

Prevention of violence against women with disabilities

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Women with Disabilities Victoria

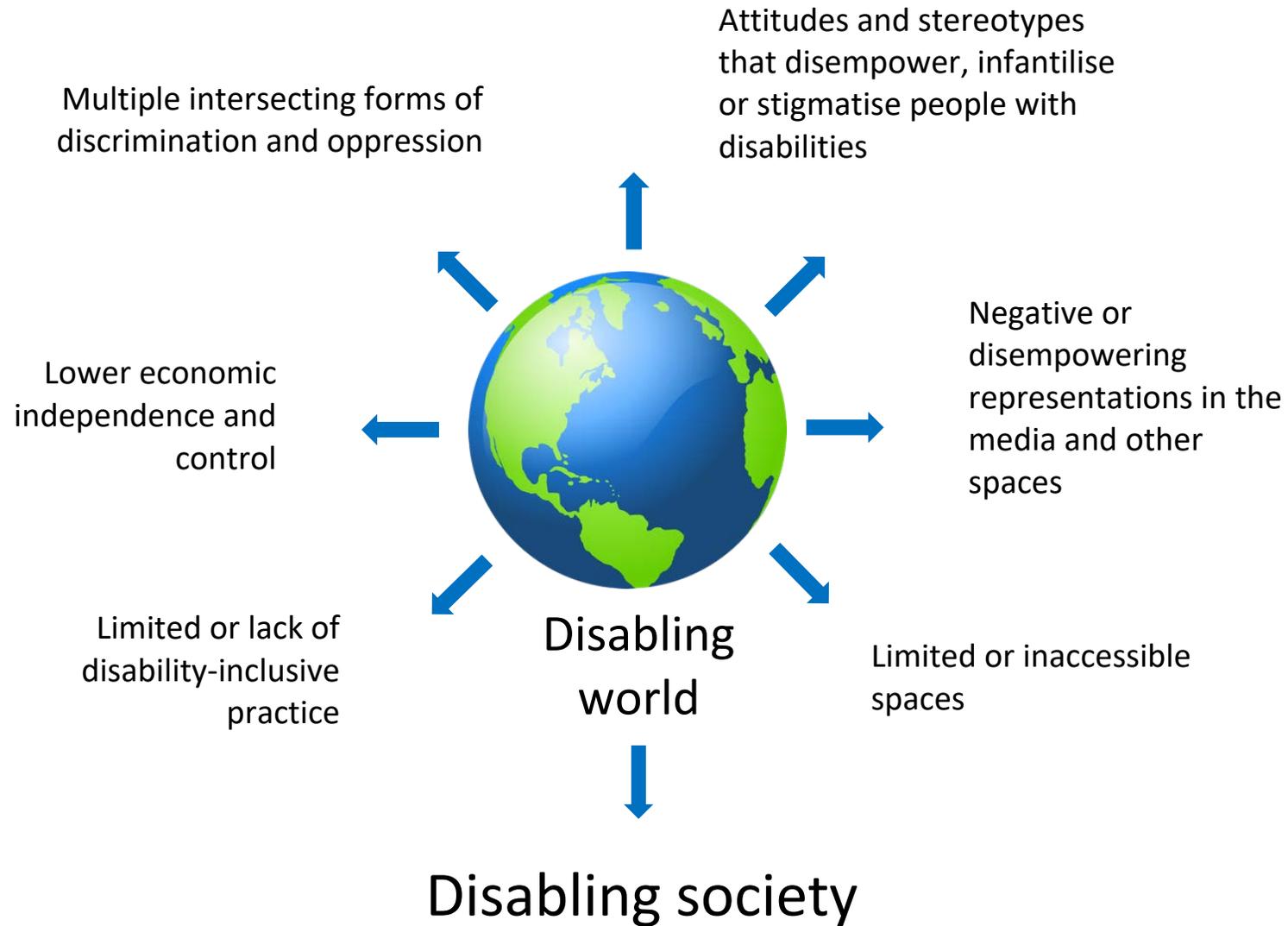
WDV is the peak organisation for women with disabilities in Victoria.

We are a not-for-profit organisation run by and for women with disabilities.

