

# ANROWS

AUSTRALIA'S NATIONAL RESEARCH  
ORGANISATION FOR WOMEN'S SAFETY

*to Reduce Violence against Women & their Children*

# Compass

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Whatever it takes? Access for women with disabilities to domestic and family violence services: *Key findings and future directions*

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**ANROWS Compass (Research to policy and practice papers)** are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This report addresses work covered in ANROWS research project 3.4 "What does it take? Developing informed and effective tertiary responses to violence and abuse for women and girls with disabilities in Australia". Please consult the ANROWS website for more information on this project. In addition to this paper, ANROWS Landscapes and ANROWS Horizons papers are available as part of this project.

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## Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

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# Introduction

Gender inequality is at the root of gender-based violence. Violence against women is not limited to any particular group or class in society, and gender intersects with other forms of difference to compound discrimination, which in turn affects the experience of violence and abuse for individuals. The complexity of lived experience is dependent on factors such as gender, race, class, culture, sexuality and gender diversity, and disability, among others. These factors also differ across time and according to geographical location and are not the same for everyone. This is theorised as intersectionality (McCall, 2005). Understanding these intersecting factors and how they impact on access is particularly relevant for tertiary response services (Ortoleva & Lewis, 2012).

The study reported here draws on the experiences of women with disabilities who have experienced violence and abuse and used tertiary response services.<sup>1</sup> It situates the perspectives of women with disabilities within case study sites—domestic and family violence (DFV) and two specialist models that provide tertiary response services to people with disabilities—and expands on the promising practice within these services through action research with local groups formed from the sites. This research has informed the development of recommendations and guidelines for improved access and effective practice.<sup>2</sup>

1 “Tertiary response services” is a broad term that encompasses a wide range of services aimed at ensuring safety and support after violence has occurred, including “first responders”, such as emergency and crisis services, as well as legal, health, and medical services. The scope of tertiary response services is detailed below in the literature review. The focus of the research has been on crisis response services, sometimes called domestic violence, sexual assault, or family violence services or women’s refuges.

2 Sections of the introduction also appear in the publication Frawley, P., Dyson, S., Robinson, S., & Dixon, J. (2015). *What does it take? Developing informed and effective tertiary responses to violence and abuse of women with disabilities in Australia*. (Landscapes, 03/2017). Sydney: ANROWS.

## Disability and violence and abuse

Around one in five people in Australia report having a disability (Australian Bureau of Statistics, 2011); of these, almost 6 percent have a severe or profound level of disability. Definitions of disability differ, although are increasingly based on the World Health Organization *International classification of functioning, disability, and health* (ICF) framework. This “bio-psycho-social” framework understands disability as a complex, dynamic, and multi-dimensional lived experience and a contested phenomenon (Albrecht, 2005; World Health Organization, 2011). This multi-dimensional, “mainstreamed” definition of disability is informed by critical theorising about disability and from the grassroots advocacy of people with disabilities over the past 3 decades.

Australian data demonstrates that, “nearly one in three women over the age of 15 years have been subjected to physical violence and one in five report having experienced sexual violence at some time in their lives” (Australian Bureau of Statistics, 2012). Although research concerning the prevalence and incidence of violence and abuse against women with disabilities is limited, the weight of evidence consistently points to women with disabilities being vulnerable to higher rates of both physical and sexual abuse from both those closest to them and strangers, when compared with other women (Dowse, Soldatic, Spangaro, & van Toorn, 2016; Plummer & Findley, 2012). Furthermore, the actual number of incidents of violence against women with disabilities is believed to be higher than the data demonstrates due to under-reporting and inadequate data collection processes (Dowse, Soldatic, Didi, Frohmader, & van Toorn, 2013; Hughes, Lund, Gabrielli, Powers, & Curry, 2011; Jones et al., 2012; Lund, 2011; Mikton, Maguire, & Shakespeare, 2014).

Women with disabilities who have experienced violence seek help and support from tertiary services for similar reasons that other women do, including family and intimate partner abuse, sexual harassment and assault, coercive control, and stalking. However, women with disabilities also experience abuse related to their disability, including institutional violence and denial of provision of essential care (Chenoweth, 1996; Dowse et al., 2013; Frohmader, 2010).

## Project aim

Between 2015 and 2016, the *What does it take?* research project was carried out to understand the ways in which services respond to the safety needs of women with disabilities who have experienced family violence or sexual assault and how they provide access for these women. The project aimed to develop new knowledge to inform the development of guidelines for access to tertiary response services and for effectively supporting women with disabilities in Australia. These guidelines aimed to be:

- based on a thorough and critical review of evidence concerning world best practice;
- informed by the experiences of Australian women with disabilities;
- developed in collaboration with locally based cross-sector communities of practice; and
- designed to inform a gendered understanding of violence in the disability sector.

