simultaneously end gender inequality and disability discrimination. Fundamental also is the need for a human rights approach and framework to conceptualise and address violence against women with disabilities.

Eradicating violence against women and girls with disabilities will require commitment, courage, creativity, thoroughness, and coordinated action between women with disabilities and their supporters, governments, non-government organisations and human rights bodies throughout the world. Central to these processes is meaningful engagement with women with disabilities so that their experiences and their views are integral to identifying potential solutions and building successful interventions.

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Women With Disabilities Australia (WWDA) (1997) (Revised 2006) "**More Than Just A Ramp - A Guide for Women's Refuges to Develop Disability Discrimination Act Action Plans."** Prepared for Women With Disabilities Australia (WWDA) by Fiona Strahan. Women With Disabilities Australia (WWDA), Tasmania, Australia.

Women With Disabilities Australia (WWDA) (2004) **Submission to the South Australian Government's Discussion Paper: "Valuing South Australia's Women: Towards A Women's Safety Strategy For South Australia".** Women With Disabilities Australia, Tasmania, Australia.

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Women With Disabilities Australia (WWDA) (2005) Submission from Women With Disabilities Australia (WWDA) to the Human Rights and Equal Opportunity Commission (HREOC) National Inquiry into Employment and Disability. Women With Disabilities Australia, Tasmania, Australia.

Women With Disabilities Australia (WWDA) (2005) **Submission to the Australian Government on the on the "Chairman's Text for a Comprehensive and Integral International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities".** Women With Disabilities Australia, Tasmania, Australia.

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Youth Advocate Program International (2000) **Discrimination Against the Girl Child.** Booklet No. 6 in a Series on International Youth Issues. YAPI, Washington DC.

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violence against women with disabilities: Annotated bibliography 1990-2006

The resource materials in this Annotated Bibliography include published journal articles, books, research reports, kits, conference papers, fact sheets, training materials and more. The information provided here covers materials produced and/or published between the years 1990 to 2006. Women With Disabilities Australia (WWDA) holds a copy of most of the materials listed.

Abramson, W. H., Emanuel, E. J., & Hayden, M. (Eds) (2000) Feature issue on violence and women with developmental and other disabilities. IMPACT, Vol. 13, No. 3. Minneapolis: Institute on Community Integration, University of Minnesota.

This feature issue of IMPACT examines violence as it affects women with disabilities—what is known, what isn't known, and what needs to be done to prevent it and to help women recover from it. There are articles that offer strategies and ideas for bringing together disability service providers, sexual and domestic violence programs, law enforcement and the justice system, policymakers, researchers, and women with disabilities.

Alexander, R., Bradley, L., Alarcon, G., Triana-Alexander, M., Aaron, L., Alberts, K., Martin, M. & Stewart, K. (1998) Sexual and physical abuse in women with fibromyalgia: Association with

outpatient health utilization and pain medication usage. Arthritis Care and Research, Vol. 11, No.2, pp. 102-115.

The objective of this study was to evaluate the relationship between sexual and/or physical abuse and health care usage in female patients with fibromyalgia and identify variables that may influence this relationship. The study found that there is an association in fibromyalgia patients between sexual/physical abuse and increased use of health care services and medications for pain. This association may be influenced by clinical symptoms, functional disability, psychiatric disorders, stress and abnormal pain perception.

Allies for Women in Need of Services (2004) Violence against women with disabilities. Richmond, VA: Virginia Sexual and Domestic Violence Action Alliance.

This is a report of a Project undertaken by Virginians Aligned Against Sexual Assault (VAASA) in partnership with Virginians Against Domestic Violence (VADV), and Global Organisation of Feminists with Disabilities (GOFWD). The Project researched the frequency with which women with mental health and cognitive disabilities access domestic violence and sexual assault programs; the ability of service providers to identify domestic violence, sexual assault and stalking among the women they serve; the extent of services provided; and the training, technical assistance and resource needs of service providers.

American Academy of Pediatrics (2001) Assessment of Maltreatment of Children with Disabilities. Pediatrics, Vol.108, No.2, pp.508-512

Widespread efforts are continually being made to increase awareness and provide education to pediatricians regarding risk factors of child abuse and neglect. The purpose of this statement is to ensure that children with disabilities are recognised as a population that is also at risk for maltreatment. The need for early recognition and intervention of child abuse and neglect in this population, as well as the ways that a medical home can facilitate the prevention and early detection of child maltreatment, should be acknowledged.
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Anderson, J., Dyson, L., & Grandison, T. (1998) African-Americans, Violence, Disabilities, and Public Policy: A Call for a Workable Approach to Alleviating the Pains of Inner-City Life. Western Journal of Black Studies, Vol.22, No.2, pp. 94-102.

The crime problem in many African-American communities threatens the prospect that future generations will survive or live conventional lives. Despite the punitive practices used by the criminal justice system to prevent crime in these areas, problems exacerbate leaving many to doubt that this is the best approach. However, the public health approach holds promise for communities saturated by violence and social disorganisation.

Ansell, K. (2005) Hitting home: Stories of disabled women. Ouch! Disability Magazine. London.

This article relates the experiences of four disabled women featured in the **Disbelief** video produced in 2004 by the Leeds-Interagency Project, an organisation providing support for women in Leeds who are experiencing domestic violence. **Disbelief** was the work of Jane Bethell, a disabled woman whose role is to provide support specifically for disabled women experiencing domestic violence, and to raise awareness of the particular issues disabled women face when they become victims of abuse.

Arias, I. (2004) The Legacy of Child Maltreatment: Long-Term Health Consequences for Women. Journal of Women's Health, Vol. 13 No. 5, pp 468–473.

Available retrospective and longitudinal data suggest that child maltreatment has a significant negative impact directly on women's physical and mental health in childhood adolescence, and adult hood. Additionally, childhood maltreatment is a critical risk factor for physical and sexual victimisation in adulthood, especially by an intimate partner. The results of existing empirical studies point to the importance of preventing child maltreatment and its short-term and long-term consequences. Intervening at an early stage may reduce a child's likelihood of developing long-term health problems, and also reduce the public health burden of child maltreatment by preventing future health problems and revictimisation in adulthood with all its negative health consequences.

Atkinson, D. & Hackett, G. (2004) Chapter 2: Oppression of People with Disabilities: Past and

Present, In Counseling Diverse Populations (3rd Edition). McGraw-Hill. Boston.

This chapter examines the various forms of oppression experienced by people with disabilities. It identifies three views of people with disabilities which have been held from prehistoric through contemporary times in Western culture. These views are: 1) the burdensome view 2) the charitable view and 3) the egalitarian view. The authors hold that each of these views is still present to some extent in modern society. The current discrimination of people with disabilities is examined and includes discussion of societal, educational, economic, and access discrimination as well as the continued abuse of disabled people. The authors refer to a number of studies which indicate the higher rates of abuse of women with disabilities. They acknowledge the lack of large-scale studies which focus on the abuse of women with disabilities.

Australian Broadcasting Commission (ABCTV) (2003) "Walk In Our Shoes": Four Corners (ABC TV) explores the issue of sterilisation of people with disabilities. ABC TV, Australia.

In June 2003, the current affairs program Four Corners (ABCTV) broadcast a program entitled "Walk In Our Shoes". The program explored the issue of whether, and in what circumstances, disabled women (and men) should be sterilised. In this emotionally compelling documentary, the people at the heart of the sterilisation debate—disabled people, their parents and their carers—speak with remarkable candor about their experiences, frustrations and dilemmas. The transcript of the Program is available from the WWDA website.

Baladerian, N. (1994) Abuse and Neglect of Children with Disabilities. ARCH National Resource Centre for Respite and Crisis Care Services, ARCH Factsheet No.36.

This factsheet from ARCH National Resource Centre for Respite and Crisis Care Services (US) provides an overview of the abuse and neglect of children with disabilities. It covers background to the issue, abuse as a cause of disability, signs of abuse, prevention, intervention, and recommendations.

Banks, M. & Kaschak, E. (Eds) (2003) Women with Visible and Invisible Disabilities: Multiple Intersections, Multiple Issues, Multiple Therapies. The Haworth Press, Binghamton, New York.

This book begins with a discussion of the social construction of disability in women, and provides a collection of comprehensive chapters that addresses the ways in which women experience disability and navigate their lives in a world that sees them very differently than they see themselves. The book's 22 chapters address the impact of disability on identity, how ethnic and gender minorities are multiply discriminated against, issues related to having a part-time disability, employment issues and the relationships between disability and sexuality.

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Barile, M. (1992/1993) Validation as prevention for women with disabilities. Women's Education des femmes, Vol. 8, No. 1 (Winter).

This brief article argues that it is the social denial of violence against women with disabilities that enables aggressors to continue perpetrating violence against disabled women. This cycle of silence is fed by myths about women with disabilities which supports trends in behaviours towards them, which in turn reinforce the myths.

Barile, M. (2002) Individual-Systemic Violence: Disabled Women's Standpoint. Journal of International Women's Studies, Vol. 4, No. 1, pp.1-14.

This article presents an insider reflection on questions of violence and women with disabilities. It explores reasons for the systemic omission of women with disabilities from mainstream research and from services addressing non-disabled women's experiences. This article argues that violence against women with disabilities assumes many forms, both individual and systemic. It explores how exclusion of disabled women from mainstream services, coupled with the lack of funding for their organisations, and the poverty lived by women with disabilities, renders more difficult the task of these organisations to respond to members needs.

Beail, N. & Warden, S. (1995) Sexual Abuse of Adults with Learning Disabilities. Journal of Intellectual Disability Research, Vol. 39, No.5, pp.382-387.

The nature, treatment and affect of sexual abuse of adults with learning disabilities was examined through survey and clinical study of 88 adult clients age 16+ of a clinical treatment facility in England. Results revealed that 25% had experienced sexual abuse but in only 3 cases was the abuse discovered or reported to care

givers. In 18 instances the abuse was perpetrated by someone the victim knew. Abuse was ongoing in 17 cases. Inappropriate sexual behaviour and emotional and behavioural difficulties were common effects of the sexual abuse.

Beck-Massey, D. (1999) Sanctioned war: Women, violence, and disabilities. In S. Welner (Ed.), Women's health and gynecological care [Special Issue]. Sexuality and Disability, Vol. 17, No. 3, pp. 269-276.

This article argues that the abuse of women with disabilities constitutes a "Sanctioned War", in which one gender is systematically decimated through power and control. In one way or another it is sanctioned by the society at large. The author catalogues numerous ways in which women with disabilities are abused, and concludes that more work and agencies need to be recruited to join the fight against this Sanctioned War.

Benevolent Society of NSW and Macarthur Disability Services (2004) Fabulous Femmes: A Resource Kit—inspiration and resources to improve services for women with disabilities affected by domestic violence. Benevolent Society of NSW. Sydney, Australia.

This resource kit encourages partnership among the domestic violence and disability sectors to improve services and support for women with disabilities affected by domestic violence. The Kit shares inspiring stories about the women with disabilities who participated in the project. It provides practical information and tips about engaging with and responding to women with disabilities

and intersectoral partnering between disability and domestic violence organisations.

Bernard, C. (1999) Child Sexual Abuse and the Black Disabled Child. Disability & Society, Vol.14, No.3, pp.325-339.

This paper seeks to document a previously neglected area of study, namely the effects of sexual abuse on black disabled children. With a particular focus on black children with learning disabilities, it examines how the interlocking dimensions of race, gender and disability compound the problems that they are faced with in the aftermath of sexual abuse. This paper presents case studies drawn from data generated from a broader research project of sexual abuse and black families to illustrate the specific ways the negatively valued position of black disabled children shape responses to them. The paper concludes with some reflections on the implications for making risk assessment for black disabled children.

Blackford, K., Cuthbertson, K., Odette, F., & Ticoll, M. (Eds) (1993) Women and Disability. Canadian Woman Studies/Les Cahiers de la Femme, Vol. 13, No.4, Summer 1993. Published by Inanna Publications and Education.

This edition of the feminist journal Canadian Woman Studies is a collection of papers by and for disabled women. It includes poetry, essays and narratives. It covers a wide range of issues including motherhood, access, sexuality, education employment, reproductive rights, euthanasia, relationships, abuse, and more.

Boylan, E. (1991) Women and Disability. London: Zed Books.

This book touches on all aspects of life for disabled women. It has contributions from women with disabilities, professionals, non-government organisations, and United Nations organisations. Information concerning challenges faced by women with disabilities throughout the world is covered, both in terms of survival and belonging to their respective communities. Topics cover: stigma, double discrimination, human rights of women with disabilities and violation of these rights. It also looks at issues of prevention, rehabilitation, education, employment, care giving, ageing, and taking control of one's life.

Bradley, K. (2003) The Victimisation of Adults with Developmental Disabilities: Assessing Risk, Prevalence, Nature of Victimisation, Characteristics of Victimizers, and Criminal Justice System Response in Orange County, California. Dissertation Abstracts International, A: The Humanities and Social Sciences, 2003, 64, 1.

This research examined the victimisation of people with developmental disabilities in Orange County, California using a mixed methodology involving quantitative and qualitative data. The quantitative analyses indicated that clients who were under the supervision of a vendored care provider in their daily living, or had diagnosed psychiatric disorders, or reports of aggressive incidents, were more likely to have reported victimisations. A central finding of the qualitative data was that adults with

developmental disabilities face a different, and broader, array of victimisation than do persons without developmental disabilities. This research project also mapped the criminal justice system response (or lack thereof) to assess the gate-keeping role of key decision makers and their impact upon the victimisation process. The findings indicate that victims with developmental disabilities will encounter many barriers before they can take the witness stand.

Brady, S. (2001) Sterilisation of Girls and Women With Intellectual Disabilities: Past and Present Justifications. Violence Against Women, Vol.7, No.4, pp. 432-461.

This article describes findings from empirical research examining sterilisation applications for minors made to the Family Court of Australia between 1992 and 1999. Original materials and written reports from "experts", family members, and judicial officers are used to highlight the dominant discourse and themes. These are compared with historical characterisations of young women with disabilities used during the notorious eugenics period in the first half of the 20th century. The new ways of justifying sterilisation use the sanitised language of "best interests," silencing constructionist approaches to disability and gender issues. The new ways are reminiscent of the old ways of discrimination, prejudice, and violation.

Brady, S. & Grover, S. (1997) The Sterilisation of Girls and Young Women in Australia - A Legal, Medical and Social Context. A report commissioned by the Federal Disability Discrimination

Commissioner; Human Rights and Equal Opportunity Commission, Sydney, Australia.

This report concentrates on the sterilisation of girls and young women. The report poses a range of unanswered and grave questions about the fundamental breach of human rights and well-being of children subject to unauthorised sterilisation procedures. It suggests that a genuine concern for protection of the child's best interests should be about a broader advocacy of the child's interests not simply the narrow legal questions of who should make the decisions and how they should be made. The report suggests that fundamental to the success of protecting and ensuring best interests is the support and cooperation of a broader community of medical practitioners, human service providers, specialist consultants in disability, advocates and others. Any weak link will compromise positive outcomes for the child.

Brady, S., Briton, J., & Grover, S. (2001) The Sterilisation of Girls and Young Women in Australia: Issues and Progress. A report commissioned by the Federal Sex Discrimination Commissioner and the Disability Discrimination Commissioner; Human Rights and Equal Opportunity Commission, Sydney, Australia.

This report summarises some developments since the 1997 Report "**The Sterilisation of Girls and Young Women in Australia - A Legal, Medical and Social Context"**, including responses to it, most notably debate about the numbers of sterilisations being performed. It provides up-to-date information on the number of applications to the Family Court or relevant State

Guardianship Tribunals. It is written to contribute to further community discussion in this sensitive area.

British Columbia Centre of Excellence for Women's Health (2000) The Challenges of Change: The Midlife Health Needs of Women with Disabilities. Prepared by Marina Morrow for the British Columbia Centre of Excellence for Women's Health, Vancouver, Canada.

This is a report from a study undertaken into the interconnections between menopause, disability and ageing. The study reports on the fact that very little is known about the specific experiences and concerns of the midlife issues of disabled women. The authors discuss how difficult it is to distinguish the differential impacts of menopause, ageing and the effects of disability, particularly when the lives of women with disabilities are often marked by poverty, experiences of violence and social discrimination.
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British Columbia Centre of Excellence for Women's Health (2002) Violence and Trauma in the Lives of Women with Serious Mental Illness: Current Practices in Service Provision in British Columbia. Prepared by Marina Morrow for the British Columbia Centre of Excellence for Women's Health, Vancouver, Canada.

This is a report from a research study from British Columbia. The study examined the practices in service provision to women with serious mental illness who have experienced violence and trauma. The report recommends that mental health policy makers and planners provide leadership in the development of

training and practice guidelines for working with women who are trauma and violence survivors. The report also recommends collaborations and cross-training between the mental health sector and organisations addressing violence against women.

Brouner, J. (2004) Will Lightning Strike If We Tell The Truth? Rape, disability and other conversations to avoid in polite company. RESHAPE—The Newsletter of the Sexual Assault Coalition Resource Sharing Project. Issue 12, Fall 2004.

This article is written by a disabled woman who works with survivors of sexual assault with disabilities. The author argues that the prevailing stereotypes of people with disabilities as "burdens", inform public policy and service delivery models which only serves to contribute to the violence people with disabilities face. She asserts that the major barrier to sexual assault services for disabled survivors of sexual assault is attitude—an attitude of fear and resistance. She contends that it is only a shift in thinking that will lead to a change in practice.

Brown, H. (2004) A Rights-Based Approach to Abuse of Women with Learning Disabilities; Tizard Learning Disability Review, Vol.9, No.4, pp. 41-44.

This paper provides a brief overview of abuse and protection, with a particular focus on women with learning disabilities. The paper reviews some useful models of abuse, to guide practice and frame further research. It also reflects guidance issued by the UK Department of Health in 2000 (**No Secrets**), which has resulted in a coherent framework for use throughout

local authorities and other statutory agencies to address abuse against all vulnerable adults.

Brown, H. & Turk, V. (1994) Sexual abuse in adulthood: Ongoing risks for people with learning disabilities. Child Abuse Review, Vol. 3, Issue 1, pp.26-36.

This paper reports findings of a 3-year research programme into the sexual abuse of adults with learning disabilities conducted at the University of Kent. Inconsistent reporting to and by services can be seen in the results, including lack of agreed practice around consent to sexual activities between service users. Abuse is also perpetrated by staff, volunteers, family members and other known and trusted adults. Abuse reported was predominantly perpetrated by men on both women and men with learning disabilities, and the gender issues raised by tackling sexual abuse in unequal staff teams, with their male style of management and a female workforce, are considered. Outcomes of the reporting process are considered and services for adults are urged to take a more proactive stance.

Brownridge, D. (2006) Partner Violence Against Women With Disabilities: Prevalence, Risk, and Explanations. Violence Against Women, Vol.12, No.9, pp. 805-822.

