

# more than just a ramp

a guide for women's  
refuges to develop  
disability discrimination  
act action plans.



WWDA Violence Against Women With Disabilities  
**RESOURCE MANUAL**



# VIOLENCE AGAINST WOMEN WITH DISABILITIES RESOURCE MANUAL

## ‘More than just a ramp’



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With  
Disabilities  
Australia  
(WWDA)

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ISBN 0 9775305 0 7

The information in this Booklet was originally prepared by Fiona Strahan, Sage Consulting and produced by Women With Disabilities Australia (WWDA) in 1997 with project funding from the Australian Government. It has been updated and reproduced by WWDA as part of the WWDA Violence Against Women With Disabilities Resource Manual.

The ‘Resource Manual on Violence Against Women with Disabilities Project’ has been funded by the Australian Government’s Domestic and Family Violence and Sexual Assault Initiative through the Office for Women.

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Publisher	Women With Disabilities Australia (WWDA)
Design	Megan Rozynski
Printing	Loongana Print
Illustrations	Karyn Fearnside



## more than **just a ramp**

a guide for women's refuges to  
develop disability discrimination  
act action plans.



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## acknowledgements

The **'Resource Manual on Violence Against Women with Disabilities Project'** has been funded by the Australian Government's Domestic and Family Violence and Sexual Assault Initiative through the Office for Women. WWDA gratefully acknowledges the Australian Government for its support.

Thanks must be given to the many people who have contributed to making the WWDA Violence Against Women With Disabilities Resource Manual possible – the WWDA National Management Committee and the Project Reference Group members; Sue Salthouse and Lina Pane for their work on the Project; Annie Parkinson and Angela Court for assistance with elements of the Project, and Karyn Fearnside for her wonderful cartoons. Thanks to Tricia Cooney and Vision Australia for assistance with production of alternative formats.

Thanks also, to Megan Rozynski of Seventy Five Design for her diligence in the layout and graphic design of the Manual booklets.

Finally and most importantly thank you to the women who contributed to the Project. Your willingness to share with others your personal stories and your commitment to supporting women with disabilities to break the cycle of violence in their lives has been an empowering and enriching experience for all.

*Carolyn Frohmader*  
**Project Manager**



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# emergency numbers

## **EMERGENCY (POLICE, AMBULANCE, FIRE BRIGADE)**

Ph: 000

TTY: 106

Speech to Speech Relay Service Ph: 1800 555 727

From Mobile with no network coverage Ph: 112

**KIDS HELPLINE** Ph: 1800 551 800 (24hr)

## **VIOLENCE AGAINST WOMEN. AUSTRALIA SAYS NO.**

National Helpline Ph: 1800 200 526 (24hr)

**LIFELINE** Ph: 131 114 (24hr)

## **NATIONAL RELAY SERVICE**

Ph: 133 677 (24hr Using a modem or TTY)

or Ph: 1300 555 727 (24hr Speech to Speech Relay Service for callers with a speech/communication impairment)

## **TELEPHONE INTERPRETER SERVICE**

Ph: 131 450 (24hr)

## **ACT Domestic Violence Crisis Service**

Ph: (02) 6280 0900 (24hr) or TTY: (02) 6228 1852 (24hr)

## **Northern Territory Domestic Violence Crisis Line**

Ph: 1800 019 116 (24hr)

## **NSW Domestic Violence Line**

Ph. 1800 656 463 (24hr) or TTY: 1800 671 442 (24hr)

## **Queensland Domestic Violence Line**

Ph: 1800 811 811 (24hr)

## **South Australia Domestic Violence Crisis Service**

Ph: 1300 782 200 (24hr)

## **Tasmania Family Violence Response and Referral Line**

Ph: 1800 633 937 (24hr)

## **Victoria Women's Domestic Violence Crisis Service**

Ph: (03) 9373 0123 (24hr) or 1800 015 188 (24hr)

## **Western Australia Women's Domestic Violence Helpline**

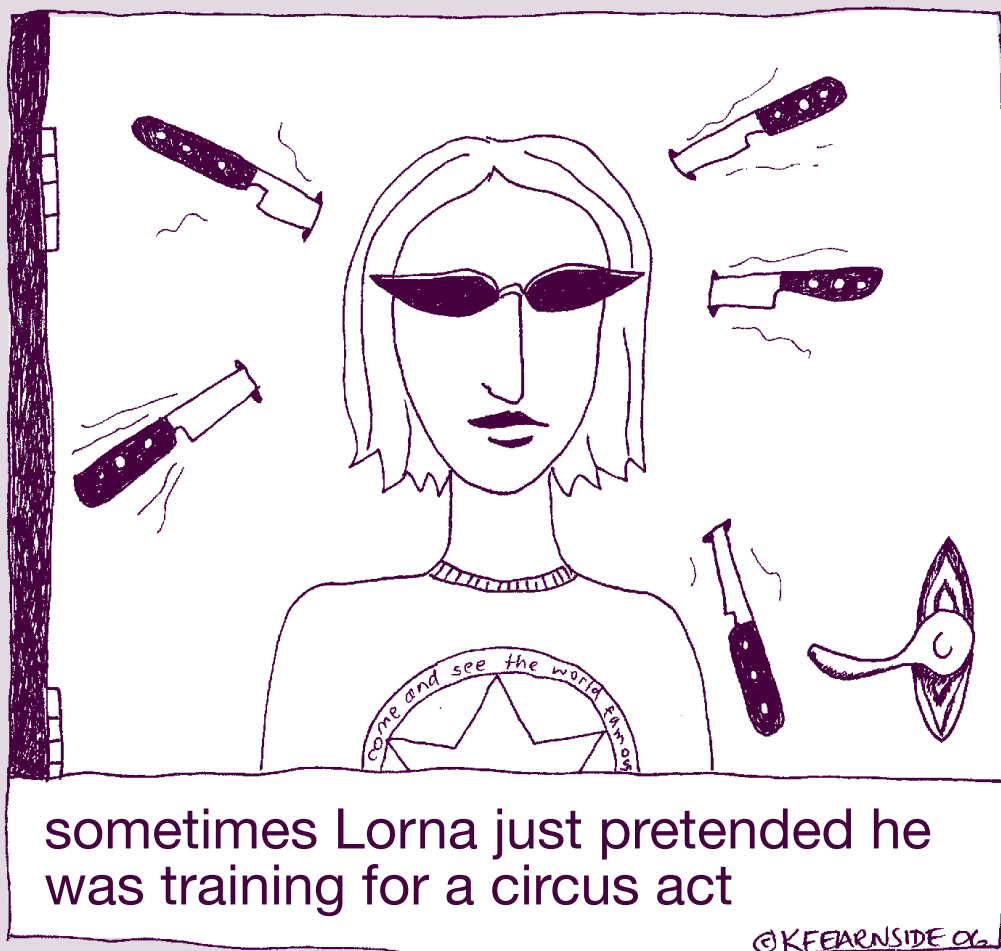
Ph: (08) 9223 1188 (24hr) or 1800 007 339 (24hr)



