

ATTACHMENT [KH 10]

This is the attachment marked “[KH 10]” referred to in the witness statement of Keran Howe and Jen Hargrave dated 11 August 2015.

Voices Against Violence



Paper Six:
Raising Our Voices - Hearing from Women with Disabilities

Publication details

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Voices Against Violence Research Project team

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Privacy note

The case studies in this report have been de-identified to protect people's privacy. All the names used are pseudonyms and identifying details have been changed.

Content note

While it is important that we explore the issues raised in this paper, be aware that the material is distressing.

Acknowledgements

The authors wish to thank the women who participated in this interview research project for their generosity and courage in sharing their stories with us. Our gratitude also goes to the support workers who kindly facilitated many of our interviews. Thank you to Mardi Harrington, Debbie Kirkwood, Krista Mogensen, Marg Camilleri, Lucy Healey and Mandy McKenzie for assistance with the writing of this paper.

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About the research project team

Women with Disabilities Victoria

Women with Disabilities Victoria (WDV) is an organisation run by women with disabilities for women with disabilities. Its members, board and staff have a range of disabilities, backgrounds, lifestyles and ages. It is united in working towards its vision of a world where all women are respected and can fully experience life. Using a gender perspective allows the organisation to focus on areas of inequity of particular concern to women with disabilities, including women's access to health services, parenting rights and safety from gender-based violence. WDV undertakes research, advocacy and professional education and provides information, leadership and empowerment programs for women with disabilities. It has dedicated particular attention to the issue of male violence against women with disabilities, due to its gravity and high rate of occurrence.

Office of the Public Advocate

The **Office of the Public Advocate (OPA)** is an independent statutory body established by the Victorian State Government. Working within a human rights framework, its mission is to promote and protect the rights and interests of people with disabilities and to work to eliminate abuse, neglect and exploitation. It provides various services that work towards achieving those goals including an Advocate/Guardian Program, a Community Visitors Program, an Independent Third Person Program, and an Advice Service. It also advocates for systemic changes in the lives of people with disabilities by undertaking research, policy advocacy and community education. The Public Advocate is strongly committed to tackling violence against people with disabilities, particularly women, who make up the largest proportion of victims of violence.

Domestic Violence Resource Centre Victoria

The **Domestic Violence Resource Centre Victoria (DVRCV)** aims to prevent violence in intimate and family relationships and promotes non-violent and respectful behaviour. It works within a feminist framework with an understanding of the gendered nature of family violence and in partnership with other organisations with similar aims. DVRCV receives core funding from the Victorian Department of Human Services with additional funding from a variety of government and philanthropic organisations. It provides training, publications, websites, policy advice and advocacy, as well as initial support and referral for women experiencing violence.

The Voices Against Violence Research Project

The Voices Against Violence Research Project was a cross-sectoral partnership, undertaken between WDV, OPA and DVRCV. The project investigated the circumstances of women with disabilities of any kind (including physical, sensory and cognitive impairments and mental ill-health) who have experienced violence.

The need for the project arose when our organisations recognised the lack of available information regarding violence against women with disabilities. We knew that women with disabilities experience higher rates of violence than women in the general community. We also knew that they can encounter significant barriers to accessing appropriate support services and justice outcomes. In spite of this, there was a lack of data about the nature and extent of violence against women with disabilities in Victoria.

There was also a lack of information and knowledge about what we can do to respond to this problem and prevent it from occurring. This project addresses some of these omissions. We have done this by conducting an extensive fact-finding mission relating to violence against women with disabilities, which included:

- a paper outlining current issues in understanding and responding to violence against women with disabilities
- a review of the legislative protections available to women with disabilities in Victoria who have experienced violence
- a review of OPA's records of violence against women with disabilities
- interviews with staff and volunteers from OPA's major program areas
- in-depth interviews with women with disabilities who have experienced violence
- consultations with women with disabilities
- engaging with the disability, family violence, sexual assault, legal and other service sectors.

This data has been used to devise evidence-based recommendations for legal, policy and service sector reform.

This project built on previous work undertaken by the organisations, including *Building the Evidence: a report on the status of policy and practice in responding to violence against women with disabilities in Victoria* by Lucy Healey, Keran Howe, Cathy Humphreys and Felicity Julien for WDV, DVRCV and the University of Melbourne; *Violence Against People with Cognitive Impairments* by Janine Dillon for OPA; and *Getting Safe Against the Odds* by Chris Jennings for the DVRCV.

Reference group

The project benefited from the expert advice of a reference group comprising the following representatives:

- Maree Willis, representative of women with disabilities
- Beverley Williams, representative of women with disabilities
- Chris Jennings, consultant
- Marita Nyhuis, Department of Human Services
- Philippa Bailey, DVRCV
- Chris Atmore, Federation of Community Legal Centres Victoria
- Marg Camilleri, Federation University Australia
- Christine Chong, inTouch Multicultural Centre Against Family Violence
- Patsie Frawley, La Trobe University
- Sarah Fordyce, National Disability Services
- John Chesterman, OPA
- Bianca Truman, Safe Futures Foundation
- Dagmar Jenkins, South Eastern Centre Against Sexual Assault
- Cheryl Sullivan, Women and Mental Health Network
- Lucy Healey, The University of Melbourne
- Jen Hargrave, WDV

Project funding

The project was funded by Gandel Philanthropy and a major research grant through the Legal Services Board Grants Program. We are grateful to both organisations for their generous support of the project. Without this support, it would not have been possible to undertake and disseminate this research.

What the project explored

The overarching research question for the Voices Against Violence Research Project was to investigate the nature of violence against women with disabilities in Victoria. As part of this investigation, the project explored issues such as:

- the impacts of violence against women with disabilities in Victoria
- the help-seeking behaviour of women with disabilities who have experienced violence
- the legal context and social services responses to women with disabilities who have experienced violence.

The research papers

This paper is one of a series of publications for the Voices Against Violence Research Project. The papers for this project are:

1. *Voices Against Violence, Paper One: Summary Report and Recommendations*
2. *Voices Against Violence, Paper Two: Current Issues in Understanding and Responding to Violence against Women with Disabilities*
3. *Voices Against Violence, Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria*
4. *Voices Against Violence, Paper Four: A Review of the Office of the Public Advocate's Records on Violence against Women*
5. *Voices Against Violence, Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate*
6. *Voices Against Violence, Paper Six: Raising Our Voices – Hearing from Women with Disabilities*
7. *Voices Against Violence, Paper Seven: Summary Report and Recommendations in Easy English.*¹

1 To access the papers, refer to the research partners' websites:

Women with Disabilities Victoria www.wdv.org.au/publications.htm

Office of the Public Advocate www.publicadvocate.vic.gov.au/research/255/

Domestic Violence Resource Centre Victoria www.dvrcv.org.au/publications/books-and-reports/

These papers have been written by different authors over a period of time, reflecting different language and definitions. In this period, the complexity of dealing with violence in different contexts – which employ different understandings of disability and different understandings of violence – has become evident. Grappling with this complexity has been a valuable learning and the thinking of the project team has evolved through the life of the project. We have endeavoured to standardise the language across papers as far as possible.

Underlying premises of the project

- Violence is a gendered issue. The majority of victims of violence are women and the greatest numbers of perpetrators are men.
- Violence is about power and control. Perpetrators (who are usually men) use violence in order to intentionally control or dominate other people (usually women).
- Violence against women is a human rights issue. Therefore, a human rights framework needs to inform our understandings of, and responses to, violence.
- Women with disabilities experience multiple and intersecting forms of discrimination. Violence against women with disabilities is the result of the intersection of gender-based discrimination, disability-based discrimination and other forms of subordination.
- Women with disabilities experience violence at a higher rate and for longer periods of time than women in the general population. They also encounter significant barriers to receiving appropriate services and justice responses to their experiences of violence.
- Violence against women is preventable. There is considerable scope for governments and communities to prevent violence before it occurs.
- Disability is created by discriminatory practices and attitudes that have built up over time. Disability is preventable and can be addressed through government policy and regulation.

Working definitions

It was important for this project to be based on an understanding of the terms 'disability' and 'violence against women'. The Project team drew on extensive literature to inform its own working definitions.²

In defining 'violence against women with disabilities' the project team took account of the numerous ways power and control is exercised and the various forms of violence in which it is manifest.

In defining 'disability' the team took account of the common practice of using 'disability' and 'impairment' interchangeably. However, it was important for the project team to make explicit its understanding of the structural underpinnings of disability (noted in the Underlying premises above).

Below are definitions that will assist the reader to better understand how abuse and violence can and does affect women with disabilities.

Disability is a social construct and stems from the interaction of a person's functional impairment with a disabling environment. Disabling environments create structural, attitudinal and behavioural barriers; for example, by preventing people with functional impairments from accessing housing, education, work opportunities, transport. A specific type of disability arises from the interaction of a specific impairment with an environment that creates barriers. Some barriers are specific to that impairment; for example, a physical or sensory or cognitive disability arises from the interaction of a physical, sensory or cognitive impairment with an environment that creates barriers for the particular impairment. In addition, some barriers develop regardless of the particular impairment; for example, negative stereotyping of 'people with disabilities'.³

Violence against women with disabilities is a human rights violation resulting from the interaction of systemic gender-based discrimination against women and disability-based discrimination against people with disabilities. It includes family violence, sexual assault and disability-based violence. A range of behaviours are associated with these forms of violence, including emotional, verbal, social, economic, psychological, spiritual, physical and sexual abuses. These may be perpetrated against women with disabilities by multiple perpetrators, including intimate partners and other family members, and those providing personal and other care in the home or in institutional, public or service settings.

² See *Voices Against Violence, Paper Two: Current Issues in Understanding and Responding to Violence against Women with Disabilities* for a detailed discussion of these and other relevant terms and problems associated with recognising the complexity of violence against women with disabilities.

³ The social model of disability was first conceptualised by Mike Oliver. For a further exploration of the concept, see for example, Mike Oliver (1983) *Social Work With Disabled People*, London, Macmillan

Overview

This paper records and reflects on the experiences of 20 Victorian women with disabilities who have been subject to violence.

It has provided a rare and valued opportunity for Victorian women with disabilities to share their experiences of violence, to describe the support they received and to relate their experiences of the justice system. Importantly, women also provided recommendations for changes to the way the family violence service system supports women with disabilities.

This paper begins with brief introductions to the women who participated in the research and describes the types of violence they experienced, and the relationships or roles of the perpetrators of that violence. It then tells the women's stories of the violence, and their experiences of service systems and organisations. It explores the barriers to safety that women with disabilities experience and also what facilitated their pathways to safety and to rebuilding their lives after violence.

The paper concludes with the women's vision for change and their advice to other women with disabilities who are experiencing violence.

Key findings and recommendations

For this paper *Raising Our Voices*, we interviewed 20 Victorian women with disabilities about their experiences of violence and the nature of that violence.

The key findings of this research are:

Women in this study experienced high levels of violence throughout their lives.

The most overwhelming finding from this research was the extent of the violence experienced by the women. Women typically experienced a range of forms of violence, from a number of different perpetrators over many years. In addition to the violence the women experienced themselves throughout their lifetime, they often described family violence within their family of origin, and abuse of their own children and grandchildren by a number of the perpetrators.

The most common form of violence experienced by the women was intimate partner violence.

The kinds of violence that women experienced included intimate partner violence (physical, emotional and sexual abuse), childhood sexual abuse, institutional violence, disability-based violence and sexual assault from strangers and acquaintances.

Women's impairments were targeted by perpetrators

Perpetrators often exploited women's disabilities. Women described the ways in which perpetrators took advantage of their disabilities in order to assault and abuse them. Women's physical disabilities were used by perpetrators to limit their means of escape, and to humiliate and manipulate them. Women's mental ill health was exploited by perpetrators to discredit them and create fear that no one would believe them if they sought help for the violence. Women with cognitive disabilities experienced high levels of violence, particularly in institutional care.

Men were the main perpetrators of violence

These men were partners, fathers, brothers and acquaintances of the women. A smaller number of women also identified other women as perpetrators including mothers and a sister. The violence experienced by women with disabilities occurred throughout their lifetime, and by a multitude of perpetrators. There were 20 women in our study and over 37 perpetrators. Several perpetrators not only abused the women, but also sexually abused their children and grandchildren.

Women with disabilities are fearful of seeking help

Women reported a number of barriers to achieving and maintaining their safety. One of the main barriers was fear; fear that children would be removed from their care, fear that they would have nowhere to live, fear that they would not be believed, and fear that that would be killed. Some perpetrators threatened women that they would be institutionalised if they told anyone about the violence.

Women were not aware of what constitutes violence

Another major barrier to safety for women was that they did not know what constituted violence. A lifetime of cumulative discrimination and demeaning experiences normalised experiences of violence for some women. This resulted in women feeling that what was happening to them was normal and that they simply had to live with the violence. Perpetrators would also reinforce that idea that the women deserved the violence they were experiencing.

Children were removed from their mother's care

The involvement of Child Protection in their lives was a consequence of reporting violence for some of the women. The fear that their children would be removed from their care or placed in the custody of the perpetrator made women reluctant to contact support services. The decision not to report violence was made by a number of women, particularly Aboriginal women with disabilities. Several women had their children removed from their care, either through Child Protection, or the abusive father retained custody of the children.

Difficulty of navigating support system

Most women did seek help, but had to be persistent in order to receive suitable support. As the complexity of the women's situations increased, their access to services, information and support became more problematic and less obtainable. Lack of cross-sector collaboration led to some women having to contact multiple agencies in order to find assistance.

Lack of appropriate housing

Finding suitable housing was difficult for some women, particularly if a woman's disability did not exactly fit into service criteria and requirements. The lack of alternative and appropriate accommodation was problematic, whether the accommodation was needed in shorter-term crisis situations or in longer-term/permanent housing.

Mixed experiences of police and legal supports

Reports of violence made by the women to police or other professionals were not always taken seriously. Most of these negative reporting experiences occurred some years ago. Women generally reported their recent experiences, with police, courts, professionals and support organisations in more favourable terms than they did their earlier experiences.

Aboriginal women with disabilities experience numerous barriers to safety

The combination of disability and cultural background often compounded the experience of violence for Aboriginal women. Aboriginal women with disabilities experience an intersection of discrimination when attempting to leave a violent partner. Support for Aboriginal women was not always available due to inadequate resourcing, particularly in rural areas. Aboriginal women reported that there were significant barriers to them seeking help for violence, including fear of having their children taken from them and feeling afraid of what might happen to the violent partner in police custody.

Multiple sources of support were essential for women with disabilities

Finding someone to speak with and trust was a most valuable support for women in understanding that the violence was not their fault and that they did not have to continue to accept it or live with it. Women's families and friends were the main supports, as were support workers from both women's and disability services. Women's groups were particularly identified as a key source of support for many of the women.

This project has identified the following areas that need to be addressed in preventing and responding to violence against women with disabilities:

Listen to women with disabilities

Women with disabilities who have experienced violence are experts on their own lives and experiences, and as such their voices must be sought out, listened to and respected. Any research, response to violence against women, or prevention strategies, should be guided by their experiences. This means that women with disabilities need to be resourced as advocates and provided the means with which to actively participate in and be represented on decision-making, advisory and planning bodies relating to violence against women.

