‘Double the Odds’ – Domestic Violence and Women with Disabilities

Written by Sue Salthouse and Carolyn Frohmader. This paper was presented to the ‘Home Truths’ Conference, Sheraton Towers, Southgate, Melbourne 15 -17 September 2004. Copyright 2004.

1. Introduction

I would like to begin by acknowledging the people of the Woiworung nation on whose land we stand today.

Women With Disabilities Australia (WWDA) is the peak organisation for women with all types of disabilities in Australia. It is a not-for-profit organisation constituted and driven by women with disabilities. It is the only organisation of its kind in Australia and one of only a very small number internationally. WWDA is unique, in that it operates as a national disability organisation; a national women’s organisation; and a national human rights organisation.

I would also like to make a comment in passing about the position that this presentation takes in the timetable for this conference. WWDA acknowledges that it is not an easy task to draw up a complex conference schedule. However it strikes me as ironic that placing a presentation about women with disabilities in the Session about stereotyped or marginal groups reinforces that very mind set whereby society relegates the experiences of women with disabilities to the margins in our world view.

The fact is that women with disabilities make up 20% of the population of women – that is nearly 2 million of us (Australian Bureau of Statistics, 2003), and that because of this high representation our experiences should become a mainstream issue in consideration of the domestic violence scenario.

There is a high incidence of violence against women with disabilities. It is extensive and of a pervasive nature. Yet until recent years, there has been a profound silence around the experiences of violence among women with disabilities. The issues for women with disabilities have largely been excluded from most generic policies and from responses to the issue of women and violence. Women with disabilities are largely invisible in both the disability and women’s movements. All these factors combine to produce a situation where women with disabilities are relegated them to a position of extreme marginalisation and consequently, to increased risks and experiences of violence.

Status of Women with Disabilities

First of all let me set the scene by looking at the status of women with disabilities in Australia. This is pertinent because it explains why women with disabilities are a vulnerable group, consigned to positions of disempowerment in society, and as such vulnerable to all forms of exploitation, not the least of which is domestic violence.

Women with disabilities are, from the government record, one of the most marginalised and disadvantaged groups in Australia. Analysis of data available from a variety of sources, gives us the following information about women with disabilities in Australia (Frohmader 2002).

* Women with disabilities are less likely than their male counterparts to receive a senior secondary and/or tertiary education. Only 16% of all women with disabilities are likely to have any secondary education compared to 28% of men with disabilities.
* Women with disabilities earn less than their male counterparts. 51% of women with a disability earn less than $200 per week compared to 36% of men with a disability.
* Only 16% of women with a disability earn over $400 per week, compared to 33% of men with a disability.
* Women with disabilities are less likely to be in paid work than other women, men with disabilities or the population as a whole. In fact, men with disabilities are twice as likely to be in paid employment as women with disabilities.
* The percentage of women with disabilities being assisted by Government funded open employment services continue to decline. Open employment and disability employment services assist twice as many men with disabilities as women with disabilities.
* Women with disabilities’ participation rates in the labour market are lower than men with disabilities’ participation rates across all disability levels and types.
* Women with disabilities are substantially over-represented in public housing, comprising over 40% of all persons in Australia aged 15-64 in this form of tenure. Women with disabilities are less likely to own their own houses than their male counterparts.

Low levels of education relegate women with disabilities to lower eschelons of society, limit their access to information and their ability to interpret it, limit their life choices and limit their ability to achieve financial and living independence.

If we accept that violence against women is linked to social inequality, it is easy to see how all these factors reinforce this inequality and are likely to exacerbate the exposure of women with disabilities to domestic violence.

The failure of state and territory governments to put targetted policies and programs in place to redress these issues is reprehensible. Surely at 20% of the population of women these issues need to be specifically addressed. Programs target – and justifiably so – indigenous people who constitute 2.2% of the population.

Defining Disability

Before we go further it is necessary to talk about definitions and perceptions of disability.

Let us look first at social conditioning about people with disabilities [1]. It is no wonder that the societal views of people with disabilities are so strongly embedded in the collective psych. In the Old Testament of the Bible there is a strongly demonic model of disability. In Leviticus 21: v.17-20 when God banishes the sons of Aaron who have any ‘blemish’ from approaching the Lord – up to ten generations.

The list is comprehensive: blind or lame, mutilated face, a limb too long, injured foot, injured hand, hunchback, defect in sight, itching disease or scabs, or crushed testicles! Well the expiry date on the ban is long past, but the conditioning of ostracism continues. Although the demonic model is present in other religions and societies, it is often offset by examples of the person with disability as the Shaman or conduit to the gods.

