

# Access & Equity Equals Best Practice

by Chris Jennings

## Violence Against Women with Disabilities project Domestic Violence & Incest Resource Centre

*Australian Domestic and Family Violence Clearinghouse Newsletter 29, 2007*

*Good Practice in relation to working with women with disabilities who experience family violence begins with acknowledging the problem.*

An understanding of fundamental concepts such as human rights, feminist analysis, principles of social justice, and an in-depth understanding of family violence is central to good practice in family violence services (DV Vic 2006).

Women with disabilities are, from the government record, one of the most marginalised, neglected and isolated groups in society. They suffer manifold discrimination - female, disabled, and often poor – and this can be compounded further by intersections of race and culture (WWDA 2007). Women with disabilities remain largely invisible and voiceless, ignored by national policies and laws, even though they face multiple forms of discrimination, structural poverty and social exclusion (UNFPA 2005 WWDA 2007).

When we put disability and gender together we have an oppressive cocktail. Women with disabilities are often considered to be ‘asexual’ and therefore unlikely to be targets of domestic/family violence. Consequently, legislation, policy and services developed by society to combat domestic/family violence demonstrate denial and indifference to the reality of violence against women with disabilities (Calderbank 2000 WWDA 2007).

Researchers have found that compared to non-disabled women, women with disabilities:

- experience violence at higher rates and more frequently;
- are at a significantly higher risk of violence;
- 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 greater numbers of perpetrators. (WWDA 2007)

A recent report by VicHealth (2004) found that domestic violence is the biggest single health risk factor for women aged between 15 and 44. It is also the biggest single cause of early death and disability. Although many are aware that violence causes death, there is less awareness that domestic violence causes disability.

*Good Practice is when the individual worker and the service they work for familiarises themselves with these alarming facts and makes a commitment to take action.*

Women with disabilities in this country experience extremely high levels of violence, but this is not reflected in data about service use, or in their access to services. Every day that issues of access are ignored is a day when many women with disabilities are denied their fundamental right to live free of violence (Jennings 2004).

As services and practitioners specialising in gender-based violence we need to understand we are in the best position to offer validation and support to women with disabilities who experience violence. As workers, we have the knowledge and expertise in supporting women and children. The problem is the violence, not the woman’s disability (Jennings 2003).

*Good Practice is improving service ACCESS for women with disabilities.*

If a service is physically inaccessible and budget constraints mean that it is unlikely the service will become fully accessible in the foreseeable future, does this service have a role in supporting women with disabilities? In short YES. Services have both an ethical and legal responsibility not to discriminate based on disability. If your core business is family violence, then your core business includes women with disabilities who experience family violence. Family violence services need to become part of a sustainable solution - all services advocating for inclusive service access and support, and justice for all victim/ survivors.

Services need to acknowledge any current barriers to access within their service and strategically plan for future inclusive service practices and policies. One of the barriers to access can be the attitudes of workers. Regular service review, professional development plans and regular supervision provide opportunities to challenge and address these attitudes. Reflective practice on an individual level and a team level can also be used as a proactive strategy to challenge and address such attitudes in a supportive environment (DV VIC 2006).

Services should have a goal of making things flexible to accommodate a variety of possible requests. It is impossible to make blanket changes that will make your service accessible to all women with disabilities. You will have to remain open to the changes that are necessary based on individual preference and need.

Services should seek to examine the barriers within their own services through client feedback, data analysis, service evaluation and consideration of their local community demography. Services need to ask: How many women with disabilities live in the local community? What percentage of those women are likely to have experienced some form of family violence? And most importantly: How many of those women with disabilities has the service provided support to in the past month, quarter or year?

*Good Practice is developing service information which is accessible to women with disabilities*

Women with disabilities need to get the message that the violence perpetrated against them is not okay. Providing Accessible information highlights a positive attitude towards women with a disability. For women with disabilities, it will increase their confidence in, and awareness of, the support available.

Development of all service information in plain English for women with cognitive disabilities immediately improves access for women with low literacy, and for women with English as a second language. It also makes it easier for information to be translated, lowering costs. Following readability guidelines (see for example, those developed by Vision Australia) and website accessibility principles also makes information more accessible.