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Social Model of Disability



Human Rights Model of Disability

This model extends the social model in four key ways:

1. The human rights model embraces impairment
2. The human rights model recognises people with disability as experts in all matters that affect their lives
3. Equality does not mean treating everyone the same
4. The human rights model places accountability on governments to take action



Equity is a process for achieving equality

Rates of Violence against Women with Disabilities

Women with disabilities are:

- ▶ Assaulted, raped and abused at a rate at least **two times greater** than that of women without disabilities.
- ▶ More likely to experience physical, psychological and sexual violence, in their homes, communities, schools, public and private institutions such as custodial, residential and health care.
- ▶ Over **one-third** of women with disabilities experience intimate partner violence/family violence.
- ▶ More than **70% of women with disabilities** have experienced a violent sexual encounter.
- ▶ About **90%** of women with an intellectual disability are understood to experience sexual abuse. **68% before they reach adulthood.**

Violence is preventable.



What are some examples of each?

Adapted from Our Watch et al 2015 – Change the Story framework for primary prevention of violence against women and their children Australia

Gender and Disability – Essential Actions

| | | | | |
|--|---|---|---|--|
| Challenge condoning of violence against women with disabilities | Promote women's independence and decision-making in public life and relationships | Foster positive personal identities and challenge gender stereotypes and roles | Strengthen positive, equal and respectful relations between and among women and men, girls and boys | Promote and normalise gender equality in public and private life |
| Challenge attitudes, beliefs, behaviours, systems and practices in disability services and systems | Ensure the NDIS and disability planning increase independence over finance, transport and communication and encourage decision-making | Increase positive images and role models of and with women with disabilities. Challenge disability and gender stereotypes | Encourage respectful and equal relations with and among people with disabilities | Promote equality of opportunity and reduce protective behaviours |

Adapted from Our Watch et al 2015 – Change the Story framework for primary prevention of violence against women and their children Australia

Tools for Inclusive Violence Prevention Practice

Soizic Brohan



Inclusive Planning Guidelines for the Prevention of Violence Against Women with Disabilities (2017)

- Aim: provide Women's Health Services (WHS) and their partners in violence prevention with clear guidance about how to take inclusive, practical and evidence-based action to prevent violence against women with disabilities
- Consultations with stakeholders have identified six guidelines with associated actions
- Rather than a set of principles to be followed sequentially, options from which WHS and their partners can make choices about priorities

Inclusive Planning Guidelines for the Prevention of Violence Against Women with Disabilities (2017)

Guideline One: Organisational Readiness through Planning and Development

- Objective: WHS build their learning and organisational practices including their policies, systems and work plans so they are internally organised and ready to apply primary prevention approaches relevant and appropriate to women with disabilities.

Guideline Two: Engaging Partners to Build Understandings and Capacity

- Objective: WHS engage partners, including from the disability sector, in order to build understandings and the capacity to prevent violence against women with disabilities.

Guideline Three: Engaging the Community for Change

- Objective: WHS engage and educate the community about how to change social structures, assumptions, perceptions and understandings that can be harmful to women with disabilities.

Inclusive Planning Guidelines for the Prevention of Violence Against Women with Disabilities (2017)

Guideline Four: Workforce Development

- Objective: WHS and their partners develop their staff and volunteer's skills and understandings about the potential harms to women with disabilities and how to prevent violence against women with disabilities.