## **a word of caution**

The content of this booklet may trigger anxiety for some individuals who have experienced, or are experiencing violence. We encourage anyone who has difficulty with the content of this booklet to seek support. Taking care of yourself is imperative to your ability to help others in similar situations.





sometimes Lorna just pretended he  
was training for a circus act

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# background

## Women With Disabilities Australia (WWDA).

Women With Disabilities Australia (WWDA) is the peak organisation for women with all types of disabilities in Australia. It is a federating body of individuals and networks in each State and Territory of Australia and is made up of women with disabilities and associated organisations. The national secretariat is located in Tasmania. WWDA is run by women with disabilities, for women with disabilities. It is the only organisation of its kind in Australia and one of only a very small number internationally. WWDA is inclusive and does not discriminate against any disability. WWDA seeks to ensure opportunities in all walks of life for all women with disabilities. In this it aims to increase awareness of, and address issues faced by, women with disabilities in the community. WWDA is unique, in that it operates as a national disability organisation; a national women's organisation; and a national human rights organisation.

The aim of Women With Disabilities Australia (WWDA) is to be a national voice for the needs and rights of women with disabilities and a national force to improve the lives and life chances of women with disabilities. The objectives of Women With Disabilities Australia (WWDA) are:

- to actively promote the participation of women with disabilities in all aspects of social, economic, political and cultural life;
- to advocate on issues of concern to women with disabilities in Australia; and
- to seek to be the national representative organisation for women with disabilities in Australia by: undertaking systemic advocacy; providing policy advice; undertaking research; and providing support, information and education.







## WWDA Violence Reference Group.

In 1996, WWDA formed a Violence Against Women With Disabilities Reference Group. The Reference Group was in response to the growing number of women with disabilities contacting WWDA, who were experiencing violence, but could not find any services to assist them. Through personal experience, many women with disabilities have known about the very high levels of violence experienced by women with disabilities as a whole. Forming the Reference Group was seen as a way of getting this message across to the rest of the community, and taking action on it. Most importantly, it was a way of taking action while retaining control over the way that women with disabilities were portrayed, and ensuring they were not disempowered. The WWDA Violence Reference Group was a group of women with disabilities from around Australia who met via teleconference. Their activities included public speaking on the issue, networking with other organisations, and a number of projects such as this one, developing an Action Plan.

## Domestic Violence Forum.

One of the first national activities of the WWDA Violence Reference Group was to present a paper at the National Domestic Violence Forum in September 1996, written by Madge Scerihha and Kali Wilde (a copy of this paper is available from the WWDA website at [www.wwda.org.au](http://www.wwda.org.au)). This paper outlined the urgency of the situation for women with disabilities in terms of both the levels of violence perpetrated against them, and the lack of service available to them. The Forum made several recommendations specifically to address issues for women with disabilities. The then Office of the Status of Women (Commonwealth Department of Prime Minister & Cabinet) took the initiative to fund WWDA to implement some of these recommendations soon after the Forum.



With every act of kindness  
to myself  
every refusal to blame  
or to despise myself  
I strike back  
against the men in grey suits  
who don't think I'm cost effective  
and the one's in white coats  
who don't believe  
I exist  
all of those too busy  
or in too much of a hurry  
to notice who I am

From behind my drooping eyelids  
I am watching  
with the stillness  
of a lizard or a snake

I have learnt  
the languor  
and the stealth  
of a tiger  
lying in wait  
ready to pounce

So next time  
you come across  
a woman like me  
tired looking  
in a pink dressing gown  
just because  
I'm lying low  
don't imagine  
I take anything lying down

Watch out, I have never been  
as slow or as deadly before.

*(extract from 'Warrior Woman', Maria Jastrzebska, Mustn't Grumble, Women's Press 1994)*



# gender and disability

‘Warrior Woman’ is from an anthology of writing by women with disabilities. Over the past two decades, the published writing of women with disabilities has played a major part in their claiming of a political and cultural identity. Many women with disabilities recognised the need for their own specific political and social movement, as often the barriers within the disability movement were hierarchical and male dominated, whilst women’s movements and organisations had largely failed in recognising disability as a feminist issue.

Disability has largely been understood in the context of the medical model. The result of this is that the medical label of the disability is assumed to be the core of a woman with a disability’s identity. It is assumed that women with disabilities are the disability – disability becomes the only lens through which women experience life.

The individualisation of disability treats (disability) as personal tragedy, failing to place the experience in the social context. [1]

It is as though the disability by itself is the cause of poverty, discrimination and violence rather than a society’s social, cultural and economic response to the disability.

Over the last thirty years people with disabilities have adopted and presented the social model as the most appropriate framework in which to understand and then take action on the experience of disability. The social model says disability is a social construct, in the same way gender is. The experience of being a woman and having a disability takes place within a social context which largely determines the consequences of being female or having a disability. [2]

Understanding disability as a social construction is exactly the same as how many people in the feminist, and gay and lesbian movements include the social construction of sexuality and gender in the political analysis of their experiences.



Morris (1994) says, in practice, this means recognising that people who have physical, sensory or intellectual disabilities, or mental or emotional distress, are denied opportunities, discriminated against and excluded by the barriers that society creates. It means focusing, not on our disabilities – what is ‘wrong’ with our bodies or our minds – but what is wrong with the way society is organised. In other words focusing on the prejudice that we experience, negative attitudes regarding the right to control one’s own body, the lack of reproductive rights, inaccessible physical and communication environments, the failure to put resources into enabling technology, and other socially created barriers. [3]

This focuses on such prejudice in a way which challenges the stereotypes and places the responsibility for the barriers back onto the society which enables them to exist.

In situating disability and gender it is common to find that ‘our society thinks of certain characteristics as naturally a consequence of disability, primarily poverty, loneliness and stigma. However, the experience of disability is culturally diverse. In Western society, (disability is) largely determined by class, gender, race and the way in which economic relationships are defined and the accompanying ideology. All this has set women with disabilities at the margins of social and economic activities and institutions.’ [4]

For example, a woman’s experience of multiple sclerosis will be influenced by socio-economic factors, and the experience of associated impairments such as loss of mobility will depend on factors such as access to resources and services, availability of services – factors external to MS but not integral to the experience of MS. [5]

This does not mean a woman with MS or another impairment may not experience chronic pain, fatigue or other illness.

It is more often than not the experience of discrimination, lack of services, inaccessible transport, violence, inflexible working opportunities, and/or lack of access to education that disables many women with disabilities, rather than the actual experience of the impairment.