The New Testament continues the conditioning but on a slightly different bent, where the Messiah healed the sick and disabled, and restored those afflicted to being ‘whole’. Thus arises the notion that if you don’t fit the norm, you need to be re-formed to do so.

These attitudes which relegate people with disabilities as the ‘other’ prevent us from developing an inclusive society. This attitude is reinforced when we look more closely at definitions of disability itself.

Like gender and race, the concept of disability is a social construct used to define who are ‘other’ or different from those who are the normal and adequate citizens of the Western world.

The term ‘disability’ can be defined in several ways and is influenced by cultural perspectives, political views, as well as requirements by governments and service providers to determine eligibility for services.

One commonly adopted definition is that put forward by the World Health Organisation. A synopsis of this is that: – ‘Disability’ refers to ‘any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being’. Disability may affect hearing, vision, intellectual functioning, learning, mobility, speech and/or mental health. It may also be the result of medical conditions such as epilepsy, Multiple Sclerosis, Parkinson’s Disease or AIDS/HIV.

This bases the definition on a biomedical conception of disability. This definition then leads to the treatment of disability as a problem residing within individuals. It has been a major criticism by many people with disabilities that explanations and definitions of disability have been put forward by non-disabled, ‘professional’ people and have focused on the bodies of people with disabilities as the principal cause of all their problems (Chadwick, 1994)

Developing an understanding of the term ‘disability’ requires much more than just a definition of the sensory, physical, intellectual or psychiatric aspects. It involves an awareness and understanding of the ways that the dominant values and practices in our society operate to make having a disability an issue which affects a person’s image and their opportunities and choices in life.

A different construction is found in the social model where disability is not an outcome of bodily pathology, but of social organisation. In this context the real causes of disability are discrimination and prejudice (Shakespeare in Hughes & Paterson 1997). Here the disabling factors are inaccessible buildings and transport, little community use of Auslan, little preparation of information material in Braille or other accessible formats, and ignorant or hostile attitudes to people with disabilities. It is discrimination within society that is the greatest obstacle to full participation by people with disabilities.

In some contexts a welfare model of disability is used. Expediency dictates which disability model will be used in formulating policies, programs and services but the social constructs of disability are rarely addressed.

4. Gender and Disability

I would like to reiterate that women with disabilities constitute approximately 20% of all women in Australia. However women with disabilities continue to be categorised as a special interest group; their experience isolated from the mainstream and marginalised.

Women with disabilities in Australia encounter discrimination on several levels, each of which restricts their options and opportunities for equal participation in the economic, social, and political life of society. They are disadvantaged attitudinally, economically, politically, psychologically and socially. Aside from ableism, women with disabilities also face sexism, racism, ageism and discrimination based on sexual orientation. They face double discrimination by society – as women they are discriminated against on the basis of gender and as people with disabilities, they are discriminated against on the basis of their disability. This discrimination is often embedded in cultural societal values that limit women’s opportunities for self-improvement and self-development (Frohmader 1998; Pardo 1997).

5. Definitions of Domestic Violence

Women with disabilities experience domestic violence in situations similar to all women: that is, they will be assaulted by someone who is known to them, will most likely be assaulted by a man and it will most likely be in private, in their ‘place of residence’, or in the home of a friend or relative.

WWDA believes that domestic violence needs to be broadly defined in order to take into account the diverse range of relationships women with disabilities may be in. Not for them a home in the suburbs, 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 varied 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 (Frohmader 1998, KPMG 2000).

Any definition of ‘domestic violence’ needs to be sufficiently broad to cover spousal relationships, intimate personal relationships (including dating relationships and same sex relationships), family relationships (with a broad definition of relative) and formal and informal care relationships. Not all abusive behaviours are technically against the law. Violence and abusive behaviours occur on a continuum which at one end may not appear to be particularly severe. The problem is that individuals, families and communities come to accept increasingly severe and more frequent violence as ‘normal’ behaviour.

6. Forms of Domestic Violence

Despite the scope of behaviours that are defined as domestic violence, research indicates that the community views domestic violence primarily as physical violence (Strategic Partners, April 2000). The different forms discussed here are experienced by all victims of domestic violence. However WWDA contends that in each case the greater vulnerability of women with disabilities exacerbates the range and severity of the abuse.