Education on violence prevention

Violence prevention programs for people with disabilities, including programs on healthy relationships, should be included as part of the Victorian Government's initiatives to prevent violence against women. Education on the nature of violence, rights in relationships, and respectful and safe relationships, must be provided to women with disabilities.

Information on abuse for women with disabilities

Information about violence, including family violence, sexual violence and disability-based violence should be more specifically targeted to reach women with disabilities. It is critical that this information is communicated in a range of accessible formats available through disability organisations, violence response services and community organisations. Information needs to be provided in fact sheet format and also face-to-face in order to meet the varying needs of women with disabilities.

Stronger cross-sector collaboration

Cross-sector collaboration involving policy-makers and service providers in the disability, mental health, family violence and sexual assault (including justice) sectors is required to ensure that there is a stronger integrated and consistent response to working toward the safety of women with disabilities, including those facing additional discrimination (such as poverty, race, ethnicity, institutionalisation, and identity status). This may require an overarching advisory and advocacy body to guide joint workforce development, and collaborative response and support services (for example, relating to measures to provide greater access to justice for women with disabilities, secondary consultation or case management). In regard to policy development, such a body could advise on and ensure that service sector reforms (such as Services Connect and the National Disability Insurance Scheme) and service sector standards, codes of practice and practice guidelines include targeted, cross-sectoral strategies to promote safety for women with disabilities and that they are responding to the needs of women with disabilities who experience violence.

Training for service providers

Training for workers in the fields of disability, mental health, aged care and violence response must include gender and disability as an essential component of addressing violence against women with disabilities. Family violence and sexual assault must be a compulsory component of all of community sector profession courses and include a focus on disability and violence.

Accommodation and housing

Additional suitable (affordable, accessible and appropriate) accommodation and housing for women with disabilities who have experienced violence must be provided. This needs to ensure safe crisis accommodation and long-term housing for women with disabilities and their children.

Mutual support and connection for women with disabilities

Support groups are often a vital source of support and community connection for women with disabilities who have experienced violence. Funding should be prioritised to ensure that women with disabilities can share their experiences with each other in a safe and supportive setting. This funding extends to ensuring that appropriately trained facilitators can support women in their group work.

More research on violence against women with disabilities

Future research should focus on violence from intimate partners and the ways that violence is impacted by women's impairments. It would also be useful to examine the turning points that lead women to leave violent partners. This could support more effective early intervention. Research should also focus on perpetrators of violence against women with disabilities. This research needs to look at both intimate partner perpetrators and non-intimate partner perpetrators to increase understandings of the different ways that violence against women with disabilities should be responded to.

Core research methods

Semi-structured, in-depth interviews were undertaken between December 2012 and September 2013 with 20 Victorian women who identified as having a disability and who had experienced violence. Their stories form the substance of the research for this component of the Voices Against Violence Research Project.

The Department of Justice Human Research Ethics Committee (JHREC) approved the research processes used in this paper.

Forums and interviews

Initially, the research team intended holding four small forums for women with disabilities, in metropolitan and regional Victoria. These forums were promoted as a joint project between WDV, the OPA and the DVRCV.

The goal was to share information on safety, justice and violence, to raise awareness about the project and to invite women to participate in interviews.

At the first forum, women were given information on laws relating to violence and sexual assault, and the resources offered by WDV, OPA, DVRCV and family violence support services. With smaller than expected attendance, however, we then explored the idea of initiating more informal gatherings with women with disabilities.

In December 2012, with the assistance of a community development consultant, two DVRCV researchers met with four Aboriginal women with disabilities from rural Victoria. The women gathered for a meal one evening, and joined together in art, craft and music activities the next day, as well as discussion about violence and the Voices Against Violence Research Project. The four women participated in interviews with DVRCV on the following day.

The success of this model of engagement encouraged us to reach out to existing groups of women, and to include more activities to facilitate discussion and exploration of the issues of violence.

Two forums were subsequently held with existing groups of women: one in rural Victoria with a group of women who identified as having cognitive disabilities, and another in Melbourne with women with physical disabilities.

Overall, 12 women were recruited for interviews through the gatherings and forums. Another eight women independently approached the researchers offering to be interviewed, having heard about the project from disability services and women's services in Victoria.

The aim of conducting in-depth interviews with women with disabilities was to learn more about the nature of the violence they have experienced. We also wanted to learn about the impact of violence on their lives, their help-seeking behaviour, and their experiences with legal and social services.

The interview questions were based largely on the interview design used for the Building The Evidence project (Healey et al., 2008). The questions about violence were broad, and did not specifically seek to define types of abuse. The women interviewed were able to define for themselves what violence was and how they had experienced it. For more details of the questions and recruitment material refer to Appendix 1 & 2.

A comprehensive ethics procedure guided this aspect of the research, with clearly outlined steps to be taken before, during and after the interviews.

The criteria for participating in the interviews were that women:

- needed to be aged 18 or over
- identified as having a disability (including physical disability, cognitive disability, sensory disability and mental illness)
- were not currently experiencing violence.

Once a woman expressed interest in participating in the interviews, the researchers ensured that these three main criteria were met.

The next steps were to have a discussion with the woman about her safety, both physical and psychological, and determine if participating in the interviews would put her at any risk.

As this stage the researcher also went through the goals of the project, the sort of questions that would be asked, and checked if the woman understood the plain English information sheet and the consent form. It was emphasised in these conversations that participating in the project was voluntary, and that the woman could decide to withdraw from participation at any stage.

The researcher then discussed where the woman might feel most comfortable doing the interview and whether she would consent to having it recorded. In one interview, a participant's care provider and husband were present in order to facilitate communication.

Prior to the interview, the researchers established which support services were in the area, so that immediate referral information would be available if needed after the interview.

Women were paid \$75 for their time in participating in this research.

The interviews were transcribed and the transcriptions sent to each woman, or their support person (with permission), for their review. A few women made minor changes to the transcripts.

We used NVivo to code transcripts and applied thematic analysis to categorise the findings.⁴ We first coded the transcripts descriptively and then applied interpretive coding to the findings, where meaning was interpreted according to the research question and theoretical framework (King and Horrocks, 2010, p. 152).

These codes were tested for reliability and validity, first by each researcher independently coding the transcripts, and then working together to crosscheck every coded section for any discrepancies. To substantiate the validity of the analysis development, we maintained an audit trail of the research processes.

4 NVivo is a qualitative data analysis computer software.

Limitations of research

There are several limitations in this research. The main limitation relates to recruitment of participants from a variety of cultural backgrounds.

Efforts were made to interview women from culturally and linguistically diverse (CALD) backgrounds, including meeting with workers from *InTouch: Multicultural Centre Against Family Violence* to invite their clients to participate in our research. Unfortunately their clients were still experiencing violence and therefore did not meet the selection criteria for the research to ensure they were safe.

The recruitment phase was extended to pursue a variety of other contacts and avenues in attempts to include women from CALD backgrounds but this was unsuccessful. The absence of CALD women from the research is a significant gap.

The research team was also unable to access women who were currently living in institutional settings. This also limits the findings, particularly considering that previous research shows that there are high levels of violence against women in institutions (Cambridge, Beadle-Brown, Milne, Mansell & Whelton, 2006).

Another potential limitation relates to the decision to encourage women to talk about any types of violence and abuse they had experienced, according to their own concepts of abuse. For example, many women are not aware of what constitutes violence, such as emotional or psychological violence, intimate partner sexual violence and economic abuse (Fulgate, Landis, Riordan, Naureckas & Engel, 2005; Mitchell 2011). On this basis, it may be likely that some women may not have disclosed experiences of abuse because it was not recognised by them as such. No women, for example, discussed financial abuse, although it was found to be a major form of abuse in other components of the Voices Against Violence Research Project (see Papers 4 & 5).

Profile of participants

The participants were able to choose their own pseudonyms for publication. The researchers changed all other names as well as those of perpetrators, friends, families and support people. Identifying details such as specific locations and employment were also changed. Women were asked what disability they identify as having, as well as their cultural backgrounds. Table 1 shows a profile of each woman who participated in our research.

Table 1: Details of participants

Name	Age	Disability	Cultural Background	Location	Details
Susan	30s	Mental ill health	Aboriginal	Rural Victoria	Page 23
Ilsa	60s	Physical disability & mental ill health	Aboriginal	Rural Victoria	Page 52
Sally	40s	Mental ill health	Aboriginal	Rural Victoria	Page 46
Anne	50s	Physical disability & mental ill health	Aboriginal	Rural Victoria	Page 29
Louise	40s	Physical disability	Anglo-Australian	Melbourne	Page 32
Emma	60s	Hearing loss & neurological condition	Anglo-Australian	Melbourne	Page 24
Paula	50s	Mental ill health	Anglo-Australian	Melbourne	Page 27
Michelle	30s	Physical disability	Anglo-Australian	Rural Victoria	Page 35
Janet	40s	Physical disability	Anglo-Australian	Melbourne	Page 39
Belinda	20s	Cognitive disability	Anglo-Australian	Rural Victoria	Page 30
Josie	30s	Cognitive disability	Anglo-Australian	Rural Victoria	Page 38
Linda	50s	Physical disability	Anglo-Australian	Melbourne	Page 25
Allison	30s	Cognitive disability	Anglo-Australian	Rural Victoria	Page 31
Moira	20s	Cognitive disability	Anglo-Australian	Rural Victoria	Page 33
Katrina	20s	Cognitive disability	Anglo-Australian	Rural Victoria	Page 30
Jenny	40s	Cognitive disability	Anglo-Australian	Rural Victoria	Page 30
Christina	30s	Cognitive disability	Anglo-Australian	Rural Victoria	Page 33
Georgia	40s	Physical disability	Anglo-Australian	Rural Victoria	Page 26
Jane	50s	Physical disability & epilepsy	Anglo-Australian	Rural Victoria	Page 34
Jennifer	50s	Mental ill health	Anglo-Australian	Melbourne	Page 25

The average age of participants in our research was 41 and the disability women most commonly identified was a cognitive disability. Most of our participants came from an Anglo-Australian background and lived in rural Victoria.

Women's experience of violence

The women's stories throughout this section illustrate that much of the violence they experienced was from men with whom they were in intimate relationships and that the violence they experienced was affected by intersecting forms of discrimination.

Who were the perpetrators?

The 20 women we interviewed disclosed abuse from multiple perpetrators with a total of 37 perpetrators identified.

One woman reported being sexually assaulted up to 20 times. It was unclear whether these assaults were perpetrated by different men; we have therefore only included the incidents that were detailed in her interview.

Several women reported different types of abuse from the same perpetrator. One woman experienced intimate partner violence; the perpetrator also sexually abused her children. This perpetrator has been 'counted' once only in the table below.

In total, men were the significant majority (89 per cent) of perpetrators of violence against the women with disabilities that we interviewed. Women comprised 11 per cent of perpetrators.

The majority of incidents of violence the women identified were perpetrated by intimate partners. A male perpetrator was the woman's partner in 21 incidents of violence. Only two incidences of violence involved an acquaintance or stranger.

Table 2: Details of perpetrators and forms of violence

Perpetrator	Gender of perpetrator		Types of violence	Total
	Male	Female		
Intimate partner	21		Physical, sexual, emotional	21
Father	2		Physical, sexual	2
Stepfather/ mother's partner	2		Physical, sexual	2
Mother		3	Physical, emotional	3
Sister		1	Emotional	1
Brother	1		Physical, sexual	1
Care provider in home	1		Physical, sexual, emotional	1
Care worker in institution	1		Physical, emotional	1
Co-resident in institution	2		Sexual	2
Acquaintance	2		Physical, sexual	2
Stranger	1		Physical, sexual	1
TOTAL	33	4		37

Women's stories of violence

In this section we introduce the women who participated in our research and their experiences of violence. It is important to emphasise that many women experience more than one form of violence from one perpetrator (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). Therefore, while we might highlight the physical violence experienced by one woman, this does not mean that she did not also experience other forms of violence such as sexual or emotional abuse from that perpetrator.

Many women also experienced violence from multiple perpetrators, such as their intimate partners, fathers and co-residents, although we may have only discussed their story in one section. For many women, there is no clear demarcation between disability-based violence, gender-based violence and other forms of discrimination; their experiences of these are interwoven throughout their accounts.

Violence from intimate partner

Evidence from worldwide studies show that women are more likely to experience violence from their male intimate partners than from other family members, acquaintances and strangers (WHO 2013). This is also true for women with disabilities, with research showing that male intimate partners are the most common perpetrators (Cockram, 2003; Martin, et al., 2006; Milberger, et al., 2003; Smith, 2008). Intimate partner violence (IPV) is often classified by three main types of violence, which most often intersect.

- Physical violence — the threat or the use of force on one’s partner to cause harm or death.
- Sexual violence — the threat of or the use of force to engage a partner in sexual activity without consent, attempted or completed sexual act without consent, or abusive sexual contact).
- Psychological and emotional violence — using threats, actions, or coercive tactics which cause trauma or emotional harm to a partner (Sylaska & Edwards, 2014).

While IPV can also include financial, spiritual and social abuse, we focus on physical, sexual and emotional violence in this paper as these were the main types of violence described by women in our research. We will also discuss sexual violence from a partner that was perpetrated against the women’s children and grandchildren.

Physical violence

The women who participated in our research detailed much physical violence from their intimate partners. This violence included using weapons such as knives and guns, tying women down and restricting their movement, violence during pregnancy and strangulation.

Susan is an Aboriginal woman in her mid-30s and lives in rural Victoria. She was diagnosed with depression and bi-polar disorder around 16 years ago. Susan is single and has four children. She lives in public housing, but is eager to move from that property as it is where most of the violence occurred and it is also not suitable for one of her children, who has a disability. Susan has experienced violence in three relationships with men.

Susan explains the violence she has experienced:

I’ve only had three partners and they’ve all been violent. The whole lot of them. One was Aboriginal and two were white.

Susan describes one particular incident of violence from her recent ex-partner who was eventually jailed for the violence. Susan had left the perpetrator and was trying to get emergency housing, but returned home due to a lack of housing options.

Soon as I pulled up that driveway that's when he smashed the window and grabbed me. I didn't realise like yeah, he had a machete in his pants and pulled that out and grabbed me by the throat and dragged me out the car. And then drove around terrorising me telling me he's got a grave dug for me out the bush and he's going to put me in it and I've got blood coming out of me everywhere, like forty centimetre knife marks across my throat you know, bruise black and blue, you know, I've got, you know, half my eye hanging out.

As seen in Susan's story, it is not uncommon for violence to intensify when a woman attempts to leave a partner, and this period of separation is a known risk factor for further violence and risk of homicide (Department of Victorian Communities, 2007). Violence can often escalate after separation, with women describing more severe forms of violence in comparison to the violence experienced by women in a current relationship (Hotton, 2001).

Emma also experienced severe physical abuse from her male partners.