Interviews with black and ethnic minority women found ‘women felt that at certain times and certain places, it was race, disability or gender which determined their experience. As one woman put it, it happens singly, plurally and in multiple, and it’s the totality that counts at the end of the day. You are thought of as inferior because you are all these things.’ [6]

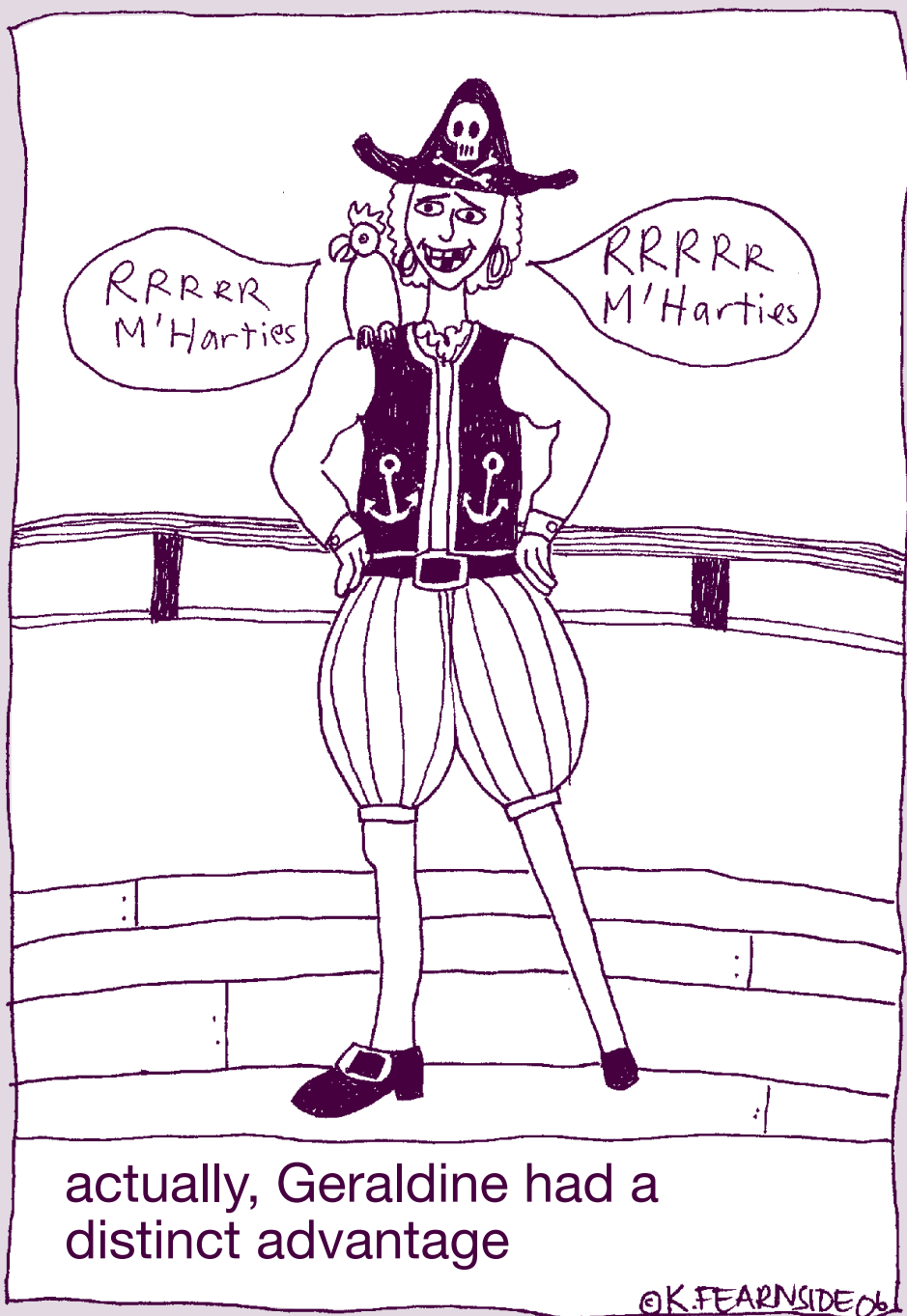


In response to the experience of prejudice on the basis of gender, disability and/or the intersections of race and sexuality, many women with disabilities have identified the need for their own political movement. Women with disabilities movements have been organised on a local, state, national and international level. They work within mainstream women's organisations as well as working with other groups of minority women.

Such political movements have focused on building and sustaining networks and organisations, informing and influencing government policy, challenging the assumptions about the experience of disability, and developing projects on issues such as violence against women with disabilities. Building links throughout the world, women with disabilities have been able to change policies and programs for women or for people with disabilities to ensure women with disabilities are properly and adequately represented.

It is more often than not the experience of discrimination, lack of services, inaccessible transport, violence, inflexible working opportunities, and/or lack of access to education that disables many women with disabilities, rather than the actual experience of the impairment.







# women with disabilities and violence

**Women and girls with disabilities live at the intersection of gender and disability bias. As a consequence, they experience higher rates of violence and lower rates of service access than their non-disabled peers. [7]**

One of the most successful investigations of the 1970's and 1980's has been that concerning domestic violence. Research and activism alike have drawn attention to the violence that women experience within their own homes, redefined this violence as unacceptable, challenged the legal system to take it seriously and, through the women's refuge movement, provided opportunities for women in violent relationships. Yet none of the studies of domestic violence have considered the issues from the perspective of disabled women and it is therefore hardly surprising that only recently have women's refuges started to look at how they can provide service to disabled women. As with non-disabled women, disabled women face the issue of naming the violence they experience and getting others to recognise it. [8]

In the WWDA Project to develop a DDA Action Plan for Woorarra women's refuge (1997), women with disabilities identified that it was important for the domestic violence sector to understand the experience of domestic violence for women with disabilities before they tried to implement any change.

Violence against women with disabilities incorporates an almost endless list of injustices and maltreatment. Women with disabilities have been institutionalised for life when they could have managed to live in supported accommodation, or with assistance at home. They have been denied control over their bodies, particularly in relation to decisions about sexuality and contraception. They have also been denied total control over their finances and have been discriminated against in employment with available jobs usually limited to low income work. They have had few opportunities for social contact (with people they would choose), education and community participation. [9]

The exact nature of the extent of violence against women with disabilities is difficult to establish as little data on disability is maintained either by police or service providers [10] (such as refuges, referral agencies, outreach services and relevant state and federal governments).



**Research suggests that women and girls with disabilities are 2 to 12 times more likely to be victims of physical and sexual violence than women and girls who are not disabled. <sup>[11]</sup>**

This outcome can best be explained by the anecdotal experience of women with disabilities who are aware that the type of disability a woman may have, or where and how she is living, will increase the ‘targeting’ and ‘vulnerability’ to violence.

