



# SYSTEM FAILURE?

Critical Reflections on the  
Australian National Family and  
Domestic Violence Summit 2017

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WOMEN WITH  
DISABILITIES  
AUSTRALIA  
(WWDA)

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## INTRODUCTION

This report provides an overview of the central themes of the National Family and Domestic Violence Summit 2017 and critically reflects on the Summit's inclusion and coverage of diverse experiences of family and domestic violence (FDV).

In particular, this report considers how issues facing women and girls with disability were represented throughout the Summit and what this suggests about the inclusivity and accessibility of mainstream FDV service provision in Australia. In doing so, this critical review highlights some key areas of concern for Women With Disabilities Australia (WWDA) moving forward with future advocacy and policy change in Australia and Internationally.

The National Family and Domestic Violence Summit 2017 was held on the 13th and 14th of November in Sydney, Australia.

Bringing together perspectives from leading organisations, businesses, advocates, and “grass-roots services”, the Summit's aim was to further the national discussion around Family and Domestic Violence (FDV) prevention.

The Summit included two presentations addressing FDV as it is experienced by people with disabilities: one from WWDA member, Sarah Houbolt and another from advocate for children with disability, Emma Gierschick.

Other presentations acknowledged or mentioned the heightened rates of FDV among women and girls with disabilities, however there was little critical engagement and few intersectional approaches to the issue of FDV.

Notably, there was little representation given to survivors of FDV throughout the Summit, with just two presenters openly identifying and speaking from their lived experiences. This was counter to the overall messaging throughout the Summit that claimed to be focused on and informed by the voices of survivors.

The Summit was structured around two key themes:

1. Businesses and the role of the workplace in FDV prevention and support.
2. Technology and its emerging role in both perpetration and prevention of FDV.

Consideration of these themes seldom included reflection on how these issues also impact the lives of WWD.

## THE SUMMIT

Throughout the Summit, emphasis was placed on tailoring FDV prevention services to survivors' lived experiences and needs through a "trauma informed" approach (see Wall et al. 2016). Importantly, numerous presenters emphasised that we consider how what we know about FDV (e.g. statistics) tangibly shapes our service provision. It is not enough to merely describe the problem of FDV – What is actually being done to address it?

This was especially salient in relation to FDV among women with disability (WWD), as WWDA member and delegate Sarah Houbolt made clear in her presentation, because despite knowledge of the high rates of FDV experienced by WWD, few services and preventative initiatives are inclusive and accessible for women and girls with disability.

In her presentation, Sarah argued that additional violence is done to WWD through "the trauma of an inaccessible system." Although WWD are 4-10 times more likely to experience FDV (including sexual violence) than women without disability, information and services rarely consider how their services are accessible to a diverse range of WWD. For example, are services making information available in alternative formats? Are services' premises physically accessible to all women? Are staff trained and aware about WWD's specific accessibility needs in FDV sector? Are reporting processes accessible so WWD can communicate their needs, concerns, and feedback to a service? Sarah importantly emphasised the need for these services and organisations to work "with" rather than "for" WWD, showing an increased support, inclusion and engagement

with WWD. Too often services take a deficit approach to disability, which disempowers women and further contributes to the structural violence they face.

The issue of accessibility and inclusion for WWD was also reflected throughout the Summit itself, as very few presenters and the services/organisations they represent demonstrated meaningful engagement with WWD. WWD were often mentioned in passing as one of many "vulnerable groups" (e.g. Aboriginal and Torres Strait Islanders, Culturally and Linguistically Diverse Communities, and Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer Communities), however little concrete consideration was given to their specific and intersecting experiences.

For example, the significantly high rates of FDV among Indigenous communities was mentioned (ABS 2008), however no consideration was given to the additional barriers facing Indigenous WWD. This is a striking omission in light of the high rates of disability and chronic health conditions prevalent in Indigenous communities (ABS 2017; ABS 2016b).

There was very limited acknowledgment and representation of FDV among LGBTIQ populations (another striking omission given emerging data on the rates of FDV in the queer community) and language use throughout the Summit was gender normative and binary (male/female, husband/wife), with little consideration of how diverse genders, sexes, and sexualities shape experiences of FDV. Again, any intersections of sexual and gender diversity, disability, and experiences of FDV were not explored or addressed.

Despite organisers referring to the Summit as: “The sector event: bringing together professions, advocates, survivors, scholars, executives, and citizens, crossing social boundaries and uniting with a single purpose; the prevention and end of family and domestic violence in Australia,” the cost to attend was prohibitive for many WWD, low-income women, regional/rural women, and women with caring responsibilities. This raises the question as to whether it was really “crossing social boundaries.”