Using a representative sample of 7,027 Canadian women living in a marital or common-law union, this investigation examined the risk for partner violence against women with disabilities relative to women without disabilities. Women with disabilities had 40%

greater odds of violence in the 5 years preceding the interview, and these women appeared to be at particular risk for severe violence. An explanatory framework was tested that organised variables based on relationship factors, victim-related characteristics, and perpetrator-related characteristics. Results showed that perpetrator-related characteristics alone accounted for the elevated risk of partner violence against women with disabilities.

Bruder, C. & Kroese, B. (2005) The efficacy of interventions designed to prevent and protect people with intellectual disabilities from sexual abuse: a review of the literature. The Journal of Adult Protection, Vol 7, No. 2, pp. 13-27.

This paper reviews the clinical interventions used to address the vulnerability of people with intellectual disabilities to sexual abuse. Prevalence of sexual abuse for this group is discussed. Factors that are considered to put people with intellectual disabilities at an increased risk of sexual abuse are also discussed. As the teaching of protection and prevention skills to adults and children with intellectual disabilities has been put forward as an effective intervention to help avoid sexual abuse, a review of nine studies that attempted to evaluate such intervention programmes is carried out. It is concluded that adults with intellectual disabilities can successfully be taught skills to prevent and protect themselves from sexual abuse. However, issues around the generalisation and the maintenance of acquired skills have to be considered. Recommendations for future research are made. Finally, the clinical implications of the results of this review are discussed.

Byrnes, L. (1996) Sexual assault of women with intellectual disabilities: legal issues. In: Balancing the scales: conference papers / National Conference on Sexual Assault (1996: Perth, WA). Perth, WA: Sexual Assault Referral Centre, 1996.

In this paper, the author examines the legal provisions which seek to ensure that people with disabilities are treated equitably and protected from abuse. She examines the situation when someone with an intellectual disability is the alleged offender, and how those who are victims are protected. A number of challenges and questions are also raised in the paper.

Calderbank, R. (2000) Abuse and Disabled People: vulnerability or social indifference? Disability & Society, Vol.15, No.3, pp. 521-534.

This paper analyses current literature surrounding issues of abuse and disability, and discusses whether the forms of abuse experienced by disabled people results from an individual vulnerability, or as a consequence of social attitudes towards disabled people. Three case studies form supportive evidence, and have been compiled from personal research, they represent a combination of abusive features, rather than any one individuals situation. The study hopes not to suggest that all disabled people are especially vulnerable in abuse, but asks if society and existing welfare services acknowledge and respond to allegations of abuse without prejudice to disability.

Canadian Association of Independent Living Centres (CAILC) (1999) Home Safe Home: Violence Against Women with Disabilities Living in Institutions and Group Homes. Produced by Kingston Independent Living Centre. CAILC, Ottawa.

This is a resource on abuse and violence issues for women with disabilities living in institutions and group homes. It is written is Easy English and includes clear drawings to help explain the text. It explains violence and abuse, rights to safety, what to do if abused, where to get help.

Canadian Association of Independent Living Centres (CAILC) (1998) Violence Against Women with Disabilities: Guidelines for Service Providers. Produced by Kingston Independent Living Centre. CAILC, Ottawa.

An in-depth look at violence issues as they pertain to women with disabilities, and types of barriers which often need to be overcome to facilitate reporting.

Canadian Association of Independent Living Centres (CAILC) (2000) Responding to Differences: A Guide for Professionals Assisting Women with Disabilities who have been abused. Produced by Kingston Independent Living Centre. CAILC, Ottawa.

This booklet has been written to serve as a quick reference guide for emergency and legal personnel who may be called upon to work with women with disabilities who have experienced violence. The booklet provides a basic introduction to the issue of violence against women with disabilities. It also includes some specific

suggestions relating to accommodations that some women with disabilities may find helpful, some basic information relating to the disclosure process and some guidelines for working with women with disabilities.

Canadian Association of Independent Living Centres (CAILC) (2001) Train-the-Trainer: Crime, Violence and Abuse Prevention for People with Disabilities. Produced by Kelli Moorey and the Independent Living Resource Centre of Calgary. CAILC, Ottawa.

This training manual provides information for people with disabilities to enable them to identify, prevent and deal with crime, violence and abuse. It gives explanations about what to do, where to go and how to help others.

Canadian Association of Independent Living Centres (CAILC) (2003) What to do When: A Manual for Women with Disabilities who have been abused. Produced by Thunder Bay Independent Living Resource Centre. CAILC, Ottawa.

This is an online resource for women who have been abused so that they can learn how to advocate for themselves and seek help through the justice system. The manual utilises a story approach—and traces the pathway of a disabled woman who has been abused. The manual provides information about abuse; how to protect oneself; getting help; accessing the justice system. It also provides a glossary of terms and local service information.

Cardinali, R. & Gordon, Z. (2001) Cliff Jumping: empowering actions for disabled women. Equal Opportunities International, Vol.20, N0. 8. pp. 17-24.

This article explains the problems disabled women have with the obstacles they must overcome to "cliff jump". It focuses on the research literature, pointing out that much of this has been oppressive. It argues that the research reinforces on those with disabilities that the differences they face are the results of their individual limitations or inadequacies rather than the limitations of society. The discussion covers areas such as attitude, education, health care, abuse, information and empowerment.

Carlson, B. (1997) Mental Retardation and Domestic Violence: An ecological approach to intervention. Social Work, Vol.42, No.1, pp. 79-89.

The public and health and law enforcement professionals have finally become aware of the problem of domestic violence among community-dwelling women with developmental disabilities such as mental retardation. This article presents an ecological approach to analysing factors that contribute to and maintain such abuse. Service needs of women with developmental disabilities who experience domestic violence as well as assumptions that should underlie treatment are addressed within an ecological framework. Assessment and individual and group intervention are discussed, including the development of a personal safety plan. A case example is provided.

Carmody, M. (1991) Invisible victims: Sexual assault of people with an intellectual disability. Australia and New Zealand Journal of Developmental Disabilities, Vol. 17, Issue 2, pp 229-236.

This paper discusses the lack of attention which has been given by helping professionals, police, welfare and legal systems concerning the sexual assault of adults who are intellectually disabled. Reasons why people with intellectual disability are particularly vulnerable to sexual assault are also explored. A research project conducted in 1989-1990 by the author for the NSW Women's Co-ordination Unit is described and the major findings discussed.

Carroll, A., Taylor, M., & Warner, A. (1998) Daughter, mother, other: life cycles, women with disabilities and domestic violence. In: Everybody's business: 2nd National Conference on Children, Young People and Domestic Violence: conference proceedings. Brisbane, Qld: Domestic Violence Resource Centre, 1998, pp.87-95.

The particular problems for women with a disability who experience domestic violence are addressed in this paper which reports on a research and design project developed by MIMS and Associates for the Department of Families, Youth and Community Care in Queensland, to research information strategies for these women and then design accompanying information resources. Literature on this area is reviewed; the history of disability outlined, incorporating common myths about women with disability; and issues of social isolation and obstacles faced by women in accessing support are discussed.

Carville, D. (2004) Disbelief: A Pack for Workshops on Issues Facing Disabled Women Experiencing Violence From Men They Know. Leeds Inter-Agency Project. Unity Business Centre, Leeds.

The activities and discussion themes in this Training pack look at models of disability, common explanations of domestic violence, blame culture, and the support that is available. The video included in the training pack features four disabled women whose stories bring forth the startling reality of an issue that is largely ignored by society.

Chang, J., Martin, S., Moracco, K., Dulli, L., Scandlin, D., Loucks-Sorrel, M., Turner, T., Starsoneck, L., Dorian, P., & Bou-saada, I. (2003) Helping Women with Disabilities and Domestic Violence: Strategies, Limitations and Challenges of Domestic Violence Programs and Services; Journal of Women's Health, Vol.12, No.7, pp. 699-708.

This article describes the types of services provided to women with disabilities at community-based domestic violence programs available in the state of North Carolina during 2003, the challenges faced, and strategies used to provide the services. The participants in this study also described some of the challenges of serving women with disabilities, including lack of funding, lack of training, and structural limitations of service facilities. Strategies used by the programs to overcome these challenges were networking and coordinating care with organisations that specifically serve women with disabilities.

Chappell, M. (2003) Violence Against Women with Disabilities: A Research Overview of the Last Decade. British Columbia Institute Against Family Violence Newsletter, Spring 2003.

This article gives a brief overview of research undertaken on violence against women with disabilities from the late 80"s to the late 90"s. It is mainly focused on Canadian research and covers incidence, risk factors, types of abuse experienced and access to the criminal justice system. It also discusses the need to include women with disabilities as active partners in the development of services and programs.
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Charowa, G. (2005) Body blows: in the thick of Zimbabwe's current turmoil, women with disabilities face hellish prejudice, hunger and rape. Gladys Charowa bears witness. New Internationalist, November.

This article gives a graphic account of the plight of disabled women and girls in Zimbabwe. It describes the many forms of abuse perpetrated against them. The author describes some of the traditions and customs of Zimbabwean culture which expose the girl child (including those with disabilities) to abuse. The author also discusses the prevailing myth that having sex with a disabled woman or girl cures HIV and links this to the high incidence of rape of disabled women and girls in Zimbabwe. She reports that girls with disabilities as young as 2 years old are being sexually abused by caregivers and relatives who believe in the HIV/AIDS "cure" myth.

Chenoweth, L. (1993) Invisible Acts: Violence Against Women with Disabilities. Australian Disability Review, Vol. 2, pp. 22-28.

This paper argues that there are unique issues for women with disabilities who are abused or subjected to acts of violence. Being relegated to a marginalised status by their disability and further discriminated against through their gender, these women score "two strikes". One consequence of this is that they are rendered invisible in both disability and women's movements. This invisibility of identity not only exposes women with disabilities to grave risks of physical, emotional and sexual abuse but also limits their chances of obtaining support from existing services for other victims of violence. Adopting a feminist critique of disability, this paper offers an analysis of violence committed against women with disabilities and explores some of the key issues fundamental to a societal response to such violence.

Chenoweth, L. (1997) Violence and Women with Disabilities: Silence and Paradox in Cook, S. & Bessant. J. (1997) Women's Encounters with Violence: Australian Experiences. London: Sage Publications.

This chapter acknowledges the Australian Government's initiatives designed to raise awareness and instigate policies aimed at reducing the incidence and severity of violence in women's lives, but points out that women with disabilities have been conspicuously absent or minimally represented in these policies. Drawing on the contributions of feminist disability studies and violence and disability research, this chapter describes the

experience of violence encountered by women with disabilities in an Australian context. This chapter also reviews several inquiries and reports into violence against women with disabilities in Australia.

Chenoweth, L. & Cook, S. (Eds) (2001) Violence against women with disabilities [Feature issue]. Violence Against Women, Vol. 7, No. 4.

This edition of the International Violence Against Women Journal is devoted to the issue of violence against women with disabilities. In taking a broad definition of violence, the edition contains articles about a range of abuses of disabled women. It includes papers on the abuse of disabled women by personal assistants; abuse assessment models; sterilisation as a form of violence; abuse of women with intellectual disabilities in psychiatric care; and issues confronting researchers endeavouring to conduct empirically sound research in the area of women with disabilities.

Cockram, J. (2003) Silent Voices: Women With Disabilities and Family and Domestic Violence. A joint project of People with Disabilities (WA) Inc., the Ethnic Disability Advocacy Centre and the Centre for Social Research, Edith Cowan University, Perth, Australia.

This research project arose as a result of the widespread experience of women with disabilities, disability and community agencies and the paucity of relevant literature in family and domestic violence. The project was developed in response to the many calls for research into these issues. The objectives for the research were to: document the nature and extent of

family and domestic violence against women with disabilities who have accessed services in Western Australia; and identify whether the needs of women with disabilities are being adequately addressed by relevant services.

Cohen, M., Forte, T., Du Mont, J., Hyman, I. & Romans, S. (2005) Intimate partner violence among Canadian women with activity limitations. Journal of Epidemiology & Community Health, Vol.59, No.10, pp. 834-839.

The objective of this study was to determine the prevalence of intimate partner violence (IPV) in the previous five years among women reporting activity limitations (AL). The study involved analysis of the Canadian general social survey (GSS) which focused on violence and victimisation. 8771 women who had a current/ former partner of whom 1483 reported AL, participated in the study. IPV was reported more often for AL women than with no AL women. The study suggests that abuse among those reporting AL is high and provides empirical data on the extent of abuse against women with health related difficulties. The study concludes that women with AL represent a high risk group to be targeted in terms of PPV prevention and intervention, and that more research is needed to identify causes and risk factors.
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Coker, A., Smith, P., & Fadden, M. (2002) Intimate partner violence and disabilities among women attending family practice clinics. Journal of Women's Health, Vol. 14, No. 9, pp. 829-838.

The objective of this research study was to estimate the frequency and type of disabilities preventing work among those experiencing intimate partner violence (IPV) compared with those never experiencing IPV. Of 1,152 eligible women surveyed, 54% experienced some type of IPV, and 24% were currently in a violent relationship. Women who had ever experienced IPV were more than twice as likely to report a disability. The authors conclude that primary care-based efforts to screen for IPV and effectively intervene to reduce the impact of IPV on women's lives must be a public health priority to reduce the short-term and long-term health effects, including disabilities.

Conway, R., Bergin, L., & Thorton, K. (1996) Abuse and Adults with Intellectual Disability Living in Residential Services. National Council on Intellectual Disability, Canberra.

The aim of this research study was to take the initial steps towards establishing a national picture of the extent of people's knowledge and views about abuse of adults with intellectual disability and related issues. The study focuses on abuse of people with intellectual disabilities living in residential services operated by government. The report is structured into four areas: literature review; stage one survey results; stage two survey results; and discussion and conclusions.

Copel, L. (2006) Partner Abuse in Physically Disabled Women: A Proposed Model for Understanding Intimate Partner Violence. Perspectives in Psychiatric Care, Vol. 42; No. 2. pp. 114-129.

This study used a qualitative research design to address the abuse experience of physically disabled women. The participants identified multiple incidences of abuse, focusing on how the abuse began, proceeded and terminated. A model was constructed to depict the abuse experience. The progression of abuse triggers, responses of the women, the abuse episode, after-effects, and the slow return to usual routines were identified.

Cramer, E., Gilson, S., & DePoy, E. (2003) Women with disabilities and experiences of abuse. Journal of Human Behavior in the Social Environment, Vol. 7, (3-4), pp. 183-199.

A qualitative study of disabled and non-disabled professionals and survivors of abuse revealed a range of types of abuse endured by women with disabilities, some of which were unique to that population. Two major themes emerged from data analysis: vulnerable beginnings and complexity of abuse. Three sub-themes are encompassed within complexity of abuse: active abuse, abuse through image, and contextual abuse by social service/legislative systems. The authors present data essential to an informed assessment and analysis of abuse that considers the person-in-environment circumstances of women with disabilities. Implications for future research and the human behavior in the social environment curriculum are discussed.

Crawford, D. & Ostrove, J. (2003) Representations of Disability and the Interpersonal Relationships of Women with Disabilities. Women & Therapy, Vol. 26, No.3/4, pp.179-194.

This paper explores the relation between societal representations of disability and the intimate relationships of women with disabilities. The study confirmed that views of people with disabilities as incompetent and helpless, intellectually challenged, super-capable and asexual, continue to influence the lives of women with disabilities. Most of these stereotypes were encountered by women with different types of disabilities, suggesting that these categories are fairly universally applied. With respect to intimate relationships, the women had had a wide variety of both positive and negative experiences. The issue of violence against women with disabilities is discussed in the context of the intimate relationships of women with disabilities.

Cross, P. & Anello, B. (2003) Disclosure of records workshop for women with disabilities and Deaf women. North Bay, Ontario: DAWN Ontario & Ontario Women's Justice Network (OWJN).

This workshop was designed to assist women with disabilities and deaf women make informed decisions regarding their therapeutic, medical and personal records. It focuses on how these records might be used in a variety of legal proceedings in which women who have experienced violence might become involved.

Crossmaker, M. (1991) Behind Locked Doors—Institutional sexual abuse. Sexuality and Disability, Vol.9, No.3, pp. 201-219

In exchange for freedom and privacy lost during institutionalisation, residents should be provided with reasonable protection from harm. However, the

dynamics of institutionalisation, factors contributing to sexual abuse, and attitudinal barriers inhibiting the integration of people perceived as disabled, merge to increase the likelihood that sexual abuse will occur in psychiatric hospitals, developmental centers and other places of confinement. The vulnerability of institutionalised people labeled mentally ill and developmentally disabled (many of them with histories of abuse) is discussed and recommendations for increased safety offered.

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Csoboth, C., Birkas, E., & Purebl, G. (2005) Living in Fear of Experiencing Physical and Sexual Abuse Is Associated with Severe Depressive Symptomatology among Young Women. Journal of Women's Health, Vol.14, No. 5, pp. 441-448.

The purpose of this study was to analyse the relationship among fear of being abused, direct experience of physical and sexual abuse, and severe depressive symptoms among young women. The study found that severe depressive symptoms were significantly more common among women who were abused physically or sexually in the past year or abused by a partner or important person during their lifetime. The authors conclude that not only the direct lifetime experience of abuse but also the presence of fear of abuse is associated with severe depressive symptomatology among young women.

Curry, M., Hassouneh-Phillips, D., & Johnston-Silverberg, A. (2001) Abuse of women with disabilities: An ecological model and review. Violence Against Women, Vol. 7, No. 1, pp. 60-79.

This article highlights the problem of abuse of women with disabilities and examines the state of the science through a review of literature. An ecological model is presented that examines relevant individual, environmental, and cultural factors. The authors hope that this article will stimulate awareness of this problem and future research in this important area.

Curry, M. & Navarro, F. (2002) Responding to abuse against women with disabilities: Broadening the definition of domestic violence. Health Alert, Vol. 8, No. 1, pp. 1-5. San Francisco, CA: Family Violence Prevention Fund.

This article emphasises the critical need for health care providers to recognise and respond to an extended definition of domestic violence when serving women with disabilities. The paper describes the nature of abuse against women with disabilities and the forms of abuse that are unique to them. It acknowledges that traditionally health care providers have not considered addressing the abuse that exists for their clients with disabilities as part of their role or responsibilities and have not recognised the interconnectedness of the abuse and the disability. Strategies for health care providers to address the issue of violence against women with disabilities are discussed.

Curry M., Powers L., & Oschwald, M. (2003) Development of an abuse screening tool for women with disabilities. Journal of Aggression, Maltreatment & Trauma, Vol. 8, No. 4, pp. 123–41.

The purpose of this study was to develop an abuse-screening tool unique to women with disabilities. The tool, which was based on previous research, was field-tested with 47 women who experienced physical and/or cognitive disabilities. Final refinement of the tool's wording and formatting was accomplished through focus groups and individual interviews. Women with disabilities were receptive to participating in screening, which facilitated the identification of abuse and risk factors. Recommendations for abuse screening and risk assessment with women who have disabilities are presented.