For example:

- Women who are dependent on carers may be more vulnerable to violence than women who don’t depend on carers.
- A woman who is unable to speak may be seen by a perpetrator as an ‘easier’ target for abuse.
- Women with intellectual disabilities and women with mental health issues who are living in an institution are more vulnerable to violence because of the nature of institutional settings.
- Similarly, many women with disabilities are not believed when they disclose their experiences of violence. People in positions of power such as doctors, police, carers, spouses and family may deny that the woman’s evidence is credible.

At this point it is important to recognise that poverty, segregation, low rates of education and employment, as well as a social denial that disabled women and girls are targets of sexual and domestic violence, leads to an increased targeting and vulnerability.

**Indeed, it is not a disability itself that creates vulnerability, but the social and political reaction to disability.**



The Family Planning Association of Western Australia reports that nearly 60% of people with intellectual disabilities who sought sex education had been subjected to abuse, and that most of these were female. [12]

The factors that lead to this increased targeting by perpetrators and therefore the vulnerability of many women with disabilities are:

- social isolation - the more isolated a woman with a disability, the more vulnerable she is to violence
- powerlessness
- poverty
- dependence on carers (particularly when they have not been chosen by the woman herself)
- ignorance that violence is criminal and that she has rights to seek refuge
- discrimination
- exploitation
- not being believed and/or seen as a credible witness
- not knowing about services available to enable a woman to escape violence
- lack of accessible information about domestic violence
- lack of accessible and inclusive domestic violence services.

Despite the high incidence of violence experienced by women with disabilities, services are frequently non-existent, inaccessible or inadequate to meet the needs of these victims/survivors. Disability service providers frequently fail to screen clients for abuse histories. In addition, women with disabilities are frequently not believed when they report sexual and domestic violence, or their cases are not taken seriously by the criminal justice system or service providers. [13]

Throughout the world, women with disabilities have begun to organise on issues of violence against themselves and their children. At the 1997 international conference of 600 women with disabilities in Washington DC, many women saw the WWDA Action Plan and Model Process project as having international significance.







# barriers to accessing domestic violence services

The following barriers to access were identified by women with disabilities in the Discussion Groups for the WWDA Domestic Violence Project (1997) which developed a Disability Discrimination Act (DDA) Action Plan for the Woorarra Women's Refuge. <sup>[14]</sup>

**The main barriers to women with disabilities in accessing refuges can be grouped in the following areas:**

- **communication**
- **information**
- **attitudes**
- **physical environment**
- **accessing/using a service**
- **skills of workers**

## **Communication**

Women with mental health issues felt that to disclose their domestic violence situation would increase the risk of losing their children. Women felt that because of the label of their illness they would be unlikely to get residency and so residency could go to the abusive partner.

Visually impaired and blind women said that if information on domestic violence services was not in alternative formats and distributed to where blind women might be, then probably not many women would know about refuges.

Because of the lack of Telephone Typewriter (TTY) services in domestic violence referral/outreach services, the only option for Deaf women would be to use the relay service. However, many women wouldn't want to use this when trying to get help around their domestic violence situation. The relay service has an operator listening in all the time and women were unsure of how well they would translate their domestic violence crisis also. These operators could be familiar with many Deaf people and their relationships.

Once within a refuge, communication about refuge procedures and rules is often given in one main sitting. Many women identified this as stressful, particularly when they could not recall everything due to memory difficulties, as well as being stressed with their recent domestic violence experience. Material in alternative formats, either written or taped is not available.



## Information

Existing information is not available in alternative formats, only on paper. One woman with a visual impairment said *‘for me, if information is on paper, then all it is, is a piece of paper.’*

Women with disabilities need to know beforehand the physical accessibility of the refuge, and to know that when they get there they will be able to go to the toilet independently and get in and out of bed. The current lack of clarity about the accessibility of many of the refuges does not instil confidence in women with physical disabilities.

## Attitudes

*‘Most people, whether doctors, police or magistrates, look upon the disabled partner as the dependent partner and so we start off from the back foot anyway.’*

A common belief towards women with visual impairments by workers in community policing and others can be that a woman is safer in her own environment as she knows it well. *‘If we take them on we might be getting into deep water, maybe we’ll give the perpetrator a good talking to and let them go home.’*

*‘Paternalistic attitudes reign strong in the community, everywhere, including in domestic violence services.’*

## Physical environment

In the discussion group for women with physical disabilities, all of the women said they would not assume that a refuge was accessible. One woman said, *‘there is no point going there (to a refuge) if you can’t get in.’*

*‘Could you ring a refuge and say “these are the things I need and here is my order of things I need to get around”? Would that be welcomed?’*

One woman said *‘there can be a fear with physical disability of not being able to cope at all in a strange place. That whatever the emotional feelings, I can deal physically with my own environment because it’s now arranged so I can. If I go to a strange place I might be at a total dis-ease. How would I manage? That’s a barrier. To actually step out and hope that yes I will be able to manage the bathroom. To go to the loo without having to ask for assistance.’*



## Access to Services

The common story with all women was that disability services and non-government agencies tended not to have knowledge or expertise on domestic violence issues for women with a range of disabilities; and that domestic violence services more often than not did not have awareness or the skills to work with women with disabilities. There were always exceptions to this, with many workers being very well intentioned; but good intentions were not enough and sometimes backfired on the women with disabilities escaping domestic violence themselves.

Some women have found that disability agencies were seen to be the appropriate organisation to assist a woman with a disability, rather than a domestic violence service. However, the experience was that the agency *'messed the whole thing up completely'*, in spite of taking it on so willingly. They simply did not have the expertise, and were very paternalistic.

One woman with mental health issues felt her experience in a refuge and dealing with the aggression of other residents was too disturbing for her mental health.

## Skills of Workers

One mental health service had been approached by a worker in a refuge to get some training and support in working with domestic violence survivors with mental illness, but it was NOT seen as a priority by her organisation.

*'We are seen to be difficult by many workers.'*

Workers need general and specific training in disability awareness and in issues of domestic violence for women with disabilities.



