International Women’s Day 2021

Preventing Violence Against Women with Disabilities: Taking Action

**Presentations and launch of resources**

Slide 1

International Women’s Day 2021

**Title: Preventing Violence Against Women with Disabilities: Taking Action**

Slide 2

**Privacy – Recording and Turning off your Video**

* This event will be recorded. ​
* If you want to ensure you are not recorded, please keep your camera off.​
* Your camera will be off at the beginning of the event by default.​
* To turn your camera on or off please press on stop/start video

Slide 3

**Title: Acknowledgement of Traditional Owners**

We would like to begin by respectfully acknowledging the people of the Greater Kulin Nation as the traditional custodians of the lands and waters on which we are gathered today. We pay our respects to their Elders, past, present and emerging and to the Elders from other communities who may be here today.

Slide 4

**Title: Content Warning**

**Prevention of Violence Against Women with Disabilities Organisational Capacity**

* The topic of violence against women can be distressing for some participants ​
* ​If you feel distressed at any time, please feel free to use self-care strategies, or take a break if needed​
* ​WDV staff member Helen Freris is available via the private chat function for support and debrief if needed

Slide 5

Presenters: Olivia Franklin and Tess Karambelas

**Title: Facts on violence against women with disabilities**

Why are we focusing on women with disabilities

Slide 6

Presenters: Melissa O’Reilly, Our Watch and Jen Hargrave, Women with Disabilities Victoria

Slide 7

Presenters: Olivia Franklin and Tess Karambelas

Change the Story

**Gendered Drivers of violence against women**

* Condoning of violence against women
* Men’s Control of decision-making and limits to women’s independence
* Stereotyped constructions of masculinity and femininity
* Disrespect towards women and male peer relations that emphasise aggression

**Gender inequality sets the Necessary Social Context.**

**Actions that will prevent violence against women:**

* Challenge the condoning of violence against women
* Promote women’s independence and decision-making
* Challenge gender stereotypes and roles
* Strengthen positive, equal and respectful relationships

**Promote and normalise Gender Equality in public and private life.**

Image taken from Our Watch *Change the Story: A Shared Framework for the Prevention of Violence against Women and their Children in Australia*, page 11.

Slide 8

**Title: Violence against Women with Disabilities.**

Women with disabilities experience higher rates of violence

Women with disabilities face unique challenges in seeking support for violence.

Slide 9

**Title: Preventing Violence against Women with Disabilities.**

**The Four Key Drivers of violence against women with disabilities include:**

Driver 1: Condoning of violence against women with disabilities.

Driver 2: Men’s control of decision-making, ableist control of decision-making, and limits to the independence of women with disabilities in public and private life.

Driver 3: Stereotyped constructions if masculinity, femininity, and disability, and the intersecting impacts of this for women with disabilities.

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

**The Five Key Actions to prevent violence against women with disabilities are:**

Action 1 Challenge the condoning of violence against women with disabilities

Action 2: Promote women with disabilities’ independence and decision-making in public and private life.

Action 3: Foster positive personal identities and challenge gender and disability stereotypes and roles

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

Slide 10

**Title: Driver 1 Condoning of violence against women with disabilities.**

This includes excusing or justifying perpetrator behaviour, shifting blame to the victim, trivialising and downplaying violence, and using deficit language.\*

\*Deficit language is when disability is framed as a tragedy, a weakness, or an extreme and unusual way of existing. When used in the context of violence against women, deficit language imposes the idea that women with disabilities are ‘better off dead,’ or that violence against women with disabilities is inevitable, to be expected, or has a lesser impact.

Examples of condoning of violence against women with disabilities include:

* **Victim blaming:**
* Her disability makes her vulnerable to violence.
* Her disability causes her to have wild mood swings.
* She is too demanding about her needs.
* She is a burden.
* **Perpetrator excusing:**
* He was just experiencing carer stress.
* He’s actually a really devoted carer.
* He was depressed and overwhelmed from having to care for her.
* He’s such a great guy for looking after her.
* **Trivialising violence:**
* It was just a bit of rough handling.
* She doesn’t know how good she has it.
* It was for her own good.
* Sometimes you have to use a bit of force on someone like that.
* **Deficit language:**
* She is severely disabled and has high needs.
* She has the mentality of a 3-year old.
* She has a lower quality of life.
* She is “afflicted with” and “suffering from” her disability.

Men who hold such beliefs are more likely to perpetrate violence against women with disabilities, and both women and men who hold such beliefs are less likely to take action to support victims and hold perpetrators to account.

Slide 11

**Title: Action 1 Challenge the condoning of violence against women with disabilities**

Use anti-violence messaging and frame disability using a strengths-based model.

**Examples of anti-violence messaging include:**

* **Reduce victim blaming:**
* Women with disabilities have a right to safety, respect and equality.
* It’s not her fault.
* **Perpetrator accountability:**
* Lots of carers experience stress without becoming violent.
* Violence is a choice. He chose to use power over her.
* **There is no justification:**
* It’s not ok, ever.
* **Name the problem:**
* This is family violence. This is sexual assault. This is abuse.
* **Use systems of accountability:**
* This is unlawful.
* **Challenge minimising:**
* It’s a big deal, and it’s wrong.