Cusitar, L. (1994) Strengthening the Links Stopping the Violence A guide to the issue of violence against women with disabilities. DisAbled Women's Network (DAWN): Toronto.

This guide was written to introduce readers to the issue of violence against women with disabilities and to provide readers with the information they will need to join in the struggle for change. This guide looks at what was known about violence against women with disabilities from research prior to 1993; how society's myths perpetuate the violence; what women with disabilities say about violence and their perpetrators; and why women with disabilities don't disclose the violence.

Davidson, J. (1997) Every Boundary Broken: Sexual Abuse of Women Patients in Psychiatric Institutions. Women and Mental Health Inc: Rozelle, NSW, Australia.

This research project relates to one of the most disadvantaged groups of women in the community:

those who are disempowered and vulnerable by having a mental illness, and are then sexually abused or exploited within the institution in which they are placed for their own safety. This study is a qualitative, exploratory study of the experiences of women who were abused while they were inpatients in a psychiatric hospital, and of the institutional responses to that abuse.

Davidson, J. & McNamara, L. (1999) Systems that Silence: lifting the lid on psychiatric institutional sexual abuse. In Breckenridge, J. & Laing, L. (Eds) Challenging Silence: Innovative Responses to Sexual and Domestic Violence. Allen and Unwin, St Leonards, pp. 86-102.

This chapter describes the sexual abuse of women in mental health facilities which continues to go unrecognised or denied by health providers. The researchers examine the issue of silence and the use of silencing practices—including the imposition of self-silencing strategies as a form of protection.
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Davis, C. (2003) Domestic and family violence against people with intellectual disabilities. Queensland Centre for the Prevention of Domestic and Family Violence Newsletter, Vol. 1, Issue: 4, pp. 8-10.

The author examines the incidence of domestic violence against people with disabilities, which is more likely to go unreported than other domestic violence. She looks at studies related to abusers and victims and how domestic violence against disabled women differs from other cases.

Dennis, R. (1999) Listening: a tool for minimising violence in the lives of women with disabilities. Women Against Violence, Vol.7, pp. 32-41.

This paper explores the intersection of personal story and identity formation for women with profound intellectual disabilities, nominating the failure of society to listen as the primary violent act. The violence-silence dichotomy is investigated using the stories of a number of intellectually disabled women. The author suggests that disabled women should be encouraged to participate in research, where in the past their stories would not have been heard.

Diaz-Olavarrieta, C., Campbell, J., Garcia de la Cadena, C., Paz, F., & Villa, A. (1999) Domestic Violence Against Patients with Chronic Neurologic Disorders. Archives of Neurology, Vol. 56, pp. 681-685.

The objectives of this study were to determine the prevalence of domestic violence among female patients with chronic neurologic disorders and to identify possible diagnoses associated with the battering syndrome. The study found that one third of female patients with chronic neurologic disorders in Mexico suffer domestic violence. A higher frequency of domestic violence was encountered by patients with diagnosis of functional disorders. The authors conclude that the possibility of domestic violence should be routinely explored in patients with chronic neurologic disorders of functional origin.

Disability Awareness In Action (2002) A Real Horror Story: The Abuse of Disabled People's Human Rights. Report on the results of a project to systematically record human rights abuse against disabled people. Prepared by Richard Light for Disability Awareness In Action. London.

The DAA Human Rights Database was launched by Disability Awareness in Action (DAA) in 1999. This report provides information on just some of the data contained in the Database, with a particular emphasis on the most serious violations. The Database has conclusively shown that disabled people continue to endure significant human rights abuse.

Disability Services Commission Western Australia (1996) Feel Safe—A protective behaviours program for people with a disability. Disability Services Commission, Perth WA.

"Feel Safe" is a preventative program designed to enable adults and older adolescents with impaired cognitive abilities or poor receptive language to develop skills to deal with situations that are unsafe or potentially abusive. The "Feel Safe" package contains a trainer's kit and a participant's kit and is designed to be run over four three hour sessions.

DisAbled Women's Network (1995) (2002) You Deserve to be Safe: A Guide for Girls with Disabilities. DisAbled Women's Network (DAWN), Ontario, Canada.

This video and written guide address the myths about abuse, why it happens, where it happens, how young

women are affected by violence and abuse, and prevention of potential abuse. It also offers resources to contact if abuse has taken place. It is cautioned to have female counsellors available while watching this video as it is possible that the video may trigger strong emotions.

DisAbled Women's Network (1992) Family Violence against Women with Disabilities. DisAbled Women's Network (DAWN), Ontario, Canada.

This Factsheet provides information on Family Violence and Women with Disabilities. It covers: definitions; what makes disabled women vulnerable to family violence; prevalence of abuse; barriers to obtaining help; forms of violence; perpetrators; prevention; and where to get help.

DisAbled Women's Network (1994) We are those women! A training manual for working with women with disabilities in shelters and sexual assault centres. DisAbled Women's Network (DAWN), Ontario, Canada.

This resource manual provides information to educate women on the experiences and issues of concern for women with disabilities who have experienced violence in their lives. It also includes information on practical ways services can ensure accessibility for women with disabilities.

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DisAbled Women's Network (2002) Sexual Assault and Women With Disabilities. DisAbled Women's Network (DAWN), Ontario, Canada.

This Factsheet provides information for women with disabilities on sexual assault. It includes: definitions; and what to do if you have been sexually assaulted, including dealing with police; getting counseling and support; and obtaining medical help.

Domestic Violence and Incest Resource Centre (DVIRC) (2003) Triple Disadvantage: Out of sight, Out of mind. Violence Against Women With Disabilities Project. Prepared by Chris Jennings for DVIRC, Melbourne, Australia.

The primary focus of this Project was to create partnerships between disability services and services for women experiencing violence, in order to better address the needs of women with disabilities who are marginalised by the service system. The Project took the form of a one year demonstration project in the Western Metropolitan region of Victoria (Australia). This Report details the Project, and includes a series of recommendations.

Dowse, L. & Frohmader, C. (2001) Moving Forward: Sterilisation and Reproductive Health of Women and Girls with Disabilities. Women With Disabilities Australia (WWDA), Tasmania, Australia.

This report provides a context for the discussion of sterilisation and reproductive health of women and girls with disabilities. It explores the assumptions made in discussing the issues and examines how they come to manifest themselves in the denial of human rights to bodily integrity and rights to reproductive choice and parenting. It examines the major issues in the debate around sterilisation of girls and women with disabilities

and reports on developments both in Australia and internationally. It also outlines significant issues in reproductive health for women with disabilities. The report reflects the experiences and perspectives of women and girls with disabilities in reporting on the National Forum on Sterilisation and Reproductive Health for Women and Girls with Disabilities held in Sydney (Australia) in February 2001.

Dowse, L. (2004) Moving Forward or Losing Ground? The Sterilisation of Women and Girls with Disabilities in Australia. A paper presented on behalf of Women With Disabilities Australia (WWDA) to Disabled Peoples" International (DPI) World Summit, Winnipeg, September 8-10, 2004.

This paper outlines the work of Women With Disabilities Australia (WWDA) in the area of sterilisation and reproductive rights of women and girls with disabilities. It traces developments in Australia and discusses some of the critical issues in the consideration of sterilisation and reproductive rights as a human rights issue.

Dunnett, M. (2002) Be Safe Be Sure Project: A Project for Women with Intellectual Disabilities on Safety and Sexuality Project Report. Penrith Women's Health Centre, NSW, Australia.

This Report provides information on a one year Project undertaken in the Western area of Sydney (Australia). The Project was an educational project for women with intellectual disabilities in the area of safety and sexuality. The Project also aimed to build partnerships between disability services in the area, mainstream services,

Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse communities.

Elman, A. (2005) Confronting the Sexual Abuse of Women with Disabilities. National Electronic Network on Violence Against Women, National Resource Centre on Domestic Violence, January 2005.

This paper begins with a brief overview of the origins of our knowledge concerning the sexual abuse of women with disabilities. It considers the methodological quandries related to sexual abuse research in general and the data on women with disabilities and the men that abuse them. The author asserts that recognising the obstacles and related gaps in our knowledge about the sexual abuse of women with disabilities may put us in a better position to both grasp the problem and pursue effective strategies for its prevention. The paper concludes with an exploration of the efforts of women with disabilities and their allies to counter sexual abuse.

Elman, A. (1997) Disability Pornography: The Fetishization of Women's Vulnerabilities. Violence Against Women, Vol. 3, No.3, pp. 257-270.

This paper offers a critical exploration of various media, particularly pornography, that both sexualise and ridicule women and girls whose health and relative immobility make them especially vulnerable to sexual abuse. Like all pornography, but in its own way, this genre contributes to the second-class safety and status of all women, and women with disabilities in particular. Political implications are discussed.

Emasu, A. (2004) Disabled Women Suffer Sexual Abuse in Silence. New Vision (Kampala), January 20.

This article reports on a study conducted by the Disabled Women's Network and Resource Organisation (DWNRO) in Kampala, Katakwi and Rakai (Uganda) on the constraints faced by disabled women while seeking reproductive health services. It states that many disabled women are vulnerable to unwanted pregnancies and HIV/AIDS mainly because of their gender and the nature of their disability. The study found that the high levels of poverty, rape and non-use of contraceptives were the most common factors which predispose disabled women to unwanted pregnancies and HIV/AIDS.

Erwin, P. (2000) Intimate and caregiver violence against women with disabilities. Minneapolis: Battered Women's Justice Project-Criminal Justice Office, Minneapolis.

This paper examines the scope of domestic violence and violence against women with disabilities in the US. It also examines the intersection of domestic violence and disability, in particular, attitudes that may be the cause of the exclusion of women with disabilities from women's services. This paper lists examples of abusive tactics used against women with disabilities by intimate partners and by caregivers. The paper briefly discusses special issues in domestic violence and the disability community and makes recommendations for policy and policing.

Fairchild, S. (2002) Women with Disabilities: The Long Road to Equality. Journal of Human Behaviour in the Social Environment, Vol 6. No. 2.

This article examines some of the current meanings of disability, vital statistics, and current discriminatory practices in specific areas for women with disabilities such as, human rights and abuse, relationships and sexual functioning, health maintenance issues, employment, and environmental barriers.

Farmer, A. (2000) Fully entitled: The reproductive rights of women with disabilities. The Center for Reproductive Law & Policy, Volume 9, Issue 2.

This article reports on a study by the Center for Reproductive Law and Policy which undertook a formal analysis of the reproductive rights of women with disabilities. The analysis explored four interrelated freedoms in an international human rights framework: 1) the right to equality and non-discrimination; 2) the right to marry and find a family; 3) the right to reproductive health including family planning and maternal health information, education, and services; and 4) the right to physical integrity. It found that despite international agreement through statements such as the Vienna Declaration and Program of Action, laws and policies in various countries continue to violate the physical integrity of women with disabilities.

Fawcett, B. (2002) Convergence or divergence? Responding to the abuse of disabled women. The Journal of Adult Protection, Vol 4. No. 3. pp. 24-33.

This paper examines three competing perspectives about appropriate positionings for disabled women in relation to abuse. It concludes that structural oppression must be challenged and proposes that the issue of disabled women and abuse is worthy of much greater attention and collaborative discussion.

Fearday, F. & Cape, A. (2004) A Voice for Traumatised Women: Inclusion and Mutual Support. Psychiatric Rehabilitation Journal, Vol.27, No.3, pp. 258-265.

This paper reports experiences related to including women in recovery and peer support, in a project that developed integrated services for women with co-occuring mental health and substance use disabilities who have also survived violence. The authors describe strategies to include women in recovery and a unique peer-run group, which integrates trauma, mental health, and substance abuse recovery. Both research and perspectives of women in recovery are used to discuss the emerging themes of mutuality, bonding, and a focus on strengths.

Feuerstein, P. (1997) Domestic Violence and Women and Children with Disabilities. Milbank Memorial Fund: USA.

This paper gives a brief overview of the issue of women and children with disabilities and domestic violence. It discusses some of the barriers women and children with disabilities face in relation to escaping domestic violence. It briefly discusses policy issues, such as the need for accessible shelters; need for accessible courts; and the need for education and information programs.

Focht-New, V. (1997) Beyond Abuse: Treatment Approaches for People With Disabilities. Issues in Mental Health Nursing, Vol. 17, No.5, pp. 427-438.

This article discusses the fact that historically, signs and symptoms of abuse in people with disabilities have not been effectively recognised, assessed or treated. Preconceived ideas, institutionalisation, lack of creative communication and technologies, and limited self-determination influence the incidence of abuse. These factors impair health care providers" ability to assess, intervene and treat people with disabilities who have experienced abuse. The author asserts that development of a supportive culture, education, professional attitudes, and prevention are the tools health care providers may use in partnership with people receiving their services to effectively respond to circumstances of abuse. The article includes case studies.

Forte, T., Cohen, M., Du Mont, J., Hyman, I., & Romans, S. (2005) Psychological and physical sequelae of intimate partner violence among women with limitations in their activities of daily living. Archives of Women's Mental Health, Vol.8, pp. 248-256.

The object of this study was to compare the psychological and physical sequelae of physical/sexual intimate partner violence in women with and without activity limitations. The study found that as a result of the violence, women with activity limitations were significantly more likely to feel shame/guilt,

depression/anxiety, fearful, a lower self esteem, increased caution, and problems relating to men. They also reported physical injury from violence, higher medication use, anxiety and depression.

FPG Child Development Institute (2004) Domestic violence programs and women with disabilities (FPG Snapshot 15). Frank Porter Graham Child Development Institute. The University of North Carolina at Chapel Hill.

This Snapshot is based on a research undertaken by Judy Chang of the University of Pittsburgh. The study researched the types of services provided to women with disabilities at community-based domestic violence programs available in the state of North Carolina during 2003, the challenges faced, and strategies used to provide the services.

Frantz, B., Carey, A. & Nelson Bryen, D. (2006) Accessibility of Pennsylvania's Victim Assistance programs. Journal of Disability Policy Studies, Vol.16, No.4, pp. 209-219.

This study examined the physical and programmatic accessibility of 55 rape crisis, sexual assault, and domestic violence agencies throughout Pennsylvania. Findings suggest that most programs had several accessibility structures in place, such as ramps and accessible restrooms. However, fewer programs had less well-known physical and programmatic accessibility features in place to ensure equal access to services. Recommendations focus on cross-system collaboration to provide access to victim services by all victims, including those with disabilities.

Galey, K. & Pugh, H. (1995) Crime and Harassment: Its Impact on People with Disabilities. International Review of Victimology, Vol. 4, No. 1, pp. 63-66.

This paper reports on a study conducted to assess the experiences of disabled people with crime in the London, England, borough of Hammersmith & Fulham. It found that compared to the population as a whole, people with disabilities were much more susceptible to crime. It found their risk of assault was double and they were 3 times more likely to be attacked at home, with over 50% of these assaults carried out by their friends, family, or caregivers. The study concluded that disabled services must improve and expand to help make homes safe, provide affordable insurance, and give disabled people the confidence and training needed to avoid cons and make themselves less vulnerable.

Garland-Thomson, R. (2001) Re-shaping, Re-thinking, Re-defining: Feminist Disability Studies. Barbara Waxman-Fiduccia Papers on Women and Girls with Disabilities. Center for Women Policy Studies. Washington, DC.

This report presents the aspects of feminist disability studies—focusing on representation, the body, the politics of medicalisation; the politics of appearance; identity; and activism - and explains how feminist disability analyses link and expand both disability studies and women's studies.

Gill, C. (1996) Dating and Relationship Issues. Sexuality and Disability, Vol. 14, No. 3, pp. 183-190.

This paper provides an examination of intimate relationship issues focused on disabled women. Issues of concern include societal devaluation; likelihood of physical and verbal abuse; familial disapproval; and theories of romantic disadvantages, marriage and divorce, and obstacles presented by non-accommodating public policy. It is asserted that the inadequacies of research on gender issues in disability must be addressed as women demand more information with which to direct efforts.
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Gilson, S., DePoy, E., & Cramer, E. (2001) Linking the Assessment of Self-Reported Functional Capacity With Abuse Experiences of Women With Disabilities. Violence Against Women, Vol. 7, No. 4, pp. 418-431.

This article presents a conceptual analysis of abuse of disabled women and discusses assessment procedures that can assist in identifying abuse and informing service delivery. The authors propose a model of abuse assessment for women with disabilities composed of three elements: traditional assessment anchored on the **Power and Control Wheel** that encompasses the unique forms of abuse that disabled women experience; comprehensive functional assessment through self-reporting and self-rating; and attention to heterogeneity with regard to cultural sensitivity, structure of reporting, and nature of disability.

Gilson, S., Cramer, E., & DePoy, E. (2001) Redefining Abuse of Women With Disabilities: A Paradox of Limitation and Expansion. Affilia, Vol. 16, No. 2, pp. 220-235.

The study presented here, which relied on naturalistic design & focus-group methodology, examined the experiences of abused women with disabilities and the women's use of and need for services and resources. The study found that although disabled and non-disabled women face many of the same forms of abuse, disabled women have unique experiences that require specialised services.

Greenley, D., Lodholz, T., Myers, L., Nichols, N., Spangler, D., Sweet, M., & White, C. (2004) Cross training workbook: Working together to end violence against women with disabilities in Wisconsin. Madison, WI: Violence Against Women with Disabilities Project of Wisconsin.

This workbook was developed as an outcome of a two year Project conducted by the Wisconsin Coalition for Advocacy (WCA). The Projects" goals were to: permanently elevate collaboration among state and local sexual assault, domestic violence and disability programs in Wisconsin, and, enhance the capacity of local sexual assault, domestic violence and disability programs to respond to violence against women with disabilities. This Workbook includes background information on domestic violence, sexual assault, stalking, and women with disabilities. It provides practical information and exercises on disability; working with women with disabilities; screening for abuse; and inclusive services and organisations. It also provides information on technical assistance and resources.

Groce, N., & Trasi, R. (2004) Rape of individuals with disability: AIDS and the folk belief of virgin cleansing. The Lancet, Vol. 363 (May), pp.1663-1664.

This disturbing article reports on the practice of "virgin rape" of individuals with a disability, by people who believe themselves positive for HIV. The article discusses findings of the **HIV/AIDS and Disability Global Survey** (Yale University/World Bank) which found that reports of virgin rape of disabled individuals in association with HIV/AIDS occurred in 14 of the 21 countries reviewed. Moreover, in 12 of those 14 countries, from sub-Saharan Africa, south and southeast Asia, North America and Europe, more and more such rapes have been reported. The author argues that research is needed to ascertain how widespread the problem of virgin rape is among people with disabilities, and what legal, social, and medical interventions can be implemented.

Grothaus, R. (1985) Abuse of Women with Disabilities. In S.E. Browne, D. Connors & N. Stern (Eds) With the Power of Each Breath: A Disabled Women's Anthology, Cleis Press, USA, pp. 124-129.