6.1 Physical violence

Physical violence includes all types of assaults and torture and occurs when the offender hits, kicks, pinches, gouges, chokes or pushes a woman, or uses a weapon against her. For women with disabilities physical violence may include refusing to help her dress, eat a meal or go to the bathroom, or tying her to a chair and telling her its for her own “safety”, or taking control of her wheelchair and pushing her around against her will. The use of restraints is a form of physical and emotional violence, likely to occur in residential settings.

6.2 Sexual assault

Sexual assault occurs when the offender forces or coerces a person into any kind of sexual activity without freely given consent. When that person is a woman with disabilities, her vulnerability is greatly increased. The assault might include telling her things of a sexual nature she does not want to hear, forcing her to kiss him/her, forcing her to look at or touch his/her genitals, touching her where she does not want to be touched, or forcing her to have sex. Consent in this context, is the agreement given by the woman, where both people are of legal age. To give valid consent, the woman must understand what she is physically consenting to, for example kissing, petting etc. She must also understand the sexual nature of the touching, as opposed to non-sexual touching associated with washing or receiving medical treatment. The woman must understand and be able to exercise the right to refuse a sexual relationship. Sexual assault can also include the offender forcing her to look at sexual pictures or videos, demanding sexual favours in order for her to access services or care, or sexually abusing her under the pretence of ‘educating her about her sexuality’.

6.3 Emotional or Psychological abuse

Emotional abuse refers to harm to a person’s self-concept and mental well-being, as a result of being subjected to behaviours such as severe verbal abuse, continual rejection, physical or social isolation, threats of abuse (which may also be physical assault), harassment, frightening, dominating or bullying. For women with disabilities, this may also include taking away her wheelchair or other aids/equipment that are essential for her to maintain some level of independence, restraining her hands when she needs them to communicate, forbidding any contact with family and friends, threatening to withdraw services or threatening to send her to an institution.

6.4 Neglect

Neglect refers to the harm caused by failure to provide adequate support, food, shelter, clothing or hygienic living conditions. It also includes failure to provide adequate information and education in the use of poisons, alcohol or drugs. For women with disabilities neglect may include leaving a woman in soiled clothes for ‘punishment’, or leaving her for extended periods in bathtubs or beds, or forcing her to eat at a pace that exceeds her ability and comfort.

6.5 Destruction of Property

For women with disabilities, this form of violence can include destruction of (or threats to destroy) the woman’s belongings, possessions and/or pets. Offenders may threaten to cause injury to a woman’s guide dog or threaten to destroy assistive devices that are essential for the woman to maintain some level of independence.

6.6 Financial abuse

Financial abuse refers to unequal control or access to shared or personal resources. For example, the offender might deny the woman the right to control her own finances or a financial guardian may abuse his/her position. Articulating and expanding the definition of both ‘violence’ and ‘domestic violence’ would do much to influence the interpretation of violence both within the community and the criminal justice system.

7. Incidence of Domestic Violence

There is little research and practically no data collected on the incidence of domestic violence affecting women with disabilities. This lack extends to information relating to general violence and abuse affecting women with disabilities. However in considering the incidence of domestic violence, there is no alternative but to digress into this latter area and fall back on overseas research. Nevertheless the stark reality is that the vulnerability of women with disabilities to violence and abuse assuredly extends to their domestic lives.

Let us start with the assertion that violence is based on an unequal distribution of power. Clearly, for many women with disabilities, socialisation processes in childhood and adulthood that emphasise their vulnerability and encourage compliance place them in disempowered positions that exacerbate an imbalance of power. Women with disabilities can often be in situations where other people exercise control and power over their lives. This power imbalance increases the risk of women with disabilities as targets of violence. Many women with disabilities are acutely aware of their own powerlessness – they may be more likely to fear harm due to the impact of their disability, particularly any physical, psychological or emotional dependency. Sobsey (1994) describes the power inequities between victim and perpetrator and the fact that women with disabilities may have limited skills to protect themselves.

Many women with disabilities are manifestly vulnerable to domestic violence. This is particularly so where their place of residence is in a group home, supported accommodation or institution. In such places of residence women with disabilities are at a distinct disadvantage in that all the power resides within the management hierarchy of the institution.

Unfortunately in the wider sphere, it is possible for women with disabilities to make ill-judged partnership choices. A lifetime of rejection, culminating in abysmally low self esteem can make women with disabilities respond to any show of attention as acceptance or affection, and a validation of their worth.

