# Driver 4: Sexist and ableist peer relations that emphasise aggression and disrespect towards women with disabilities.

## Sexist peer relations refers to relationships between two or more men that are characterized by cultures that reinforce stereotypical and aggressive forms of masculinity, and/or the idea that men and women are fundamentally different and therefore conflict is unavoidable.

Examples of this include:

* “Boys will be boys” attitude, “Locker room talk” and “Bro Codes” between men
* Fetishisation and objectification of women, especially women with disabilities, including in pornography
* Allowing men, including men with disabilities, to “get away with” saying sexist comments because it is perceived that it is natural for men to say these things or because a man with a disability is perceived as ‘harmless.’

**Ableist peer relations**refers to relationships between non-disabled people that are characterized by reinforcing stereotypical, disrespectful and aggressive relationships towards people with disabilities.

Examples of this include:

* Carers or disability workers ‘bonding’ with each other by speaking poorly or disrespectfully of their ‘difficult’ clients
* Carers, disability workers or family members staying silent or ‘looking the other way’ when they see ‘rough handling’ of a person with a disability
* Professionals (such as health care providers) choosing to only speak to the able-bodied carer or family member rather than speaking directly to the person with the disability
* Carers speaking to and socialising primarily with each other while ignoring their clients
* Malicious ‘pranks,’ tricks, muck-up day activities, ‘jokes,’ or party cultures that target or humiliate people with disability

These behaviours often viewed as “harmless fun” or “just jokes” to those who use them, but they drive violence against women with disabilities in a number of important ways including:

* When men are encouraged to prioritise their relationships with other men over their relationships with women, they may be more likely to excuse other men’s violence and disrespectful behaviour towards women and be less likely to take a stand against it
* When carers or able-bodied family members are encouraged to prioritise their relationships with each other over their relationship with the woman with disability, they may be more likely to excuse able-bodied people’s violence and disrespect towards women with disabilities and less likely to take a stand against it

**Sources:**

This content has been adapted from Change the Story: A Shared Framework for the Primary Prevention of Violence against Women and their Children in Australia. Our Watch (2015).

# Action 4:  Strengthen positive, equal and respectful relations with and amongst people with disabilities, and between people of all genders

You can take action:

* Be an active bystander – speak up when you see poor behaviour.  “I’m not comfortable with that.”
* Suggest alternative behaviours.  “Let’s try this a different way.”
* Speak directly to people with disabilities, not to their able-bodied carers or family members.  And get communication aids or interpreters when needed.
* Check your language:  “Wheelchair coming through” or “She’s mental” are outdated and disrespectful.
* Demand Respectful Relationships Education and Sexual and Reproductive Health Education be made available for people of all genders, all sexualities and all abilities.

For disability and social services organisations, audit your practices and find ways to disrupt ‘Us/Them’ binaries.  For example:

* When speaking about an issue related to a client, do carers sometimes ignore the client and instead speak to the others carers, even when the client is present?
* If one of your staff saw another staff member treating a client disrespectfully, would they have the confidence and the training on how to effectively raise that issue with the other staff member?
* Do mandatory uniforms for staff inadvertently distance or differentiate a carer from a client?
* Does your organisation consult, get input from or have people with disabilities on an advisory group or the board to ensure that the perspectives of people with disabilities are being heard and organisations are held accountable?  Do you pay these lived-experience disability advisors for their time?

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