Emma lives in Melbourne and identifies as having several disabilities, including hearing loss and a neurological condition. Emma is in her 60s. Emma grew up with violence in her family as her father was abusive towards her mother, and sexually abused her brothers. Emma has been married twice, and both men were violent. Emma has three children from her first marriage. Her second husband sexually abused her son; he also sexually abused her granddaughter. Emma now supports people with a disability who are victims of crime.

Emma's first husband was physically abusive towards her, causing long-lasting injuries. Emma says:

When I had my first relationship they just started naturally hitting me and I just thought oh well, that's right, that's how it's meant to be. So and then my husband he was hitting me a real lot and tried to shoot me. Yeah well it certainly caused all my internal problems and caused probably a lot of other problems. I had my head x-rayed and they kept telling me I got a crack in my skull.

When Emma states, "that's how it is meant to be" there is a sense that she has normalised her experiences of violence, and views the abuse as being 'naturally' part of a relationship. This can also be seen in Jennifer's story.

Jennifer lives in Melbourne and has experienced mental ill health since she was a child. She is in her early 50s and lives with her son. Her mother was abusive towards her while she was growing up and she also experienced violence from the father of her son. Three of her previous relationships were also with violent men.

Jennifer explained the violence she has experienced:

After my mother's violence I went out looking for it, I guess. I think deep down I thought it was what I deserved, so if the guy was violent it was what I deserved anyway. With the last one, my son's dad, the violence began about the second week of the relationship. He broke bones and I had a difficult pregnancy because of things he did to me, so, yeah, he was just a culmination.

Research shows that children who have been abused by a parent often see violence and abuse as a normal part of adult relationships (Minh et al., 2013). When Jennifer says that she felt she "deserved" the violence, and that she "went out looking for it" it seems that Jennifer is blaming herself for what happened. This is not uncommon for survivors of family violence with studies showing that self-blame, shame and guilt can endure for years after the violence has ended (Wasco, 2003; Crome & McCabe, 1995; Boyd, 2011).

The interview research conducted by Thiara, Hague, Bashall, Ellis and Mullender (2012) with women with disabilities who had experienced domestic violence found that shame, guilt and self-blame were commonly experienced by the women in their research. This often made it difficult for women to seek help. Not only did they blame themselves, but also the abuser would reinforce that they were to blame for the violence (Thiara et al., 2012).

Linda is in her early 50s and lives in Melbourne. Linda is part of a support group for women with disabilities and enjoys travelling and art. She has three children and lives in her own home. Linda was injured several years ago, damaging her back at a shopping centre, causing mobility restrictions and also neuropathic pain. Her disability impacted her mental health, causing depression and anxiety. Linda experienced violence from her husband after she injured herself, with the violence escalating, as her impairment became more disabling.

Linda explains how the relationship with her husband changed after her injury:

We'd done pretty well before, even though we had our arguments and things but it got to the stage where he got really angry and started throwing things at me.

Linda described one particular incident where her husband abused her while they were on holiday:

It was hard for me to pack up things that were like lower, you know, like for the fridge and things like that and I said 'I can't do that' and I left him some clothes out and bags and he said 'oh that's effin nice! You didn't pick up my things!' I said 'oh I thought you might want to get changed ...' you know and he just got really angry at me and he sort of, like we had like a table outside and he smashed that up in the air and then he grabbed my throat and had me against the caravan.

Linda's story illustrates how the violence developed after her injury: her partner became angry when she was unable to perform duties that he felt she should be doing, such as picking up after him.

It is important to highlight that Linda mentions that her ex-husband "grabbed my throat". Strangulation or attempted strangulation are high risk factors for major assault and homicide (Glass et al., 2008).

Georgia's ex-husband also used strangulation as a method of abuse and control.

Georgia lives in rural Victoria and has cerebral palsy. She is in her 50s and experienced violence from her ex-husband. He was physical and sexually abusive towards her. They have three children and full custody was given to Georgia's ex-husband. Georgia is now happy and in a new relationship and lives with her partner's parents.

The violence that Georgia experienced from her ex-husband started not long after they were married and had their first child. Georgia states:

We had our first child, our little boy and I was just rapt and it went downhill after that. It was like he wanted all the attention. I couldn't give him all the attention, so I'd give him attention when the baby was asleep. [He was] my love of my life, or so I thought for fifteen years and for fifteen years I put up with domestic violence. I thought it was me, I thought that's what I deserved.

He was a shift worker, I used to walk around on eggshells thinking 'oh well, he didn't mean to do that. He's just tired, he's stressed, it's okay. You deserved it'. He said sorry. I said okay. And for six months, it was great and in the next six months it was terrible, it was physical and mental, 'nobody else would want you ...' and stuff like that. I lived with broken ribs and bruising around the throat from being strangled. He used to tie, like tie me down and like go on top of me and pin my arms so I couldn't move.

Pregnancy and motherhood is often a time where women will first experience violence from their partner. An Australian study revealed that 37 per cent of the women who were pregnant during the relationship with a violent partner experienced abuse in pregnancy; for 16 per cent of these women, this was the first experience of violence (ABS, 2007, p. 4). This violence was often severe and marked the beginning of continued abuse and violence. Researchers have theorised, much like Georgia states, that men can become jealous of the attention that both the child and the mother receive. The more a man feels entitled to his partner's attention, the more difficulty he will have with his partner's pregnancy and in accepting the changes in her life (Bancroft, 2004, p. 29).

Intimate partner sexual violence

Three women whom we interviewed discussed being sexually abused by their male partner.⁵ Research consistently shows that women are more often sexually assaulted by men known to them than by strangers (Basile, 2005; ABS, 2005). The reported rates of partner rape, or intimate partner sexual violence (IPSV), are high in Australia. The Australian component of the International Violence Against Women Survey found that between five to seven per cent of women who had a current or former partner reported that their partner had forced them to have sexual intercourse at some stage during their lifetime (Mouzos & Makkai, 2004). Perpetrators of sexual violence often engage in other forms of violence, particularly physical violence. IPSV commonly involves repeated and severe physical and sexual assault with extreme risks to women's safety (Duncan & Western, 2011).

Research conducted by Thiara et al (2012) on family violence and women with disabilities in the United Kingdom (UK) found that IPSV was commonly reported by the participants.

Paula is in her late 50s and identifies as having a personality disorder and other mental health issues such as depression. Paula lives in Melbourne, is active in the artistic community and has a child. She experienced violence from her ex-husband who was physically and sexually abusive towards her.

Paula explains the violence she experienced:

He sexually abused me and that wasn't, you know, I had to go away for two days to stay somewhere to get away from him 'cause he wanted sex all the time and to me, if a woman says 'no', then you know and many times he had an axe outside the door, said he was going to chop me up. And um, I thought 'gee, you know, you're sick'.

⁵ While intimate partner sexual violence occurs at a high rate it is often not reported and women themselves are not always certain about what constitutes rape by an intimate partner. See McOrmond-Plummer, Eastaer and Levy-Peck 2014, p. 32.

It is often very painful for women to talk about the sexual abuse they have experienced from their partners. In the research conducted by Thiara et al. (2012) the interview with the researchers was often the first time that women had disclosed the sexual violence they experienced from a partner. In our interviews, when women spoke of the sexual violence they had experienced, this was often the time they would break down into tears, and spoke of the shame they felt about the violence. This happened in the interview with Georgia. Georgia said:

He just got worse. Once it started because like, he wanted to explore with the marriage, he wanted to see what it was like to be free and to have another involvement in the marriage and then it just escalated from that. And the things that he put me through and he made me do, like it would make your hair curl! It really would! And it wasn't just people, it was my own pets! Bringing them into the bedroom. This man's twisted!

It wasn't just the abuse from him, he actually brought different men in to our bedroom, family members and so called 'friends' and he would watch me have sex with them and when that happened I just ... I thought ... I felt cheap ... and when it was finished I just ... I felt dirty. I just wanted to shower. One of them was his own brother and when he was at work that brother would come and he would visit and he would expect me to do things and if I did not do those things, I would be called a whore.

Sexual degradation and humiliation, such as that detailed by Georgia, is theorised as being a common tactic used by perpetrators of IPSV. In research by Logan, Cole and Shannon (2007) several women reported being forced to have sex with other people by their partner as a form of domination and degradation (p. 86).

The interview we conducted with Linda was in a location she chose, a public library, with other people close by. She seemed comfortable discussing the physical and emotional abuse she experienced, but when she mentioned the sexual violence, Linda did not feel she could discuss it in a public place, therefore she spoke in a low tone and alluded to her experiences. Linda said:

I knew I didn't sort of want to be with him anymore because of the way he was treating me and it came down to sexual stuff as well ... you know. Put it this way, towards the end you don't want to even be lying there, and I was lying like right at the edge of the bed, hoping that he wouldn't come near me and in the end I ended up sleeping on the couch.

Linda eventually took out an intervention order against her husband, which included conditions that her husband could live in the family home, but was not allowed to physically or emotionally abuse her. He did not adhere to the conditions of the intervention order and attempted to have sex with Linda:

The judge ruled that for one year, that he wasn't allowed to do me any more harm, talk to me terribly and, whatever, mental abuse and physical. He was allowed to live in the home but that I chose to live separate in the home for a while, so they put that in to place and I rang him and said 'look, you can come back home but these are the rules now, that's what's going to happen.' Well he didn't like that but he said 'oh no, whatever, you know, I'll sleep on the couch and you can have the bed'. As soon as he come back home, he was like 'come here, let's try again' and then it started, he wanted to be intimate and all that ... I just couldn't ... I couldn't stand it.

As Linda's experiences show, violent men commonly believe they have a 'right' to have sex with their partner whenever, and however they want, by virtue of being in a relationship with their partner (Duncan and Western, 2011). The belief is that marriage or partnership provides sexual entitlement. When a perpetrator exploits a woman's disability to enable sexual violence to occur, this powerlessness is felt even more keenly by women (Thiara et al., 2012).

Psychological and emotional violence

The Family Violence Protection Act (2008) defines emotional and psychological violence as "behaviour by a person towards another person that torments, intimidates, harasses or is offensive to the other person". For the participants in our research, what this behaviour might constitute can be varied as there are many more possibilities and opportunities for a perpetrator to be emotionally abusive to a woman with a disability; humiliating women about their impairments, or threatening to withhold their medication for example (Thiara et al., 2012).

Anne is in her 50s and lives in rural Victoria. She is an Aboriginal woman and has mental ill health and physical impairments that limit her mobility. Anne lives in community housing but is unhappy with her home as it does not have the right modifications needed for her disability. Anne has two children with whom she is not in contact. Anne experienced violence from her ex-husband.

The violence Anne experienced was mainly psychological abuse, she explains:

The last couple of years [of the marriage] I just thought, you know, there's something not quite right here I mean with the disability thing you're a bit, not quite there, you get stressed out. I found out later on that my husband was trying to put me in the nut house to put it mildly. He admitted to doing that, I didn't believe it! I still don't, in some ways believe that this was my life.

As Anne experienced, perpetrators will often exploit victims' fears and create situations where they try to make them appear or feel that they are 'crazy' (Stark, 2012). In a UK study of victims of family violence, 75 per cent of the women reported that their partners had tried to make them feel crazy "often" or "all the time" (Rees, Agnew-Davies & Barkham, 2006).

Katrina is in her 20s and has a cognitive disability. She lives in rural Victoria and has two young children. All her children have been removed from her care. Katrina experienced violence from the father of her children. He is also a convicted child sex offender. Katrina is supported by her mother who helped her leave her ex-partner and she lives by herself in a unit.

Katrina explains the emotional abuse she experienced and also her ex-partner's controlling behaviour:

Well the violence I've basically been through is where I've been locked up in the house, basically not allowed to talk to no-one, not allowed to go down the street, not allowed to do what I want to do. I wasn't allowed to talk on the phone, I wasn't allowed to go anywhere unless he was with me.

Belinda also experienced very controlling and abusive behaviour from her partner.

Belinda lives in rural Victoria, she is in her mid-20s and has a cognitive disability. Belinda has a young child and lives with her mother. Belinda grew up witnessing violence in her family as her father abused her mother. She was abused by her ex-partner, and he also sexually abused her child.

Belinda described the violence she experienced from her partner:

I was living with a guy in a caravan park. I was never allowed to go out. He hit me. He molested my child. And he was always so abusive. Whenever I had a conversation with someone he would say to me 'you can have a bloody full blown conversation with other people but not with me'. He'd hit me. And he'd yell and scream at me. And he'd scream at my child.

Jenny is in her 40s and has two children. She has a cognitive disability and lives in rural Victoria. She experienced family violence from the father of her children. He was also violent towards their children.

Jenny explains:

He was always verbally abusing me, calling me names, calling me 'dumb, stupid' and stuff like that ...'f' this and 'f' that ... If I interrupted his sports programs ...'f the f-ing family' sort of thing. He verbally abused me but he used to hit the kids.

As Jenny explains, her partner did not physically abuse her, but he would hurt their children. There is evidence to suggest that in some cases violent fathers will often physically abuse their children as a way to hurt and control their partner (Mullender, Hague, Imam, Kelly, Malos & Regan, 2002; Radford & Hester, 2006). Mothering is central in abusive men's "exercise of control and domination and expression of authority and power over their partners" (Lapierre, 2007, p. 151).

Sexual abuse of a child

The male perpetrators of violence against Belinda, Katrina and Emma were also child sex offenders, and Belinda and Emma disclosed that their children and grandchildren were sexually abused by the perpetrator. There are a number of studies, which have found that both child sexual abuse and family violence exist concurrently in families (Bancroft & Miller, 2012; Goddard & Hiller, 1993; Deitz & Craft, 1980).

Katrina explains how she found out her partner was a child sex offender:

How do I put it bluntly? He's a, I hate saying the word, he's a paedophile, which I didn't know about his full history. I didn't know until my child taken and I got told the full history and now I feel really sick. But I didn't know what to believe 'cause I got told all different stories, so it was hard for me.

He did actually get one of the children put in to his primary care after I left him, which was wrong. Which was ... very ... wrong, and I still haven't had the answers.

It is theorised that intimate partner violence may be used as a means of gaining sexual access to children. Kelly (1994) suggests that "...men abuse mothers to hide their sexual abuse – by isolating and/or otherwise incapacitating the mother so that she is not available to the child as a source of help" (p. 30). Perpetrators may also target women with disabilities as being less likely to be able to access support and as being more socially isolated. They therefore could perceive the women and her children as more able to be easily targeted for sexual assault and physical violence.

Violence from family member

In this section we detail abuse from a family member other than an intimate partner. The perpetrators of this abuse were siblings and parents. The types of violence that women experienced ranged from emotional abuse to sexual violence as a child.

Louise is in her mid-40s and lives in Melbourne. Louise identifies as having cerebral palsy but states her main impairment is osteoarthritis, and she now uses a walking frame. Louise enjoys travelling and is active in the disability rights community. Louise experienced violence from her sister whom she lived with, who was also her care provider. Louise now lives in a private rental.

Louise had been living with her sister for more than 20 years. In the last few years Louise realised she was experiencing emotional abuse from her sister. Louise explains:

It was a case of you know, 'you can't cook', 'you'll never be able to look after yourself', 'you're disabled' and it was always an emphasis on the 'dis'. My disability is mild, I mean yes, I use the walking frame now but that's more 'cause of the osteoarthritis, if I didn't have that, I'd still be up and running on my own two feet'.