## What the literature said

A literature review was carried out to establish the current state of knowledge concerning models of tertiary response services for women with disabilities who have experienced family or domestic violence or sexual abuse. A comprehensive search was undertaken of both peer-reviewed and grey literature to address the following questions:

- What models and approaches have been used in Australia and internationally for tertiary responses to violence and abuse for women with disabilities?
- What does the evidence say about effective models?

Despite the high rates of violence and abuse of women with disabilities reported in the international peer-reviewed and local grey literature, research about effective prevention and response is lacking (Lund, 2011; Mikton et al., 2014).

Services for women who need immediate support are always under pressure; however, limited access to these services for women with disabilities can further compound the issue. In the disability sector, there is a lack of awareness about, and response to, the needs of women and girls with disabilities who have experienced violence (Mikton et al., 2014). In the response sector there are problems for women with disabilities in terms of access to appropriate, accessible sexual assault and domestic violence services (Dowse et al., 2013; Healey, 2014; Healey, Howe, Humphreys, Jennings, & Julian, 2008; Woodlock et al.,

2014). It has been argued that despite the public health approach to understanding disability and a rights-based approach to promoting equality to prevent violence against women, to date there has been little attention paid to the intersection of the two fields of disability and violence (Mikton et al., 2014).

A key finding in the literature was that effective, accessible services for women and girls with disabilities must be built on multi-agency collaborations. Research in the United States suggests that collaboration must be based on having a clear purpose understood by all parties, and be developed within an environment conducive to the active and productive engagement of all parties. Other factors include the quality and frequency of communication, and the existence of supportive resources (Smith & Harrell, 2011). Added to this, tertiary response services must engage women with disabilities as partners in the planning and strategic stages of service development, as they are the experts in their own lives and can contribute a unique perspective on appropriate services and support needs for women with disabilities (Healey, 2013). Other factors for effective collaborations include that they should be well managed and require substantial efforts from affiliated agencies or stakeholders that are not driven by financial gain or funding obligations but by a genuine desire to challenge existing barriers and make firm cultural and community change. Well-functioning collaborations must address access issues relating to multiple forms of disability and gender, and the intersection of these with other forms of diversity such as race, class, and socio-economic status (Dowse et al., 2013).

## Method

The mixed methods project surveyed tertiary women's services in Australia to understand the models and approaches that are currently used. A total of 165 service representatives started the survey; however, after incomplete or ineligible data were cleaned, 138 completed surveys were returned. Following this, five sites were recruited for qualitative research to develop a more nuanced picture of how the services work. Two of these were identified because they are specialist service models working specifically with women with disabilities and demonstrate promising practice. Case studies were developed to understand what could be learned from their approach. Three more sites participated as case studies of DFV services. Interviews were conducted with managers and staff, and interviews and focus groups were conducted with women with disabilities at the case study sites. After the qualitative data was collected and analysed, the project brought together representatives from the case study site and its local community, including women with disabilities, to present the research findings and to facilitate a process in which gaps between the services' and women's perspectives were discussed. The aim of this process was to assist sites in collaborating with each other and for local stakeholders to modify existing approaches or develop new models based on the findings from the research.

Data Source	Numbers
Survey of DFV services	138
Women with disabilities: interviews and focus groups	34
Managers in DFV and disability services	5
Staff members and associates in DFV services	31

## Findings

Accessibility requires more than physically modified accommodation or providing interpreters for people with sensory impairments. Access must be understood to include:

- how services think about disability (described as attitudinal factors);
- how information about services is made available; and
- going beyond procedural access requirements set out in the *Disability Discrimination Act* (1992).

Many women who come to tertiary response services for support have disabilities. However, their disabilities may not be “officially” recognised, meaning they have not been assessed as eligible for disability services or have not disclosed their disability to government organisations. This can be for a variety of reasons: some have disabilities as a direct result of living with sustained violence, some are not easily identified by health and community services because they are compounded by other life experiences, and some women may choose to keep their experience of disability to themselves. Tertiary response services are not experts in disability, and meeting some women's specific access needs can be challenging. A “clash of cultures” was identified that hampered collaboration between tertiary response services and other services that support women with disabilities. This was found when DFV services' practice principles and approaches to supporting women were less restrictive than other services' responses. High-quality collaboration that involves a cycle of referring, collaboration, and ongoing engagement between tertiary response services and disability services can overcome some of these challenges.