Finding a partner with whom to live may offer a chance to leave and institution or group home, even though the new domestic situation may expose them to greater risk of domestic violence.

Women with disabilities, unlike their non-disabled counterparts, are much more likely to be the victims of other crimes of violence, such as assaults and theft. In South Australia, Wilson and Brewer (1992) found that women with an intellectual disability were more than 10 times as likely to be assaulted as other women.

Other statistics indicate that 90% of women with intellectual disabilities have been sexually abused. 68% of women with an intellectual disability will be subjected to sexual abuse before they reach 18 (Frohmader, 2002).

There is a dearth of research in Australia about the relationship between gender, violence and disability. Research into the extent of violence against women with disabilities in Australia is also limited by the lack of data collected on disability by law enforcement agencies and violence support services (Cattalini, 1993; Sobsey and Doe, 1991). Traditionally, much of the literature on violence against women with disabilities has tended to focus particularly on sexual abuse and mainly in relation to people with intellectual disabilities (McCarthy, 1996; Sobsey and Doe, 1991).

Overseas studies have found that women with disabilities, regardless of age, race, ethnicity, sexual orientation or class are assaulted, raped and abused at a rate of at least two times greater than non-disabled women (Sobsey, 1988, 1994; Cusitar,1994; Stimpson and Best,1991; DAWN 1988).

Sobsey (1988) suggests that 83% of women with disabilities will be sexually assaulted in their lifetime. A qualitative study by Nosek, found approximately one third of women with physical disability had experienced sexual abuse at some stage in their life (Nosek, 1996). Similarly, in Doucette’s study of Canadian women with disabilities, 40% experienced abuse and 12% had been raped (Nosek, 1996).

There are relatively few studies into the incidence of physical violence and rates vary widely. A study for the Canadian Ministry of Community and Social Services in Toronto found 33% of women with disabilities were assaulted mostly by their husbands compared with 22% of non-disabled women (Nosek, 1996). Feuestein estimates that upward of 85% of women with disabilities are victims of domestic violence in comparison with 25% to 50 % of the general population (cited in Waxman, 1991).

In Australia, the nature and extent of violence against women with disabilities is mainly derived from qualitative research which has tended to explore violence in relation to barriers to accessing services or with people with intellectual disabilities in institutional care.

What we do know from the research available, is that women with disabilities experience violence in situations similar to all women: that is, they will be assaulted by someone who is known to them, will most likely be assaulted by a man and it will most likely be in private, in their place of residence, the home of a friend or relative or in their workplace (Catallini, 1993). Catallini describes how these factors mitigate against women with disabilities: firstly, women with disabilities are more likely to be in institutions which are “closed” and will often be under the management of men (Catallini, 1993). 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 varied 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 (Frohmader 1998, KPMG 2000).

Of particular concern is the seeming tolerance by our communities of this widespread abuse toward women with disabilities. Almost all literature examining this issue identifies the failure of those responsible for providing protection and care to notice violence, believe the victim, protect against future violence or take legal action against the perpetrator (Carlson, 1997, McCarthy, 1993; Waxman, 1991; Crossmaker, 1991; McPherson, 1991; Sobsey and Doe, 1991).

8. Strategies to manage domestic violence

8.1. Most women try to manage their partner’s violence by themselves

It is asserted that most women try to manage their partner’s violence by themselves (Government of SA 2004) but violence against women with disabilities is not just perpetrated by an intimate partner or spouse. Furthermore in many instances it is impossible for women with disabilities to have their accounts of abuse believed.

8.2. Most women seek informal support (family and friends) when first seeking help

Whilst WWDA acknowledges the contribution families provide to people with disabilities, and the importance of families, it must also be recognized that people with disabilities live in different family structures. For example, there are families of origin and families of choice or destination, each of which has differing characteristics, relationships, decision making processes and power arrangements. When families as carers are unable to deal with both internal and external pressures, the most vulnerable member of that unit – the person with disabilities – can be placed in physical, economic and psychological jeopardy. In many cases, ‘family’ does not exist as a support for the person with disabilities. In some cases, particularly for women with disabilities, the ‘family’ can in fact be the site of oppression, particularly in situations of domestic violence (WWDA 2002).

Many women with disabilities are extremely isolated. Their ability to have confidants outside the family where the abuse is taking place is extremely limited.