There'd be these documentaries on people who were more severe than me and she'd turn around and say 'Oh you could never do that, you could never have a family, you could never have a life of your own 'cause you're disabled'. The resentment used to build and then explode and then she'd make me feel guilty and all this type of thing, 'after all I've done for you'.

I mean, for a long time I didn't realise that I was a victim of abuse, obviously. To me it was just, well this is what it's like in families. And it was only really when I read something in the paper, I think it was about five years or so ago about psychological abuse and it started ringing bells, alarm bells in my head, but then, you automatically go into denial.

As Louise explained, she recognised that her disability was not as limiting and severe as her sister would state, which Louise views as a part of the abusive tactics used by her sister to control her. Louise has now been living independently for several years.

In a study of the abuse of women with disabilities by personal assistance providers, Saxton, Curry, Powers, Maley, Eckels, and Gross (2001) argue that when women, like Louise, are socialised in childhood and adulthood in ways that emphasise their impairments and disabilities, then it can often be difficult for them to have power and control over their own lives. Saxton et al. (2001) found that this created a power imbalance between women and their care providers, which was particularly emphasised when they were a family member.

Allison is in her mid-30s and has a cognitive disability. She lives in rural Victoria in a home by herself and likes doing crafts and going to fitness classes. Allison's mother was physically and emotionally abusive towards her. Allison lived with her mother until she passed away several years ago.

When we asked Allison what violence she had experienced, Allison said:

It was when I was with mum. Mum called me a bitch and a slut and started getting stuck in to me for no reason. I got hit in the stomach for no reason with a great big punch. And then after a while, she stopped hitting me and instead she used to go to her room and she'd say 'you fuck off you fucking bitch, go away ...' and wouldn't talk to me and I've never done anything to her.

Mum always said to me that 'if you ever speak to anybody, tell anyone else, tell anybody at all what I've been doing to you ... they would take you away from here'. That's what I was scared of 'cause I loved my mum. I loved her more than anything, even if she didn't love me. But I knew somewhere in that heart she loved me.

The fear of being taken away from her mother kept Allison from telling anyone about the abuse until her mother passed away. Belknap (2001) notes that women with disabilities are often threatened with institutionalisation, particularly as a deterrent to reporting abuse (p. 256).

Moira is in her 20s and lives in rural Victoria. She has a cognitive disability. Moira works a few days a week and lives in a unit by herself. She enjoys being active and participating in activities with a local disability group. Moira has experienced multiple forms of violence throughout her life. Her mother was abusive towards her and she was removed from her care and lived with a foster family with whom she is still close. Her mother's boyfriend sexually abused Moira when she was younger. A male worker abused her when she lived in residential care as a teenager, and a male who was another resident sexually assaulted her. A father of another resident in the facility also sexually assaulted her.

Family members, in particular a father or step-father, are some of the most common perpetrators of sexual abuse against women with disabilities (Murray & Powell 2008; McCarthy, 1998). Moira explains her experiences of sexual violence and threats of being killed, from her mother's boyfriend:

With him as well, he like ... this isn't too pleasant, what I'm going to say but, he used to ... touch his penis ... he used to get a knife and he said 'if you ever tell anyone that we're doing this I'm going to kill you'.

Much like Moria, Christina also experienced multiple forms of abuse, including from her father and in institutions.

Christina is in her 30s and lives in a small unit by herself in rural Victoria. She has a cognitive disability. She enjoys going to the library and spending time with her pets. Christina's father was violent towards her mother and he also physically and sexually abused Christina. She lived in foster care and various emergency accommodation facilities from the age of three. Christina has been sexually abused up to twenty times, but she has only reported twelve of these to the police. She experienced sexual violence in emergency housing from another male resident. She has also experienced violence from a partner.

Christina talked about the violence she witnessed as a child as well as the sexual abuse from her father:

Mum left my Dad when I was six months old because he was a violent man. He used to drink, he used to gamble, every time he drank, he used to bash mum. And he used to hit me. He actually sexually assaulted me when I was little.

Jane was also sexually abused by her father.

Jane is in her early 50s and lives in rural Victoria. She has cerebral palsy and epilepsy but feels her difficulties in communicating is what is most disabling for her. Jane has limited mobility and uses a wheelchair. She has been married for 27 years and lives with her husband in her own home. She is close to her mother and also her care providers. Jane's father was convicted of sexually abusing another young woman and jailed.

Jane explains the abuse she experienced:

Yes, he sexually abused me, a number of times from the age of six until 14 years. For a long time I believed it was because I was disabled. I felt guilty, why couldn't I have stopped him? The truth is, that was impossible. I couldn't speak out, plus the fear etched in my mind, the threat of being put in a home. Most of the abuse took place when mum was ill in hospital. Despite other people being there to help, it still happened.

While there is a widespread perception that perpetrators of sexual violence are 'sick', particularly those men who sexually abuse children there is evidence that shows that they are deliberate in their actions and are calculating about the victims they choose (Britton, 2011; Scully & Marolla, 1993). Men will often target victims who they perceive are less powerful, such as girls and women who may not be able to communicate to others what has happened to them, and those who may be restricted in their physical movement.

Violence from care provider⁶

In this section we detail experiences of violence from a care provider that was not a family member or an intimate partner. Research has identified that women who experience violence from a care provider face significant difficulties as they can be dependant on this person for daily and intimate personal care, thus heightening the perpetrators power and control over their lives (Magowan, 2003).

Michelle is in her late 30s and lives in rural Victoria. Michelle has always led an active life; she enjoyed lifting weights and playing sports. Michelle was married and has three children. Thirteen years ago she became ill with a condition that significantly impacted her physically, and her mobility is now limited to a wheelchair. She was in an aged care facility for five years. She now lives in a private rental while she waits for modifications to be made on her own home; this has taken several years. She is involved in community groups, particularly for women with disabilities. Michelle experienced violence from a male friend who was also her care provider.

Michelle explains how she first met her abuser:

I wanted to keep being active and with my disability many sports I liked were now not an option. And a guy who was a member of a local club offered to take me kayaking, which I was able to do as it is easier for me to still be active while sitting down and having my legs out flat. He offered to lift the kayak up and put it in the water and have everything ready for me, and we had a lot in common, we were just great friends. And there was nothing sexual in it at all, I was married, I wasn't interested in somebody else. And I suppose whether it's naivety but I just thought you could be a friend with a person of the opposite sex.

⁶ Care providers can also be considered a family-like relationship under the Family Violence Protection Act Victoria (2008). See Healey (2014) for the criteria used to assess family-like relationships.

However, it was not long before Michelle felt that her friend started to become more possessive over her, and that he wanted more in return for helping her with her kayaking. At this time he also offered to move into her home and become her full time care provider. Michelle's husband was living with their children a few streets away. Michelle said:

The first night I realised it was the worst mistake I ever made 'cause he was an abusive alcoholic and I didn't know this and he became a nasty drunk. Because he was living in my home, I looked at other places that I could go, to other nursing homes and the closest one was too far from my kids and here I'm only doors away, they can walk up and down whenever they want. I sort of put up with it and he made threats, like he's going to ruin my husband and ruin my life, and I didn't know what that meant, he was very emotionally abusive.

The threats increased and Michelle soon felt in fear for her life, but was also worried about taking out an intervention order as she felt this would escalate the abuse. Michelle explains:

I was so frightened of this guy and he knew where I lived here, where my bedroom was, he knew where my kids and my husband lived, he met my parents, he then knew where they lived, so he got involved in all my life.

It was very difficult to say anything 'cause I thought, if I take out an intervention order, what's going to stop him from just coming to the front window where my bed is and for him to shoot me! There were times when we were out kayaking and stuff and this was before the abuse got really bad, that he would make these off-the-cuff comments like he'd know how to get rid of a body, you know, off the boat and nobody would know. And just all these little things, for a person who's abused, they pick up on this stuff.

Michelle did eventually take out an intervention order and the effectiveness of this is discussed on page 55.

Violence from co-residents in an institution⁷

Male residents are identified as common perpetrators of sexual violence against women with cognitive disabilities living in residential settings (Murray & Powell 2008; People with Disability, 2007). Moira and Christina were sexually abused by males they lived with in residential care.

⁷ Co-residents can also be considered a family-like relationship under the Family Violence Protection Act Victoria (2008). See Healey (2014) for the criteria used to assess family-like relationships.

Moira explained the abuse she experienced from a co-resident:

And also, another thing as well, a boy that I lived with, one of the young ones, he did it to me and I was thinking to myself like not only I was feeling horrible and scared, I also wasn't sure whether it was the right thing to do or not at the time 'cause that happened when I was ... yeah ... and then as soon as the carers came round looking for us, we were under the bed hiding.

Christina also experienced sexual assault from co-residents, mostly in emergency housing. Christina was asked how many times she had been sexually assaulted:

About 15 to 20 times. I only reported 12 to the police. They've all been people I knew, in emergency housing. One guy forced me to do something I didn't want to do, he pulled down his pants and he said 'I want you to suck my dick' and I go 'no, I don't love you. I've already got a boyfriend.'

While co-residents have been identified as common perpetrators, workers in institutions are also frequent perpetrators of women with disabilities.

Violence from workers in an institution⁸

Workers in institutional and private residential settings are identified in numerous studies as a significant perpetrator group of violence against women with disabilities (Cambridge, Beadle-Brown, Milne, Mansell & Whelton, 2006; Hague, Thiara, Magowan & Mullender, 2008; Hague, Thiara & Mullender, 2011a; Oktay & Tompkins, 2004; Saxton et al., 2001; Sobsey, 1994).

Moira was abused by a worker when she lived in institutional care. Moira said:

A worker named Brett, he was so horrible. He used to restrain us and all. It was so horrible and he used to pull my hair and everything. Here is a good example, we went to a milk factory and it was vile, I can't stand the smell of it and then I said to him 'is it all right if I could please go outside and wait for you?' and he goes 'no' and then I ran away, and then he grabbed me by the back of my shirt and then he got on top of me and restrained me.

⁸ Workers in an institutional setting, as well as workers employed as care providers in the home, can be considered a family-like relationship under the Family Violence Protection Act Victoria (2008). See Healey (2014) for the criteria used to assess family-like relationships.

Moira was asked if she was able to tell anyone what had happened to her. She said:

When I did have a psychologist that used to come there to see me as well as the other kids that were there. We had the door closed and we were in the office and then with Brett, he always was there, listening, he had his ear up near the door and was listening and he shouldn't have been! Because he knew that most of it was going to be about what he was doing to hurt us. Which it was.

Moira's story highlights the enormous power that workers in an institution can have over residents. Even when Moira tried to tell someone about the abuse, the worker still attempted to exert control over her, trying to intimidate her by listening through the door. What Moira's story also shows is the significant barriers that face women in institutions when they try to seek help for the abuse they experience, and the courage and persistence they must have in order to report the abuse.

Violence from acquaintances and strangers

There were two incidences of violence from acquaintances and strangers reported by the women in our research, these were both sexual violence. Evidence shows that women with disabilities experience sexual assault at a higher rate than women who do not identify as having a disability (Murray & Powell, 2008). As with most women, the perpetrator is most usually a man known to the woman, however there is also research that shows that women with disabilities are three times more likely to be sexual assaulted by a stranger than other women (Groce, 2004).

Josie is in her 30s and lives in rural Victoria. She lives in a community residential unit with five other people. Josie has a cognitive disability. She is a disability advocate and works to ensure that people with disabilities are aware of their rights. Josie has experienced violence from several male perpetrators, including being raped by a stranger, and violence from her brother and a boyfriend.

Josie gave details of the rape she experienced by a stranger. Josie said:

This guy picked me up. We went to a place in the bush and he raped me, and I was very scared. Then he drove off in his car and these people heard me yelling and they came up towards me and they didn't know what the hell was happening 'cause I had marks everywhere.

As detailed previously, Moria has experienced numerous sexual assaults, including from an acquaintance. Moira details the sexual abuse from a co-resident's father when she was living in care:

He was someone who, his son had epilepsy like me and he was so cruel to his son as well as his wife. And then one day, all of the sudden with he tried to stick his tongue in my mouth and all that.

Moiria reported the violence to her psychologist and an intervention order was taken out against the co-resident's father.

Janet was also sexually assaulted by a male acquaintance.

Janet lives in Melbourne and has a physical disability. She is in her 40s and has raised five children. She does volunteer work and advocates for people with a disability. Janet lives in public housing with a boarder. Janet has been married twice. Her last husband became violent towards the end of their relationship and she also experienced violence from her father when she was a child. Several years ago a male friend of the family raped her.

Janet explained that the rape occurred on New Year's Eve. She had friends over, and some friends of the family, including a son of one of her friends named Ethan. Ethan also stayed the night along with another friend, with Janet becoming wary as he had made suggestions that he would sleep in her room; however she made sure that he knew he had to sleep in another area of the house that would be locked off from her section:

Next thing Ethan stood topless in the doorway, he's flung that door and stripped off naked before I had a chance to do anything, and threw himself across my legs, so I couldn't move and for about an hour and a half he raped me. You know, but I'm talking about, with a disability I couldn't, he took the opportunity.

As Janet details, the man who raped her "took the opportunity" as she was unable to call for help or physically defend herself against his assault because of her disability. Men who rape are known to target women where the location and circumstances allow them to be in control and they will choose women who appear to be unable to resist (Carney 2003, p.121).

How did the women's disabilities affect their experiences of violence?

It is clear from the women's stories that when they talk about their experiences of violence it is difficult to separate disability-based violence from gender-based violence (Hague, Thiara & Mullender, 2011b; Healey, 2008; Walter-Brice, Cox, Priest & Thompson, 2012). Like other instances of violence against women, men seek opportunities to gain power and control. A clear example of this is when Janet talks about how the man that raped her "took the opportunity" because he knew she had a disability.

When we spoke with Josie she mentioned several times that her brother abused her and called her names. When we asked if Josie could explain more about this she said:

When my brother was 30 he was really violent with me and calling me names and hitting me and kicking me and he pushed me all over the place and that and he tried to have sex with me and I said 'no, I don't want to' and he just said 'if you don't let me have it I'll smash your head in'. My brother knew I had a disability and he was calling me all sorts of names like 'retard' and 'spazzo' and all those things that I didn't like and things like that.

When Georgia was asked about how she felt her disability may have impacted the violence she experienced from her husband, she detailed the sexual violence that her partner inflicted upon her, which involved making her have sex with other men, including her husband's brother. Georgia was asked how she felt this was related to her disability:

I thought that they thought that I was an easy target. If they told me what I wanted to hear they thought they would get their own way with me. Someone with a disability it's like, most people they speak really slow to you, like you might have a disability but they speak really slow and they tend to say things over and over again and with him, my husband did the same. He said things over and over again. And with that I started to believe it. And I thought, well, if I don't do what my husband wants he's going to go out and find something else, or someone else.

And I suppose I was stupid, I felt stupid anyway, and when in situations where, especially when you're scared and you love someone there isn't really that much of a choice, so it's not stupid.