This chapter discusses the problem of abuse of women with disabilities as a personal and political problem. It makes a series of recommendations needed to address the issue and these include: increased attention by policy makers; increased enforcement of disability non-discriminatory laws; increased funding for programs; education by people with disabilities of workers in all violence-oriented programs; development of resource lists in programs that provide specialised assistance; better education of staff in medical facilities; provision of adequate equipment in medical facilities; recognition by the disability civil rights movement that women with disabilities face double discrimination; recognition by the

feminist movement that women with disabilities are being excluded by inaccessible meeting places; agitation by women with disabilities to demand that there concerns be considered and their needs met.

Hans, A. & Patri, A. (Eds) (2003) Women, Disability and Identity. Sage Publications.

This volume consists of critical and theoretical articles about women with disabilities in both developed and developing countries. Disabled women and their place in these societies has been a subject that has been neglected in the past, therefore these essays will fill a gap in the evolving literature on disability studies. The nature of the problems faced by disabled women are such that they need to be addressed by both the feminist and disability movements. But the fact is that they remain invisible within the women's movement at large. This volume, therefore, attempts to provide a space to women with disabilities in the global feminist literature and movement.

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Hassouneh-Phillips, D. (2005) Understanding abuse of women with physical disabilities: an overview of the abuse pathways model. Advances in Nursing Science, Vol. 28, Issue 1.

The purpose of this article is to provide an overview of an empirically based theoretical model of abuse of women with physical disabilities. The Abuse Pathways model was developed from a critical disability life history research study conducted with 37 women who had simultaneously experienced abuse and physical disability. The model begins to address the complexity of

abuse of women with physical disabilities by identifying the interactive components of the phenomenon. These components include: the social context of disability; women's abuse trajectories; and, vulnerability factors for abuse. The article concludes by discussing potential applications and limitations of the model.

Hassouneh-Phillips, D. & McNeff, E. (2005) "I thought I was Less Worthy": Low Sexual and Body Esteem and Increased Vulnerability to Intimate Partner Abuse in Women with Physical Disabilities. Sexuality and Disability, Vol. 23, No. 4, pp. 227-240.

This study examines the link between low sexual and body esteem and intimate partner abuse in women with physical disabilities based on findings obtained from an in-depth qualitative study. Findings from the study indicate that women with high degrees of physical impairment are more likely to perceive themselves as sexually inadequate and unattractive than women with mild impairment. These negative perceptions, when combined with a strong desire to be partnered, increased women's vulnerability to getting into and staying in abusive relationships over time. Major themes in this article include: societal devaluation, low sexual and body esteem, preference for non-disabled men, desire to be partnered, and relationship decision-making.

Hassouneh-Phillips, D. & Curry, M. (2002) Abuse of Women with Disabilities: State of the Science. Rehabilitation Counseling Bulletin, (Winter) Vol. 45; No. 2; pp. 96-104.

Women with disabilities experience abuse at similar or higher rates than women in the general population. In

addition to experiencing emotional, physical, and sexual abuse, women with disabilities may also experience disability-specific forms of abuse for prolonged periods of time and from multiple perpetrators. To promote awareness of this serious problem, this article offers a brief overview of the general domestic violence literature and a critical review of existing research regarding the abuse of women with disabilities. Following these reviews, the authors offer an overview of practical implications and existing resources in this important area.

Hassouneh-Phillips, D., McNeff, E., Powers, L., & Curry, M. (2005) Invalidation: A Central Process Underlying Maltreatment of Women with Disabilities. Women & Health, Vol. 41, No. 1, pp. 33-50.

Recent qualitative studies indicate that maltreatment of women with disabilities by health care providers is a serious quality of care issue. To begin to address this problem, the authors conducted a secondary analysis of data derived from three qualitative studies of abuse of women with disabilities. Findings identified Invalidation as a central process underlying maltreatment. Invalidation was characterised by health care providers Taking Over care, Discounting, Objectifying, and Hurting women with disabilities during health care encounters. These findings highlight the need to educate health care providers about social and interpersonal aspects of disability & address the problem of Invalidation in health care settings.

Hayes, S. (1992) Sexual Violence Against Intellectually Disabled Victims. Without Consent: Confronting Adult Sexual Violence Conference;

Australian Institute of Criminology, Canberra, Australia.

This paper provides a discussion of the consequences of normalisation and integration on sexual assault against people with intellectual disabilities. It includes discussion of the incidence of sexual assault, vulnerability; indicators and outcomes of sexual assault.

Heilporn A., Andre J., Didier J., & Chamberlain M. (2006) Violence to and maltreatment of people with disabilities: a short review. Journal of Rehabilitation Medicine: official journal of the UEMS European Board of Physical and Rehabilitation Medicine; Vol. 38 (1).

The European Academy of Rehabilitation Medicine has debated the issue of violence to disabled persons as a major ethical issue. It presents this short report to alert a wider audience to the problem, with the aim of provoking debate and facilitating prevention. The report summarises the essential features of this and significant references to violence. This is defined, types described, and risk factors and signs identified with the aim of informing rehabilitation practitioners. The paper concludes that members of the rehabilitation team may be able to provide significant help and act preventively as they work towards the better social integration of the disabled individual helping them gain more control of their lives.

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Hendey, N. & Pascall, G. (1998) Independent living: Gender, violence and the threat of violence. Disability & Society, Vol. 13, No. 3, pp. 415-427.

This paper reports on a qualitative study of 42 young adults with severe physical disabilities. The study explored their perceptions and concerns about independent living, access to services and the meeting of needs. It found that young women especially experienced difficulties leaving home, because of their own and their parents" fears about vulnerability - some who did leave home experienced highly restricted social lives because of anxiety about neighbourhood violence. Few had established partnerships, but violence and sexual abuse from partners emerged as an issue for which there is little policy. The authors assert that control and abuse within caring relationships are serious issues for those who need personal care. Violence and lack of protection may undermine independent living, especially for women.

Hoog, C. (2004) Increasing agency accessibility for people with disabilities: Domestic violence agency self-assessment guide. Seattle & Olympia, WA: Washington State Coalition Against Domestic Violence.

This tool was developed by the Coalition Against Domestic Violence to increase women's program's ability to work with women with disabilities. By increasing the capacity to work with women with disabilities experiencing violence, services can engage in creative and resourceful advocacy with every individual who seeks justice and safety. This self-assessment guide is intended to assist domestic violence programs in evaluating their accessibility to women with disabilities in their community.

Hoog, C. (2003) Enough and yet not enough. An Educational Resource Manual on Domestic Violence Advocacy for persons with Disabilities in Washington State. Washington State Coalition Against Domestic Violence, Washington.

The goal of this education and resource manual is to expand the definition of what is enough when it comes to domestic violence advocacy, so that all domestic violence services are as accessible as possible to all persons regardless of disability. The Manual is designed to offer practical guidelines for working with victims with disabilities. Included in the Manual is information on: current issues facing people with disabilities; different types of disabilities and resources; history; experiences of victims with disabilities; tools to measure and carry out an accessibility plan; and how to build allies in the disability community.

Hoog, C. (2003) Model Protocol on Screening Practices for Domestic Violence Victims with Disabilities. Washington State Coalition Against Domestic Violence, Washington.

The goal of this protocol is to support domestic violence agencies in the State of Washington in examining and revising their intake and screening processes to include questions about disability issues. It includes recommended policy and procedures and sample screening questions.

Hoog, C. (2003) Model Protocol on Safety Planning for Domestic Violence Victims with Disabilities. Washington State Coalition Against Domestic Violence, Washington.

The goal of this protocol is to support domestic violence agencies: to increase their safety planning services to people with disabilities and advance self-determination for people with disabilities by offering safety planning that is cognizant of environmental and social barriers. It includes: recommended policy and procedures and sample safety planning questions.

Horne, S., Merz, T., & Merz, D. (2001) Disability and Emotional Abuse: Mental Health Consequences and Social Implications. Journal of Emotional Abuse, Vol. 2, No. 4, pp. 39-60.

This article discusses factors related to the convergence of both a disability and emotional abuse, and the ways they interact, potentially exacerbating one another. The impact of social stigma surrounding disability and its triggering effects for the perpetuation of emotional abuse are discussed. Finally, suggestions for treatment are offered to helping professionals.

Horner-Johnson, W. & Drum, C. (2006) Prevalence of maltreatment of people with intellectual disabilities: A review of recently published research. Journal of Mental Retardation and Developmental Disabilities Research Reviews [Special Issue] Vol. 12; Issue 1. pp. 57-69.

Historically, data on prevalence of maltreatment among people with intellectual disabilities have been sparse and methodologically weak but have suggested that the scope of the problem is considerable. Studies published between 1995 and 2005 were reviewed by the authors to determine estimated maltreatment prevalence among

people with intellectual disabilities based on recent literature. Prevalence estimates for people with intellectual disabilities were compared to estimates for people with no disabilities and people with other types of disabilities. Only 5 studies provided maltreatment prevalence estimates for people with intellectual disabilities. The limited data suggest that maltreatment is more prevalent for people with intellectual disabilities than for people with no disabilities and may be higher for people with intellectual disabilities than for people with certain other disabilities.
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Howe, K. (2005) Preventing Violence Against Women with Disabilities: Learning from North American service responses. Domestic Violence & Incest Resource Centre (DVIRC) Newsletter, Issue 3. Melbourne, Victoria.

This article draws on research into service responses to preventing domestic violence against women with disabilities, conducted by the author while on a study tour of Canada and the United States. She details what Australian agencies can learn from overseas services, and the action needed to implement change.

Howe, K. (1999) Violence Against Women with Disabilities: An Overview of the Literature. Women Against Violence, Issue 7, December.

In this article, the meaning of disability is explored from a feminist viewpoint. Research from Australia and overseas provides evidence of: the extent and nature of violence against women with disabilities; barriers to service response; factors associated with violence

against disabled women; and the marginalisation of this oppressed group. The literature suggests the need to address what appears to be the protracted abuse of people, and in particular women, with disabilities.

Howland, C. (2002) Violence Against Women with Disabilities: Findings from Studies Conducted by the Center for Research on Women with Disabilities 1992-2001. Presented by Carol Howland on February 27, 2002. Webcast Transcript.

This is a transcript of a webcast conducted in 2002 by Carol Howland from the Center for Research on Women with Disabilities (CROWD). The presentation provides detail on surveys undertaken by CROWD into violence against women with disabilities. Carol Howland presents a number of stories of abuse from disabled women who participated in the surveys. She describes the limited options women with disabilities have when trying to resolve or escape abuse, including lack of accessible services and not being believed. She also discusses in detail the research study's findings.

Hughes R., Taylor H., Robinson-Whelen S., & Nosek, M. (2005) Stress and women with physical disabilities: identifying correlates. Women's health issues: official publication of the Jacobs Institute of Women's Health; Jan-Feb; Vol. 15, No. 1, pp. 14-20.

In this study, the authors examined correlates of perceived stress among women with physical disabilities to identify variables that may be amenable to change through psychosocial interventions. The research found that women with physical disabilities reported high levels of perceived stress. Particularly at high risk are women

who are limited by pain, lack social support, and/or have experience with recent abuse. The authors conclude that stress management interventions for this population of women should consider incorporating components addressing pain, social support, and abuse.

Hyman, I., Forte, T., Du Mont, J., Romans, S., & Cohen, M. (2006) The Association Between Length of Stay in Canada and Intimate Partner Violence Among Immigrant Women. American Journal of Public Health, Vol.96, No.4, pp. 654-659.

The authors examined the prevalence of intimate partner violence (IPV) among recent and non-recent immigrant women in Canada to determine whether differences in IPV were associated with length of stay in Canada. The crude prevalence of IPV was similar among recent and non-recent immigrant women. However, after adjustment the risk for IPV was significantly lower among recent immigrant women compared non-recent immigrant women. Country of origin, age, marital status, and having an activity limitation (physical/mental disability or health problem) were associated with a higher risk for IPV.

Iglesias, M., Gil, G., Joneken, A., Mickler, B., Knudsen, J. (1998) Violence and Disabled Women. METIS project European Union DAPHNE initiative.

Contributions to this project were made by four countries of the European Union: Denmark, Germany, Sweden and Spain. The project had two objectives: to make the public aware of a complex problem and, as an element of thought to those who bear the intervention and planning tools of this topic in their hands. This report is

comprehensive and illustrates the different approaches used by the abovementioned countries to reduce violence against women with disabilities. The paper also contains narratives from women with disabilities who have experienced abuse in these countries.

Ireland, M. (2002) An Almost Endless List of Injustices: violence against women with disabilities. Domestic Violence & Incest Resource Centre (DVIRC) Newsletter, Issue 4. Melbourne, Victoria.

Based on research undertaken by Women with Disabilities Australia (WWDA) and the Victorian network, VWDN, and in particular on a review of the literature, this article examines the issue of violence experienced by women with disabilities. The author notes that research into the incidence of violence is extremely limited and fragmentary. She suggests that further research is required to understand both the incidence of abuse and the nature of abuse in relation to gender and particular disabilities.

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Jans, L. & Stoddard, S. (1999) Chartbook on Women and Disability in the United States. An InfoUse Report. Washington, DC: US Department of Education, National Institute on Disability and Rehabilitation Research.

This Chartbook describes the current status of women with disabilities in the US, relative to other women and men with and without disabilities, in a number of different aspects of life. By identifying the specific barriers and discrimination faced by girls and women, the Chartbook paves the way for policy and attitudinal changes to

ensure equal opportunity. The Chartbook also highlights gaps in the research on both disability and gender.

Jennings, C. (2003) Violence and Women with a Disability: Break Down the Barriers. Paper presented at the 3rd National Homelessness Conference "Beyond the Divide", Brisbane, Australia.

This paper describes the Violence and Women With Disabilities Project (Victoria, Australia) and its focus to create partnerships between the disability services and services for women experiencing violence in the western metropolitan region of Victoria. The paper includes a discussion on violence against women with disabilities, including vulnerability, levels of abuse, lack of information, lack of access to services.

Jennings, C. (2004) The health impact of violence: a disability perspective. Paper presented to the "Home Truths" Conference, Sheraton Towers, Southgate, Melbourne, Australia.

Women identified as having a disability are recognised nationally and internationally as a group who experience violence at a greater rate than the general population. In this paper, the author reviews current research and discourse on violence against women with disabilities particularly as a health issue, with a focus on the state of Victoria (Australia). A voice for women with disabilities is called for as are legislative changes at the state and federal levels.

Jennings, C. (2005) Family Violence and Sexual Assault: A Criminal Justice Response for Women with Disabilities. Paper presented at the "Disability

and the Criminal Justice System: Achievements and challenges" Conference. Melbourne, Australia.

In this paper, the author discusses some of the challenges women with disabilities face when they seek a criminal justice response to family violence and sexual assault, including the unwillingness of the criminal justice system to acknowledge women with disabilities as credible witnesses in criminal matters. The paper includes a discussion of the limitations of the current system and the need for further reform.

Jennings, C. (2004) Making Service Information Accessible. Domestic Violence & Incest Resource Centre (DVIRC) Newsletter Winter. Melbourne, Victoria.

This brief paper provides information on why family services need to produce accessible information for women with disabilities experiencing violence and at risk of experiencing violence. It provides information on a range of accessible information formats.

Keilty, J. & Connelly, G. (2001) Making a statement: An exploratory study of barriers facing women with an intellectual disability when making a statement about sexual assault to police. Disability & Society, Vol. 16, No.2, pp. 273-291.

In this study, sexual assault workers and members of the New South Wales police service in the greater Sydney area (Australia), were interviewed to identify the barriers that arise when women with intellectual disability decide to make a statement to police following sexual assault. The study's findings demonstrate a need for greater

awareness within the police service of police policies and procedures, and legislation, as well as greater co-operation between the police service and other organisations, which have an impact on the lives of women with intellectual disability.

Kelly, L. (1992) The Connections Between Disability and Child Abuse: A review of the Research Evidence. Child Abuse Review, Vol. 1, pp. 157-167.

This article examines the association between child abuse and disability. It notes that disability can be an outcome of abuse. It also makes the link between disability and potential vulnerability to abuse. Recommendations for further research into the phenomenon is suggested.

Kendall-Tackett, K., Marshall, R., & Ness, K. (2003) Chronic Pain Syndromes and Violence Against Women. Women & Therapy, Vol.26, Issue 1-2.

In this study the authors combine six pain symptoms into a measure of self-reported pain, and compare women who have experienced child or domestic abuse with those who do not report such a history. Women who reported either child or domestic abuse were significantly more likely to report pain symptoms than women in the control group.

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Khemka, I. (2000) Increasing independent decision making skills of women with mental retardation in simulated interpersonal situations of abuse. American Journal on Mental Retardation, Vol. 105, No. 5, pp. 387-401.

This study evaluated the effectiveness of two training approaches for increasing the independent decision-making skills of 36 women with mild mental retardation (MR) in response to hypothetical interpersonal situations involving abuse. Participants were randomly assigned to a control group or one of two training approaches: a decision-making training approach that addressed both cognitive and motivational aspects of decision-making, and one that included only instruction on the cognitive aspect of decision-making. It was found that although both training approaches were effective compared to the control condition, the combined motivational and cognitive training approach was superior to the cognitive-only training approach.

Kolucki, B. (2004) Female Genital Mutilation: Disabling Women and Disabling Society. Disability World, Issue No. 22, January-March.

This article gives an overview of the practice of female genital mutilation (FGM) including the disabling physical and psychological consequences of the practice. The article includes discussion of the international efforts to date to eradicate FGM and the many challenges that lie ahead.

Lawrence, A. & Robinson, S. (1997) Access to injustice? domestic violence and women with intellectual disabilities in Australia. Polemic, Vol. 8, Issue 1, pp. 34-35.

In this article, the authors suggest there is widespread community ignorance of the fact that many women with an intellectual disability are being assaulted violently and

regularly in their homes. The article considers the difficulties faced by women with intellectual disabilities who are the victims of violence in a domestic context.

Leeds Inter-Agency Project (2004) Disabled Women Experiencing Violence From Men They Know. Leeds Inter-Agency Project: Working With Disabled Women 1996-2003. Leeds, UK.

Leeds Inter-Agency Project was established in 1990 to develop a multi-agency approach to improving the safety of women and their children experiencing violence from men they know. This report gives an overview of the first six years of work undertaken by the Leeds Inter-Agency Project, in partnership with various agencies, to address the issue of disabled women experiencing violence from men they know.

Lewis, C., Sygall, S., & Crawford, J. (Eds) (2002) Loud, Proud, Passionate: Including Women with Disabilities in International Development Programs 2nd Edition. Mobility International USA, Eugene.

Loud, Proud and Passionate illustrates the importance of including women with disabilities in international development, women's organisations and community projects and highlights the efforts and successes of disabled women worldwide. Amongst other things, this new edition features expanded and updated information from disabled women's organisations around the world. It contains information on projects and organisations by and for women with disabilities, whereby women with disabilities address critical issues of poverty, inadequate health care, lack of education, violence and abuse. It also contains an extensive resource section.