## The Woorarra Story

### The Woorarra Women's Refuge Diary.

#### **12TH MARCH '97**

*The consultant, Fiona Strahan, made contact with Victorian Women's Refuges and Associated Domestic Violence Services (VWRADVS) representatives and, after hearing the proposal, VWRADVS agreed the project deserved support. This was critical, as without the support of the peak body the changes which needed to occur would not be made. With VWRADVS having some ownership of the project from the beginning, and not feeling as though this was a project forced upon them, an openness to learning and challenging of direct and indirect discriminatory attitudes, policies and practices was established.*

#### **9TH APRIL '97**

*Fiona attended a VWRADVS meeting to fully explain the project. Again unanimous support was given and the project was endorsed.*

#### **21ST APRIL '97**

*Fiona was notified that her tender was successful.*

*Letter from Fiona to VWRADVS asking the Access and Equity sub-group to choose the VWRADVS representatives. The structure of the Working Group to consist of:*

- *1 representative from the successful refuge*
- *6 women with disabilities representing themselves or relevant organisations (see below)*
- *2 representatives from the VWRADVS (1 refuge and 1 outreach)*
- *Domestic Violence and Incest Resource Centre (1)*
- *Women's Domestic Violence Crisis Service (1)*
- *Immigrant Women's Domestic Violence Service (1)*

#### **30TH APRIL '97**

*Woorarra chosen by the Access & Equity Group to partake in the project.*



## **6TH MAY '97**

*Woorarra's management informed of the project.*

## **16TH MAY & 21ST JULY '97**

*Access Audit - auditor Francesca Davenport came to the refuge twice and assessed its accessibility.*

## **25TH MAY '97**

*The first meeting of the Working Group. Information kits with reports on domestic violence and women with disability, prejudice, gender, and the Disability Discrimination Act were distributed to all present. Background to the project was given, structure of the working group discussed. The group consisted of the previously mentioned domestic violence sector representatives and equal numbers of women with disabilities, who had knowledge and interest in domestic violence, had personal experience of domestic violence or represented key disability consumer organisations.*

*The following organisations were represented on the Working Group:*

*Attendant Care Coalition (ACC)*

*Domestic Violence and Incest Resource Centre (DVIRC)*

*Immigrant Women's Domestic Violence Service (IWDVS)*

*Morgana Women's Refuge, Royal Women's Hospital*

*Western Domestic Violence Outreach Service*

*Victorian Mental Illness Awareness Council (VMIAC)*

*Women's Domestic Violence Crisis Service (WDVCS)*



*The success of this Project required developing a strong co-operative relationship between women with disabilities and the domestic violence sector. Therefore, it was critical from the beginning to have this project's outcomes owned by women with disabilities and the key players in the domestic violence sector (see appendix for how the Working Group worked).*

### **3RD JUNE '97**

*DDA training held at Woorarra for management members and workers.*

### **JULY - AUGUST '97**

*Discussion Groups were held with women with disabilities. These were organised by the consultant.*

### **5TH AUGUST '97**

*First meeting between Fiona and the Co-ordinator to develop the Action Plan.*

### **2ND SEPT '97**

*Fiona and the Co-ordinator continued to work on the Action Plan.*

### **2ND SEPT '97**

*Fiona addressed the management and staff in relation to the Action Plan.*



It is important to understand that a process such as this cannot work if it is carried out in isolation. For a service to develop and implement an Action Plan, other services and the peak bodies must be supportive and involved. All need to be committed to the aim of the Action Plan being not only developed but also implemented.

Following the development of our Action Plan, it became evident that if services were to attempt change without support it would be too 'overwhelming' for them, and it is doubtful that the process would be successful.

Commitment must come from both disability organisations and the women and domestic violence sector. The most overwhelmingly positive outcome of this project has been the converging of two divergent viewpoints and experiences, discussed and challenged within a mutually supportive environment. No question was seen as too silly or discriminatory to ask.

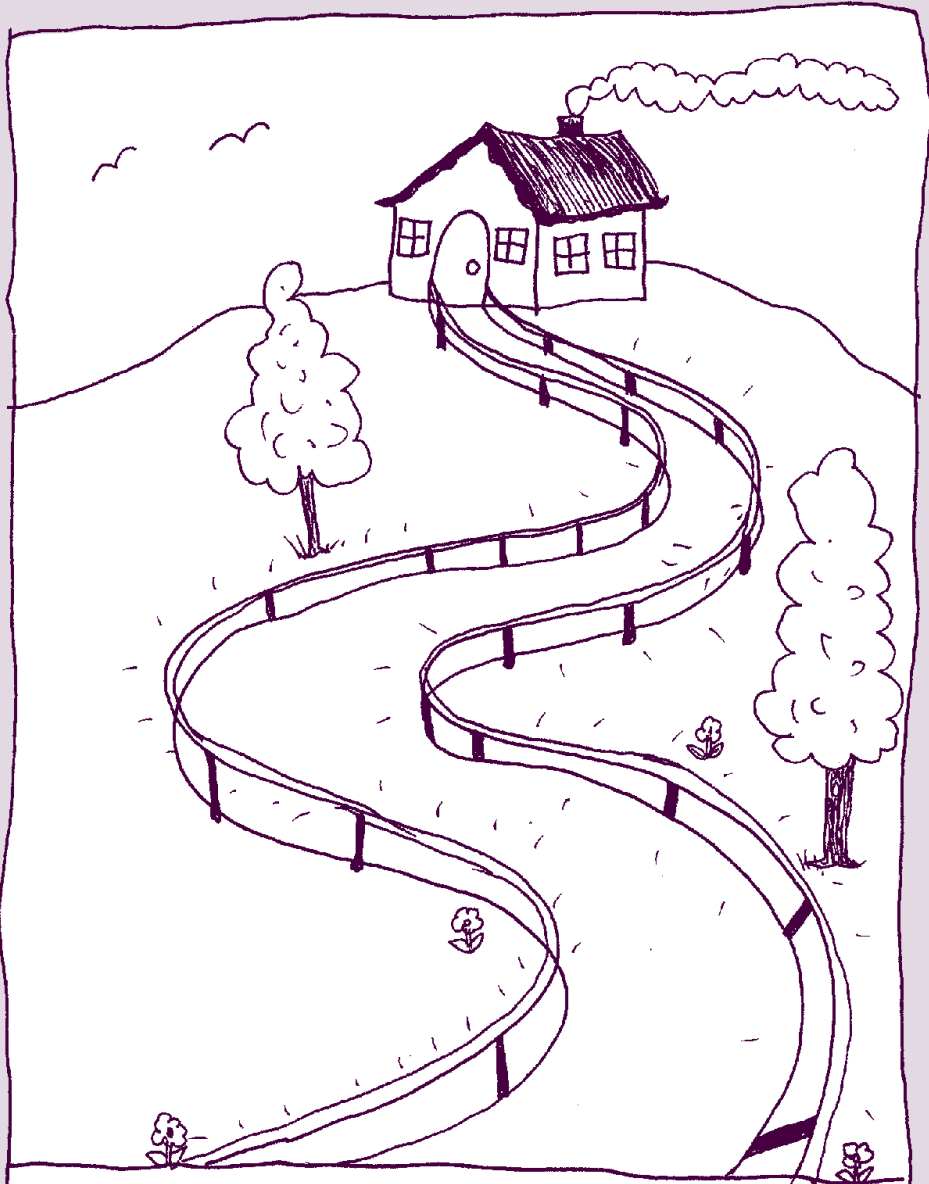
It is the belief of Woorarra that having a facilitator is a crucial factor in assuring that a safe environment is maintained which allows for viewpoints to be put forward and challenged. This has been where the greatest attitudinal change has come for all involved.