You know having a disability and getting bashed, it's not fun. How are you supposed to protect yourself? You know, my standing up and that, it's hard enough. To be getting knocked around or hit to the ground, it's bloody hard to defend yourself.

The way that perpetrators exploited women's physical impairments was also discussed by Michelle, Janet and Jane. Michelle talked about how her care provider took advantage of the fact that she had limited movement. Michelle explains:

And, then there was a time when he was drinking too much, I wanted to leave this house to just have time away and I got off my wheelchair to change out of my pyjamas in to my clothes and he came in to my room and took a wheel off my wheel chair so I couldn't then leave. And it was only afterwards I found out that that could have been classed as physical abuse.

Then there were times when he would want more and he'd come back and come to me from behind the wheelchair and put his arms around me and 'well I'm taking you kayaking, I need something in return' and I'd sort of it's hard to get away, you'd go 'ooh' you know, 'I don't like this ...' and you're in a wheelchair.

Similarly, Janet felt that when she was raped the perpetrator took advantage of the fact that she could not move. Janet said:

I was thinking if I was stronger, if I didn't have a disability, I'd have been able to do this, I'd have been able to do that but then I came to terms with the fact that the guy was an opportunist, he was off his face on drugs and alcohol, he knew I was here by myself ' with Ethan he knew that I wouldn't be able to fight back.

Due to her impairment, Jane had difficulty communicating what was happening to her. This meant that she was often dismissed and her attempts to tell people about her father's sexual abuse went unheard. Jane said:

Many people, including counsellors, put a lot of my behaviour down to attention seeking due to my disability. I felt like a piece of meat because they couldn't understand what I was trying to communicate.

Jane's husband was also present in the interview (see page 17 for details) and he explained:

At the time they thought a person who had a disability of any sort was also intellectually disabled, so because they couldn't understand Jane, it was as if they didn't believe her.

Chenoweth (1996) argues that there is a culture of silence about violence against women with disabilities. One aspect of this silence is the structural barriers that result in women with disabilities being dismissed and unheard, and the other is the very real fact that for many women with disabilities they are not able to speak and communicate what has happened to them (Chenoweth, 1996, p. 402).

Several women expressed the feeling that because of their disability, they would not be believed, and that having a disability meant that they could be discredited more easily. Emma talked about how her husband used to call her “psychotic” as a way to discredit her and hide the fact that he was sexually abusing children. Emma explains:

I caught him with children and he told me I was wrong and so you know, of course I believed him but I didn't know what was going to happen down the track. My ex-husband was always playing mind games with me, he was a very clever person so I knew always I had to behave, but my depression, and he used to call me 'psychotic' which was really bad but he put me in this 'psychotic box' all the time and kept telling my children I was psychotic.

Michelle discussed that because the perpetrator was her care provider, no one in the community would believe he had abused her. Michelle said:

And because you're a woman with a disability, you're lower down the rank I suppose than people, especially if you have a memory problem! I have a memory problem where I'll forget things, so I'm very good at remembering but I can have like a mental block and forget.

And it's hard when people don't accept what you have to say and you've got other people, like he was classed as my 'carer' here and so they'd look to him oh, and he'd discredit me and then they'd not believe what I'd say. And 'oh, she's just making this up'. The whole community could not believe that this person could do this. It makes it so much harder for the victim to voice something 'cause they know nobody's going to believe them!

The study by Thiara et al. (2012) also showed that women feared not being believed when a care provider was abusing them, and that there was a notion that because they had a disability they should be “grateful” to have someone to look after them (p. 43). Hague et al. (2011a) argue that dominant attitudes about women with disabilities being undeserving of loving relationships makes it particularly difficult for women to seek help when experiencing violence from care providers and intimate partners.

Throughout this section the women in our research have detailed the often shocking and sustained violence they have experienced throughout their lives, usually perpetrated by multiple males. What is evident is that they experienced violence in many of the same ways as other women do. For women with disabilities there are additional factors, which can heighten the perpetrators' power and control. This can be seen when perpetrators targeted women's impairments either physically, for example by restricting their movement, and also psychologically, for instance by making women feel that no one else would want them. Perpetrators of abuse are supported by cultural attitudes that devalue and discriminate against women with disabilities. This makes it easier for perpetrators to justify and excuse their abuse. In the next section we detail the barriers that women faced when trying to seek help and leave violent partners and situations.

Barriers to safety

Research shows that the majority of women in Australia who experience violence, particularly family and sexual violence, do not report the violence, nor do they seek help from specialised agencies (Mitchell, 2011). Most women seek informal help and support from family and friends (Meyer, 2010). However studies also illustrate the importance of interventions for women experiencing violence in enabling them to end the abuse, to help prevent homicide, and to recover from the physical and emotional impacts of violence (Kennedy, Kennedy, Adams, Bybee, Campbell, Kubiak, & Sullivan 2012; Anderson, Renner & Danis 2012; Hoyle & Sanders, 2000; Mouzos, 1999).

Most available sources of help are under-utilised in comparison to the number of women who are subject to violence (Fulgate, Landis, Riordan, Naureckas & Engel 2005; Kaukinen, 2004). The reasons why women do not seek help are varied, but overall the most common reasons are related to lack of awareness of what constitutes violence, and other barriers such as fear and isolation (Fulgate et al., 2005). Women who are isolated may want to tell someone about the abuse, yet they do not have anyone close to them, including friends and family, to disclose to. Studies show that women are often afraid to tell someone, they fear not being believed, and they are embarrassed and ashamed (Fulgate et al., 2005; Meyer, 2010; Rose, Trevillion, Woodall, Morgan, Feder & Howard 2011).

Women with disabilities experience all of these barriers as well as additional obstacles to safety because they may be dependent on the abuser for care, living in institutional settings, their impairments may impact on their access to assistance and support and they have limited options for accessible and affordable housing (see Healey 2014).

In this section we discuss the barriers to safety that women in our research experienced, including fear of seeking help, lack of awareness of what family violence is and what supports are available, few housing options, service responses and system deficiencies, cultural barriers, and the response from police and justice system processes.

Fear and threats

Many of the women who participated in our research told us that they felt afraid to tell anyone about the violence they were experiencing. The reasoning was varied and included being fearful they would not be believed, feeling that they may be killed, worried that they had no where else to live, and feeling afraid of losing their children. Many of these fears were realised for women in our research.

When women spoke about feeling afraid it was mostly in regard to telling anyone about the abuse. Louise explains:

And I never felt I could really talk to anybody about what was going on and I think that was the hardest thing, I was always too afraid to approach the police, it's just so, so difficult.

Janet was afraid of what people would think of her and her partner when she told them about the abuse. Janet said:

There's no easy out because I don't want to tell them. If I tell them, they'll think I'm an idiot and they'll think 'oh what are you putting up with that for?' And you just don't know where to go. And plus you have a disability, so you can't just leave. But I found that because I was dependent I put up with a lot.

When Emma was asked if she had talked to anyone about the abuse she experienced, she said that she was not aware of any services that could help her, and that even if she did know she was too afraid to contact them because of her partner's threats. Emma said:

Interviewer: And you didn't know of family violence services or anything?

Emma: No... nup, didn't know about them, nup.

Interviewer: If you'd known there were supports, would you have...

Emma: No. Because of his position he was in, he told me that I'd wreck our life and, if I went for help that wouldn't be very good. So I just didn't do that.

Moira also felt afraid to tell anyone about the sexual abuse she had experienced because the perpetrator had threatened her with a knife. Moira did eventually tell a counsellor about the abuse, but ultimately she was not believed. Moira said:

I was too scared back then to say anything, then my mum didn't believe me and stuck up for him when I brought it up to the police.

Several women spoke of not telling anyone out of fear that their children would be removed, which is a fear that many women with disabilities who are experiencing violence share (Hague, Thiara, Magowan & Mullender, 2008). This fear was realised for some of the women and their children were removed from their care (see page 49). Katrina said that she did eventually tell others about what was happening to her, but because she returned to the perpetrator, and because of her disability, her children were removed. Katrina said:

I was controlled, I kept going back to him which I made the silly mistake but when you've got someone that's controlling you... But I made that silly mistake and now I'm paying for it with my kids. My kids got taken off me because, one, because of him and two, because of my disability.

There are also cultural and systemic barriers that can increase women's fear of children being removed. This was particularly the case for the Aboriginal women with whom we spoke.

Sally is an Aboriginal woman in her 50s and was diagnosed with anxiety, depression and bi-polar disorder. She has attempted suicide and, on occasion, has been hospitalised due to her mental health issues. Sally lives with her husband in rural Victoria and has been happily married for twenty years. They own their own home and live on a big property. She has four children with her previous husband, who was violent to her. He went to jail for the abuse and still has limited contact with their children.

Sally explains her fear of telling anyone about the violence:

Cause the other thing too you worry about if you went into a place, you got welfare on your back, you know what I mean, child support, child agencies would be on your back too, so you gotta worry about that as well. So mothers would probably be in fear about that as well. You see, that's why a lot of women won't go and get help because they hear about all what's happened to other women and they say welfare get involved and that and you're worried about your children getting taken off you.

Research examining the barriers that Aboriginal women face when seeking help about the violence they are experiencing identifies that a significant fear is having their children removed by child protection workers (FVPLS Victoria, 2010; Mullighan, 2008; Taylor & Putt, 2007). This fear is often attributed to the history of racial discrimination reflected in government policies, which has created a distrust of mainstream authorities and justice systems (Willis, 2011).

Lack of awareness of what constitutes family violence

Several women in the research spoke of not knowing that what they were experiencing was abuse. While this is not limited to women with disabilities – many women are not aware of what constitutes abuse – there are additional factors that can impact women with disabilities knowledge of violence. Healey Humphreys & Howe (2013) note that women with disabilities often have a lifetime of cumulative experiences of discrimination that can result in them normalising the abuse they experience. It can take time for women with disabilities to understand that what they are experiencing is abuse and that they do not have to endure this kind of behaviour (Healey et al., 2013). For example, Anne did not recognise that what she was experiencing was emotional violence. Anne explains:

I didn't. Like I said, if I'd have realised it was abuse, like verbal abuse. I just thought, unless they actually jobbed ya. Or, you got hit or something like that.

Similarly, Janet was not sure that what she was experiencing was violence as she felt that she was to blame for the violence:

Interviewer: Did you actually think that was family violence? And there might be supports for...

Janet: No, I didn't. No. Isn't it amazing! I mean I'm an intelligent woman and I didn't know! But that's really hard when you're in the middle of any violent relationship 'cause you've got that emotional tie regardless and the excuses that you make and the reasons. 'Oh I can see why I make him do that, Oh I can see why I made him do that. I mean I just heard him saying before what a bitch I was...' So even I bought in to that. I can say don't buy in to it, empower yourself, believe in yourself but that is so hard to do.

Awareness of family violence and support services

Healey (2014) emphasises that a significant barrier to safety for women with disabilities is that they do not know what services are available and who to contact when experiencing violence. This can be due to a variety of factors including a lack of information that caters to the diverse needs of women with disabilities and that resources may not be available in a format, such as Easy English, that can be easily assessed by women with disabilities (Lightfoot & Williams, 2009). During our interviews with women many expressed that they did not seek help through family violence organisations because they did not know they existed, as Emma stated previously (see page 45). Katrina said:

Katrina: Basically, I've had no supports until, right up until basically now, with what's going on with my children.

Interviewer: And so there was no, you didn't go to maybe a family violence service?

Katrina: Nup. I didn't know about them.

Similarly with Jenny:

Interviewer: Did you ever get any support from any family violence services or anything like that?

Jenny: No, I didn't know them, but I did get support from a disability support service, they gave me support.

When women did seek assistance from family violence services, overall they found that the service was helpful, but women were more likely to seek help from the police and other services. This is discussed further in the support section (see page 65). However, it was evident that there was a lack of knowledge about women's services in general, which as Healey highlights, could be due to the services not tailoring their information to the needs of women with disabilities.

Inadequate responses from support services

Numerous women spoke of feeling let down by the various support services they did contact. Louise contacted several services including housing, disability and family violence agencies. Louise explains:

I initially called a housing service but they couldn't help me 'cause at that time I was thinking of moving interstate, but you know, that's when I sort of started getting blocked, you know because it was like domestic violence ones couldn't help me 'cause of this and disability couldn't help me with that, so then I'd go to refuges and caravan parks and I was going through everything you know, hotels, motels anything, trying to find and nothing just seemed to be working. I mean I've got an exercise book just full of all these organisations and that that I approached.

When asked what reasons the agencies gave for not being able to assist her, Louise said:

Oh, the disability was all pretty much the same as the domestic violence you know, because I had pets, because, I had my own money but mainly it was because my disability was mild and therefore they sort of dismissed me as sort of being more able-bodied than disabled so therefore didn't come under their requirements.

Eventually Louise managed to contact a family violence service where a worker assisted her to find accommodation. Louise said:

Well they [the domestic violence service] did admit to me that they very rarely get people with disabilities coming to them so they said that for them it was like a whole learning curve, but I mean they put a lot of effort in to, she actually rang me up one day and she said 'you weren't kidding were you about disability organisations not willing to help you!' And she said 'I have been trying and trying and trying...'

Louise's story highlights the difficulty that many women with disabilities encounter when seeking help from support services. The criteria of disability for services such as housing, means that for women like Louise, who may not neatly fit into the service criteria, there can be significant barriers to their eligibility for housing and other services.

Advocacy organisations have strongly argued that strong cross-agency collaboration between sectors such as family violence, housing and disability is necessary in order to respond effectively to women with disabilities who are experiencing violence (Healey et al., 2013; Dowse, Soldatic, Didi & van Toorn, 2013). Links between the sectors are essential so that swift and appropriate support can be provided to women with disabilities who are seeking help, particularly considering the significant barriers that exist for women to even make attempts to ask for support. As seen in Louise's story, it was only through her persistence and the eventual dedication of a family violence support worker that she was able to receive the support she needed.

Fear that their children would be removed

As mentioned on page 45, many of the women in our research were afraid that their children would be removed from their care if they told anyone about the violence they were experiencing. These fears were realised for Georgia and Katrina. Georgia was fearful about contacting support services for help when she was leaving her partner. Georgia did eventually leave, but her partner did not let her take the children. Georgia explains the response from the service she called:

The moment you say that you've left for domestic violence and you go to the authorities like police, like housing services, I didn't have my children. 'You've left for domestic violence, is that correct?' and I said 'yes it is'. 'Well you mustn't be too bad, you haven't got your kids with you!' I called up a lot. And I was told 'we're here for you, we'll do this for you, we'll do that for you' and I heard nothing back.

Unfortunately in spite of her many attempts, Georgia has lost all contact with her children. She said:

I have a book at home, so thick, from the very beginning right up until, probably about two years ago when I was with DHS [Department of Human Services]. Actually a lady at DHS has been very good to me. She said that 'it's time for you, you have to stop thinking of your kids and start living for you because if you don't, you're going to end up in a loony bin or even worse, dead'. And that's when something triggered up top that my kids would never come back to me, that they're brainwashed by their father and his parents and that's life.