**Frame disability using a strengths-based model:**

Use factual language that doesn’t reinforce stereotypes, imply weakness, alienate women or suggest disability is a reason for violence.

* Women with disabilities aren’t “vulnerable to violence.”

**Women with disabilities are *targeted* for violence.**

* She isn’t “bound to a wheelchair.” She is *enabled* by it.

**She uses a wheelchair.**

* She doesn’t “have the mentality of a 3-year old.”

**She’s an adult woman with an intellectual disability.**

* She isn’t “suffering from” or “struggling with” a disability.

**She has dementia.**

* She is not “dependent” on her partner. *All* relationships involve interdependence.

**Her partner provides her with support.**

* She doesn’t need others to do everything for her.

**If she needs help, she’ll ask for it.**

* She doesn’t have a “lower quality of life.”

**The presence or absence of disability is not what predicts quality of life.**

* She does not “have difficulty remembering.”

**She has a brain injury and understands information best when a written summary is provided.**

This resource was inspired by a speech in 2018 by Activist Sue Salthouse on disability and language in the media. Content adapted from Change the Story: A Shared Framework for the Primary Prevention of Violence against Women and their Children in Australia, Our Watch (2015).

Slide 12

**Title: Driver 2: Men’s control of decision-making, ableist control of decision-making, and limits to the independence of women with disabilities in public and private life.**

Examples of this include:

* Coercive decision-making around parenting, including making decision for women with disabilities, not providing appropriate and accessible parenting support, and high rates of child removal
* Coercive reproductive practices, including forcing or pressuring women with disabilities to undergo sterilisation, use birth control of have a termination
* Discrimination in employment and under-represented in decision-making roles in society, such as high-paying work, leadership roles and in politics
* Lack of Respectful Relationships Education for people with disabilities
* Inaccessible transport, buildings, education, services, workplaces and spaces
* Men’s control in relationships is often normalised in pop culture, in family relationships, in peer groups and workplaces
* Family members or carers making decisions about care or living arrangement without consulting
* Family members of carers controlling how money is spent

These inequalities increase the likelihood of women with disabilities being targeted for violence in society.  This is because they:

* Send a message that women with disabilities are less worthy of respect and are therefore perceived as more legitimate targets for violence​
* Make women with disabilities more economically, socially and physically dependent on men and on able-bodied people and institutions – this can lead to someone thinking that they can perpetrate violence against women with disabilities without consequence​
* Undermine women with disabilities’ participation in the public sphere, particularly in formal decision-making and civic action.  This has a compounding impact because women with disabilities in positions of power are more likely than men and able-bodied people to make policy decisions to secure freedom from violence for women with disabilities.​
* Make it difficult for those who do experience violence to be able to leave​

While some of these behaviours may start off well-intentioned and may reflect a family member’s or carer’s desire to protect a woman with disability, over time they can move into control and abuse.

Slide 13

Presenter: Sozic Brohan, Women’s Health Services Capacity Officer

Slide 14

**Title: Action 2: Promote women with disabilities’ independence and decision-making in public and private life.**

Examples of this in private life include:

* Support women with disabilities to make decisions and have choice about their care
* Support women to take considered risks and set their own boundaries
* Acknowledge and support women with disabilities’ parenting skills
* Provide women with disabilities opportunities to learn about and manage their own money
* Support women with disaiblities to make their own decisions about who they want to spend time with and have relationships with

Examples of this in public life include:

* Make streets, building, cafes, entertainment venues, schools, universities and workplaces accessible for all
* Make public transport accessible
* Make Respectful Relationships Education available and accessible to people with disabilities
* Support women with disabilities to develop leadership skills and to move into decision-making roles
* Undertake workplace unconscious bias training to reduce employment and workplace discrimination
* Record and analyse organisational statistics on gender and disability and develop actions to address inequalities
* Ensure the NDIS and disability planning increases independence over finance, care, transport, communication and encourages women’s decision-making
* Make sexual and reproductive health services accessible for women with disabilities.  Support choice and resist coercive practices.

**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).

Slide 15

**Title: Driver 3: Stereotyped constructions if masculinity, femininity, and disability, and the intersecting impacts of this for women with disabilities.**

This driver refers to the ideas and beliefs held up by society about what it means to be male and female, and to have a disability or not.