Guideline Five: Leadership and Advocacy

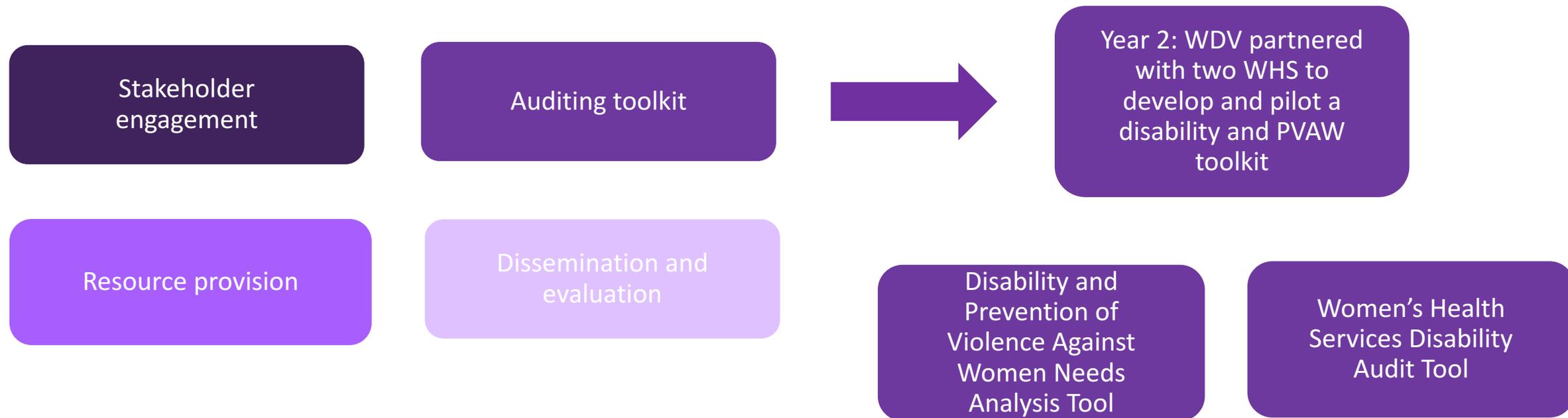
- Objective: WHS, their partners and women with disabilities lead social change to prevent violence against women with disabilities.

Guideline Six: Research, Monitoring and Evaluation

- Objective: WHS and their partners undertake and/or promote evaluative activities to assess the impact and outcomes of primary prevention for women with disabilities who have experienced violence.

Women's Health Services Workforce Capacity Building Program (2018-2021)

- Aim: strengthen disability inclusive approaches to prevention of violence against women (PVAW) amongst WHS and their partners
- A four-stage process



The Disability and Prevention of Violence Against Women Needs Analysis Tool (2020)

1. Organisational Strategy and Partnership

- Strategies and plans guiding WHS PVAW work, and the partnerships utilised for its achievement.

WHS reflect on their disability inclusive approaches to PVAW

WDV provides guidance to WHS for future planning and evaluation

2. Organisational Capacity

- Knowledge and resources possessed by WHS to enable PVAW which is inclusive of the rights, needs and perspectives of women with disabilities.

WHS increase the inclusivity of their PVAW activities

3. Resourcing

- WHS resources to deliver disability inclusive PVAW initiatives and programs.

WHS role model inclusion for regional partners with whom they work

The Women's Health Services Disability Audit Tool (2020)

1. Services and Participation

- Inclusive engagement, interactions, service delivery and participation of women with disabilities within the WHS context.

- A. Attitudes and Capacity
- B. Communication
- C. Employment and Leadership
- D. Events and Activities
- E. Catering

2. Premises

- Premises from which WHS work, or facilities where events and other community engagement initiatives are convened.

- A. Approach and Access
- B. Access to Entrance
- C. Lobby and Reception
- D. Building Interior
- E. Building Navigation
- F. Internal Doors
- G. Hygiene Facilities
- H. Emergencies and Evacuation

What's next?

- Refinement of the disability and PVAW toolkit based on the results of the pilot with the two WHS partners
- Dissemination of the disability and PVAW toolkit across the WHS and PVAW sectors



Sexual and reproductive health for women with disabilities

Zoe Dorrity



The Sexual and Reproductive Healthcare Rights of Women with Disabilities

Convention on the Rights of Persons with Disabilities (UN):

1. Access to information and services
2. Live free of violence and coercion
3. Privacy – spaces and personal information
4. Eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood, and relationships, including in the areas of family planning, fertility, and family life
5. Equal access to sexual and reproductive health programs in the community