It is important to highlight that research in Australia and internationally shows that parents with disabilities have their children removed from their custody at high rates (McConnell, Llewellyn, & Ferronato, 2002). For example, a study of custody cases in the United States (U.S.) has found that parents with disabilities are the only distinct community that struggles to retain custody of their children (National Council on Disability 2012, p 92). Research also shows that after a divorce a parent with a disability is more likely to lose custody of their children (National Council on Disability 2012, p 92).

An Australian study of custody cases before the children's court in New South Wales found that 1 in 10 cases involved a parent with cognitive disability (McConnell, Llewellyn, & Ferronato, 2002). An examination of court outcomes in the U.S. found that in spite of greater compliance with court orders, parents with cognitive disabilities had their children removed more often than parents without disabilities (Collentine, 2005). Preston (2012, p. 35) writes that even when there is a lack of any evidence for abuse or neglect, "[n]egative expectations and outmoded beliefs that children will eventually be maltreated and that parenting deficiencies are irremediable have contributed to children being removed from parents." Booth and Booth (1993) argue that much of the perceived parenting difficulties experienced by parents with disabilities are most likely to be due to social and economic factors such as poverty, inadequate housing, and social isolation rather than due to their disabilities.

A study conducted with mothers who have disabilities reported that almost all the mothers in the research spoke of living in constant fear that they could be reported to child protection (Conley-Jung & Olki, 2001). This fear also meant that when the women needed help, they were reluctant to seek out assistance, as they were afraid that this could be seen as them being unable to adequately care for their children. While many mothers who experience violence are afraid they will lose custody of their children, the additional barriers and discrimination facing women with disabilities means that these fears are often realised, as experienced by some women in our research.

DAWN-RAFH⁹ conducted research with mothers with disabilities who had experienced violence. They found cases where the custody of children had been placed with able-bodied partners, even partners with histories of violence, over the mother (Smith, 2008). In Katrina's case, her violent partner, who was also a convicted child sex offender, was temporarily given custody of one of their children (see page 31). Similarly, in Georgia's case (see page 49), her violent partner retained custody of their children.

Refuge workers in the study by DAWN-RAFH reported that government officials had recommended to the court that custody be returned to an abusive able-bodied father, rather than provide funding to accommodate mothers with disabilities in shelters.

9 DAWN-RAFH is a Canadian organisation that works to end the poverty, isolation, discrimination and violence experienced by women with disabilities and deaf women.

The report recommended that mothers need to take their children with them when leaving abusive relationships, and carefully follow legal instructions (Smith, 2008). However there was concern that these additional barriers would result in women staying in abusive relationships rather than risking losing custody of their children, as happened with several women in our research (Smith, 2008).

Cultural barriers for Aboriginal women¹⁰

The four Aboriginal women with disabilities who were interviewed emphasised the way that being Aboriginal impacted not only their experiences of violence, but also the barriers they faced when attempting to leave their relationships. Research indicates that Aboriginal women are far more likely to experience violence, and suffer more serious violence, than are non-Aboriginal women in Australia (Bryant & Willis, 2008; Gordon, Hallahan & Henry, 2002; Memmott, Stacy, Chambers & Keys, 2001; Mouzos, 2001; Wundersitz, 2010). Aboriginal women are also less likely than non-Aboriginal women to disclose their experiences of violence, with studies showing that around 90 per cent of violence is not disclosed (Robertson, 2000; Taylor & Putt, 2007).

When we discussed the experiences of violence with the women during our art and group activities, Anne stated that amongst Aboriginal women there was a strong sense that “you could not ever let yourself get too far down” as “you had a responsibility to keep holding up others in your community”. All the women agreed with this, and felt that there was a strong tradition in their community to carry not only your pain, but also the pain of others, and keep their heads up. This can be seen in the following exchange in our interview with Susan:

You know I’ve raised my kids on my own. You know, like, I’m somebody’s mother. I’m somebody’s daughter. I’m somebody’s sister. You know, I’ve gotta sort of keep my head up and walk around look everybody in the eye, still smile and you know appear as normal as possible even though like I’m probably seventy five per cent dead inside! Yeah. It is a lot to ask. You know, when there is nothing there. When there’s nothing there to help.

Willis (2011) writes that factors such as responsibility for maintaining families can result in Aboriginal women “internalising and suppressing their pain and suffering” (p. 6). Willis (2011) also writes that for some Aboriginal women, focusing on their pain or taking steps to deal with the violence they are experiencing, can be felt as “a betrayal of others who have suffered similar abuse but have carried it with them” (p. 6).

¹⁰ While Aboriginal women were the only minority cultural group interviewed for this project, research indicates that all minority groups experience additional barriers in seeking support against violence. For example the study by Thiara et al. (2012) found that women with disabilities from black, minority, ethnic and refugee (BMER) backgrounds experienced profound isolation, lack of understanding and inadequate support from housing and support services. Many of the BMER women interviewed in their research had never spoken to anyone about the violence they had experienced, particularly due to their fear of involvement of government agencies (p. 67).

Ilsa felt that a significant barrier to seeking help against violence for Aboriginal women is a fear of what might happen to the perpetrator in police custody. There is a reluctance to, or pressure not to, report violence to the police in Aboriginal communities because of how the perpetrator may be treated by the authorities (FVPLS Victoria, 2010; Stanley, Tomison & Pocock, 2003).

Ilsa is in her 60s and lives in rural Victoria. She is an Elder in the Aboriginal community and is a support person for many other Aboriginal women, particularly those experiencing violence. Ilsa has numerous physical disabilities that affect her mobility. Ilsa has raised six children, three who were her biological children, and others who were children of friends and relatives, in Ilsa's words "a big mob". She has 30 great grandchildren. She lives with her son and her grandson. Her son has mental health issues and she cares for him. Ilsa lives in public housing and loves her house and her neighbours, however she does find it hard to get support to maintain her house and also assistance with modifications that are needed due to her disability. Ilsa experienced family violence from her ex-partner. She left that relationship 11 years ago.

Ilsa explained the barriers she faced when trying to seek help for the violence she was experiencing:

I had intervention orders but like I said the family wanted me to take him back, look after him because he's getting into more and more trouble, their families want you to protect them!

Nobody likes to see people in jail, nobody likes to see people being dragged around by police and capsicum sprayed, it's not a good thing and it's degrading for an adult to be treated like that.

Most Aboriginal people, they just keep it in the family, unless it's right out of hand where the police are involved, welfare involved, then you'll go and sit down and talk to counsellors and different things. But most of the time they just turn to the family for support.

You take intervention orders out and everything. But Aboriginal people forgive one another you know. Because they think 'where's he gonna end up?'. And his family's saying 'You gotta go and get him because, you know, he's runnin' amok down the street...' or something and it puts a lot of pressure on you too because family members want somebody to look after them and they're more or less babies, hitting them all the time. And it's not fair on the women.

Police and justice systems

As well as family and friends, the support that women in our research most often discussed receiving was from the police. In this section we will detail the experiences that women had with the police and legal system that impeded their safety, such as not being believed, having poor responses to intervention order breaches and a lack of accessibility to the physical set-up of courts.

When we spoke with Moira she felt very let down by the police as she had tried several times to have the men who had abused her charged. Moira explains:

Moira: The part that makes me sick or, you know, just upset or angry however you put it, is the fact that all the guys that have done it to me have just got away with it no matter even though I went to court and all of that they just, yeah, it didn't go any further.

I spoke to my counsellor and then they said 'we've definitely got to bring it up to the police ...' and that. So we did that and when they spoke to them, they just, you know like, he got away with it as I said because mum stuck up for him.

Interviewer: And the police didn't charge him?

Moira: No! No! 'Cause he just got away with it. And as much information as I could give him, it still wasn't enough.

Research shows that crimes against women with disabilities are often poorly investigated, particularly violence against women with cognitive disabilities (Camilleri, 2009). As Healey (2014) writes this is usually "owing to negative attitudes about disability that are endemic to our society, including: the view that women with cognitive disabilities have a propensity to lie, are sexually promiscuous, or unreliable witnesses because they have poor memory recall or are highly suggestible" (Healey, 2014). These negative attitudes were reiterated by Louise who felt that women with disabilities have difficulty getting violence against them taken seriously as they are discriminated against. Louise said:

The police's feeling is that we're unreliable witnesses because we don't understand what's really going on and if we're not being seen as highly naive then we're being seen as highly promiscuous and it's like ... excuse me!

Georgia's experiences with the police were particularly shocking. While this contact with the police occurred over ten years ago, they have had a long-lasting impact on Georgia's sense of self-worth. Georgia explains the police responses to her when she approached them for assistance:

I went to the police. I walked in and the constable there at the time, he knew of my husband, because of his work and I said I would like to get a restraining order because of the situation I was in, which was a violent one. I said I wanted to make a complaint and do what I needed to do to protect myself and he didn't even have the decency to ask me to go in to a private room.

He made me stand out in front of the desk and say what I needed to say. Didn't write anything down, and then had the cheek to turn around and say 'if you were my wife and left me with three children, I would have changed the keys, the door locks and the keys myself.' That's the police! And I was just so, I felt so humiliated!

Georgia persisted, however, and she was then visited by the police who put pressure on her to not take out an intervention order. Georgia said:

I then got a visit from the police. I can't remember who it was, but they said if I was to take this any further, he would lose his job. So then I had all that on me as well, and I thought my God, if he loses his job, how are we going to live? Who's going to pay for our home? What about the kids? I had pressure on me!

In spite of this pressure, Georgia did take out the order and she also made a complaint about the conduct of the police:

I took it further with the result with the police. I got an apology. That's not good enough. An apology is not good enough. They took away my belief in myself, my confidence and I honestly thought I wasn't worth it and to feel that way it's wrong.

Unfortunately even with the intervention order, Georgia's husband continued to threaten her, and these breaches were not taken seriously. Georgia explains:

But so many people have said, you know, there's so much help out there for domestic violence people with a disability, where is it? Where's the compassion?

Like, you go in to the police station, you take in your restraining order, 'I've just had a phone call from my ex-husband, he's threatened to kill me ...'. 'Oh, when was this?' 'About five minutes ago. He's got a restraining order! Tell him to stay away or do something.'

All they did is ring him up and give him a slap on the wrist. 'Don't do it again'. Why hasn't he been like put in front of the judge, we've been to court so many times over different things? He has never had to go in front of a judge. He has never had to say what he's done. He destroyed my life!

Jennifer also felt that breaches of her restraining order were not taken seriously. Jennifer explains:

When I had a new intervention order issued, because the previous one expired and I got a new one – 10 years – then, yeah, they started to act on that a bit more. But they should tell you when you do it that if you don't report injuries that it's not going to work for you. If you don't act on every single time he comes, then the police aren't going to when you do want them to come. Even if he's not doing much now, and he's getting really bad later, they're just going to ignore you. A lot of the time they were argumentative.

While Jennifer and Georgia's experiences with the police were over 10 years ago, before significant reforms to police approaches to family violence, Michelle also had difficulties in spite of her interactions with the police being within recent years. Michelle found the process of getting the intervention order relatively easy, but it was proving a breach that was difficult. Michelle explains:

I thought I'm going to get an intervention order out against this guy, it was easy to take it out to start with ... 'cause you just had to fill out a form to say what he did and then there was that two week gap before it then went to court and then you had to present your stuff to court. And I was scared of him being at court and what he would do. He didn't front up. Anyway, the intervention order allowed him to ring me but he just couldn't be abusive on the phone. Well that is very hard to prove!

Due to the constant breaches of the order, Michelle was able to change the conditions of the order. Michelle said:

The intervention order was changed so he could only ring once per hour so if he became abusive and I said 'I'm not going to talk to you' I had at least an hour before he could ring again. The police found that he'd broken it 10 times and because of the number of times he'd ring, they said it was classed as stalking. So he was charged with stalking and breaching the intervention order so it went to court. He was fined \$200, which was a pittance. It didn't even cover the police time, let alone be a deterrent.

The experiences of Michelle (and the past experiences of Georgia and Jennifer) suggest that intervention orders are not always effective in protecting women from violent men, particularly those men who may be using stalking tactics, as seen in Michelle's story. This is consistent with international research, which has shown that intervention orders are not very useful in safeguarding women from men who are stalking them (Logan & Cole, 2007). It is theorised that men who stalk in the context of family violence, as compared to those who stalk strangers or acquaintances, usually use more persistent tactics to control the victim, and these behaviours can escalate when women attempt to leave the relationship, and seek help, such as obtaining an intervention order, to stop the abuse (Logan, Shannon, Cole & Walker 2006).

Susan detailed to us her experiences with the police in her area which illustrate the intersectionality of barriers that women with disabilities face when seeking support. Susan felt that both her disability and the fact that she was Aboriginal were factors in why the police responded to her situation in the following ways, Susan felt they were racist. Susan said:

They had nowhere for me to hide, they had nowhere to put me. The police had 'nowhere secure' that's exactly what they were saying to put me, because he saw me in the motel last time, so that was no longer secure. Who puts domestic violence women in a motel in a main street of a small town? Who does that?! You know? And like point being the minute a kid walks out the front that kid's going to get seen by someone and they'll go 'oh that's blah blah blah's kid! What's that? What are they doing here? I had to cave in and go home!

I've gone to the police station later on to make statements and I've had police officers walking past the door looking at me going 'huh - we told you he was no good didn't we!' 'You chose him. You knew what he was like. So fuck off!'

Kelly (2002) found that Aboriginal women in her research had similar experiences to Susan when seeking help from police due to violence. Kelly compared the police reports of incidences and stories from the women themselves and found that the racist attitudes of the police impacted the way violence was handled (p. 210). Research has also shown that there is a widespread belief within the legal systems that violence is inevitable in Aboriginal communities and therefore treated as less serious (Willis, 2011, p. 7). As Susan said, there was a sense from police that she should not expect anything but violence because of the man she was with.

There were only a few women in our research who went to court. Mostly their experiences were positive as a result of the support and assistance they received through the processes (see page 65). Janet had supportive workers when she went to court, but it was the physical accessibility of the courts which was the most challenging, and in Janet's words "disempowering" for her. Janet explains:

I found they [court workers] were as supportive as they could be and even the police officer who apparently has a reputation for blowing assault charges out the window all the way through was supportive. It was more the system that prevented them or myself accessing other things.

I found the actual physical accessibility to the courts, in to the court was horrible! I had to ride past Ethan [the man who raped her], nearly running over his feet because there wasn't enough space between the chairs to get to the witness stand. It's bad enough having to go to court as it is without trying to meander through this and knocking that chair, knocking that chair and then you're faced with steps, either that or you sit there, feeling naked because there's nothing around you in your wheelchair.

I found the courts totally inaccessible when it came to empowering myself. It disempowered me going in to that court. Steps up to the witness stand!

And that was the big beef I had with the court system. Given the amount of cases they must hear every day and the number of re-vamps they've done and renovations they've obviously not taken disability in to consideration within the court. I'm not saying the surrounds like, you know, the elevators and stuff, but within the court. That was the most disempowering thing for me, was having to try and stagger up those bloody steps.

Due to her experiences, Janet now supports other women with disabilities who are going to court and advocates for changes to court accessibility.

