Understanding Violence Against Women With Disabilities

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Women with Disabilities Australia

- Represents more than two million disabled women and girls
- Run for and by women with disabilities
- Transnational human rights and systemic advocacy organisation
Overview

Background
- What is disability?
- A human rights approach to disability
- What is violence against women with disability?
- What do we know about violence against women with disability?
- Contributing factors

Addressing violence against women with disability

Barriers to seeking assistance
- What kind of barriers might women with disability experience when seeking help?

How to address barriers?
- Inclusive policies and practices
- Disability access and inclusion plan
- Accessible information and communication
- Physical barriers
- Organisational attitudes and systemic change
• The ways in which ‘disability’ is understood has implications for responses to women and girls with disability at risk of, or experiencing, violence.

• Disability is now usually understood using the social model of disability, which emphasizes that disability results from disabling environmental and social barriers.

• International human rights law does not ‘define’ disability but describes people with disability as including “those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others” (Article 1, CRPD).
Australia’s international human rights obligations require that understanding ‘disability’ must be ‘human rights based’ rather than categorising various disabilities based on impairments.

The human rights based approach:

- Identifies people with disability as rights holders and subjects of human rights law on an equal basis with all people
- Recognises and respects a person’s disability as an element of natural human diversity, on the same basis as race or gender
- Places the responsibility on society and governments for ensuring that political, legal, social, and physical environments support the human rights and full inclusion and participation of people with disability.
Under the United Nations Conventions on the Rights of Persons with Disabilities (CRPD), Australia is required to ensure that the human rights of people with disability are recognised and upheld.

The CRPD outlines the rights of people with disability and uses the social model to explain the obligations of state parties to promote, protect and uphold those rights.

They also outline the obligations of your service and include access to:

- Physical locations
- Information
- Employment
- Adequate standards of living
- Support services
- Assistive technology
Who are women with disability?

Make up 20% of the population of Australian women.

Come from a diverse range of backgrounds, lifestyles, cultures and beliefs.

Experience a range of impairments that impact on their lives in different ways. Can include medical and/or health conditions, and/or sensory, physical, cognitive and psychosocial impairments, singly or in combination.

Reside in, occupy and/or experience, a wide array of different settings, including private and family dwellings, institutional, residential and/or service settings, public housing and homelessness.
Who are women with disability?

- Are more disadvantaged and have fewer opportunities, lower status and less power than other women and than men with disability – almost half of all people with disability in Australia live in poverty.

- Are subject to the effects of ‘ableism’ - the practices and dominant attitudes in society that denigrate, devalue, oppress and limit the potential and rights of women with disability.

- Experience multiple and intersecting forms of discrimination that combine to significantly heighten the risk and likelihood of them experiencing all forms of violence.
What is violence against women with disability?

- Can often constitute torture or ill-treatment (e.g., forced sterilisation, chemical & physical restraint).
- Is a form of disability discrimination, a form of gender-based discrimination, and often occurs within, and as a result of, intersectional forms of discrimination;
- Encompasses gendered disability violence, which is violence directed against a woman because she is a woman and which is shaped by the disability context. This violence affects women with disability disproportionately as individuals and as a group;
- Can happen in a variety of settings, relationships and contexts, including large residential institutions, group homes, respite centres, boarding houses, private homes and on the street. Perpetrators can include intimate partners, family members, formal or informal carers, residents, staff in residential institutions and disability support workers.
Women with disability experience domestic and family violence in a range of ways. Some of the more unique forms of domestic and family violence include:

- Physical violence, such as the withholding of food, water, medication or support services, misusing medication as a restraint, using physical restraints and destroying or withholding disability-related equipment
- Sexual violence, such as inappropriate touching during caregiving, taking control of reproductive processes, demanding sexual activities
- Emotional violence, such as verbal abuse, forced isolation, denying or trivialising disability, humiliation, threatening violence, institutionalisation or the withdrawal of care and threatening to hurt guide dogs, pets or other family members
- Financial violence, such as stealing or taking control of money, taking control of investments and refusing to pay for essential medication or disability related equipment
- Coercion and manipulation that result from existing hierarchies between people with disability and people without disability
What do we know?

- It is far more extensive than violence amongst the general population.
- It is significantly more diverse in nature for women in general.
- As a population women with disability experience very high levels of all forms of violence intensely and frequently.
- Women with disability are typically subjected to violence by a great number of perpetrators.
- Their experiences of violence typically last over a long period of time, and results in severe injury from the violence.
- Women with disability have considerably fewer pathways to safety and experience complex barriers.
What do we know?

- 70% of women with disability have been victims of violent sexual encounters at some time in their lives.

- 90% of women with an intellectual disability have been subjected to sexual abuse, with more than two-thirds (68%) having been sexually abused before they turn 18.

- The rates of sexual victimisation of women with disability range from four to ten times higher than for other women.

- Women with disability are 40% more likely to be the victims of domestic violence than women without disability.
What do we know?

More than a quarter of all women with intellectual disability will be subject at some time in their life to some form of restraint and/or seclusion.

Women with disability in residential, institutional and service settings frequently experience sustained and multiple episodes of violence (particularly sexual violence).

Forced contraception through the use of menstrual suppressant drugs is a widespread practice particularly affecting women with intellectual and/or cognitive impairment.