*Good Practice is extending our understanding of family violence to include a broader definition*

*which encompasses the experiences of women with disabilities*

Among women with disabilities, domestic violence can occur between intimate partners, just as it does among women without disabilities. However, women with disabilities also face alarming rates of violence from paid and non-paid carers. To effectively provide services to this marginalised group of women, we must recognise that the perpetrators are not just intimate partners, but also include those who provide personal care. Any understanding of 'family' or 'domestic relationship' must reflect the diverse types of domestic relationships that women with disabilities may have. This directly affects how we look at eligibility for services and develop prevention strategies.

*Good Practice is facilitating collaborative partnerships between family violence and disability programs.*

Family violence services committed to improving their service response to women with disabilities will look at collaboration with other agencies. Partnerships which focus specially on addressing the additional barriers faced by women with disabilities are the key to the successful implementation of an integrated response.

Working collaboratively with other community organizations to facilitate safety planning, for example, may be particularly important where the perpetrator is the primary carer. Few of the strategies for women commonly listed in generic safety plans are feasible for a woman who must depend on her abuser to get her out of bed in the morning and dress and feed her; or for a woman who is reliant on transport that, even when booked in advance, may arrive three hours late (Jennings 2003).

*Good practice is Data collection*

There is a dearth of organised, systematically retrievable statistical information about Australian women with disabilities. In our current climate, statistics are the language of persuasion - decision-makers tend to take more notice of these than the do of reports based on anecdotal evidence. Women with disabilities need your support to get issues affecting their lives on the agenda.

Good practice is to collect service data that includes recording all contact with women with disabilities, the nature of the contact and the nature of their disability.

*Best Practice is documenting women's experience of service access*

The collection of data is a sound beginning, however family violence services need to document any limitations and challenges faced by their service in their attempts to assist women with disabilities. Agencies also need to fully document what strategies they have successfully utilised to overcome any challenges faced in providing a service to women with disabilities. This documentation would provide an important basis for the service's reflective practice and continuous improvement. This analysis could also make an enormous contribution to the collective lobbying for a more equitable response to women with disabilities who experience family violence. We need systemic change, policy development and sector planning that is more inclusive of the experience of women with disabilities.

*Best Practice is prioritising women with disabilities*

We need to recognise the high levels of gender-based violence experienced by women with disabilities and their historically poor service access to family violence services. This would ensure that these women and their children receive particular consideration.

*Best practice is thinking innovatively and researching interventions that are effective for women with disabilities*

The family violence sector needs to engage with the complex issues around violence, women with disabilities and effective support. We need to identify and develop effective methods of working towards the prevention of violence and how to adequately provide support to women with disabilities.

## Conclusion

It is critical that any response to violence recognises the needs of all women and children. An understanding of individual needs and differences is important for a respectful and considered response. Women with disabilities have been subjected to power, policies and practices that have defined them in very narrow ways and precluded a consideration of them as individuals. Services must be designed and delivered to take into account the diverse needs and experiences of all women (Jennings 2004).

## References

- Calderbank, R. (2000) Abuse and Disabled People: vulnerability or social indifference? *Disability & Society*, Vol.15, No 3, pp 521-534
- DV VIC (2006) 'Enhancing the safety of women and children in Victoria' *Code of Practice for Specialist Family Violence Services for Women and Children*.
- Jennings, C. (2003) *Triple Disadvantage: Out of Sight Out of Mind - DVIRC Violence Against Women With Disabilities Project Report*.
- Jennings, C. (2004) 'At Greater Risk' *Parity Council to Homeless Persons* Vol.17 Issue 4
- United Nations Population Fund (UNFPA) (2005) *State of World Population 2005: The Promise of Equality –Gender Equality, Reproductive Health and The Millennium Development Goal*. UNFPA, New York, USA
- VicHealth (2004) *Measuring the burden of disease caused by intimate partner violence: The health costs of violence*
- WWDA (2007) 'Review of South Australian Laws' Submission to the South Australian Government.