## **At a service level, it is imperative that all are committed and involved; this includes workers, volunteers, and management.**

For a Co-ordinator, it can be a taxing time and services will need to be aware of this before embarking on such a project. Supports must be set in place at the beginning, for example with people to whom the Co-ordinator can talk and with whom she can debrief. Throughout the process this can be a member of the Working Group. This is unlikely to occur at the beginning, but once trust is developed and it is clear all have a commitment for the service to be accessible to all women no matter what the disability, then a mutual respect and confidence develops.

Services will need to be aware that a project such as this will be 'lots of work' and awareness will need to be developed of 'how ignorant' and discriminatory we can be. From a worker in the service, advice to fellow workers would be 'be prepared to make a commitment - and it will be a big commitment; views will be challenged, and awareness developed'.





but don't you LIKE  
the ramp?

© K. FEARN SIDE '06



# the disability discrimination act

The Commonwealth Disability Discrimination Act (DDA) was enacted in 1992 following years of lobbying by women and men with disabilities and human rights activists who recognised that national legislation equal to the Race Discrimination Act and the Sex Discrimination Act was urgently required to protect and enhance the rights of people with disabilities.

The DDA makes it unlawful to discriminate in the provision of goods, services or facilities against people on the basis that they have, or may have, a disability. The Act also makes it unlawful to discriminate against a person on the basis that one of her or his associates may have a disability.

The Act requires that people with disabilities be given EQUAL opportunity to participate in and contribute to a full range of social, political and cultural activities. Access for people with disabilities to goods, services and facilities provided by non-government organisations, such access for a woman with a disability's to a WOMEN'S REFUGE, can no longer be an afterthought. The DDA promotes and protects equality of access for people with disabilities - attitudinal, informational and physical.

Removing barriers for  
women with disabilities  
goes far beyond just  
thinking a ramp needs  
to be installed.



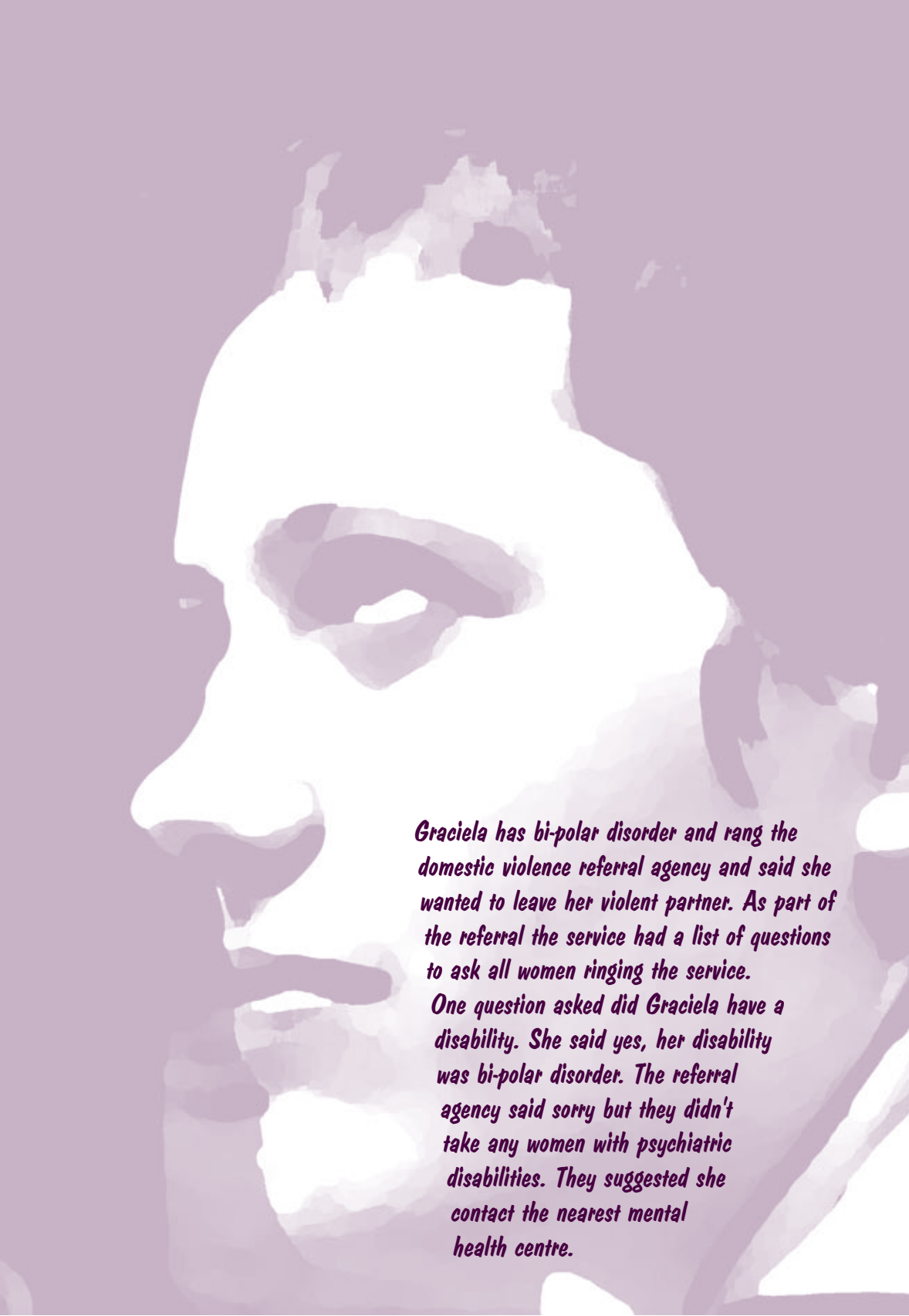
The objectives of the DDA are:

- (a) to eliminate, as far as possible, discrimination against persons on the grounds of disability in the areas of:
  - (i) work, accommodation, education, access to premises, clubs and sport; and
  - (ii) the provision of goods, facilities, services and land; and
  - (iii) existing laws; and
  - (iv) the administration of Commonwealth laws and programs; and
- (b) to ensure, as far as practicable, that persons with disabilities have the same rights to equality before the law as the rest of the community; and
- (c) to promote recognition and acceptance within the community of the principle that persons with disabilities have the same fundamental rights as the rest of the community.

## Access to a women's refuge by women with disabilities.

The experiences of women with disabilities deter them from approaching support agencies which work with women who are subjected to violence, such as sexual assault services and women's refuges. Their experience has been that facilities are often inaccessible, transport is difficult and that staff have limited knowledge and training in the area of disability and therefore often refer them elsewhere, usually to a disability group. But referrals are inappropriate because the problem is the violence, not the person's disability. <sup>[15]</sup>





*Graciela has bi-polar disorder and rang the domestic violence referral agency and said she wanted to leave her violent partner. As part of the referral the service had a list of questions to ask all women ringing the service.*

*One question asked did Graciela have a disability. She said yes, her disability was bi-polar disorder. The referral agency said sorry but they didn't take any women with psychiatric disabilities. They suggested she contact the nearest mental health centre.*



## Discrimination.

In developing an understanding of the DDA and its implications for your service, you will need to understand terms such as indirect discrimination, direct discrimination and unjustifiable hardship. This is not a definitive guide, but here are some basic explanations and examples.