The women's stories in this section show the significant and numerous barriers to safety that many of them faced. Fear was an overwhelming barrier for many of the women. They were afraid to tell anyone about the violence, fearful of what people may think of them and the perpetrators, and scared of having their children removed from their care.

As with other women, many of the women in our research were not aware of what constituted violence and when they eventually did want to seek help, they did not know where to go. Women most commonly turn to family and friends for assistance; however the more isolated a woman is, the less likely it is that she may have friends and family to help her. Services' responses to women with disabilities are therefore even more crucial as they may be the first place that women go for help. Unfortunately, several women did not receive adequate service responses and faced difficulties when trying to find suitable housing and financial support.

Some women feared having their children taken from them, which did occur in some cases. This fear was heightened for Aboriginal women. Aboriginal women also faced additional barriers to safety, including feeling a responsibility to remain strong for other Aboriginal women, and a hesitancy to involve police because of a fear of what may happen to Aboriginal partners in custody.

The police response to some women was unhelpful, and the effectiveness of intervention orders was questioned. Many women in our research also described the police as very helpful.

We explore these stories and other factors that facilitated women's safety and recovery next.

Facilitators to safety and recovery¹¹

All the women who participated in our research had left their abusive partner and were safe from the violence they had experienced. As the women's stories in our research show, they have been traumatised by the violence they experienced and have faced significant barriers in their journey to safety. They have also showed enormous courage, perseverance and strength.

It is important to not only focus on the violence they experienced, but also to examine the strengths they showed, the 'turning points' that led them to safety and the supports that facilitated the rebuilding of their lives after leaving violent partners.

Long-term recovery from violence is a complex process and research in this area shows that resilience and recovery can coexist with continuing psychological distress (Anderson et al., 2012). That is, women can feel anxiety about what they experienced while still leading satisfying lives post-violence.

In this section we look at what helped women reach safety, their recommendations to improve services for others, and their hopes for women who may be in similar situations to theirs.

Turning points

As most women in our research experienced violence from a male intimate partner, we have drawn on literature in this section that examines the turning points in intimate partner violence.

The concept of 'turning points' has been applied to a wide-range of life trajectories. The vast majority of research in this area, however, has focused on the meaning and impacts of transitional social experiences such as getting married or becoming a parent (Khaw, 2007).

Research into the turning points in women's lives when they decide to leave a violent partner is limited, and research on women with disabilities and their decisions to leave is scarce (Zakar, Zakar, & Krämer, 2012). What is known is that women's coping strategies are shaped largely by the resources they have available to them. These resources are constrained by cultural and structural inequalities. As our research illustrates, women with disabilities face considerable difficulties when they attempt to leave a violent situation.

¹¹ While we use the term 'recovery' in this paper we recognise that the notion of women's recovery from experiences of violence is a contested area. The term recovery can imply that women can move on, forget and leave behind what happened to them (Evans, 2007; Healey, 2009). Many women still feel unsafe years after they have left the violent perpetrator and often can still have contact with him through shared custody arrangements with their children. See Healey, 2009, p 40 for further exploration of these issues.

Chang et al. (2010) found there are five major turning points that women identify as motivating them to leave a violent partner. These include protecting others from the abuse and/or abuser, increased severity of abuse, increased awareness of support and resources, recognition that the abuser was not going to change, and partner infidelity (Chang et al., 2010).

In our research we found similar patterns to that found by Chang et al. (2010), with several women talking about deciding to leave their partner because they wanted to protect others, usually their children. Susan explains:

Well with my last partner, the final break-up I suppose you'd call it, he tried to take one my kids out of the car when I was trying to leave and smashed a window and tried to drag one of them out of the car. Well I've just thrown the car into reverse and ran him over. I didn't know what else to do! So, as I said, he sure as hell wasn't getting one of my boys.

Susan also explained a similar event that she said "snapped" her:

My kids were screaming and he's even turned around and said to them like, you know, he was never ever aggressive towards, and in the end that's what snapped me. He said to my kids 'shut the fuck up! Your mother deserves this!' And I've never had a man even turn around and say anything like that to my kids. You know? And that's when I've gone 'No hang on...'

Sally felt that she had to leave her relationship because of the impact on her children, and because she was being abused while she was pregnant. Sally also felt that the violence was escalating and she was afraid she would be killed. Sally said:

The last hiding I got was the worst. I had enough 'cause I had five children and I mean I looked at them I said 'my mum's still raising my brothers and sisters, so I can't put that on my parents so I gotta get out of this relationship'.

I went to the police. I said 'No. That's enough's enough', you know what I mean? I said 'I could be six foot under the ground ... but what's the next hiding going to be?' you know what I mean? I could be dead. And my children were waking up to the violence too, make it worse, they were seeing it.

Belinda was in a very controlling and abusive relationship with a perpetrator who also sexually abused her son. Belinda was desperate to leave as she was worried about her son, but she was never allowed out of the house. Belinda explains how she was finally able to leave:

I waited until he went to work, it gave me the opportunity to pack some of my stuff and some of my son's stuff and I rang mum and mum came and got me.

Michelle had considered getting an intervention order but she was afraid of what the perpetrator might do. The turning point for her was when the perpetrator threatened to talk to her parents. Michelle said:

I put up with his abuse for two years or so and when he threatened to go visit my parents down in Melbourne, I thought well what's he going to do to them? They don't need to hear whatever things he needs to say about me. You know, I'm a 40-year-old person, how silly was this? Anyway so I thought I'm going to get an intervention order out against this guy.

Linda found her turning point was when her husband was cruel about a friend of hers who has a disability. Linda explains:

One day there was a lady that used to come and visit me and she came and visited me and she said to me you know 'you all right?' and we were just talking about things as well, I said 'yeah, yeah, I'm getting there' and then he came home and he sort of said to me 'oh, why don't you 'F' off with your effin retard friend?' and she heard.

And he'd done that a few times when, like, somebody'd come over. Oh, I just used to hate it and to say that, that lady had a brain injury, just 'cause she looked different and she spoke a bit different, he saw her like that.

And to say that was really disgusting to me. After that, that was it for me.

When Linda was asked how she knew this was the last time, she said:

I think I was just looking that it was always repeating itself, and it doesn't matter what I tried and 'cause I tried for about four or five years to make him see that, you know, I'm doing this to try and get myself better and you don't have to act the way you're acting if you get help yourself. But he wouldn't look at himself so basically I probably had to look at that and cut myself from his feelings and look at my own.

The sense that things were never going to change was also a turning point for Georgia.

The day that I left, well, actually the night before, he came home from his work and I said 'I can't do this anymore' and he said 'what are you talking about?' and I said 'it's over! I'm not going to be your punching bag' 'I'm not going to let you do what you're doing to me.'

I just woke up the next morning and thought 'nuh, that's it. I'm out of here'. I've got three boys and he said that I could take my little ones with me and he'd keep the older one, and in truth not even 24 hours, his mother got involved, they changed the locks on the house, they got my children to call to say that, they didn't want anything more to do with me, and that was it.

As noted in the previous section (see page 46), many women were not aware that the violence they were experiencing was family violence. Hearing other people name the behaviour as 'family violence' can prove influential in women's decisions to leave their violent partner. For Louise, the turning point was when a worker from Centrelink said to her that she was experiencing family violence.

Louise said:

She said the word, you know, domestic violence, which sort of put me back in my seat and she said 'you need to get out and get out fast'. And that's when I sort of started, you know she put me in contact with one of their social workers who kept talking to me and she was the one that got me linked up with other services. And it was just 'bang bang' you know and that's when it was just, everything just sort of collapsed around me and I thought, I've got to get out or I'm dead. And so that's when the final push sort of came on.

Jane had been trying to tell others about the sexual abuse from her dad for 15 years. The turning point for her was when she was in hospital and a doctor took the time to finally listen to what she had been trying to say. Jane said:

While I was in hospital, I became very stressed when they sent in a male nurse; it was just the trigger that was needed. Finally my GP sat long enough and opened his bloody ears and connected to my pain.

The doctor and I decided that if I was to have any more counselling, either my husband or my mother would be there with me. This was a new beginning.

To go on took a lot of faith and courage, it hadn't worked before. I had been threatened by my dad that if I said anything, I would be put in a home and this was etched in my mind.

It was hard for me to speak about it with my mum in the room because I didn't want to hurt her. As the story unfolded, the pieces of the jigsaw came together from mum's suspicions. Finally I was able to get it out in short bursts. The truth was revealed.

From the women's stories it is clear how important it is for women to have support and to receive appropriate responses from services they reach out to. When women get a positive response to their first disclosure of violence then they are more likely to seek further support and help in future (Waldrop & Resick, 2004).

Supports that facilitated recovery

Research shows that support from informal sources such as friends and family, and more formal sources, such as police and outreach services, are vital to women rebuilding their lives after violence (Fanslow, 2010, Anderson et al., 2012). Anderson et al. (2012) explain that leaving violence cannot occur in isolation and that support systems are central to women's resilience and healing. Studies indicate that most women turn to family and friends for support after they experience violence (Fanslow, 2010, Kaukinen, 2004).

We found similar findings in our research, with most of the women seeking support from friends and family. While some women had negative experiences with police, there were also stories of good practice from police that enabled women to safely leave violence.

A small number of women sought help from women's services, such as Centres Against Sexual Assault (CASA) and family violence outreach organisations and spoke highly of the support they received. Several women gained assistance from a variety of areas, such as police, women's groups and family, which seemed to facilitate the rebuilding of their lives after violence.

Women's support groups and services

As detailed on page 16 we interviewed a number of women who were all members of a group for women with cognitive disabilities. Evidence shows that group work for women who have experienced violence is effective in aiding in women's recovery from trauma (Western, 2013). When we talked to each woman about the supports that she relied on, the women's group was mentioned by all of the women as one of the essential aspects of their recovery from violence. In particular it was the two women who ran the group, Jackie and Jean, whom the women in the group identified as being trusted sources of supports.

Josie talked about what she learns through going to the women's group which she has attended for a number of years. She accesses other supports through her accommodation workers. Josie discussed her supports:

We do advocacy and sexual abuse stuff, talk about that, you know and say that's not good for you, what people do to you. Things like that. We're talking about loneliness, anxiety and depression. And then we look at videos and that. It's really good. [The workers] help me a lot. So they're really important to me.

Moira discussed how much she enjoyed the women's group, and that she was excited as she was able to now go more often. The importance of connection with friends, community and activities can be seen in this example. Moira said:

Well at the moment I'm in the middle of doing what you call a women's group and I'm really enjoying that and we go out and do things like go to the park and have lunch or go shopping or all those sort of things. And I'll be going to the women's group for a few more extra days now 'cause I've been waiting for that. And now, finally, yeah I can't wait!

It was clear throughout the women's stories how important it was to them to have the women's group, and the support from Jackie and Jean.

Linda in particular spoke highly of the support she got from a women's support group and outreach service. Linda explains:

It's for women with disabilities, I looked that up on the internet and Mandy was the facilitator then and she said 'we're having our Christmas 'do'... in one of the pubs there ...' I was even scared to go to the pub 'cause I don't go out! And so I got another friend of mine to come with me!

So I went and they were fantastic you know and there was people like people in wheelchairs, a woman with mental health, one with rheumatoid arthritis and you know, we all got our own different disabilities and, they made me feel really welcome and I just balled my eyes out because one of them she hugged me and she goes 'it's all right! You'll be all right here!' and, yeah, it was really fantastic.

It was through the group that Linda then was able to find out more information about services that could support her to safely leave her relationship:

And through Mandy I ended up going to the outreach service to try and get some more information about how I can deal with stuff at home. I went there, they took a report, they gave me a lady's name that I could see closer to home and she came with me to the court when I had an intervention order taken out.

Positive police and legal responses

Many of the women spoke of the good support they had received from the police, which surprised several of the women. Linda said:

I thought, I'm going to put an intervention order on him, he can't keep doing this, so the next time he done it, that's what I did. I went to the police and they were fantastic, really they were a really good help. I never thought I would say that you know, they were really helpful!

Michelle also felt that the police response was better than she had expected. Michelle explains:

And the police are a lot better than they used to be and now they do have special sections in the police. I think it's called the Community Policing Squad. Also there's now the Domestic Violence Squad or whatever they're called, Unit, and so they have more training to understand these things and carry it through and don't immediately presume that the victim's lying.

Two of the women, Christina and Janet spoke highly of the support they got from police after a sexual assault. Christina said:

I got help with the police. While I was talking to the police about the assault. I had to 'cause, I've got a disability and it's a hard issue. So I had to have a therapist and it was uncomfortable.

Luckily I had a nice lady police officer interviewing me. She took me to the police station, she took me right down to the Royal Women's to get the examination done. She sat with me. And I just wanted to stab myself with a knife because I was so distressed. And I didn't want to go through it. I was too frightened.

Similarly Janet found the police were helpful and sensitive to her after she was raped. Janet explains:

The police carried me to the car in my blanket and I went up to the CASA Unit all my friends were away at the time, New Year's, they were all away, so I pretty much coped, for two weeks by myself apart from CASA, so I had no care. The police had to change my sheets! 'Cause they took the sheets for DNA testing, they were really nice.

Belinda and Josie both found the police helpful when they attended to them. Belinda said that the police would try to help her to leave and made suggestions that she needed to take out an intervention order against her partner. Josie also found the police to be supportive:

They were understanding. They helped me a lot. You know when I was scared and they helped me and said that they're so sorry for me and that.

As well as the police, several of the women had interactions with the court systems and found that they were supported well through the process. Janet remembered:

The judge was very supportive or the magistrate, but it depends on what magistrate that you get. Yeah I found on the whole they were understanding, obviously very well trained in sexual violence but also very understanding with my disability.

Janet also mentioned that she found some aspects of the process empowering:

The reading and the writing and the victim impact statement was closure and empowerment for me. I composed and delivered my own Victim Impact Statement in the court, and the judge said not only was I very brave but it was a very eloquent and emotive statement without being over the top. So I did it!

It is evident throughout the women's stories that an empathetic and understanding response from a variety of support networks and services are key to ensuring women's safety. Positive experiences of social support has been linked to long-term recovery from the physical and psychological impacts of violence, and women who feel they have a strong systems of support report higher general health status (Ford-Gilboe et al., 2009).

Recommendations and advice for other women

In this last section of our findings the participants talk about their recommendations for change, and their advice and hopes for other women with disabilities who are experiencing violence.

Many of the women told us that helping other women was the main motivation for them participating in the research. The desire to benefit others and improve support and services is a common impetus for those who participate in sensitive research projects (Dyregrov et al., 2010; Bell, 2008).

When we spoke with Jane she focused on how difficult it was for her to find the support that would allow her to tell others that her father had been sexually abusing her. Jane recommended improvements to services and for workers in the areas of sexual violence and disability to have more training. She said:

Look for signs that are not characteristic of the person, for example, outbursts of anger. They may not show fear towards the person who has abused them out of confusion. People in sexual assault units need to do more training so they can help the disabled.

There needs to be more funding for more counselling and support. Six to eight weeks is not long enough for a person with a speech problem and migrants, especially from non-English speaking countries. If they're abused, it's difficult when there's maybe not enough interpreting services for them.