Women with disabilities who participated in the research provided insights drawn from their experiences that suggest the need to extend the definition of access to include appropriateness, approachability, and acceptability as core components. By addressing broader issues of access in addition to disability-specific needs (such as information and attitudes), the interface between what services offer and what women with disabilities need can be better aligned.

At times, agencies providing services to women with disabilities who have experienced violence tended to “protect them” for fear of re-traumatising or frightening them, which led to less rather than more access to supports and services. Forms of protection included not making referrals to DFV services and limiting access to information and opportunities to engage with events including research about violence and abuse. From the perspective of some of these women, the result is that they have been denied information, have not had their experience acknowledged, or

have missed out on having contact with other women in similar positions to share experiences and get support. In the effort to protect women with disabilities, their ideas and opinions about service improvements are not sought or heard.

Service improvements were developed in the case study sites through the action research cycles. In particular, this work included: cross-sector collaboration for training; bringing together external services, including housing, government disability-department representatives, and women with disabilities, to have input into and develop action plans from the research findings; and revising local action plans to include a focus on disability, highlighting how cross-sector collaboration can be incorporated into practice through reflection and facilitating planning processes. Rather than simply referring women with disabilities to disability services for support, a process of collaborating and engaging with disability services (rather than handing over to them) was developed. This established continuous improvement and cross-sector collaboration as underpinning principles for working with women with disabilities. Other key findings included that a one-size-fits-all approach is not appropriate, adequate time and flexibility must be permitted to meet individual needs, and that women value relationships with workers that involve trust and taking as much time as is needed. Finally, many women seek social support from others who have had similar experiences.

## Guidelines for effective practice

At the time of completing this report, the *Third Action Plan 2016-2019 of the National Plan to Reduce Violence against Women and their Children 2010-2022* (“Third Action Plan”) was released by the Commonwealth, state, and territory governments (Department of Social Services, 2016). Women with disabilities are identified as a priority group in the Third Action Plan. This research supports the key national actions for women with disabilities identified in the Third Action Plan and contributes evidence to inform its implementation.

A number of promising practices were identified from this research, which are outlined here as principles that need to underpin practice to enhance effectiveness. These include:

- Accessibility is more than providing physical access: services must be approachable, acceptable, appropriate, affordable, and available to women with disabilities.
- Women with disabilities experience complexity in their lives and are multi-dimensional people: disability is in play with other personal and social factors that interact to impact on both the experience of disability and experiences of inclusion or exclusion. Service planning and delivery must be enhanced by the use of an intersectional lens.
- Women with disabilities need more than safety planning; they need social and relational support in a safe and inclusive environment.
- DFV service data collection must include data on experiences of disability of service users, and disability services data must include data on experiences of violence and abuse. This data needs to be used by services and in academic research to inform practice. The ideas and opinions of women with disabilities who have used services should be included within the context of research, service evaluation, and improvements.
- All aspects of tertiary response services for women with disabilities must be informed and enhanced by cross-sector collaboration.

## Recommendations

### 1. Promoting access and accessibility

This research finds that access for women with disabilities is about much more than simply removing physical barriers to service buildings. Good practice principles for accessibility suggest that services must be approachable, acceptable, affordable, available, and appropriate (Levesque, Harris, & Russell, 2013). To be accessible, services must collaborate with women with disabilities as service users, as advisors, and as peer supports. Services must understand and respond to what women need and want. This research found that this is practical, supportive, respectful, and trusting relationships with workers that understand their experiences and needs.

#### Recommendation

Services should review their understanding of “disability” and “access” and draw on the evidence from the literature, this research, and the views of women with disabilities to develop and implement changes to improve access. The work of Levesque, Harris, & Russell (2013) used in this research should be used as a framework for developing this more nuanced understanding of access and informing practice and policy. This includes understanding access as including the following concepts:

- **Approachable:** women with disabilities know services exist and feel comfortable to approach them.
- **Acceptable and appropriate:** barriers to communication are removed, and it is clear what is offered by services.
- **Affordable and available.**

### 2. Building cross-sector collaboration

The findings of this research indicate that DFV response services are committed to providing safety and support for women with disabilities. They employ a responsive “whatever it takes” approach to ensuring the safety of women with disabilities. This approach is complex, intersectional, and situational. However, DFV services may lack the time and knowledge to ensure women with disabilities have appropriate disability supports and benefits. To achieve this, they often refer women to disability services, yet only limited cross-sector collaboration was found, whereby DFV services and disability services worked together either in relation to a particular client or more broadly on policy and practice development.