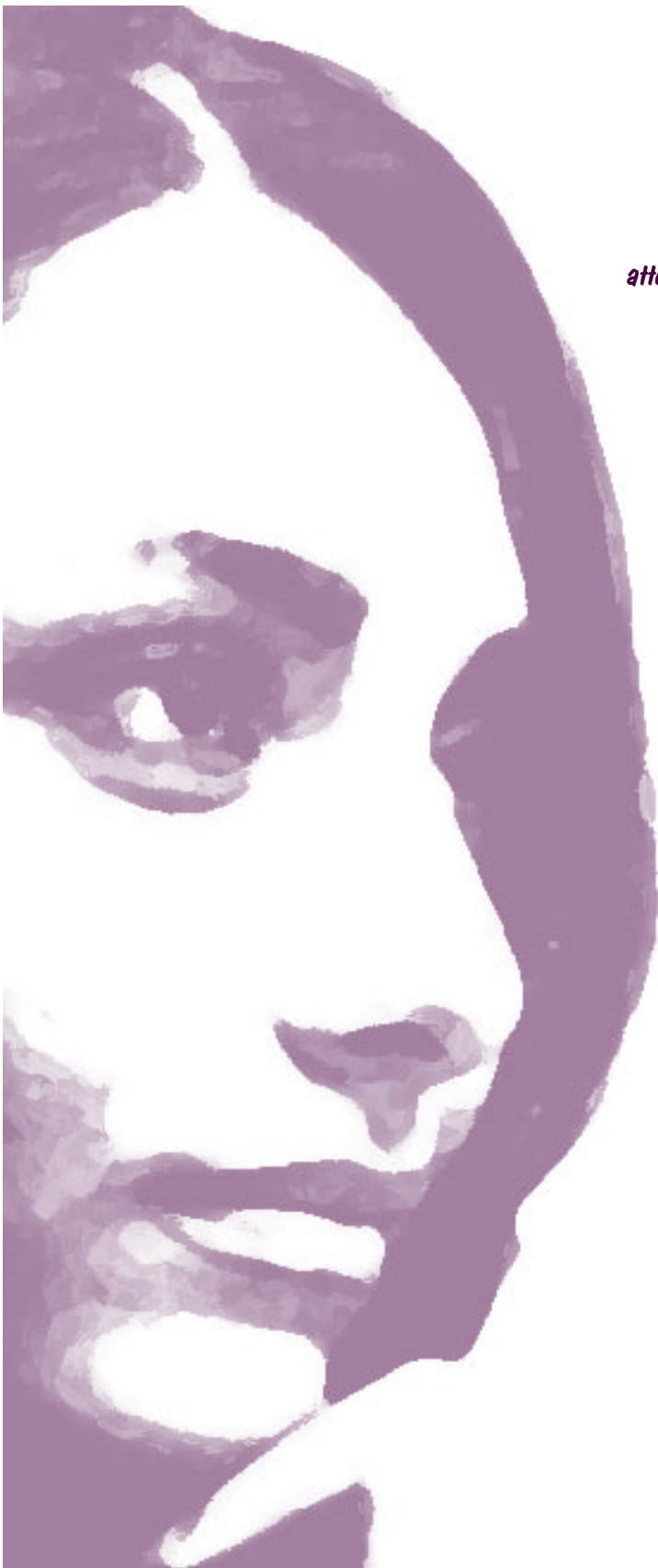
### Direct discrimination

Direct discrimination means treating a woman with a disability less favourably than other women, because of her disability. Policies which state that women with psychiatric illness cannot come to the refuge, or that women who require an attendant/personal carer cannot come to the refuge are examples of direct discrimination.



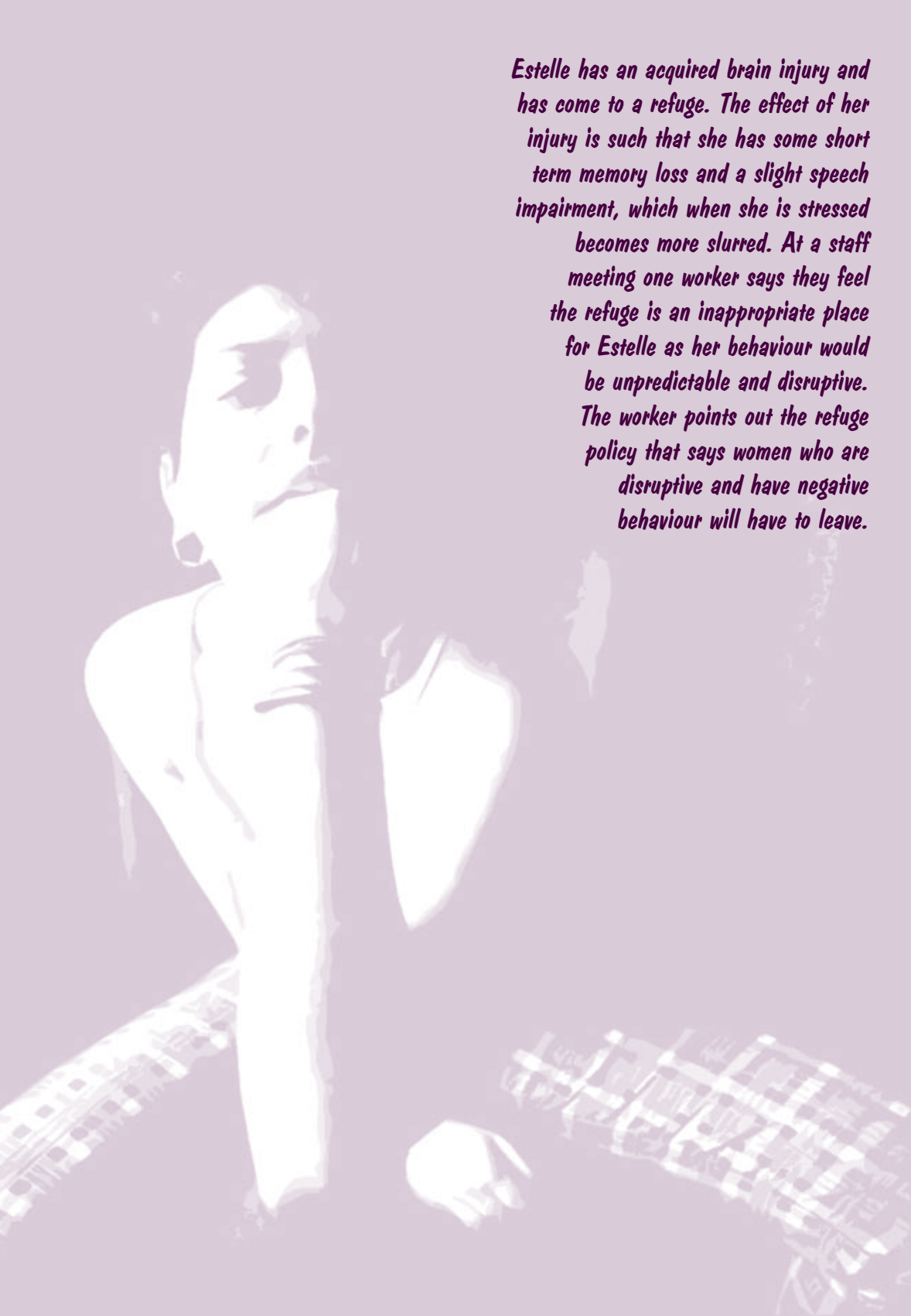
*Mi Yeon is living in a community residential unit and over one weekend experienced verbal and physical attacks from another resident. The staff on duty at the time decided she caused the violence and she was told to 'keep out of his way'. On the Monday another staff member explained to Mi Yeon that she has rights and violence is a crime, and explained what a refuge is. Mi Yeon decided she wanted to leave until either the violent resident left or she could find another place to live. She believed he should go, not her. Mi Yeon rang the referral service and they said they couldn't help her. They referred her to the nearest government disability service office.*