Similarly, Louise thought that people who work with women with disabilities needed to be more attuned to the signs of abuse and violence. She said:

It's a case of try and get people with disabilities on their own and let them really talk about, you know, what's going on and listen carefully to what's being said and observe carefully and that somebody being angry and frustrated that may be a trigger that something is not right, that they're being angry and frustrated because their rights are being trodden on and this is the only way they can that they can express it, because I mean that was the only way I could express it.

Louise then discussed wider cultural changes that she believed needed to happen to prevent violence against women with disabilities. She said:

I mean my main goal in life is to have a complete and utter change in the way people with disabilities are viewed, you know, that we are equal, I mean the thing that gets me is I've got this thing from the United Nations about the rights of the disabled and I read through that looking at it from the point of view of somebody living in Australia going 'No! That's not done here, that's not done here, that's not done here...'

You know I think that's a fundamental thing for people with disabilities, to know what their rights are to know that, even if it may seem silly to other people that, if they've got a feeling that something is not right then they need to know who they need to go to, that there is somebody there who will listen to them and will take seriously what they're saying, the whole culture needs to change.

Similarly, Ilsa focused on wider changes she felt needed to be implemented, starting with working with young men and boys to prevent violence against women. Ilsa said:

They've just gotta behave! I try to talk to my boys all the time about you know, they hear other men skiting about this and that. I said 'it's just not on. How would you like it if it was your grandmother, your mother, your aunty?' I try to get them to think about, you know, how would we like it in our family? It's hard to educate them, but they have to be educated.

Women also spoke of how they wished that the response they received from services had been different and how this could have improved their situation.

Susan said:

After I initially first split up with my first two kids' father someone should have been there, like not somebody but you know, an organisation of some kind to turn around and say to me 'look you need help, this, this and this and you know, we'll push you in this direction'. 'Cause I believe had I got the help, the right help the first time around I wouldn't have ended up back where I was again.

Early intervention, such as support and referral from health care workers, has proven to be effective in preventing further violence (Hester et al., 2006). Georgia believed that if she had received more support from the police, that perhaps she would still be in contact with her children. Georgia explains:

I would have liked the police to support me more and to give me the confidence and the right tools to use to be able to let my kids know that 'hey, I didn't give up on you! Hey, it's okay to love both mum and dad' and the kids don't have to go through it.

And that's why I'm here, I want to be able to help, you know if I could win Tattsлото or something I would open up a house where any woman could come with a disability, with kids, without kids, it doesn't matter. You've got to have a voice and you've got to have the support.

Like Georgia, many of the women wanted things to be different for other women with disabilities who are experiencing violence. Michelle spoke of the importance of telling someone whom you could be sure would believe you. Michelle said:

Go to an organisation, I suppose like Domestic Violence, or some other women's, if it's a woman, type organisation that is likely to believe you. 'Cause that's the first thing you want, is when you first say it to somebody that they accept what you say. There's nothing worse than going to somebody and they don't believe you and then you often stop there and you don't follow it through. But the other thing, for people with disabilities would be strong in yourself and know that what you're feeling, if it's feeling wrong, then it is wrong and don't be persuaded by other people.

Waldrop and Resick (2004) also emphasise the importance of a supportive response to women's first disclosure of family violence, showing that an empathetic reaction can positively impact women's recovery.

Many participants recommended that women go to the police. For example, Linda advised women to go to the police or to speak to a women's service:

Basically, call the police, just call them. Make that call. Put yourself together with like a women's group, if you don't have anyone to talk to.

Louise also thought that it is helpful for women to reach out and try to speak with someone in authority:

If I was to speak to a disabled person I would say, you know, any opportunity, talk to somebody, talk to somebody, Centrelink, anybody, anybody that's in some sort of form of authority.

Several women spoke of how hard it would be for other women to seek help, but that they had to believe in themselves and persist. Georgia said:

It's even harder with a person with a disability and that's why I'm here today to try to speak out and maybe help one more lady out there that's got a disability and that's in that situation right now because I know what they're going through. Speak out even though you have a disability, don't let them play you with your disability, just because you might have a limp or you might be in a wheelchair, you've still got a voice and you can use it. If you can't use your voice, write a letter, drop it in to a neighbour's letterbox, do something.

Anne felt that, although it might be difficult, Aboriginal women needed to leave the abusive partner and seek support from Elders in the community. Anne said:

A lot of it's 'walk away if you have to', because it's no use putting up with the crap. Try and get some help now because there is help around, because years ago there wasn't! I reckon talk to the Elders 'cause they've been a godsend to me. Yeah to be able to leave or be able to handle it, try to work it out, try to go to counselling, but I mean you gotta realise sometimes you just have to walk away and it's gunna hurt you whichever way.

Jane also had empathy for other women with disabilities who are experiencing violence. She had this message for other women:

I want you all to remember that you are people of worth who have a disability and you have the right to be treated with respect and dignity. It has not been easy, my abuse has left scars but don't give up trying to get your story out. It's hard, but you'll find a freedom in yourself once you do.

Summary of recommendations and advice for other women

Women with disabilities who have experienced violence want:

1. the violence to stop
2. men to be educated that violence against women is unacceptable
3. more training and professional development for workers in the areas of sexual violence and disability
4. improvements to services, particularly in relation to the length of time a service can be accessed/ number of sessions available
5. the impact of factors such as disability, impairments, cultural backgrounds, language and communication methods on women's capacities to engage in counselling processes to be recognised
6. more funding for sexual assault services
7. professionals to spend time with women with disabilities on their own and listen to the women tell their own stories and accounts
8. work towards systemic and structural change to be undertaken: women with disabilities have rights including the right to equality and the right to live free from violence
9. women with disabilities who are subject to violence to be listened to, believed and treated with respect
10. increased availability of services to meet the different needs of women with disabilities who have experienced violence
11. women who are subject to violence to find someone to talk with and to disclose the violence to. This person needs to be someone who will believe what they are being told and may be a friend, a worker, police, a family violence organisation, a woman's service, a Centrelink worker, a Centre Against Sexual Assault worker, someone in authority. Women want appropriate action to be taken.

Conclusion

Our interviews with 20 Victoria women with disabilities provide vital insight into their experiences of violence. Women with disabilities in Victoria experience violence in the same ways as many women do. A male intimate partner was most commonly identified as the perpetrator of violence against the women and this violence included physical assault, emotional and psychological abuse and sexual violence. Women also experienced assault as children in their family of origin, including sexual assault from their fathers.

What clearly emerged through the women's stories was that there are additional ways that perpetrators abuse them due to their disabilities. This can be seen when women are abused by care providers and within institutional settings, but also when perpetrators exploit women's disabilities in ways that heighten the power and control of the perpetrators.

Many women with disabilities do not seek help for the violence they experience due to barriers such as fear, lack of awareness of what violence is, and what services are available. As such the barriers for women with disabilities are multiple and complex. Fears about having children removed from their care is a significant barrier for many women leaving their violent partner, and for women with disabilities this fear is particularly realistic, with several women in this research having their children either removed by child protection services, or losing custody to the abusive partner. Historical racist and sexist policies can particularly heighten this fear for Aboriginal women with disabilities, as described by women in our research.

Many women have to make numerous efforts and be persistent in seeking help, and find that services either do not know how to help them, or cannot assist them because they do not fit specific criteria. Some services do not know how to listen to women with disabilities.

The women in our research described significant turning points in their experiences and pathways to recovery, which led them to leave violent partners and abusive situations. These included wanting to protect their children, feeling that the perpetrator would never change and the fear of being killed.

The main motivation for women to participate in this research was the hope that they could help other women in similar situations and improve responses and services available to women with disabilities.

This paper contributes evidence to the growing awareness within Australia, and internationally, of the violence experienced by women with disabilities. Through listening to the stories told by women with disabilities we can continue to fill the gap of knowledge about women's experiences of violence and work to prevent this violence from occurring in the future.

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Appendix 1. Project promotional posters



Voices against Violence

Assessing the Evidence on Violence against Women with Disabilities

Would you like to take part in our research?

Are you a woman with a disability who has been hurt by someone?



We are doing research to find out about your experiences.

We would like to speak to women in Victoria who are aged 18 or older and who are **no longer** experiencing violence from someone they live with.

If you would like to talk to us about your experiences, contact Philippa Bailey or Delanie Woodlock on (03) 9486 9866 and one of them will call you back.

You can also email Philippa on: pbailey@dvrcv.org.au
Delanie on: library@dvrcv.org.au



If you do take part in the research, you will get \$73 to reimburse you for your time.

You can decide **not** to take part in the research

Domestic Violence Resource Centre
Victoria 292, Wellington St, Collingwood
Vic 3066 Phone: (03) 9486 9866
Fax: (03) 9486 9744 www.dvrcv.org.au

Women with Disabilities Victoria
Level 8/255 Bourke St, Melbourne Vic
3000 GPO Box 1160, Melbourne Vic
3001 Phone: (03) 9664 9340
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Office of the Public Advocate
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www.publicadvocate.vic.gov.au

Appendix 2. Interview questions



Voices against Violence

Assessing the Evidence on Violence against Women with Disabilities

Interview Questions – Women

Background

The nature of the interview questions will be open-ended and exploratory. A participant will be offered the opportunity to tell her story and in doing so, direct the flow of the narrative, volunteering information about her experience of her disability, of abuse and, if applicable, the legal and service systems' response to this. The language used regarding 'disability' and 'violence' will be guided by the participant's choice of language. (At initial contact the most appropriate format for interview will have been explored. Consent form will be provided in advance. The participant will receive support from the research team in understanding the consent forms and the risks of participating in the research project.)

Introduction

1. Thank participant for coming and explain again the purpose of the interview.
2. Go over Plain English Information and Consent Form. The interviewer will emphasise the confidentiality provisions and ask permission to use a tape recorder. If the woman does not want the interview to be taped, the interviewer will take detailed notes.
3. Explain the nature of the interview – participant to just tell her story and the questions will follow her story. Reassure participant there are no right answers, that we are only interested in how it was for her.
4. Acknowledge sensitivity of the subject and that it may raise painful feelings; reassure participant that the interviewer will be sensitive to this.
5. Confirm that participation in the interview is voluntary. The participant does not have to talk about anything she does not want to talk about and she can take a break or stop the interview at any time.
6. Work with the participant to develop a step-by-step strategy for how to proceed as a variety of scenarios develop. For example, the interviewer may ask the participant "If you begin to cry, how do you want me to respond?" and "If you don't want to answer a question, how will you let me know?"
7. Check if there are any particular needs to make interview more comfortable (depending on woman's situation) that interviewer should take into account, issues around disability as, or if, relevant.
8. Explain to the participant that there may be a remote possibility that the interview material could be subpoenaed for a court case. If any names are disclosed in the course of the interview, they will therefore be removed and an alternative reference will be inserted.

Process of Questions

Domestic Violence Resource Centre
Victoria 292, Wellington St,
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510 www.publicadvocate.vic.gov.au

1

1. Initial warm up

Tell me about yourself, anything that you like me to know about you, where you live and what life has been like over the last few years.

For example, where did you go to school? Can you describe a typical day in your life for me? How do you like to spend your time?

(Use this question to explore age, employment status, nature of disability and ethnicity and to lead into the areas for discussion.)

The following areas will be explored - further questions may be used as prompts to continue the narrative:

2. Home life

Can you tell me a bit about where you live? How long have you lived there? Who do you live with? Can you tell me a bit about the people you live with?

Do you like living where you live? Why, why not?

3. Interpersonal relationships

Who are the important people in your life? Do you see them often? Do you have a partner and/or children?

(Use this question to explore the person's relationship with their family and partners if applicable.)

4. Experience of disability and violence

Preamble: I'm going to ask you some questions about your safety and your experiences with violence. Is this ok? You don't have to answer any questions that you don't want to answer. You can stop the interview at any time, or take a break if you need to.

What makes you feel safe? What makes you feel anxious, unsafe, like you're in danger?

Can you tell me about a time when someone made you feel unsafe? Who did this to you? When did this happen? How did the abuse come to an end?

How do you think having a disability has affected your experiences?

Do you think having a disability affects the way that violence happens?

At what point did you identify what was happening to you as violence? In what ways do you think the violence affected you? What did you want to happen at this time? How did you imagine this could happen?

5. Reporting

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Were you able to tell anyone about the abuse that you have gone through? If so, who did you tell (e.g. a friend, someone in your house, a doctor, the police)? What was their response? Were they able to offer any help? Did you find this helpful?

If you didn't tell anyone about the abuse, what prevented you from doing so? What would help you to tell someone about the abuse?

6. Accessing support services

Did you ever seek assistance from support services? (For example, did you seek assistance from family violence services, shelters, sexual assault services, disability support services, housing assistance?)

How did you know about the service? How did you come to be in touch with the service? What were the difficulties in getting in contact with them? What did you want them to do?

7. Service response

Were you able to get help from the service? If you accessed the service, in what ways did they help you to be safe? What were the most helpful things they did? Did you feel confident that the service could help you? What else would you have liked them to do? Was there anything they did that you didn't like? How would you like them to have done this differently?

In what ways were they able to respond to your needs (note disability specific needs - accessibility, communication, attitude, knowledge, resources, referral)?

What three things would you advise these services to do to make things better for women with disabilities who have experienced violence?

If the services did not help you, did they tell you why not?

What other services and support would have really helped you at the time? Are there any services and support that would really help you now?

8. Justice system

Did you report the violence to the police? If no, what prevented you from telling the police? If yes, did anyone help you with this? What was the police response? Did you have a police interview? What happened after that? Was there anything that the police did that was helpful? Was there anything that the police did that was unhelpful? What three things would you advise the police to do to make things better for women with disabilities who have experienced violence?

Did you get legal advice about your problem? For example, did you see a lawyer? Was there anything that the lawyer did that was helpful? Was there anything that the lawyer did that was unhelpful? What three things would you advise lawyers to do to make things better for women with disabilities who have experienced violence?

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9486 9744 www.dvrcv.org.au

Women with Disabilities Victoria
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9663 7955 www.wdv.org.au

Office of the Public Advocate
Level 1/204 Lygon St, Carlton Vic
3053 Phone: 1300 309 337
TTY: 1300 305 612 Fax: 1300 787
510 www.publicadvocate.vic.gov.au

Did you go to court about your problem? If yes, what was this experience like? What was helpful? What was unhelpful? What was the outcome of the court process? For example, did you get an intervention order or victims of crime compensation or was the offender prosecuted? What three things would you advise the court system to do to make things better for women with disabilities who have experienced violence?

9. Other supports

Can you tell me about other people who were helpful to you with this situation?

10. Summing up

Looking back what changes have happened in your life? What advice would you give other women with disabilities who have someone who is violent to them? What are your goals for the future now?

11. Closure

Ask participant if there is anything else she would like to say. Ask her how the interview was for her and how she thinks it went. Check if she would like a copy of the interview in the appropriate format to check and edit.

Remind participant of numbers for debriefing and ensure she has resource sheet.

Explain the process from here, emphasising how participant's contribution will assist other women. Provide participant with reimbursement and express appreciation for her willingness to support the research. Let her know that the research team will feed back the results of the research to her at the end of the project. She can call the research team at any time if she has any questions about the research.

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