Although disability services were not the subject of this research, the DFV services noted that many are responsive to requests for assistance. Nonetheless, simple referral to another service without

effective collaboration may leave women without appropriate support or follow-up. There is an urgent need for the development of cross-sector collaboration that brings together all services that engage in tertiary response, including DFV services and disability services in relation to immediate supports, and police, judicial services, housing services, and the range of other health and community services involved in supporting women with disabilities to escape from violence and access ongoing supports.

DFV services that participated in this research recognised that they could improve the way they worked with women with disabilities and began this process in the action research stage of the project. A key learning that emerged was the importance of a flexible approach, time, patience, persistence, and the development of trusting, respectful relationships. Those services that did embark on change processes benefited from an initial process of reflection and planning, developing relationships and then bringing all parties together for a facilitated, goal-oriented, and practical process to draw on the expertise of all parties concerned to plan for high-quality, cross-sector collaboration. This process must be informed by the experiences of women with disabilities.

#### Recommendation

In order to support initiatives for cross-sector collaboration, the emerging models of good practice identified in this research should be further developed and informed using a facilitated process of reflection, consultation, and engagement with other tertiary response services. This process should aim to ensure positive outcomes for women with disabilities in all parts of the tertiary response sector through collaboration. It should not be in the form of didactic training, but use a facilitated process that involves and is informed by women with disabilities.

### 3. Involving women with disabilities

Women in this research valued the positive and trusting relationships they developed with workers and the opportunity this gave them, in some cases, to have ongoing involvement with the service. They also valued practical support and opportunities for social contact with others who have shared similar experiences.

There was little evidence of women with disabilities being involved in services beyond their role of client, although when this opportunity was made available through the research in the focus groups and action research groups, women and the service staff saw the value in this.

### Recommendation

DFV services should consider establishing peer support groups for women who survived or are escaping from violent and abusive relationships.

### Recommendation

Service improvement and cross-sector collaboration must be informed by women with disabilities who have used tertiary response services. Women with disabilities should be consulted about their experiences using tertiary response services and their advice incorporated into planning and practice development. The model of the Consultative Research Group (a group of women with disabilities engaged as research advisors in this study), which ensured that the voices of women with disabilities informed this research, could be used with future sites to contribute to both service and sector-wide reform.

## 4. High-quality data collection

Survey responses indicated that DFV services are not routinely collecting data on their clients' experiences of disability. It was clear in both the survey and case study data that this was needed, as were measures to understand and monitor the effectiveness and outcomes of tertiary response services' responses to women with disabilities. Improving data collection will assist significantly in sustaining good practice in terms of access, inclusion, and cross-sector collaboration.

### Recommendation

DFV services should collect data on the disability experiences of clients. Qualitative and quantitative data measures across all programs offered in DFV services should be developed and implemented, tied to the same measurement and reporting metrics as for other demographic data (e.g. age, Indigenous status, and so on). Women with disabilities should be involved in providing qualitative data and be engaged to co-produce information from it that can be used in service improvement and wider sectoral reform at local, state or territory, and national levels.

### Project limitations and strengths

Disability is a complex, dynamic, and multi-dimensional lived experience and a contested phenomenon. This is highlighted in the literature review, which discusses the importance of understanding the ways that characteristics such as age, class, culture, gender, race, sexuality, and disabilities intersect. These aspects of identity are also affected by being a parent, partner, or lover, and connected or disconnected to family or a community.

This research was limited in a number of ways in relation to achieving diversity of participants and diversity of geographical locality of case study sites. The scope of the project and the time frame for the project contract limited the capacity of the research to have a larger number of case study sites and therefore more geographical diversity, and the research methods that were used limited the gathering of demographic data. One of the case study sites has an Aboriginal program and provides services in a culturally specific site, and although there was some diversity in terms of race, culture, and experience of disabilities among the women who participated in the study, this demographic data was not collected, as discussed in the methods section. The original proposal for this research was to work within four case study sites. This was limited to three in the agreed project contract. The project could have been strengthened by working with an additional case study site, in particular a remote site.

The strengths of this project have been discussed at length in the methodology section above and throughout the report. The approach was underpinned by the principle of social inclusion for women with disabilities, as well as an understanding of intersectionality. The Consultative Research Group contributed to the planning, implementation, and analysis of all aspects of this research, as did women with disabilities from the case study sites, making it truly inclusive, participatory research.

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