Most delegates were service providers or corporate employees from organisations such as [White Ribbon](#) (the event sponsor), NAB, KPMG, Police, local government, and other FDV advocacy bodies. Most attendees were women, despite frequent references to White Ribbon, “male champions for change,” and perpetrator intervention programs. Notably few direct accounts from survivors of FDV were present throughout the Summit – a very key shortcoming.

This year’s Summit focused on two areas in FDV prevention: 1) Business and 2) Technology. At a glance, these two themes, while important aspects of addressing the broader social issue of FDV, reflect a perspective that is removed from lived experiences of FDV.

## BUSINESS

Several presentations during the Summit highlighted the importance of framing FDV as a workplace safety issue. Businesses working to prevent men’s violence against women note that FDV impacts women’s ability to attend and remain in work, leading to loss of productivity and reduced employee wellbeing (see National Council to Reduce Violence Against Women and their Children 2009). Initiatives such as [White Ribbon’s Workplace Accreditation](#)

[Program](#) encourage organisations to adopt best practice models to support employees facing FDV. Big businesses such as NAB and [KPMG](#) shared their internal initiatives and programs they have developed for clients/customers that aim to assist survivors and prevent violence against women in the community (e.g. [NAB’s FDV Assistance Grant](#)).

Focus on businesses and what workplaces can do to prevent and support employees who are survivors of FDV, while necessary and well-meaning, privileges corporate, (mostly full-time) employed women. No consideration was paid to the additional workplace support needs of WWD facing FDV. The absence of WWD from these discussions perpetuates myths that “people with disability don’t work” and neglects the need for these workplace supports to be accessible.

This focus also largely disregards the broader structural violence done to women with disability through the limitation or denial of rights to meaningful paid employment. Women with disability are less likely to be engaged in paid employment than men with disability (ABS 2012). Inaccessible workforces further isolate WWD, making them more vulnerable to FDV. While we applaud business initiatives to support survivors and their families (e.g. domestic violence leave, workplace safety plans, policies and practices, manager training), a broader consideration at the culture of work is also needed to be more inclusive of the experiences of WWD.

## TECHNOLOGY

The role of technology in both the perpetration and prevention of FDV was the second focus of the Summit. The use of social media and mobile technologies to inflict “cyber violence”: harassment, stalking, image-based sexual abuse (“revenge porn”), emotional, and financial abuse is a prominent concern that a number of presenters covered. Presenters outlined key concerns that technology-assisted abuse or cyber violence is rarely taken as seriously as “real world” FDV. Until recently, the majority of responses and media framing of cyber violence against women has taken a victim-blaming approach. The rapidly increasing role of technologies in FDV presents new challenges for the sector and many FDV services are ill-informed or lack policies and procedures to address these situations.

The role of technology in perpetuating violence against WWD is broad and well-documented in the disability sector (e.g. forced sterilisation, forced restraint, medical malpractice, forced abortion, financial abuse). However, there was little recognition or exploration of these kinds of technology-assisted violence against WWD throughout the Summit.

However, new research presented by Dr Nicola Henry from RMIT suggests that as many as 1 in 2 people with a disability have experienced image-based sexual abuse (IBSA) (see Henry et al. 2017). According to Dr Henry, IBSA refers to practices such as the taking and/or sharing of sexual images without the subject’s consent or threatening to share such images as a form of blackmail/coercion (see Henry and Powell 2016). Given what is known about

the highly gendered nature of IBSA (e.g. majority of those effected are women, usually between ages of 16-25), high rates among people with disability suggest this is an emerging issue for WWDA. Additional research and community consultation is required to understand the extent of this phenomenon among women and girls with disability so as to best inform advocacy practice, inclusive policy, and prevention. In addition, as Dr Henry recognised, more information and supports are required for victims of IBSA and other forms cyber violence. Such information needs to be inclusive of diverse experiences of violence and accessible for women and girls with disability.

Current ‘technological innovations’ to help prevent FDV mentioned throughout the Summit (e.g. hotlines, web-based materials, apps) are inaccessible for many women and girls with disability and fail to take into account their diverse and specific experiences of FDV (see WWDA 2016). Furthermore, the tone of this sort of ‘prevention’ strategy focuses preventative efforts as the responsibility of individual women and girls (“how to protect yourself”). Focusing on women’s ability to “protect oneself” and make the “right,” “informed” choices to prevent FDV fails to adequately address the structural issues that cause FDV, specially those WWD face.