Some examples of gender and disability stereotypes, assumptions and expectations include:

* Men as dominant and aggressive,
* Women as passive and emotional,
* People with disabilities as burdensome or incapable, and
* People without disabilities as competent and ‘normal’

**Stereotypes can be harmful and limiting, and people who don’t fit into the stereotypes can face criticism or punishment.**

**These gender and disability stereotypes are also a key driver of violence against women with disabilities because they:**

* Define able-bodied people and men as being ‘naturally’ dominant and therefore ‘naturally’ superior
* Define people with disabilities and women as being ‘naturally’ passive and submissive, which casts them as target for exploitation and abuse
* Define and reinforce masculinity as callous and insensitive, or suggest that men are ‘naturally’ more violent than women or are driven by uncontrollable sexual urges
* May glorify male violence, especially sexual aggression towards women
* Can lead to the assumption that people with disabilities don’t have sex or intimate relationships, leading to the incorrect assumption that people with disabilities do not need access to respectful relationships education or sex education
* Can suggest women and people with disabilities are inherently dishonest, unfaithful or need to be controlled
* Contribute to sexist and ableist hierarchies where men have power over women and able-bodied people have power over people with disabilities

**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).

Slide 16

Presenter: Rosie Granlan, Experts by Experience Health Project

Slide 17

**Title: Action 3: Foster positive personal identities and challenge gender and disability stereotypes and roles**

**Promote positive & normalised representations of women with disabilities**

* Disability is not a tragedy or a deficit, and it is not uncommon – approximately 18% of the Australian population has a disability.
* Like most people, women with disabilities have relationships, jobs, friends, and university degrees.  Increasing representations of women with disabilities doing standard, usual, typical, expected things means that society is less surprised (and less resistant) when women with disabilities go about their lives or seek access to spaces.
* Recognise and promote women with disabilities’ skills, talents and contributions, and don’t be surprised when they exceed your expectations!

 **Promote and celebrate diversity & difference amongst women with disabilities.**

* Stereotypes rely on portraying people as being all the same, but women with disabilities are a diverse bunch.  We have different disabilities, opinions, cultures, and beliefs.
* When we celebrate, promote and represent these differences, people are less likely to make stereotypes, and this opens up more opportunities.

**Challenge yourself and others to reject rigid gender roles and stereotypes of masculinity and femininity**

* Challenge aggressive, entitled and dominant constructions of men and masculinity, and challenge submissive or sexualised constructions of women and femininity.
* Promote and support gender-equitable relationships at home, in the workplace and in society

  **Promote the social model of disability**

* The social model is a way of understanding disability that was developed by people with disabilities. The social model recognises that disability inequality does not result from impairment alone but is created by a social environment that excludes people with disabilities from full participation in society due to attitudes and environmental barriers.
* Instead of focusing on what is ‘wrong’ with a person, the social model focuses on what is wrong with the society we live in and what needs to change to achieve equitable opportunities and participation for people with disabilities.

**Promote disability pride.**

Women with disabilities drive our own culture – one where we are proudly visible, where we know our own worth, and where we live in plain view.  Disability equality is about more than just inclusion; it is about honouring and celebrating our culture and our contributions.

**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).

Slide 18

**Title: 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).

 Slide 19

**Title: 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?

**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).

Slide 20

**Title: Action 5: Take Action: Promote and normalize gender equality and disability equality in public and private life.**

Prevention of violence against women with disabilities requires collaboration and mutually reinforcing actions across every part of society.

Here are 10 Actions to help you get started in becoming a more gender and disability equitable organisation

1. We prioritise and resource ongoing action to promote gender and disability equality
2. We value the voices and expertise of those most impacted by discrimination and inequity in guiding our gender and disability equity action
3. We have best practice family violence policies and procedures to support staff, including clear, accessible disclosure pathways and paid family violence leave in our enterprise bargaining agreements
4. Our workplace culture has zero tolerance for harassment, bullying or discrimination
5. All our staff are trained in understanding gender and disability inequality and feel confident taking action to address it
6. We proactively foster a welcoming and inclusive working environment that encourages staff to access flexible working arrangements in order to successfully perform their roles
7. We challenge stereotypes and traditional gender roles in the workplace
8. Our commitment to becoming a gender and disability equitable organisation is reflected in our internal and external communications
9. Our commitment to workplace diversity is reflected in our recruitment policies, practices, and strategies, such as targeted recruitment campaigns and quotas
10. Our recruitment processes are safe, inclusive and accessible for women and people with disabilities

Violence against women with disabilities is preventable, and there is urgent need for collective action.  By working together across everywhere that we live, learn, work, and play, we can build a future free from violence against women with disabilities.

Slide 21

**Title: Question and Answer Session**

We would now like to welcome questions from the audience on these resources and how you can work to prevent violence against women with disabilities.

Slide 22

**Title: Workforce Development Training and Resources**

The Workforce Development program delivers training and creates resources for the disability social service workforces to upskill them in preventing violence against women with disabilities. If your organisation is interested in partnering with us for training delivery or if you have any questions on our products and resources, please get in touch with Olivia at olivia.franklin@wdv.org.au or on 0404 362 508.

Slide 23

**Title: Thank You**

Thank you all for attending today and for your commitment to ending violence against women with disabilities.​

If you would like more information or to get your hands on the resources we have launched here today, please visit wdv.org.au.