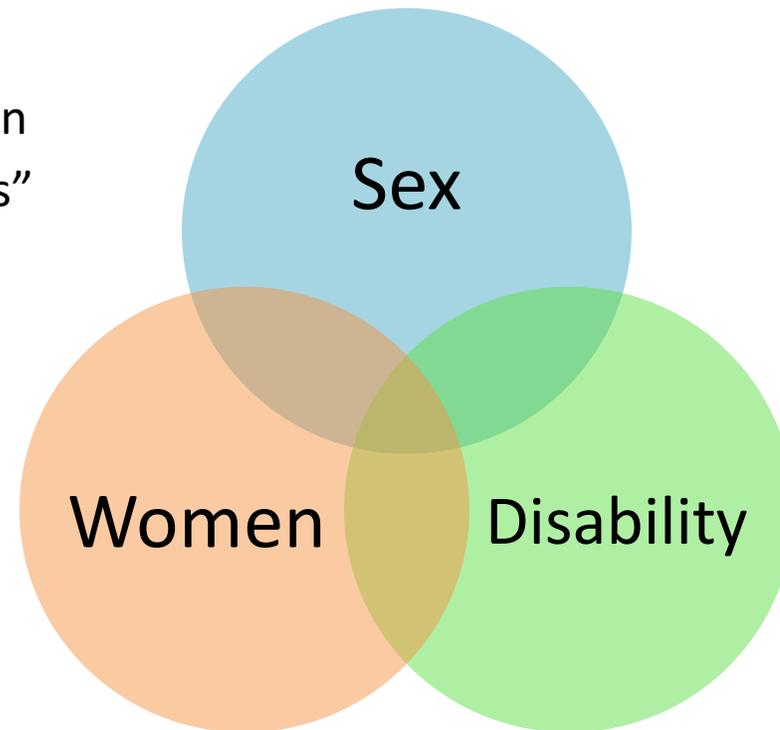


Reproductive coercion (RC) and violence for women with disabilities

- Reproductive coercion is using **power and control** to limit women's **choices** when it comes to reproduction, contraception and abortion.
- Women with disabilities experience the same kinds of RC from their intimate partners as non-disabled women
- Women with disabilities have the additional experience of ableism (disability discrimination) based RC and violence
- Perpetrators use disability against women with disabilities to silence and control
- Violence is more intense, occurs over a longer period of time, and often from multiple perpetrators

Reproductive coercion (RC) and Eugenics

- Historically, sterilisation was driven by eugenic ideas of “fitness” which still are held widely in society today
- Sought to sterilise or remove children from anyone with “undesirable traits” including people with disabilities or “perceived disabilities”
- Aimed to prevent disabled children from being born
- Today these ideas are seen in the stereotypes and negative ideas around sex, disability and women



Reproductive coercion (RC) and violence for women with disabilities

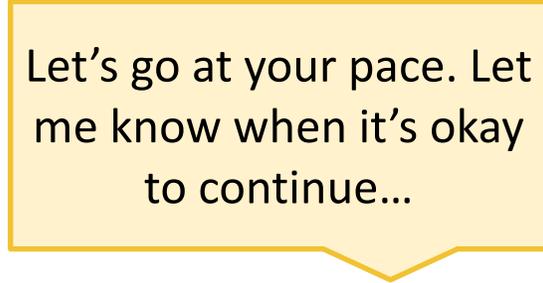
For women with disabilities reproductive coercion can **also** look like:

- Forced or coerced abortion
- Forced or coerced sterilisation
- Excessive use of Long Acting Reversible Contraception (LARC)
- Disregard for consent and decision making



Consent & Decision Making

- Supported and informed decision-making, respect for bodily autonomy and dignity of risk
- The individual, not family members or carers
- Women with disabilities have a right to make decisions for themselves
- Women with disabilities can make informed decision if given the information and time
- Women are treated as a expert in her own experience
- Professionals actively address power imbalances, & provide supports, information & opportunities for WWD to make decisions



Let's go at your pace. Let me know when it's okay to continue...

Prevention of RC and Abuse of women with disabilities

- Stop dismissing violence against women with disabilities
- Acknowledge internalised ableism and work to dismantle those ideas within yourself and the people around you
- Educate yourself/teams/workplaces on human rights approaches to sexual and reproductive health
- Eliminate sexism and gender based violence
- Work with a trauma informed approach
- Building in accessibility and disability inclusion from the beginning with funding proposals, policies, co-design and employing women with disabilities
- Acknowledge women with disabilities as experts in their own experience