9. Barriers to Leaving a Violent Situation

Disabled survivors of domestic violence often have a difficult time escaping from their assailants. They are often financially dependent on these individuals, and the physical means of fleeing assault, such as accessible transportation, are often unavailable on short notice. Even if a disabled woman does escape, she may have great difficulty finding an accessible refuge. Facilities without ramps and lifts, TTY’s; attendant care; interpreter services; information in alternative formats; appropriately trained staff and so on, are not an option for women with disabilities. A woman with quadriplegia, in such an instance, could expect to find herself referred to a hospital or institution. In addition, disabled women with children who flee violent situations run the risk of losing custody of their children because authorities may question their ability to care for them alone (WWDA 1998, 1999, 2001).

Women with disabilities who are escaping domestic violence have found that their attempts to access appropriate services difficult because, historically disability agencies have been seen to be the appropriate organisation to assist a woman with a disability rather than a domestic violence service (WWDA 1999). The main barriers to women with disabilities in accessing refuges and other domestic violence services can be grouped into the following areas: communication; information; attitudes; physical environment; accessing/using a service; and, skills of workers.

Anecdotal evidence shows that women with disabilities have extremely poor perceptions of themselves. This is logical and understandable and emanates from their cumulative experiences – even in the most benign of settings – of being the ‘other’. Low self esteem is a major barrier to a woman with disabilities leaving a situation of domestic violence. Add to this the high incidence of mental health as an adjunct to other disabilities, once can see it would be impossible for a women with disabilities to have the headspace to organise to leave.

Some women with disabilities only have experience of living in supported accommodation. They have no knowledge about alternatives and no means to acquire that knowledge. Since they are relegated to low income groups they have no means of living independently.

10. Protection from domestic violence

In consideration of the domestic violence situation for women with disabilities, advocates are needed at many levels. However women with disabilities continue to be ignored by the feminist movement, the disability movement, the legal system and at a government policy and program level.

10.1 Attitude of the Feminist Movement

Much of the activism and scholarship in feminism in Australia has focused on the lived experience of white middle class women. Now feminists do include the experiences of different groups of women – lesbians, women of non-English speaking backgrounds, Indigenous women, and older women.

Women with disabilities however, have had limited, if any, attention in the feminist movement (Pardo 1997, Frohmader 1998, Meekosha 1999, Cooper 1999).

Some disabled feminists have suggested that since women have been the traditional carers of elderly people, disabled children and adults, that some women activists may subconsciously regard these groups as symbolic of the chains that have bound them to the home (Hume 1990).

Perhaps subconsciously women with disabilities epitomise women’s powerlessness, the worst realities of discrimination, subjugation and worthlessness (Moye, 1990). Many women have fought hard to liberate themselves from the socially imposed role of caregiver to children and ageing or ill family members (Gill, 1996).

Feminist organisations do not consider the compounding affect that disability has in areas in which they are campaigning. They do not consult with women with disabilities, and rarely ensure that meetings, campaigns and information are accessible to women with disabilities. Thus women with disabilities have been largely omitted and ignored in feminist campaigns against domestic violence.

10.2 Attitude of the Disability Movement

The disability rights movement has been, and continues to be male dominated and male orientated. There is a focus on housing, education, employment and services – all areas in the public sphere. The public face of disability politics is usually articulated by male scholars and activists (Shakespeare 1993, Shapiro 1994, Charlton 1998, Morgan 1995, Newell 1996, Oliver 1997).

The disability movement ignores any examination of what is happening in the private, personal sphere. This is where women with disabilities experience marginalisation, poverty, degendering in the form of sterilisation and other reproductive technologies, and male violence (Meekosha 1999).

Issues which typically have most impact on women, such as domestic violence, sexual abuse, reproductive rights, reproduction, parenting, childcare and dual management of family and work responsibilities, have rarely featured as major concerns on the disability rights agenda.

10.3. Attitude of the law

A major issue for many women with disabilities when reporting acts of domestic violence and seeking protection orders is credibility. Very powerful myths suggest that women with disabilities should not be believed when they report any form of violence against them. It is also quite clear that in many instances service providers will focus on the disability rather than the abuse (New South Wales Department for Women 1996).

This is borne out in anecdotal evidence from women with disabilities. For example – a woman interviewed as part of a research project in New South Wales in 1996 said that when the police arrived after she had been assaulted by her partner and left bleeding in the gutter, the first question they asked her was whether she had taken her medication (New South Wales Department for Women 1996). Focusing on the disability rather than the abuse has far reaching implications for women with disabilities who have been subjected to violence. It can result in their disabilities being ‘blamed’ for the abuse, in inappropriate service provision, and in not being believed.