Li, L. Ford, J. & Moore, D. (2000) An exploratory study of violence, substance abuse, disability and gender. Social Behaviour and Personality, Vol. 28, No.1, pp. 61-71.

Using a random sample of 1,876 individuals with disabilities, this study examines disabilities between victimisation as a result of violence, substance abuse, disability, and gender. Multivariate analyses reveal that women with disabilities are more likely to be victims of substance abuse-related violence than are male counterparts. Some disability conditions such as disability onset, multiple disabilities and chronic pain - are significantly associated with violence for both men and women with disabilities. For people with disabilities, this study finds that victims of substance abuse-related violence are more likely to have their own substance abuse problems than are those who have not been victimised. The authors discuss several issues relevant to a better understanding of violence, substance abuse, disability and gender.

Lightfood-Klein, H. (1993) Disability in female immigrants with ritually inflicted genital mutilation. Women and Therapy. Vol.14, Issue 3-4.

This article reports on women immigrants to the United States from African and Arab countries that practice extensively disabling ritual genital mutilation. Many of these women are severely disabled not only by the social constraints placed upon them by their culture but by chronic pain syndrome and mobility impairment. The article describes the disabling immediate and long-term medical consequences of female genital mutilation, most

particularly in relation to menstruation and childbirth. Its significance as a social phenomenon is explained in historical terms and in terms of the values of the societies in which it is tenaciously entrenched. The question of how a working relationship with these immigrant women may be established is discussed.
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MacFarlane, A. (1993) Subtle Forms of Abuse and their Long Term Effects. The Disability Archive UK. Hosted by the Centre for Disability Studies, University of Leeds.

This paper discusses the power and control that strangers often have over women with disabilities who find themselves in disempowering situations where they are reliant on one or more people in order to live their lives. This paper describes some of the coping mechanisms that women with disabilities utilise to cope with systemic abuse.

Marge, D. (Ed) (2003) A Call to Action: Ending Crimes of Violence Against Children and Adults with Disabilities: A Report to the Nation. State University of New York, Upstate Medical University; Department of Physical Medicine and Rehabilitation, Syracuse, New York.

This comprehensive report is a report to the nation on ending crimes of violence against people with disabilities. The document is a collation and analysis of information on the National Conference on Preventing and Intervening in Violence Against Children and Adults with Disabilities that was conducted in the United States in 2002. The Report covers: an introduction to violence

and disability; a history of violence in America; the scope and magnitude of the problem of violence against people with disabilities; what steps should be taken to prevent and intervene; and who is responsible for ending the violence. The Report contains several commissioned papers by scholars, including a paper on violence against women with disabilities. Detailed recommendations are included in the Report, in the areas of: national policy; surveillance systems and data collection; violence prevention; intervention in violence when it occurs; and, research needs.

Marit Hoem Kvan & Stine Hellum Braathen (2006) Violence and abuse against women with disabilities in Malawi. SINTEF Health Research, Oslo, Norway.

This research is a study of the nature of abuse, violence and neglect against women with disabilities in Malawi. Through in-depth interviews with 19 women with disabilities and one focus group discussion with four women with hearing impairment, their childhood as well as their present situation was explored, linked to possible abuse and mistreatment in different phases of life. A qualitative approach was chosen to gain detailed information about the nature of mistreatment.

Masuda, S. & Riddington, J. (1990) Meeting Our Needs. DisAbled Women's Network (DAWN); Ontario, Canada.

This manual is divided into three main sections. Part One describes the nature of abuse in the lives of women with disabilities. Part Two investigates the level of accessibility of crisis support services based on research undertaken with transition houses across Canada. Part

Three provides detailed recommendations for improved access to transition houses and crisis services to women with disabilities. It contains practical information and guides.

Marley, J. & Buila, S. (2001) Crimes Against People with Mental Illness: Types, Perpetrators, and Influencing Factors. Social Work, Vol. 46, No.2, pp. 115-124.

The study reported in this article examined the nature and scope of victimisation as experienced by 234 individuals with a diagnosed major mental illness; what types of victimisation experiences occurred during their life time; what specific victimisation experiences these individuals identified as the most troubling; who the perpetrators for these specific victimisations experiences were; and what influence demographic and clinical characteristics played in influencing the risk of victimisation among this group.

Martin, S., Ray, N., Sotres-Alvarez, D., Kupper, L., Moracco, K., Dickens, P., Scandlin, D. & Gizlice, Z. (2006) Physical and Sexual Assault of Women With Disabilities. Violence Against Women, Vol.12, No.9, pp.823-837.

This survey of 5,326 North Carolina women examined whether women's disability status was associated with their risk of being assaulted within the past year. Women's violence experiences were classified into three groups: no violence, physical assault only (without sexual assault), and sexual assault (with or without physical assault). Multivariable analysis revealed that women with disabilities were not significantly more likely

Mays, J. (2006) Feminist disability theory: domestic violence against women with a disability. Disability and Society, Vol. 21, No.2, pp. 147-158.

This article incorporates both disability and material feminist theory as an alternative explanation to the dominant approaches (psychological and psychological) of conceptualising domestic violence. The paper is informed by a study which was concerned with examining the nature and perceptions of violence against women with a physical impairment. The emerging analytical framework integrating material feminist interpretations and disability theory provided a basis for exploring gender and disability dimensions. Insight was also provided by the women who identified as having a disability in the study and who explained domestic violence in terms of a gendered and disabling experience. The article argues that material feminist interpretations and disability theory, with their emphasis on gender relations, disablism and poverty, should be used as an alternative tool for exploring the nature and consequences of violence against women with a disability.

McCarthy, M. (2000) Consent, Abuse and Choices: Women with Intellectual Disability and Sexuality. In R. Traustadottir and K. Johnson (Eds) Women with

Intellectual Disabilities: Finding a Place in the World. Jessica Kingsley Publishers, London.

This chapter focuses on women with intellectual disabilities and sexuality. It provides an in-depth discussion of sexual abuse of women with intellectual disabilities including: the nature and extent of sexual abuse; perpetrators; dynamics of abuse; the impact of sexual abuse on other sexual experiences; the issue of what constitutes "consent"; and women's struggle to come to terms with abusive experiences. The author discusses the importance of researchers and those working with women with intellectual disabilities, providing opportunities for the women to speak out about their lives, and to listen to what they have to say. She believes that progress will only be made if all concerned are prepared to work together in a spirit of solidarity and respect.

McFarlane, J., Hughes, R., Nosek, M., Groff, J., Swedlend, N., & Mullen, P. (2001) Abuse Assessment Screen-Disability (AAS-D): Measuring frequency, type, and perpetrator of abuse toward women with physical disabilities. Journal of Women's Health & Gender-Based Medicine, Vol. 10, No.9, pp. 861-866.

An interview questionnaire was presented to a multiethnic sample of 511 women, age 18-64 years, at public and private specialty clinics to determine the frequency, type, and perpetrator of abuse toward women with physical disabilities. The four-question Abuse Assessment Screen Disability (AAS-D) instrument detected a 9.8% prevalence of abuse during the previous 12 months. Women defining themselves as other than black, white, or Hispanic (ie, Asian, mixed

ethnic background) were more likely to report physical or sexual abuse or both, whereas disability-related abuse was reported almost exclusively by white women. The perpetrator of physical or sexual abuse was most likely to be an intimate partner. Disability-related abuse was attributed equally to an intimate partner, a care provider, or a health professional. This study concludes that both traditional abuse-focused questions and disability-specific questions are required to detect abuse toward women with physical disabilities.

Mears, J. (2003) Survival is not Enough: Violence Against Older Women in Australia. Violence Against Women, Vol.9, No.12, pp. 1478-1489.

Until the late 1990"s, there was virtually no research that focused on older women and violence in Australia. Indeed, it has been quite a struggle to get this issue onto the research and policy agenda. This article briefly describes some of the work on violence against older women that has been done to date and then focuses specifically on the outcome of a research project designed to fill this gap.

Milberger, S. (2002) Evaluation of Violence Against Women With Physical Disabilities in Michigan, 2000-2001. Wayne State University, Developmental Disabilities Institute. ICPSR Study No. 3414.

The Developmental Disabilities Institute at Wayne State University, in collaboration with the United Cerebral Palsy Association in Michigan, conducted a one-year study to investigate the prevalence and correlates of, and service system capacity related to, domestic abuse among women with physical disabilities in Michigan. The

study aimed to address the following research questions: (1) What is the prevalence of domestic violence among a sample of women with physical disabilities? (2) What potential factors for domestic violence exist among women with physical disabilities? and (3) What is the capacity of existing support programs to assist women with physical disabilities? One hundred and seventy seven (177) women with disabilities participated in the study and 56% indicated a history of abuse. 95

Milberger, S., Israel, N., LeRoy, B., Martin, A., & Patchak-Schuster, P. (2003) Violence Against Women with Physical Disabilities. Violence and Victims, Vol. 18; No. 5. pp. 581-591.

This study explored risk factors for violence among a sample of adult women with physical disabilities. Fifty-six percent of the women participating in the study indicated a positive history of abuse. Of the women who reported abuse, most reported multiple abuse situations and abusers who were typically their male partners. In addition, only a small proportion of women sought and received adequate help. Women who indicated that they did not seek help were asked why this was the case. Their responses included: feeling that they could handle it themselves, having other sources of support available, being unaware of where to go, feeling embarrassed, feeling guilty about being a burden or that it was their fault, fear that abuser would come after them, fear of not being believed, and, to a lesser extent, concern that the shelter would lack appropriate accommodations. These findings highlight the importance of intervention strategies including advocacy activities for women with disabilities, activities with schools, activities to deter and

prevent partner and caregiver violence, community awareness activities, and dissemination activities.

Mills, L. (1997) Benefiting from Violence: A Preliminary Analysis of the Presence of Abuse in the Lives of the New SSI Disability Recipients. Sexuality & Disability, Vol. 15, No.2, pp. 99-108.

In this study, 53 case files of new Supplemental Security Income (SSI) disability recipients were analyzed to unmask what may lie behind their impairments. Particular emphasis was placed on whether recipients cases revealed a history of childhood or adult abuse—a feature which has been almost completely neglected by policy makers when determining who should and should not qualify for disability eligibility. In this small sample of cases, childhood and adult abuse was a prevalent feature in the lives of these recently qualified SSI recipients. These findings suggest that if larger, more representative studies bear out similar results, that domestic violence and abuse activists may be well advised to unite with disability advocates to ensure the protection of SSI eligibility for applicants suffering from abuse-induced mental impairments.

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

This small, six-month project aimed to research and design information resources and strategies for women with disabilities about domestic violence. The research component of the Project involved interviews with 9 women with disabilities and surveys to 68 service

providers in the disability and violence sectors. The research findings included: service providers" lack of knowledge and skills about the needs of women with disabilities; inaccessible services; and lack of information and resources for women with disabilities experiencing or at risk of experiencing domestic violence.

Monahan, K. & Lurie, A. (2003) Disabled women sexually abused in childhood: Treatment considerations. Clinical Social Work, Vol. 31, No. 4, pp. 407-418.

This article focuses on the pertinent issues involved in clinically treating adult women with disabilities who experienced childhood sexual abuse, such as the meaning of the traumatic event of sexual abuse for the individual, the disability and how it may have impacted on her in terms of dependence, body integrity, and sexuality. Coping strategies and case examples are presented and possible counter-transferential reactions are examined.

Morris, J. (Ed) (1996) Chapter Six: Power in the House: Women with Learning Difficulties Organising Against Abuse; In Encounters with Strangers - Feminism and Disability. The Women's Press, London.

The "Powerhouse" is a group of women with learning difficulties and non-disabled women who have shared with each other their experiences of emotional, physical, sexual and verbal abuse and who campaigned for a refuge—a safe place—especially for women with learning difficulties. This chapter tells their story.

Morris, R. (2005) Abuse of Women with Disabilities. Dissertation Abstracts International, A: The Humanities and Social Sciences, 2005, 65, 9.

The purpose of this study was to investigate the issues of the occurrence of physical abuse and lack of reporting of this abuse. The research questions used to investigate these issues were: (1) What percentage of the sampled women are victims of physical abuse? How does this percentage change based on race, economic status and type of disability? (2) What percentage of the women with disabilities who have been physically abused report their abuse incidents to appropriate authorities? How does this percentage change based on race, economic status and type of disability? Disabled women cover the range of personalities from those who saw themselves as powerless to report the abuse to those who actively reported the abuse. The social pressures of race and ethnicity acted to suppress the wish to report the physical abuse. These disabled women, as innocent victims, learned that reporting the abuse does not end the abuse. On the contrary, family, friends or authorities may have listened, but did not or could not help. Hence, it would not be surprising if these disabled women were to give up seeking help and accept the futility of doing anything such as reporting in an attempt to improve their intolerable situations. It was reassuring that many continued to seek aid, but unsettling to know that many still suffer.
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Morton, M. (2000) Chapter 4: Unhappy Families: Violence in the Lives of Girls and Women. In R. Traustadottir and K. Johnson (Eds) Women with

Intellectual Disabilities: Finding a Place in the World. Jessica Kingsley Publishers, London.

This brief chapter begins with an account of Louise, a young woman with an intellectual disability who experienced a range of abuses throughout her life. In the remainder of the chapter, the author presents her understanding of the story told by Louise, about the families she grew up in and the families she went on to make.

Mosher, J., Evans, P., & Little, M. (2004) Walking on Eggshells: Abused Women's Experiences of Ontario's Welfare System. Final Report of Research Findings from the Woman and Abuse Welfare Research Project.

This research aimed to identify the experiences of women who were in an abusive adult intimate relationship and in receipt of social assistance benefits in Canada. The research found that women who flee abusive relationships and turn to welfare seeking refuge and support, frequently find neither. It found that women are often subjected to demeaning and humiliating treatment from workers within a system in which suspicion and the devaluation of recipients are structured into its very core. In fact, for many women the experience of welfare is like another abusive relationship. The difficulties experienced by women with disabilities are considered throughout the report.

Muccigrosso, L. (1991) Sexual Abuse Prevention Strategies and Programs for persons with Developmental Disabilities. Sexuality and Disability, Vol 9, No. 3, pp. 267-271.

This article provides a brief overview of the problem of sexual abuse and persons with developmental disabilities. This problem not only speaks to the need for more prevention education, it centres around the larger, community issue: the public's generally uninformed, limiting attitudes about persons with developmental disabilities being credible witnesses, not being sexual people, not being able to learn self-protection skills. Recommendations for changes include community education to dispel these and other myths, and more availability of this critical education to special education students and adults. The article goes on to describe current, effective sexual abuse prevention programs today, with complete references. Common strategies for teaching prevention education are discussed.

Myers, L. (1999) People With Disabilities and Abuse. Readings in Independent Living, ILRU, Institute for Rehabilitation and Research, Texas.

This article gives a brief overview of violence against women and men with disabilities. The author provides a brief discussion on how independent living centres can work with people with disabilities who experience abuse, as well as work with crisis services and other agencies to increase awareness of the violence against people with disabilities.

Naidu, E., Haffejee, S., Vetten, L. & Hargreaves, S. (2005) On the Margins: Violence Against Women with Disabilities. Research report written for the Centre for the Study of Violence and Reconciliation (South Africa), April 2005.

This small, exploratory research study undertaken by the South African Centre for the Study of Violence and Reconciliation (CSVR), aimed to examine the nature of violence against women with disabilities and the barriers they face when seeking assistance. The study focused on women with physical, visual and hearing disabilities. In-depth interviews were conducted with women with disabilities, non-government organisations, and police units within the South African Police Service. The findings of the study indicate that women with disabilities are extremely vulnerable to gender-based violence, that the violence and abuse they confront is shaped by the nature and form of their particular disability, and that they are especially disadvantaged in their access to the criminal justice system and gender-based violence support services, as compared to women without disabilities.

Nannini, A. (1999) Understanding Sexual Assault of Women with Disabilities. Dissertation Abstracts International, A: The Humanities and Social Sciences, 59, 7.

The primary research questions in this study were: How do sexual assault patterns differ for women with disabilities as compared with women without disabilities and how do patterns differ among women with disabilities? To answer these questions, differences in individual characteristics, dimensions of sexual assault, and survivor responses were examined: (1) between women survivors with disabilities and women survivors without disabilities, (2) between women survivors with disabilities and women survivors without disabilities who reported a childhood sexual assault, and (3) among women survivors with different single disabilities.

Findings indicate commonalities and differences in sexual assault patterns for the various groups studied. Factors associated with a woman survivor having a disability include history of previous sexual assault, report of rape vs. other types of assault, and delayed reporting of childhood sexual assault. Conclusions stress the importance of understanding group differences, but also caution against policy responses that may "freeze" one's identity in a group unnecessarily and thus, fail to address the multidimensional context of a problem. 97

National Clearinghouse on Family Violence (1992) Family Violence Against Women with Disabilities. Prepared by Bridget Rivers-Moore for the National Clearinghouse on Family Violence, Health & Welfare Canada, Ontario.

This Factsheet provides information on Family Violence and Women with Disabilities. It covers: definitions; what makes disabled women vulnerable to family violence; prevalence of abuse; barriers to obtaining help; forms of violence; perpetrators; prevention; and where to get help.

National Clearinghouse on Family Violence (2002) Family Violence and People with Intellectual Disabilities - Overview Paper. Prepared by D. Sobsey for the National Clearinghouse on Family Violence, Health & Welfare Canada, Ontario.

This overview paper presents an introduction to the unique experiences and considerations of people with intellectual disabilities who are dealing with family violence. It deals with prevalence; types of violence;

intervention; and the need for research. The document also includes a list of suggested readings.

National Clearinghouse on Family Violence (2004) Violence Against Women with Disabilities—Overview Paper. Prepared by Doris Rajan for the National Clearinghouse on Family Violence, Public Health Agency of Canada, Ontario.

This is an overview paper on violence against women with disabilities. It covers definitions, forms of violence, prevalence; the unique risk factors faced by women with disabilities experiencing abuse, and the barriers to calling the police. There are tips for women with disabilities who want to escape abuse as well as suggestions about what service agencies and women's shelters can do to develop accessible programs.

National Clearinghouse on Family Violence (1994) Violence and People with Disabilities: A Review of the Literature. Prepared by Miriam Ticoll of the Roeher Institute for the National Clearinghouse on Family Violence, Health Canada, Ontario.

This report provides an overview of the literature in relation to violence against people with disabilities. It analyses how violence against people with disabilities is defined; the kinds of violence to which people with disabilities are subjected; the contributing factors/causes of violence; the incidence of violence; issues relating to disclosure and responses to violence and prevention issues.

National Coalition Against Domestic Violence (1996) Open Minds Open Doors: Technical Assistance

Manual. Assisting domestic violence service providers to become physically and attitudinally accessible to women with disabilities. National Coalition Against Domestic Violence, Denver.