Women and girls with disability in Australia continue to be at risk of, and experience forced sterilisation which is recognised globally as a form of torture.
Contributing factors

Women with disability identify many factors which contribute to the pervasive and extensive violence perpetrated against them:

- Place of residence or service setting
- Dependence on others
- Fear of disclosure
- Perceived lack of credibility or ‘normalisation’ of violence in institutional settings
- Lack of access to the criminal justice system
- Poverty and lack of economic independence
- Exclusion from the labour market

- Lack of awareness and knowledge of rights
- Lack of awareness and knowledge of what constitutes ‘violence’
- Lack of access to crisis accommodation and support
- Poor understanding by service providers of the complex nature and multiple forms of violence against women with disability
- Lack of participation in and access to decision-making
Case study:
Christine is a 39 year-old woman with intellectual disability. She was recently repeatedly raped and bashed three times in one week by several different men. She lives in a ‘semi-supported residential facility’. In one of the attacks (in the local park in broad daylight), she was repeatedly anally and vaginally raped and beaten. When she made it back to the residential facility, a staff member made her hand-wash her bloody garments. The worker wrongly “assumed” that Christine was menstruating (despite her being on an injectable contraceptive) and she was reprimanded for getting blood on her clothes.

Two days later, Christine disclosed the rapes to her friend who helped her report the rapes to the police. The police initially assumed that Christine might be “making it up”. Forensic evidence established clear evidence that the rapes occurred, but detectives decided not to investigate because Christine “has an intellectual disability”.

Contributing factors
Interventions and prevention strategies to address and prevent violence against women with disability are contingent upon how violence against women with disability is understood and defined.

Inclusive and comprehensive conceptual understandings of ‘violence’ - which include the FULL variety of violent acts experienced by women with disability, in the FULL range of settings and relationships they experience - are critical to ensure the safety of women with disability.

Understandings of intersectionality and who experiences violence.
Barriers to seeking assistance

1. What kind of barriers might women with disability experience when seeking help?

• Women with disability may not seek assistance as they are unaware of what services are available to them

• Information about DV and FV services may be actively denied to them by the perpetrator of violence or may not be available in the correct formats (Easy English, Auslan, braille etc)

• Inappropriate or inadequate education can also mean that women with disability are unaware of their rights – education for women with disability is important

• Women with disability are frequently not believed upon disclosure

• Services are often not accessible because of attitudinal, information or physical access barriers
Women with disability and support services like disability services and police may believe that crisis accommodation or refuges will be inaccessible and unable to provide them with enough personal support.

They may also rely on their abuser for daily, personal care, which places them in unequal power relationships.

Women with disability may fear that accessing domestic and family violence services may result in them being institutionalised.

Women with disability may be physically segregated in residential institutions or disability specific services, or socially segregated due to discrimination and prejudice. Being isolated physically or socially also means a lack of supportive informal networks.
How to address barriers

1. **Inclusive Policies and Practices**

   - Women with disability often face discrimination when trying to gain access to services, including domestic and family violence refuges.

   - Services should be aware of and implement an intersectional understanding of domestic and violence in their policies – gender is not the only dynamic.

   - An intersectional approach requires access and accommodations, programs and supports targeted at women with disabilities.

   - The needs of women with psychosocial disability are often overlooked (especially when they do not identify as having mental illness).

   - Staff must be trained in recognising trauma responses by women who are displaying a range of coping strategies.

   - Agencies must address professional development for staff and develop partnerships with disability/mental health organisations if service does not have expertise.
2. Disability Access and Inclusion Plan

- Your service should use a Disability Action (and Inclusion) Plan to identify and address any other barriers that are hindering people from using your service.

- Keep the Disability Discrimination Act in mind. The DDA says that it is unlawful to discriminate against people with disability on the basis of their disability. That includes access to information, physical premises and employment.

- You have an obligation to develop inclusive policies, procedures and practices and review them regularly.

- No single change will make your service accessible – changes need to be flexible.
How to address barriers

3. Accessible information and communication

- Informative materials should highlight the accessibility of your service, be widely available and distributed in areas frequented by women with disability
- That might include disability services, doctors offices, advocacy organisations, schools, community centres, accessible bathrooms etc
- Your website should be accessible and should meet the Web Content Accessibility Guidelines, have accessible documents (in Word rather than pdf) and have easy to read content
- Informative material should be available in Braille, large print, Easy English, audio and electronically
- During intake, you should ascertain the accessibility and communication needs of women needing assistance – for example, some women may have difficulty remembering information. Give them enough time or break up induction sessions into parts, and communicate information clearly
- Providing information and rules in writing in accessible formats (like an informative DVD or hard copy in Easy English) may help
- Auslan and other interpreters should be made available and the woman should be able to select her interpreter – confidentiality is a complex matter for small cultural/linguistic communities
4. Physical barriers

- It is not just about a ramp – there can be many physical barriers
- Carry out an access audit and ask people with disabilities about the accessibility of your service
- Some changes may be small (organisational practice) and some may be major (accessible bathrooms)
- Think about other easy changes, like having adequate storage, making sure rooms have enough lighting and seating, installing handrails, ensuring women using the service are aware of accessibility of areas (not drastically rearranging furniture or putting items back in cupboards, for example)
- It may take women with disability a while to get used to the physical environment (ie people with vision impairment)
5. Organisational attitudes and systemic change

- The attitudes of service staff, managers and governance bodies can also be barriers to women with disability
- Attitudinal barriers, based on stereotypes and myths, are sometimes deeply entrenched
- Increase staff awareness and participate in disability training
- Encourage staff to engage with your disability action plan
- Illustrate the intersectional experience of domestic and family violence
- Collection of data will help inform your future practice, with a focus on extent and prevalence; forms and nature of the violence; causes, consequences and effects
‘States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.’

*Article 6, Convention on the Rights of Persons with Disabilities (CRPD)*

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