Lack of credibility only contributes to further vulnerability for women with disabilities (WWDA 1998, 1999). Add to this the fact that women with disabilities do not have access to information about their legal rights. Physical and information access to courts is also denied.

There is a great need to address these barriers that prevent women with disabilities from accessing the criminal justice system. In addition law enforcement agencies and personnel need training to be alert to the incidence of and issues inherent to situations of domestic violence against women with disabilities.

There is also a need to review and assess current legislation and its operational implementation to adequately protect women with from domestic violence and sexual assault. However, such actions need to focus on how the legislation and its application works for women from diverse backgrounds including women with disabilities, Indigenous women, and women from non-English speaking backgrounds.

10.4. Attitude of Government/s

At all levels of government, women with disabilities are for the most part ignored in the formulation of policies and programs about domestic violence.

A case in point is the lack of consideration of the large constituency of women with disabilities in the current Australian Government’s campaign ‘Eliminating Violence Against Women’. The campaign attempts to deliver the message that violence against women is totally unacceptable and comprises:

* A nation-wide, purpose-built helpline;
* TV, radio, cinema and magazine commercials;
* A householder booklet;
* A website; and
* Other associated materials (e.g. specific materials are being prepared for people from non-English speaking backgrounds and for Aboriginal people and Torres Strait Islanders.)

There is no evidence that the information has been made accessible to or available to women with disabilities in supported accommodation, institutions, etc. Moreover, women with disabilities in these households would be dependent on the carers to take any action to speak up about incidents of domestic violence. Since these carers may be the perpetrators of the violence, the ability of the abused to have her story heard is severely restricted.

A further example of the lack of consideration of the large constituency of women with disabilities is that of the coming 2005 Personal Safety Survey which will be funded under the National Initiative to Combat Sexual Assault and Partnerships Against Domestic Violence. The survey will produce national data on violence against women, establishing the nature and prevalence of physical and sexual violence against women and men aged 18 years and over in Australia. WWDA had to make separate application to the Office of the Status of Women (OSW) to alert them to the need to include data collection on violence against women with disabilities. The OSW’s response to WWDA’s application, indicates that, once again, women with disabilities have been relegated to the ‘too hard basket’.

Their objection to the suggestion of collecting data on women with disabilities hinged on the fact that the survey size may be too small to gain ‘accurate prevalence estimates’, and that the survey methodology may lead to ‘women with disabilities being surveyed in the presence of the perpetrator of the violence’ (OSW Letter, June 2004). WWDA argues that with a survey size of 12000, inclusion of 1200 women with disabilities would reflect their proportion of the general population. If indeed the survey size is too small to yield significant data on women with disabilities, then WWDA argues that there is a case for a supplementary survey to examine the problems outlined.

11. Actions needed

From every presentation in every session at this conference rings out the urgent cry for action to stop domestic violence. To this cry women with disabilities add their pleading voices. Women with disabilities have issues that are the same as those of other victims of domestic violence. But every facet of our experience is exacerbated by the presence of disability. They have issues that are the same as those of other women victims of domestic violence. But their gendered experience is exacerbated by the presence of disability.

What actions are needed to reduce the marginalisation of women with disabilities and to reduce their vulnerability to domestic violence? Is the best starting place a strategy to improve the educational outcomes for young women with disabilities? Or is it best to start by educating the management hierarchy in institutions? How can the best stratagems be devised if there is no data available?

WWDA believes that action is needed at a National level in the formulation of both policies and programs with sections which target women with disabilities. The systematic collection of data about the incidence and nature of domestic violence experienced by women with disabilities must begin. Any National initiatives will have to be followed up at the State and Territory level.

There is urgent need for change in the management of places of residence of women with disabilities. All people involved in the support and care of women with disabilities need training to change the mindset that ‘it didn’t happen’ and ‘she’s making it up’. Those in the legal system and domestic violence support services need similar education.

Any organisation producing information about domestic violence needs to ensure that its content and format are accessible to women with disabilities. Those who distribute the information need to ensure that it reaches women with disabilities whatever their place of residence.

Those who make and manage women’s refuges need to ensure that they have the capacity to house and support a woman with disabilities and her children.

Women with disabilities do not want ‘Double the Odds’ to be their litany on domestic violence. Like all victims and survivors of domestic violence they want their voices heard, their needs heeded and changes made to bring about change of attitudes and a healthier society.

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