This manual provides domestic violence agencies with basic guidelines on how to make their services more accessible to women with disabilities. Practical tools for assessing program accessibility and for tracking statistics are included, along with background information on the Americans with Disabilities Act; stories of survivors; definitions of disability types; listings of resources, and more.

National Committee on Violence Against Women (1993) Access to services for women with disabilities who are subjected to violence. Office of the Status of Women; Australian Government Publishing Service, Canberra.

This is a report from a research project conducted by the (Australian) National Committee on Violence Against Women (1990-1993). The project sought to examine the effectiveness of service delivery to women with disabilities who have been subjected to violence. The study specifically looked at access to police, legal and support services. The major recommendations stemming from the research were detailed under the headings of: Support Groups; Education & Training; Data Collection; Access to Services.

National Disability Authority (Ireland) and Women's Aid (Ireland) (2004) Responding to Violence Against Women with Disabilities. National Disability Authority, Dublin.

The National Disability Authority (NDA) and Women's Aid held a one day seminar in 2002 on the issue of "responding to the needs of woman with disabilities who experience violence and abuse". Arising out of that seminar the NDA and Women's Aid produced a booklet that described "steps to developing a good practice response for organisations addressing violence against women and disability organisations".

National Disability Authority (Ireland) (2004) Violence Against People With Disabilities: Seminar Proceedings. National Disability Authority, Dublin.

The aim of this seminar was to bring together individuals and organisations from the disability, violence and criminal justice sectors to develop a strategic framework for addressing the issue of violence against people with disabilities. The seminar proceedings include a paper on Violence Against Disabled Women; and a panel presentation on Violence Against Disabled Women by Intimate Partners. The proceedings document includes areas for action, including: research, law reform, improved legislation, and improved regulation of institutions.

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National Ethnic Disability Alliance (2001) Domestic Violence and Women From a NESB with Disability. National Ethnic Disability Alliance, Sydney, Australia.

This paper states people from a non-English Speaking background (NESB) with disability are perhaps one of the most disadvantaged and marginalised groups in

society. The issues and needs of people from NESB with disability and their families and carers have generally not been understood or addressed by governments, the community sector and the general population. General cultural factors are discussed as women from NESB who have disabilities experience multiple layers of disadvantage which can exacerbate feelings of isolation and unwillingness to report violence and abuse. The paper offers some solutions to the complex issue violence against women with disabilities when coupled with ethnicity.

Neath, J. (1997) Social Causes of Impairment, Disability, and Abuse: A Feminist Perspective. Journal of Disability Policy Studies, Vol. 8, 1-2, pp.195-230.

This article provides evidence suggesting that many social practices (eg, interpersonal violence) that cause impairments and often lead to disabilities are part of a large-scale social pattern of patriarchy. Although disability scholars taking a socio-political approach to disability have usually focused on the social construction of disability through disabling attitudes, behaviours, and environments, advocated here is focusing also on the social construction of disability through the social creation of impairment provided a minority, not medical, model is used. The role of patriarchy in causing impairment (and disability) and the abuse of people with disabilities is discussed. A preliminary feminist model of patriarchal oppression, disability, and abuse is proposed.

New South Wales Department for Women (1996) Reclaiming Our Rights - Access to Existing Police, Legal & Support Services for Women with

Disabilities or who are Deaf or Hearing Impaired who are Subject to Violence. Prepared by Liz Mulder for the NSW Department for Women, Sydney, Australia.

This research project was conducted by the NSW Department for Women in 1995. The aim of the project was to investigate the degree of access women with disabilities have to existing services after they have been assaulted. The recommendations of the research report came from the women involved and key service providers including those in the areas of police, health, community services and the justice system. They are classified in the report under three headings which sum up the needs of women with disabilities and women who are deaf/hearing impaired who have been abused. These headings are: empowerment; access to quality services; advocacy.

Northway, R., Davies, R., Jenkins, R., & Mansell, I. (2005) Evidencing good practice in adult protection: informing the protection of people with learning disabilities from abuse. Journal of Adult Protection, Vol. 7, No. 2, pp. 28-36.

The importance and challenges in providing a good practice evidence base for adult protection are outlined. The literature search, review and mapping exercise that formed part of the **Abuse of Adults with Learning Disabilities: Policy, Practice and Educational Implications in Wales** research study is detailed. The article presents examples from this mapping exercise and considers the importance of adult protection research to the future development of policy and practice.

Nosek, M., Howland, C. & Young, M. (1997) Abuse of Women with Disabilities: Policy Implications. Journal of Disability Policy Studies, Vol. 8, 1-2, pp. 157-175.

This paper argues that to enable the identification of women with disabilities who are in abusive situations and their referral to appropriate community services, policy changes are needed. These changes include the need to increase training for all types of service providers in abuse interventions, improve architectural and attitudinal accessibility of programs for battered women, increase the responsiveness of adult protective services, increase options for personal assistance, expand the availability of affordable and accessible legal services, and improve communication among community services.

Nosek, M., Howland, C., & Hughes, R. (2001) The Investigation of Abuse and Women with Disabilities: Going Beyond Assumptions. Violence Against Women, Vol. 7, No. 4, pp. 477-499.

This article defines issues that should be considered by investigators endeavouring to conduct empirically sound research on abuse and women with disabilities. These issues include (a) incorporating in the research design variables that assess increased vulnerability; (b) using literature-based definitions that distinguish types of abuse; (c) using population-based sampling methodologies; (d) securing informed consent; (e) maintaining confidentiality; (f) installing safety measures (g) including women with disabilities from minority backgrounds; (h) using appropriate, validated, disability-sensitive screening instruments; (i) understanding the

legal requirements for reporting abusive incidents; (j) implementing abuse studies in clinical settings; and (k) including formative & summative evaluations in outcome studies of abuse interventions. To increase the capacity of battered women's programs to serve women with disabilities, considerably more needs to be known about interventions that are most effective for this population. 99

Nosek, M., Foley, C., Hughes, R., & Howland, C. (2001) Vulnerabilities for Abuse Among Women with Disabilities. Sexuality and Disability, Vol. 19, No. 3, pp. 177-189.

This research aimed to identify what types of abuse experienced by women with physical disabilities are directly related to their disability. Certain disability-related settings were identified as increasing the vulnerabilities for abuse. The researchers concluded that disability is not a protective factor against abuse; indeed, it often serves to reduce a woman's emotional and physical defenses. The findings indicate a need for the development of disability-sensitive abuse screening instruments, and development of interventions to assist women with disabilities in recognising abuse, protecting themselves against abusive situations, and removing themselves from potentially abusive relationships and situations.

Nosek, M., Howland, C., Rintala, D., Young, M., & Chanpong, G. (2001) National Study of Women with Physical Disabilities: Final Report. Sexuality and Disability, Vol. 19, No.1, pp. 5-40.

The final report of the National Study on Women with Disabilities provides an overview of the research conducted from 1992 to 1996 at the Center for Research on Women with Disabilities. The report addresses the methodologies used in the recruitment of women and reviews the various analyses conducted on the data. In addition, the report provides a discussion of recruitment techniques used for non-disabled women and the analysis used for this population as well. It provides a summary of findings in the areas of sense of self, relationships, information about sexuality, sexual functioning, pregnancy, sexually transmitted diseases, abuse, chronic conditions, health maintenance behaviours, gynaecologic health, and health care utilisation.

Nosek, M., & Howland, C. (1998) Abuse and women with disabilities. National Resource Center on Domestic Violence. Harrisburg, Pennsylvania.

This paper highlights the prevalence of violence against women with disabilities, examining abuse interventions, and offering a critique of studies. It addresses sexual, emotional and physical abuse. It describes abuse experiences of women and girls in non-institutional and institutional settings, as well as abuse by strangers, intimate partners, family members, health care workers and attendants.

Nosek, M., & Hughes, R. (2002) Violence Against Women With Physical Disabilities—Final Report. Final Report of CROWD Study: "Violence Against Women with Physical Disabilities". Baylor College of Medicine, Houston, Texas.

This report details the research undertaken by the Center for Research on Women With Disabilities (CROWD) on Violence Against Women with Physical Disabilities. The report is divided into seven chapters and includes: dynamics of violence against women with disabilities; development of the Abuse Assessment Screen-Disability (AAS-D); Demographic, Disability and Psychosocial Characteristics of Abused Women with Physical Disabilities; Perceived Stress and Women with Disabilities; Depression and Women with Spinal Cord Injury; and, Safety Planning Intervention.

Nosek, M., Hughes, R., Taylor, H. & Taylor, P. (2006) Disability, Psychosocial, and Demographic Characteristics of Abused Women With Physical Disabilities. Violence Against Women, Vol.12, No.9, pp. 838-850.

In a sample of 415 predominantly minority women with physical disabilities, the authors examined experiences of physical, sexual, and disability-related abuse within the past year and its associations with demographic, disability and psychosocial characteristics. Logistic regression analyses identified 27% of the variance and indicated that women with disabilities who were younger, more educated, less mobile, more socially isolated, and who had higher levels of depression may have a higher likelihood of having experienced abuse in the past year. This model correctly identified 84% of the abused women with disabilities.

Nutter, K. (2004) Domestic violence in the lives of women with disabilities: no (accessible) shelter from the storm. Southern California Review of Law and Women's Studies, Vol. 13, No.2, pp. 329-354.

This paper examines the tragic role that domestic violence plays in the lives of many women with disabilities and how protective orders and crisis shelters fail to provide these women with adequate protection from further abuse. The paper explains how domestic violence works differently in the lives of women with disabilities and how a host of factors, from misperceptions of the women themselves and the forms of abuse they suffer to the failure of domestic violence escape systems to recognise or accommodate the needs of these women, conspire to perpetuate their abuse. The paper includes recommendations of what steps could be taken to remove the barriers these women face when seeking help.
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Obinna, J. (2005) Participatory Approaches to Research: Understanding Sexual Violence in the Deaf Community. Researching Sexual Violence Project. National Institute of Justice. United States Department of Justice.

This paper discusses the research methodology used in the "Researching Sexual Violence Project" (RSVP) in the deaf community in Minneapolis. It discusses the use of Participatory Action Research (PAR) as an approach that is effective in building community relationships and understanding social issues in a manner that is rich and full of depth. It discusses the importance of having an advisory group with a diverse membership; recruiting deaf interviewers and hearing interpreters; and providing payment to participants.

O'Brien, A. (2002) When Home Doesn't Feel like Home. Domestic Violence & Incest Resource Centre (DVIRC) Newsletter, Issue 4. Melbourne, Victoria.

This paper discusses some of the issues surrounding women, violence and disability, written from the perspective of the authors role as a housing and support caseworker in Melbourne's (Australia) western metropolitan region. The author describes the difficulties which disabled women face in the areas of housing, transport and social service delivery in general. In particular she discusses the issue of partner violence, using anecdotal evidence from the disabled women she works with. The author concludes that service providers, such as attendant carers, can and should take on the responsibility to make a difference in the situation of a disabled woman in a violent family situation.

Oktay, J. & Tompkins, C. (2004) Personal Assistance Providers" Maltreatment of Disabled Adults. Health & Social Work, Vol. 29, No. 3, pp. 177-188.

This article describes a survey of 84 adults with disabilities who received personal assistance with activities of daily living from family members, informal providers, or agency personnel. Results showed that 30% reported mistreatment from their primary provider and 61% reported mistreatment by another provider. Verbal abuse, physical abuse, neglect, poor care, theft or extortion were the most common forms of mistreatment. The study found that male providers were more likely to mistreat and adults with lower incomes were the most likely to experience mistreatment. The authors conclude that more research is needed into this area.

Olkin, R. (2003) Women with Physical Disabilities Who Want to Leave Their Partners: A Feminist and Disability-Affirmative Perspective. Women & Therapy, Vol. 26, Issue 3/4, pp. 237-246.

The main purpose of this paper is to outline some of the key obstacles for women with physical disabilities who are considering leaving a partner for any reason. These obstacles fall into four domains: a) physical needs; b) financial needs; c) custody concerns; d) relationship issues. The author asserts that disability policies can have direct bearing on the lives of women with disabilities and hence their freedom to choose to remain with, or to leave a partner.

Pain, R. (1997) Social Geographies of women's fear of crime. Royal Geographical Society. London.

This research maps fear of crime as a reflection of women's gender inequality. Four important areas of geographical analysis are highlighted: the imposition of constraints on the use of urban space, the distinction between public and private space in perceptions of danger, the social construction of space into "safe" and "dangerous" places, and the social control of women's spaces. The research indicates that violent crime can have a particular impact upon the spatial experiences of women with disabilities, compounding the restrictions which they may experience.

Pardeck, J. & Rollinson, P. (2002) An exploration of violence among homeless women with emotional disabilities: Implications for practice and policy.

Journal of Social Work in Disability and Rehabilitation, Vol. 1, No. 4, pp. 63-73.

This research found a high incidence of violence among homeless women with emotional disabilities. The study reports 82% of the homeless women with emotional disabilities had a history of violence in their lives. The most common form of violence was physical; the least common was sexual abuse. The practice and policy implications for these findings are discussed.

Parish, S. & Huh, J. (2006) Health Care for Women with Disabilities: Population-Based Evidence of Disparities. Health and Social Work, Vol. 31, No. 1, pp. 7-15.

Despite having similar or better potential access to health care, women with disabilities experience worse health care and worse preventive care than non-disabled women. This study examined the health care of a national probability sample of 8,721 disabled and 45,522 non-disabled women living in the United States. Findings signal potentially serious consequences for women with disabilities, who require care at higher rates than their non-disabled counterparts and are at increased risk of developing secondary conditions if their care needs are not met.

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Perry, D. & Whiteside, R. (2002) Re-contextualising Violence: Children, "disability" and gender. People 1st Programme (PIP). Northbridge, WA, Australia.

The authors argue that until quite recently, various professions and disciplines have focused upon violence

and abuse in contexts relevant to their particular areas of expertise with some reluctance to pose larger often difficult and highly confronting social and political questions such as why people are violated at all. "Bigger picture" questions, such as who is perpetrating abuses, why and in what circumstances are perennial questions to which all those concerned with these issues must return. While this paper considers some of the attitudes, ideas and behaviours relating to gender, children and disability, the subtext invites the reader to make their own associations and interconnections between what are often disturbing observations.

Petersilia, J. (2001) Crime Victims with Developmental Disabilities: A Review Essay. Criminal Justice and Behavior, Vol. 28 No. 6, pp. 655-694.

This article summarises the research evidence on crimes against children and adults with developmental disabilities. It is divided into four main sections. The first section describes the nature and extent of crimes against individuals with developmental disabilities. The second reviews the literature on risk factors associated with their victimisation. The third discusses the manner in which justice agencies respond to these crimes. The final section enumerates what research and policy initiatives might address the problem.

Pham, H. & Lerner, B. (2001) In the patient's best interest? Revisiting sexual autonomy and sterilisation of the developmentally disabled. Western Journal of Medicine, Vol.175, No. 4, pp. 280-283.

This paper presents a fictionalised case of a developmentally disabled woman whose guardian requests surgical sterilisation. The authors review the historical factors that have shaped relevant legal boundaries and discuss medical and ethical issues confronting clinicians in such a situation. The authors argue that current restrictions on sterilisation may be over-protective, thus denying the "best-interests" of patients and their families.

Plichta, S. (2004) Intimate partner violence and physical health consequences: Policy and practice implications. Journal of Interpersonal Violence, Vol.19, No. 11, pp. 1296-1323.

This article reviews US research findings from 1993-2003 regarding the relationship of intimate partner violence (IPV) to women's health and use of health services. Extensive research indicates that IPV poses a significant risk to the physical health of women and is associated with increased mortality, injury and disability, worse general health, chronic pain, substance abuse, reproductive disorders, and poorer pregnancy outcomes.

Powers, L., Curry, M., Oschwald, M., Maley, S., Saxton, M., & Eckels, M. (2002) Barriers and strategies in addressing abuse: a survey of disabled women's experiences - PAS Abuse Survey; Journal of Rehabilitation, Vol.68, No.1, pp. 4-13.

Abuse by personal assistance services (PAS) providers has been identified as a particular problem for disabled women. The purpose of this study was to investigate women's experiences of abuse, PAS behaviours women considered most harmful, barriers women perceived as

impeding their response to PAS abuse, and strategies women perceived as most helpful for preventing or stopping PAS abuse. Findings suggested that women with disabilities experienced abuse at a higher rate than women without disabilities, and multiple barriers and strategies were critical to preventing or stopping abuse. Implications for further research are discussed.

Powers, L. & Oschwald, M. (2004) Violence and abuse against people with disabilities: Experiences, barriers and prevention strategies. Oregon Institute on Disability and Development, Oregon Health & Science University.

This paper focuses on violence against both men and women with disabilities. It looks at types of abuse perpetrated against people with disabilities, with a particular focus on abuse perpetrated by personal assistance providers. The article discusses barriers to addressing abuse and goes on to identify a range of strategies to prevent and stop violence against people with disabilities.

Protection and Advocacy Inc (2003) Abuse and Neglect of Adults with Developmental Disabilities: A Public Health Priority for the State of California. A Report of Protection and Advocacy Inc; State Council on Developmental Disabilities; University of Southern California.

This report describes the nature and extent of abuse and neglect perpetrated against people with developmental disabilities in California. It identifies systemic issues that underlie the increased risk for victimisation of this population. Three major findings are presented and

discussed: 1) Abuse and neglect of people with developmental disabilities is a public health problem; 2) The current system of protections is inadequate for victims with developmental disabilities; and 3) Many individuals within the abuse response and criminal justice systems lack training and expertise working with people with developmental disabilities.
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Radford, J., Harne, L. & Trotter, J. (2006) Disabled Women and Domestic Violence as Violent Crime. Practice, Vol. 18, No.4, pp. 233-246.

This article draws on the findings of a domestic violence and disability local study undertaken in Teesside (UK) in 2005. It overviews the criminalisation of domestic violence, drawing attention to the marginalisation of disabled women in contemporary UK government policy. It proceeds by identifying some complex conceptual issues pertaining to domestic violence perpetrated against disabled women, and barriers which inhibit access to justice, protection and support. Its conclusions pertain to theoretical or conceptual issues relating to the wider definitional debate in domestic violence discourse as well as to recommendations to both disability and domestic violence agencies regarding the needs of disabled women experiencing domestic violence.

Raye, K. (1999) Violence, women and mental disability. Mental Disability Rights International. Washington, DC.

This article describes the numerous human rights violations perpetrated against women with mental disabilities, such as arbitrary detention in psychiatric

institutions, the failure to protect women with mental disabilities against physical and sexual violence and the arbitrary denial of reproductive and parental rights. The author asserts that without attention from the international human rights community, women with mental disabilities will continue to endure abuse, violence and violations of their human rights. The article also presents a series of policy recommendations aimed at improving governments" treatment of and responses to women with mental disabilities, involving the advocacy community in addressing these human rights violations and providing mechanisms for the protection and empowerment of women with mental disabilities.