## FORGOTTEN VOICES

At one point during the Summit WWD were acknowledged as being “forgotten voices in this space.” Some presentations at the Summit did aim to highlight the additional risks WWD face in FDV situations, for example:

- Inaccessibility of FDV services for WWD
- Invisibility of violence against women and girls with disability – lacking awareness in the FDV sector
- FDV and WWD’s reproductive rights (e.g. forced sterilisation, forced abortion, forced contraception, removal of children, perinatal screening)
- Issues of family and carer violence (e.g. sexual abuse, financial abuse, restraint, denial of care)
- Issues of dependence on abusers
- Perceived lack of credibility of WWD’s claims of FDV, ‘inability to communicate’
- Normalisation of violence and mistreatment of WWD.
- FDV during pregnancy is a significant cause of “development issues” among children and cause of acquired disability and chronic health conditions among many women. However, this was not treated more broadly as a disability issue within the FDV sector.

One notable presentation came from disability, family violence, and child protection advocate, [Emma Gierschick](#), who spoke about

the experiences and rights of children with disability experiencing family violence. Gierschick shared her personal experiences as a survivor of domestic violence and a mother of a daughter with Down Syndrome, highlighting the gaps in the judicial system and additional challenges children with a disability and their carers face when exposed to family violence (see Appendix 1).

Gierschick described children with disability as “the most vulnerable group facing family violence, but the most under-represented in national reports.” There is a global lack of data on children with disability in family violence situations, with the majority of FDV literature and policy focusing on adults and parents with disability. Research suggests that children with disability are up to 3-4 times more likely to experience family violence, or be in a violent family situation.

However, despite the title and focus of Gierschick’s presentation, the majority of her talk focused on the experiences and rights of carers (mostly mothers) of children with disability in a FDV situation. This is problematic, given the lack of focus on children and young people with disability (as Gierschick, herself, outlined). The focus on carers rather than children with disability themselves has the potential to further perpetuate deficit models of disability – placing children with disability as an “additional burden” for women in FDV situations, rather than as individuals with rights in those situations.

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WOMEN WITH DISABILITY ARE 40% MORE LIKELY TO EXPERIENCE FAMILY AND DOMESTIC VIOLENCE THAN WOMEN WITHOUT DISABILITY (BROWNRIDGE 2006)

Gierschick did importantly outline the significant issues for children with disability' safety, health and wellbeing when a parent/carer is facing FDV, for example:

- Financial challenges (e.g. financial abuse through one parent refusing or withholding financial support for children with disability)
- Practical and physical challenges (e.g. difficulties leaving a violent home environment with a child with mobility or severe cognitive impairments, inaccessible support services)
- Mental and emotional challenges (sensory overload/routine disruptions/confusion of child, carer burnout, carer overwhelm)
- Legal challenges (lack of inclusive legal aid, inflexible court environments, legal abuse from perpetrator)

A key concern for Gierschick was FDV situations that place children with disability at risk of harm from a perpetrator through custody disputes. To make legal processes more inclusive of parents/carers with a child with disability in FDV situations, Gierschick has prepared an assessment template which she is campaigning to have integrated into all family law processes around custody involving children with disability.

While the presentation raised several important issues, no consideration was paid to the specific experiences and risks of girls with disabilities in FDV situations.

## CONCLUSION

Mainstream FDV service organisations represented at the Summit remain under-informed about issues facing WWD and this is reflected in inaccessible service delivery, supports, and information. WWDA is well placed to provide information for the sector and encourage more intersectional approaches to FDV prevention.

Current trends in FDV sector focus on technological innovations that drive prevention (e.g. web-based supports, apps), the role of social media technologies in perpetrating violence and abuse, and business models that support employees experiencing FDV. There is considerable work to be done in raising the sector's awareness of WWD's diverse experiences of FDV and to encourage these experiences are included in broader prevention strategies.

Additional research and community consultation needed around the emerging issues of cybercrime and how this impacts the health and wellbeing of WWD.

FDV prevention strategies centred around the role of the workplace need to consider the experiences and accessibility needs of WWD, including broader consideration of workplace accessibility and inclusion for WWD.

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Ruby Grant is a PhD candidate at the University of Tasmania. Her research interests and areas of expertise include feminist sociology of the body, gender, sexuality, lesbian studies, and queer theory. Her current research explores queer women's embodied experiences of gender, sexuality and sexual health in Tasmania.

In November 2017, Ruby attended the National Domestic Violence Summit 2017 on behalf of WWDA.

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