Razack, S. (1994) From Consent to Responsibility, from Pity to Respect: Subtexts in Cases of Sexual Violence Involving Girls and Women with Developmental Disabilities. Law & Social Inquiry, Vol. 19, No.4, pp. 891-922.

This article explores feminist legal reform within the context of sexual violence against women with developmental disabilities. The article explores the experiences of women with disabilities in rape trials and the subtexts about race, class, gender, and disability that circulate in the courtroom, sustaining the categorisation of women. It is contended that a framework of responsibility needs to be developed that replaces pity with respect for the disabled. It is concluded that a useful approach for feminist scholars and legal reformers is to focus on interlocking systems of domination and the maintenance of categories of women in law.

Riddington, J. (1989) Beating the Odds: Violence and Women with Disabilities. Position paper. Vancouver,

BC: DisAbled Women's Network (DAWN), Ontario, Canada.

This report is based on a survey of 245 women with disabilities. The report offers statistical evidence of women with disabilities who have experienced some form of abuse (physical, sexual, emotional, institutional); whom they reported to, why they did or did not report. The most common reasons for not reporting included: fear and dependency.

Rioux, M., Crawford, C., Ticoll, M., & Each, M. (1997) Chapter 12: Uncovering the Shape of Violence: A Research Methodolgy Rooted in the Experience of People with Disabilities. In Barnes, C. & Mercer, G. (Eds) Doing Disability Research. The Disability Press, Leeds. pp. 190-206.

This chapter describes a national study undertaken by the Roeher Institute in Canada on abuse and violence against people with disabilities. The research study (subsequently published as "Harm's Way: The Many Faces of Violence and Abuse against Persons with Disabilities") employed a narrative approach in order to gain an understanding, from the perspective of people with disabilities, of the forms of violence and abuse against them. The chapter discusses the research methodology, the findings, outcomes and follow up.

Roberto, K. & Teaster, P. (2005) Sexual Abuse Of Vulnerable Young And Old Women: A Comparative Analysis of Circumstances and Outcomes. Violence Against Women, Vol. 11, No. 4, pp. 473-504.

The purpose of this study was to understand the nature of female sexual abuse cases receiving attention from Adult Protective Services (US). Aggregated data from 125 substantiated APS cases of sexually abused women were collected during a 5 year period. The study found that regardless of age, the most common types of abuse involved sexualised kissing and fondling and unwelcome sexual interest in the women's body. Most identified perpetrators were older males. Family members were most likely to abuse women living in the community whereas women living in facilities usually experienced abuse by another resident. The study found that 12% of the women continued to be at risk of further sexual abuse.

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Roeher Institute (The) (1997) Speaking Out against Abuse in Institutions: Advocating for the Rights of People with Disabilities. Roeher Institute, Toronto.

This collection of conference proceedings speaks honestly to the abuse that people with disabilities often experience in institutions. It proposes - in the voices of those who have been institutionalised, as well as other advocates for change- ways to solve the problems through empowerment and advocacy.

Roeher Institute (The) (1996) Out of Harm's Way: A Safety Kit for People with Disabilities Who Feel Unsafe and Want to Do Something About It. Roeher Institute, Toronto.

This book is a unique tool to help people look at the places they live, work, study and play. It helps identify what is unsafe in the environment, in services, and in

relationships. Written in straight-forward language, the Out of Harm's Way includes questions to help people think about their safety, and makes suggestions for way to go about changing their surroundings to a safer one.

Roeher Institute (The) (1995) Harm's way: The many faces of violence and abuse against persons with disabilities in Canada. North York, ON.

A critical examination of the forms of violence and abuse experienced by people with disabilities, the extent of the problem, factors affecting response by the community and legal system. Harm's Way explores how people with disabilities define what is violent and abusive. This study includes recommendations for policy makers, service providers, and community organisations to reduce systemic abuse.

Roeher Institute (The) (1993) Answering the Call: The Police Response to Family and Care-giver Violence Against People with Disabilities. Roeher Institute, Toronto.

This study looks at the policing process around violent victimisation of people with disabilities. It explores awareness and knowledge in the police community about these issues and points out the challenges people with disabilities face in reporting violent crimes against themselves to police.

Rosen, D. (2006) Violence and Exploitation against Women and Girls with Disability. Annals of the New York Academy of Sciences, 1087, (1), pp.170-177.

This article seeks to explore issues concerning women and girls with disability who have experienced violence and exploitation. Owing to different methodologies of data collection, it is difficult to precisely determine the exact number of women and girls who are affected. The literature suggests that violence and exploitation against women and girls with disability occur at a rate 50% higher than the rest of society. It also points out a number of additional critical issues including the need for urgent action to halt this "epidemic".

Rousso, H. (2001) Strong Proud Sisters: Girls and Young Women with Disabilities. Barbara Waxman-Fidducia Papers on Women and Girls with Disabilities. Centre for Women Policy Studies, Washington, DC.

This paper presents what is known and not known about girls and women with disabilities in America, drawing upon the limited research specifically focused on disabled girls as well as relevant studies both of disabled youth of both genders and of disabled women. The paper includes chapters on definitions and demographics, health, self-esteem, body image and identity, sexuality, violence, education and employment.

SafePlace Institute (2000) Stop the Violence, Break the Silence Training Guide & Resource Kit. Disability Services ASAP, SafePlace, Austin, Texas.

The "**Stop the Violence, Break the Silence Training Guide & Resource Kit"** exposes the relationship of abuse and violence to disability and works to assist crisis intervention and disability agencies as they provide accessible services to all people. It provides

presentation materials for use by domestic violence, sexual assault and disability service professionals, social workers, counsellors and other interested professionals. It also provides examples of materials to be used when presenting sexuality education and abuse education to people with developmental or cognitive disabilities.

SafePlace Institute (2005) Balancing the Power: Creating a Crisis Center Accessible to People with Disabilities. Prepared by Dianne King Akers for Disability Services ASAP, SafePlace, Austin, Texas.

This strategy guide was written as a resource for sexual assault and domestic violence centres in providing accessible services to abuse survivors with disabilities. It can be used as a training tool and as a reference guide. Topics include information about working with people with a wide range of disabilities, strategies to make centres physically and programmatically accessible, the Americans with Disabilities Act, and how to connect to community disability advocacy and service organisations.

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Sale, A. (2001) Nowhere to Go: Where does a disabled woman fleeing domestic violence go? Community Care (UK), July 19.

This brief article describes the level of access for refuges for women with disabilities escaping violence, in England and Wales. It discusses some of the barriers facing women with disabilities experiencing violence, or at risk of violence.

Salthouse, S. & Frohmader, C. (2004) Double the odds: Domestic violence and women with disabilities. Paper presented to the "Home Truths" Conference, Sheraton Towers, Southgate, Melbourne, Australia. Women With Disabilities Australia (WWDA), Tasmania, Australia.

This paper provides a general overview of the issue of violence against women with disabilities, particularly in the Australian context. It covers the status of women with disabilities in Australia, definitions, forms of domestic violence, incidence, barriers to leaving a violent situation and actions needed to address the issue.

Saxton, M., Curry, M., Powers, L., Maley, S., Eckels, K., & Gross, J. (2001) "Bring My Scooter So I Can Leave You". A Study of Disabled Women Handling Abuse by Personal Assistance Providers. Violence Against Women, Vol.7, No.4. pp. 393-417.

This study investigated the perceptions and experiences of seventy two women with physical and cognitive disabilities related to abuse by formal and informal personal assistance providers. The study found that women with disabilities who rely on personal care assistance are subject to pervasive and frequent abuse. The researchers identified a number of themes with respect to participant's definitions and meanings of abuse and the nature of their relationship with their personal assistance providers. The themes included: social and personal boundary confusions and power dynamics; difficulties of recognising, defining and describing abuse in the personal assistance relationship; the complexity of using family and friends as providers;

barriers to responding to abuse; and strategies used to prevent and manage abuse.

Sceriha, M. (1996) Women with Disabilities and Domestic Violence. A Paper presented to the National Domestic Violence Forum, September, Canberra. Women With Disabilities Australia (WWDA) Australia.

This paper was presented to the National Domestic Violence Summit in Australia in 1996 and represented the beginnings of Women With Disabilities Australia's (WWDA) systemic advocacy work at a national level on violence against women with disabilities. The paper provides an overview on women with disabilities and domestic violence and highlights some of the myths and stereotypes that have kept the issue of violence against women with disabilities hidden, silent and ignored.

Schriner, K., Barnartt, S., & Altman, B. (1997) Disabled Women and Public Policy: Where We've Been, Where We're Going. Journal of Disability Policy Studies, Vol. 8, 1-2.

An introduction to a special journal issue on gender and disability policy emphasises the lack of current knowledge about the social and economic dimensions of the lives of disabled women and how policies affect them. Topics addressed include how disability programs affect women differently than men and are often implemented in a discriminatory manner; access to acute and preventive health care; workplace issues; mental health considerations; disabled women and violence; cultural, economic and political conditions affecting women with disabilities in other countries; and

sexuality/reproductive issues. The articles introduced stress the importance of addressing disability policy from a gender perspective and consider non-policy problems such as socialisation, wage differentials, role fulfillment, public stigma, and family life.

Sequeira, H. & Hollins, S. (2003) Clinical effects of sexual abuse on people with learning disability. British Journal of Psychiatry, Vol. 182, pp. 13-19.

This article provides a critical review of the published research in the field of clinical effects of sexual abuse on people with a learning disability. Twenty five studies were reviewed from 1974-2001. Several studies suggest that, following sexual abuse, people with learning disabilities may experience a range of psychopathology similar to that experienced by adults and children in the general population. The need for systematic research is called for.

Shaw, C. & Proctor, G. (2005) Women at the margins: A critique of the diagnosis of Borderline Personality Disorder. Feminism & Psychology, Vol. 15, No. 4, pp. 483-490.

The authors draw on feminist, postmodern, and anti-psychiatric critiques in order to present and develop their shared perspective on the diagnosis of borderline personality disorder, and challenge health professionals and wider society to locate survivors" distress within the context of sexual violence and gender power relations.

Sherry, M. (2003) Don't Ask, Tell or Respond: Silent Acceptance of Disability Hate Crimes. Disabled Women's Network, Ontario, North Bay, Canada.

This paper addresses the issue of hate crimes against people with disabilities. It includes definitions and an analysis of FBI (US) data on disability bias hate crimes. It discusses a number of problems with the FBI data and its methods of collection. The author asserts that "serious" crimes against people with disabilities are often labeled "abuse" and he suggests that the term "abuse" is a ubiquitous metaphor for experiences of disability oppressions. He stresses that many of these "abuses" are in fact crimes, and should be investigated and punished as such. He concludes that the problem of disability hate crimes needs to be explored in far greater detail.

Sinason, V. (2002) Treating people with learning disabilities after physical or sexual abuse. Advances in Psychiatric Treatment, Vol. 8, pp. 424-432.

The article provides discussion of practical treatment issues for survivors of abuse who also have learning disabilities. It provides a number of case vignettes to illustrate the various treatment options.

Sobsey, D., Gray, S., Wells, D., Pyper, D., & Reimber-Heck, B. (1990) Sexuality, disability, and abuse: An annotated bibliography. Edmonton, AB: University of Alberta, Severe Disabilities Program.

This annotated bibliography lists literature from a wide range of disciplines and perspectives relevant to sexual assault and abuse of people with disabilities. It is an attempt to provide a comprehensive review of the literature in this area and lists research studies, position papers, program descriptions, clinical reports, and media accounts.

Sobsey, D., Randall, W., & Parrila, R. (1997) Gender differences in abused children with and without disabilities. Child Abuse and Neglect, Vol. 21, No. 8, pp. 707-720.

The study discussed in this article was undertaken to help clarify the relationship between gender and disability among abused children. Two questions were posed: (1) What are the proportions of boys and girls in various categories of substantiated child abuse? (2) Do the gender proportions differ for children with and without disabilities? The results showed that more boys were physically abused and neglected, but more girls were sexually abused. Boys with disabilities, however, were over-represented in all categories of abuse. The research concluded that boys represented a significantly larger proportion of physically abused, sexually abused, and neglected children with disabilities than would be expected from their respective proportion of abused and neglected children without disabilities. Several possible explanations for the observed gender and disability status interaction are discussed.

Sobsey, D. (1994) Violence and abuse in the lives of people with disabilities: The end of silent acceptance? Baltimore: Paul H. Brookes Publishing Company.

This book is a comprehensive study of the issue of disability, violence, and abuse. It deals with the prevalence of abuse of people with disabilities and how this abuse can be prevented. The book offers guidance to professionals and families on detecting abuse; identifying risk factors; combating abuse by altering specific social conditions; helping to heal the consequences of abuse; and ending the harmful violence and disability cycle in which people with disabilities become entrapped.

Sobsey, D. & Doe, T. (1991) Patterns of sexual abuse and assault. Sexuality and Disability, Vol. 9, No. 3, pp. 243-259.

The article describes the results of a study whereby 162 reports involving sexual abuse and sexual assault of victims with disabilities, were analysed. It found that abuse and assault are frequently repeated and chronic, often result in significant harm to the victim, and are rarely reported to child welfare or law enforcement authorities. Many offences are committed by paid service providers and occur in disability service settings, but other offences occur in the same situations as sexual abuse and assault of victims without disabilities. Victims are predominantly female and offenders are predominantly male. Charges and convictions are rare. Victims with disabilities often experience difficulty obtaining treatment services that are accessible and appropriate to their needs. Discussion considers a multifactorial, ecological model of abuse and recommends some possible prevention strategies.

Stehlik, D. (2001) A Brave New World? Neo-Eugenics and Its Challenge to Difference. Violence Against Women, Vol. 7, No. 4, pp. 370-392.

This article uses the metaphors of segregation and surveillance of women with disabilities historically, establishing links between current practices in genetics and past experiences. The article argues for a "history of the present" through an appreciation of the many discursive narratives of the past. From completed research focusing on the lifelong caring undertaken by Western Australian parents of their children with intellectual disabilities, the genealogy of three influential discursive propositions of the early and mid 20th Century are identified: eugenics, institutionalisation, and motherhood. By their powerful present day influence, such discourses affect the lives of women with disabilities, thus underpinning the inherent institutionalised violence of their day-to-day experience.

Steinstra, D. & Gucciardi, E. (2002) Chapter 12: Disabilities. In Ontario Women's Health Status Report. Ontario: Ontario Women's Health Council, 2002. pp. 146-161.

This chapter discusses the health status of women with disabilities in Canada. The chapter covers a range of specific health care issues facing women with disabilities, including sexual and reproductive health; childbearing; violence and sexual assault; the link between violence and substance abuse. It also discusses the barriers facing women with disabilities in accessing health and related services. The authors call

on governments and health professionals to increase their awareness of, and become more active in addressing, the special health care issues facing women with disabilities.

Strahan, F. (Ed) (1991) On The Record: A Report on the 1990 STAR Conference on Sterilisation: "My Body, My Mind, My Choice". Star Victoria Inc, Melbourne, Victoria.

This report details the proceedings of a Conference held in Victoria (Australia) for women with intellectual disabilities, parents and workers on the issue of sterilisation. The report includes the voices of women with intellectual disabilities and contains a series of recommendations in the areas of: Women's Issues and Rights; Legal; Health; Information; Education; and, Resources.

Stevens, C. (1999) Stopping Violence against Women with Disabilities. In Timmins, L. (Ed) Listening to the Thunder: Advocates Talk about the battered women's movement. Women's Research Centre. Vancouver.

When women with disabilities tell trusted disability support workers about violence or abuse they often find that support is often extremely limited. Disclosure becomes a problem when support workers refer their clients on because they don't really understand the issue of violence against women with disabilities. All this referring back and forth, arguing over who really understood the issues and whose mandate it was to respond, puts women in danger. This research goes into

detail about how the author affected change for women with disabilities in two local support agencies.

Strand, M., Benzein, E., & Saveman, B. (2004) Violence in the care of adult persons with intellectual disabilities. Journal of Clinical Nursing, Vol. 13, pp. 506-514.

The aim of this research was to investigate violent situations involving Swedish adult persons with intellectual disabilities and their care-givers in group dwellings. The study found that 35% of 122 respondents admitted they had been implicated in or witnessed a violent incident towards an adult person with intellectual disabilities and 14% of the staff admitted they themselves had been the perpetrator. 61% of the staff members described various situations when they were exposed to violence from an adult person with intellectual disabilities. The authors conclude that violence seems to be accepted as a natural part of the daily care for adult person with intellectual disabilities.

Stromsness, M. (1993) Sexually abused women with mental retardation: Hidden victims, absent resources. Women and Therapy, Vol.14, Issue 3-4.

The aims of this study were to provide a description of sexual abuse among adult women with mild mental retardation and to examine the characteristics and experiences of the sexual abuse among these adults. The study found that 82% of survivors interviewed for the study, were molested prior to their 18th birthday. The vast majority of the survivors received no medical, psychological or legal help. The authors conclude that barriers are effectively created which prevent women

with mental retardation, who are also survivors of sexual abuse, access to the same essential therapeutic intervention non-retarded women possess.
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Strong, M., Cuppolo Freeman, A., Toms Barker, L., & Haight-Liotta, S. (1996) Priorities for Future Research: Results of Berkeley Planning Associates Delphi Survey of Disabled Women. Berkeley Planning Associates, California.

This research asked women with disabilities to rank the service areas from 1-9 in order of overall importance. Abuse and violence ranked as the highest priority area. The highest rated objective was "to disseminate information to women with disabilities about how they can advocate for themselves in protecting themselves against violent caretakers". The next highest rating was "to document how domestic violence shelters can become more accessible for women with various disabilities and to document how rape crisis lines can become more accessible for women with disabilities." As a result of this survey, Berkeley Planning Associates developed the book "Caregiver Abuse and Domestic Violence in the Lives of Women with Disabilities".

Strong, M. & Cuppolo Freeman, A. (1997) Caregiver Abuse and Domestic Violence in the Lives of Women with Disabilities - Meeting the needs of women with disabilities: a blueprint for change. Berkeley Planning Associates, California.

The goal of this booklet is to "educate women with disabilities and service providers about issues of violence by intimate partners and caregivers, and in

doing so emphasise the need for access to services such as domestic violence shelters and sexual assault programs. The book includes women with disabilities personal stories of abuse and violence.

Swedlund, N. & Noesk, M. (2000) An exploratory Study on the work of Independent Living Centers to Address Abuse of Women with Disabilities—Statistical data included. Journal of Rehabilitation, Oct-Dec.

During the past 20 years, considerable research has been conducted on the problem of domestic violence in the United States. Researchers have studied causes of domestic violence, its effects on victims, and the effectiveness of various types of interventions with perpetrators and victims. However, a review of the literature found very little research on domestic violence against women with disabilities. The needs of women with disabilities are often an afterthought in the development of battered women's programs. Moreover, the needs of women with disabilities who are experiencing abuse are often not addressed by programs serving people with disabilities. This article focuses on the services of independent living centers (ILCs) to women with disabilities who are experiencing abuse.

Szeli, E. & Pallaska, D. (2004) Violence against women with mental disabilities: the invisible victims in CEE/NIS countries. Feminist Review, Vol. 76, pp. 117-119.

In this paper, the authors offer recommendations to reduce violence against women with mental disabilities.

They assert that community-based support services must be established to support women who experience psychological, environmental, or socio-economic difficulties in their lives.

Taylor, M. & Barusch, A. (2004) Personal, Family, and Multiple Barriers of Long Term Welfare Recipients. Social Work, Vol. 49, No.2, pp. 175-183.

This article reports the results of an in-depth, descriptive study of long-term welfare recipients (US). The results from the study illustrate personal barriers to self-sufficiency, including physical health problems that prevent work, severe domestic violence, educational deficits, substance abuse, learning difficulties, child behaviour problems, generalised anxiety disorder, post traumatic stress disorder, and clinical depression. The study findings underscore the complex, persistent, and multiple difficulties experienced by this population and suggest that for some welfare recipients, long-term (even lifelong) financial supports and social services may be in order. Implications for policy and programming are discussed.

Thomas, C. (1999) Female Forms; Experiencing and Understanding Disability. Open University Press, Buckingham, United Kingdom.

This book explores and develops ideas about disability, engaging with important debates in disability studies about what disability is and how to theorise it. It also examines the interface between disability studies, women's studies and medical sociology, and offers an accessible review of contemporary debates and theoretical approaches. The title Female Forms reflects

two things about the book: first, its use of disabled women's experiences, as told by the women themselves, to bring a number of themes to life, and second, the author's belief in the importance of feminist ideas and debates for disability studies.

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Thomas, C. (2001) Medicine, Gender and Disability: Disabled Women's Health Care Encounters. Health Care for Women International. Vol. 22, pp. 245-262.

This article examines the intersection of gender and disability in the medical arena by considering disabled women's experiences of receiving health care in the United Kingdom. Drawing on the social model of disability, the author focuses on the attitudes and practices of doctors. She suggests that disabled women health service users are at risk of experiencing oppressive medical practices because two forces of oppression appear to be frequently and interactively, in play: patriarchy and disablism. The article includes a discussion of sexual abuse of disabled women.

Tilley, C. (1998) Health Care for Women with Physical Disabilities: Literature Review and Theory. Sexuality and Disability, Vol 16, No. 2, pp. 87-102.

This paper identifies, describes and analyses the significance of the literature as it impacts on health care for women with physical disabilities. It considers both scholarly reviews of the literature as well as the literature written by women with physical disabilities themselves. It covers the topics of the disability field, the mainstream feminist movement, experimental disability writings, characteristics of the literature, health issues,

reproductive health services, sexuality and sexual abuse and future challenges.

Traustadottir, R. (1997) Women With Disabilities: Issues, Resources, Connections Revised. The Center On Human Policy, Syracuse University.

This information packet is structured into five sections. It includes: information on the "double discrimination" of women with disabilities; an annotated bibliography on resources available on various issues (employment; education; violence and abuse; health; reproductive rights); a listing of teaching materials about women and girls with disabilities; and information on where to find further resources for and about women with disabilities.

Tyiska, C. (2001) Working with Victims of Crime with Disabilities. National Organisation for Victim Assistance (NOVA), Washington DC.

This report is a product of the Symposium on Working with Crime Victims with Disabilities, coordinated by NOVA in 1998. The Symposium brought together experts from the disability advocacy and victim assistance and research fields, to examine a "large and undeserved crime victim population". The report provides a range of recommendations for a range of stakeholders, including: criminal justice agencies and victim service programs; national, state and local disability rights specialists; Office for Victims of Crime; and, other Department of Justice Agencies.

United Nations Children's Fund (UNICEF) (2005) Violence against Disabled Children: Summary Report. UN Secretary Generals Report on Violence

against Children: Thematic Group on Violence against Disabled Children, Findings and Recommendations. Convened by UNICEF, New York, July 28.

This report presents the findings of the Thematic Group on Violence Against Disabled Children, convened by UNICEF in New York, 2005. The report provides an overview of violence against disabled children, followed by an enumeration of violence against disabled children in specific settings. A series of recommendations are included, identifying how violence against disabled children can best be addressed both as part of general violence intervention efforts and through disability-specific interventions. The intersection of gender, disability and violence is addressed throughout the report.

Urek, M. (2005) Hidden Stories: Women, Handicap and Violence in the Family. Socialno Delo, Vol. 44 (1/2) pp.73-79.

This article focuses on violence in the family. One of the most aggravating factors is the inaccessibility of services. Besides physical obstacles, which prevent access, they may run into many other obstacles—sometimes they cannot call the police, it is more difficult to take them to a safe house. Safe houses do not provide personal assistance that some women need; another obstacle is their lack of skills. A survey of the situation in Slovenia shows that despite the conviction that family violence suffered by disabled women is widespread, professionals are ill-informed about their special living conditions, and help is almost inaccessible to them.

Washington Coalition of Sexual Assault Programs (2004) Creating Accessible Sexual Assault Services for People with Disabilities. Washington Coalition of Sexual Assault Programs, Olympia, Washington.

This publication is designed for managers of sexual assault programs who strive to ensure that their agencies and services are accessible and welcoming to disabled survivors of sexual assault. The publication proposes options and solutions that will take agencies beyond what is legally required, in the hope of making each agency welcoming and easily accessible by people with disabilities.

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Washington Coalition of Sexual Assault Programs (2004) Proceedings Report of the Community Voices Partners" Meetings on Ending Violence Against Women with Disabilities. Washington Coalition of Sexual Assault Programs, Olympia, Washington.

This report details the proceedings of a series of meetings and activities coordinated by the Washington Coalition of Sexual Assault Programs in an effort to create a statewide accessible and appropriate response system to sexual assault of people with disabilities. The report contains a range of recommendations in the areas of: access, training, advocacy, intake, medical system, safety planning, legal system mandated reporting, and prevention.

Washington Coalition of Sexual Assault Programs (2004) Sexual Assault Service Delivery Implications

for People with Disabilities. Washington Coalition of Sexual Assault Programs, Olympia, Washington.

This publication is designed to provide observations and give suggestions to advocates to increase the accessibility of sexual violence advocacy services to people with disabilities. It covers: accessibility, information and referral, crisis intervention, general advocacy, screening and intake, medical advocacy, legal advocacy and prevention.

Waxman, B. (1991) Hatred: The unacknowledged dimension in violence against disabled people. Sexuality and Disability, Vol. 9, No. 3, pp. 185 -199.

This article examines the cultural ideology about disability which leads to violence, including crimes of a sexual nature, directed at disabled persons. It asserts a disability rights perspective and also focuses on the socio-political model of disability which provides a greater understanding as to why these crimes occur. The ultimate goal of the author is to argue for the inclusion of the disability community as a group at risk in the federal Hate Crimes Statistics Act (US), which is designed to track hate crimes.

Waxman-Fiduccia, B. & Wolfe, L. (1999) Violence against disabled women. Washington, DC: Center for Women Policy Studies.

This Research and Data in Brief report summarises available data and research on the prevalence of violence in the lives of women and girls with disabilities in the US, including domestic abuse and battering,

sexual abuse and rape, and forms of violence masked as socially accepted treatment.

Waxman-Fiduccia, B. & Wolfe, L. (1999) Women and Girls with Disabilities: Defining the Issues—An Overview. Center for Women Policy Studies, Washington, DC.

This paper, the first in the Barbara Waxman Fiduccia Papers on Women and Girls with Disabilities, addresses a wide range of issues—including physician assisted suicide, access to health care, reproductive right and health, family life, education and employment, violence against disabled women and girls, and disabled women's leadership. The report considers how applying a "disability lens" and reflecting the values and vision of disability feminism can help bring the voices of disabled women and girls to the policy arena and to feminist research and advocacy.

White, C., Holland, E., Marsland, D., & Oakes, P. (2003) The Identification of Environments and Cultures that Promote the Abuse of People with Intellectual Disabilities: A Review of the Literature. Journal of Applied Research in Intellectual Disabilities, Vol. 16, pp. 1-9.

This paper examines the literature regarding abuse with long-stay hospitals and community-based residences for people with intellectual disabilities. Research and policy developments are reviewed, and concerns regarding the reactive nature of much current guidance are noted. The authors argue that much current thinking attributes abuse to individual deviancy and culpability; however a greater recognition of the range of causes of abuse and

the circumstances in which abuse flourishes is required if we are able to develop a full understanding of preventative strategies.

Wilson, B. (2006) Pandora's Box. Hume Region Family Violence and Disability Project; Resource Guide. Women's Health Goulburn North East, Victoria, Australia.

The resource guide was developed in aid of continuing issues surrounding disability services requiring access to family violence services and family violence services requiring assistance from disability services within the Hume region (Victoria). The Pandora's Box Project Hume Region working party has been working to remove the barriers faced by women with disabilities in seeking assistance from both the family violence and disability support systems, this resource guide will be of great help in doing so. The purpose of the Pandora's Box Project has been to grapple with the complexity of the issue of family violence and disability and draw together service provision that truly reflects the diverse needs of the community.

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Winters, J., Clift, R., & Dutton, D. (2004) An Exploratory Study of Emotional Intelligence and Domestic Abuse. Journal of Family Violence, Vol. 19, No. 5, pp. 255-267.

Results of this exploratory study indicate that batterers score significantly lower than the general population on all components of the Emotional Quotient Inventory (EQ-i). Additionally EQ-i total and subscale scores for both samples correlate negatively and significantly with

scores on the Propensity for Abusiveness Scale (PAS), suggesting that deficits in various components of emotional intelligence are related to an increase in the propensity to be abusive. Implications for batterer treatment are discussed.

Women With Disabilities Australia (1997) (2007) More Than Just A Ramp - A Guide for Women's Refuges to Develop Disability Discrimination Act Action Plans. Prepared for Women With Disabilities Australia (WWDA) by Fiona Strahan. Women With Disabilities Australia (WWDA), Australia.

This report includes a discussion and analysis of: gender and disability, and women with disabilities and violence. It discusses the barriers women with disabilities face when accessing domestic violence services. The report provides information on the Disability Discrimination Act (1992) including a discussion on "discrimination". The report details step by step how to develop a Disability Discrimination Act Action Plan.

Women With Disabilities Australia and Woorara Women's Refuge (1997) Woorara Women's Refuge Disability Action Plan. Prepared for Women With Disabilities Australia (WWDA) by Fiona Strahan. Women With Disabilities Australia (WWDA), Australia.

This report details a project undertaken by Women With Disabilities Australia (WWDA) and Woorara Women's Refuge in Victoria (Australia) to develop a Disability Action Plan for the Woorara Refuge. The report sets the context for the study - providing information about the Disability Discrimination Act (1992) including the

legislative requirements. The Project Methodology is outlined, including findings from consultations conducted with women with disabilities as part of the project. The report includes the Action Plan developed with Woorara Women's refuge as part of the project.

Women With Disabilities Australia (1999) Violence Against Women With Disabilities - A Report from the National Workshop on Violence Against Women With Disabilities. Prepared by Carolyn Frohmader for Women With Disabilities Australia (WWDA). Women With Disabilities Australia (WWDA), Australia.

In 1998, Women With Disabilities Australia (WWDA) conducted a National Violence Against Women With Disabilities Workshop, the first of its kind in Australia and unique in that it was planned, organised, attended and run by, women with disabilities. This report documents the proceedings of the National Women With Disabilities and Violence Workshop. It contains a wide range of information including: background and context information; articles on the intersection of gender, disability and violence; details on work occurring in Australia on domestic violence generally as well as specific work on the issue of violence against women with disabilities; issues and problems identified by workshop participants requiring action; detailed strategies to address areas such as: Education; Research; Information; Social Action; Networking; Service and Program Planning and Delivery.

Womendez, C. & Schneiderman, K. (1991) Escaping from abuse: Unique issues for women with disabilities. Sexuality and Disability, Vol. 9, No. 3, pp. 273-279.

This article is an overview of the issues and problems facing women with disabilities who have been battered and abused.The article discusses specific problem areas facing women with disabilities such as accessibility, self-protection and shelters available. It also examines the unique psychological and socialisation problems that women with disabilities must deal with throughout the developmental process. Finally, the article addresses prevention issues and how to protect one's self from an abuser.

Woodland, B. (1999) Sterilisation of young women with intellectual disabilities: "best interests" and the "proper" woman in legal analysis. Women Against Violence Journal, Issue 7, December 1999.

This paper focuses on cases where the Family Court (Aust) has authorised non-therapeutic sterilisation for intellectually disabled girls, where decisions about sterilisation are made on the basis of the child's "best interests". The author discusses sterilisation and intellectual disability; the concept of "best interests"; intellectual disability and motherhood; and intellectual disability and womanhood. The author concludes that "best interests" is too nebulous a legal test for a decision as significant as sterilisation. She asserts that sterilisation performed with no medical need and without fully exploring alternatives, is based not on "best interests" but on social judgements about disability and concomitant social worth.

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Young, M., Nosek, M., Howland, C., & Rintala, D. (1997) Prevalence of abuse of women with physical

disabilities. Archives of Physical Medicine and Rehabilitation, Vol. 78, Issue 12 SUPPL.

This article documents the prevalence of abuse of women with physical disabilities compared to women without physical disabilities. From their research study, the authors concluded that women with physical disabilities appear to be at risk for emotional, physical, and sexual abuse to the same extent as women without physical disabilities. Prevalence of abuse by husbands or live-in partners in this study is similar to estimates of lifetime occurrence of domestic violence for women living in the United States. Women with physical disabilities are more at risk for abuse by attendants or health care providers. They are also more likely to experience a longer duration of abuse than women without physical disabilities.

YWCA Canada (2006) Effective Practices in Sheltering Women: Leaving Violence in Intimate Relationships. Phase II Report. YWCA Canada, Ontario.

This study describes the journey of 368 abused women as they entered and left emergency shelters in ten Canadian locations. Twenty percent (20.4%) of the research participants identified as having a physical disability; and thirty five percent (35.5%) identified as having an emotional/mental health disability. The research report contains a number of recommendations around: resourcing of shelters; post-shelter services; access to safe and affordable housing; access to child care; improved access to income support and education; training for shelter staff; need for public awareness campaigns about woman abuse.

Zavirsek, D. (2002) Pictures and silences: memories of sexual abuse of disabled people; International Journal of Social Welfare, Vol. 11; No. 4. pp. 270-285.

This article de-individualises the debate about sexual abuse of disabled people, especially women, by showing that both the sexual and asexual identity of impaired persons are invariably fashioned within the institutional arrangement of domination and subjugation. It shows that if disabled persons are seen as asexual or if they are sexualised, they cannot escape sexual violence, which is not an aberration, but is intrinsic to the social construction of disability. The article includes personal testimonies of women with different disabilities from Slovenia, who were abused either at home or in public care and shows some responses of the professionals and caregivers who minimise the importance of abuse. It claims that ignoring the memories of sexual abuse is part of a subtle and unintentional discrimination, which reflects a continuity of prejudices and hatred toward disabled children and adults in the private realm as well as in public care.

Zweig, J., Schlichter, K., & Burt, M. (2002) Assisting Women Victims of Violence Who Experience Multiple Barriers to Service. Violence Against Women, Vol.8, No.2, pp. 162-180.

This study examines the extent to which programs for domestic violence and sexual assault gear services towards women facing multiple barriers (ie: substance abuse disorders, mental help problems or learning disabilities, incarceration, and prostitution) and the unique problems such women encounter when

accessing services. Part of a national evaluation, the authors interview staff from 20 programs focusing their service efforts on multi-barriered women. Problems encountered by such women include: lack of services dealing with multiple barriers, uneducated service providers, and batterers using women's barriers to further control or victimise them. This article describes the strategies programs used to meet these women's distinct needs.
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Websites

Women With Disabilities Organisations

Women With Disabilities Australia (WWDA)
http://www.wwda.org.au

Center for Research on Women with Disabilities
http://www.bcm.edu/crowd

Disabled Women's Network (DAWN) Ontario
http://dawn.thot.net

Disabled Women's Network (DAWN) Canada
http://www.dawncanada.net

Human Rights

Access Human Rights Portal
http://www.hrdc.net/accesshr/

Amnesty International http://www.amnesty.org

Association for Women's Rights in Development http://www.awid.org

Equality Now http://www.equalitynow.org

Human Rights Databank http://www.hri.ca/databank

Human Rights Internet http://www.hri.ca

Human Rights Watch http://www.hrw.org

International Alliance of Women http://www.womenalliance.org

International Center for Research on Women http://www.icrw.org

International Centre for the Legal Protection of Human Rights http://www.interights.org

International Human Rights Instruments http://www.unhchr.ch/html/intlinst.htm

International Labour Organisation http://www.ilo.org

International League for Human Rights http://www.ilhr.org

International Women's Rights Action Watch - Asia Pacific http://www.iwraw-ap.org

International Women's Tribune Centre http://www.iwtc.org

MADRE http://www.madre.org

National Human Rights Institutions Forum
http://www.nhri.net

Office of the United Nations High Commissioner for Human Rights http://www.ohchr.org

United Nations Development Fund for Women
http://www.unifem.org

United Nations Division for the Advancement of Women
http://www.un.org/womenwatch/daw

United Nations Human Rights Page
http://www.un.org/rights

United Nations Millennium Project
http://www.unmillenniumproject.org

United Nations Population Fund http://www.unfpa.org

Womankind Worldwide http://www.womankind.org.uk

Women's Human Rights Net http://www.whrnet.org

Women's International League for Peace & Freedom
http://www.wilpf.int.ch/index.htm

World Health Organisation Department of Gender, Women & Health http://www.who.int/gender/en/

Violence

End Violence Against Women http://www.endvaw.org

Female Genital Cutting Education and Networking Project http://www.fgmnetwork.org

Global Alliance Against Traffic in Women http://www.gaatw.net

International List of Domestic Violence and Abuse Agencies http://www.hotpeachpages.net

International Society for Prevention of Child Abuse and Neglect http://www.ispcan.org

National Center on Elder Abuse http://www.elderabusecenter.org

National Online Resource Center on Violence Against Women http://www.vawnet.org

WWDA Violence Against Women With Disabilities Resource Manual

This resource manual is made up of a series of four booklets

A Life Like Mine!

narratives from women with disabilities who experience violence

Forgotten Sisters

a global review of violence against women with disabilities

It's Not OK—It's Violence

information about domestic violence and women with disabilities

More Than Just A Ramp

a guide for women's refuges to develop disability discrimination act action plans

Women With Disabilities Australia (WWDA)

VIOLENCE AGAINST WOMEN WITH DISABILITIES RESOURCE MANUAL "Forgotten sisters"

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