*Foxglove refuge has had difficulty in attempts to make links with the local Crisis Assessment Team (CAT). Susan, who comes to the service, has a psychiatric disability. The refuge feels they cannot offer her support (whether she needs it or not). They are not sure the CAT team will come if they need them. The service feels it is too risky and so won't allow her to stay for long. This is direct discrimination because the original decision about Susan not being allowed to access the service is based on assumptions about her psychiatric disability.*





*Estelle has an acquired brain injury and has come to a refuge. The effect of her injury is such that she has some short term memory loss and a slight speech impairment, which when she is stressed becomes more slurred. At a staff meeting one worker says they feel the refuge is an inappropriate place for Estelle as her behaviour would be unpredictable and disruptive. The worker points out the refuge policy that says women who are disruptive and have negative behaviour will have to leave.*



## Indirect discrimination

Indirect discrimination occurs when a refuge imposes a requirement or condition which then unfairly excludes a woman with a disability from participating in that activity or accessing that service. The barriers that exclude the woman are a requirement or condition that:

- she must comply with;
- generally women without the disability can comply with;
- the woman is unable to comply with; and
- is unreasonable in the circumstances.

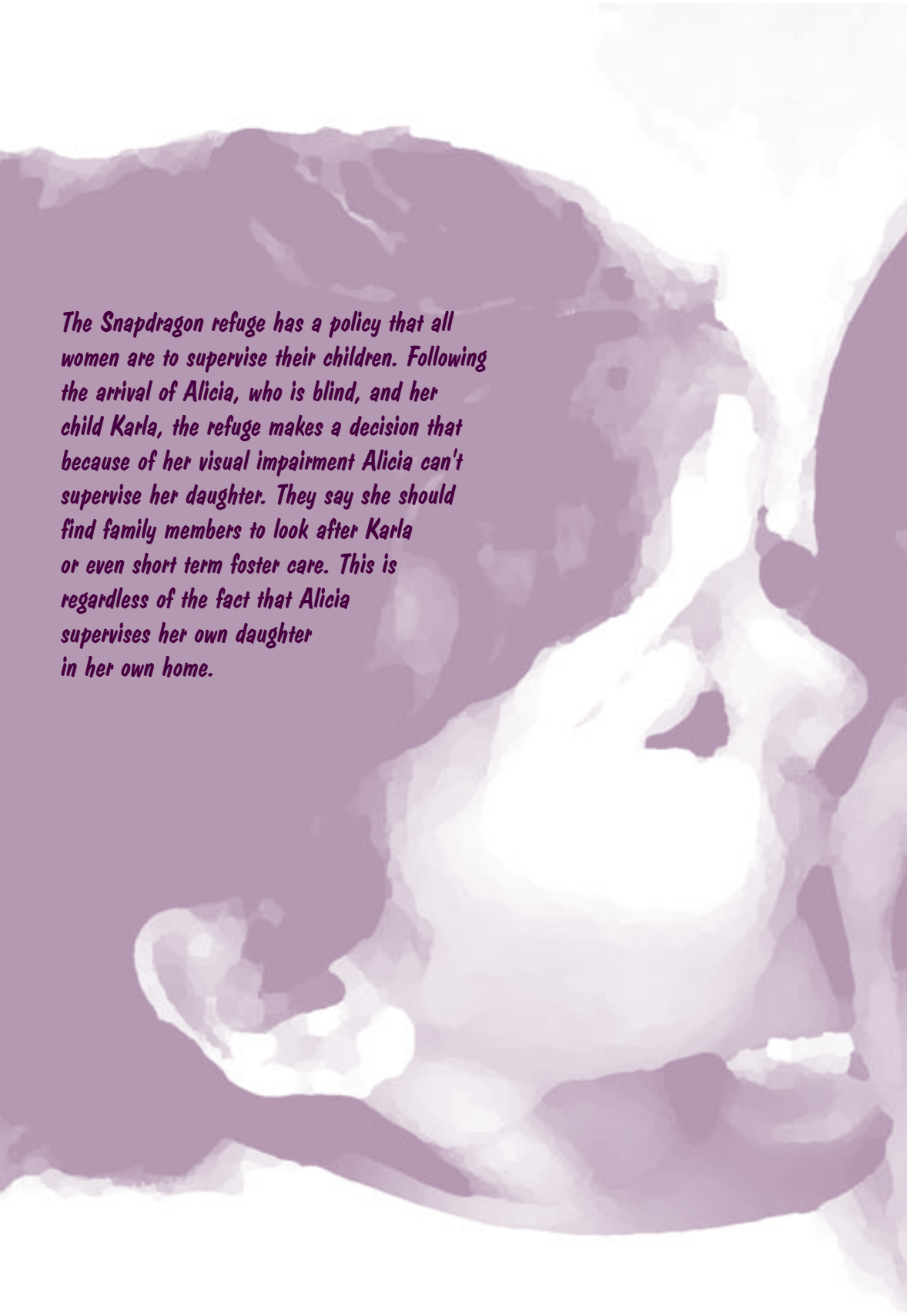
In other words, a requirement that all women share all tasks related to communal living in a refuge makes compliance for some women with disabilities practically impossible and the woman is at an unreasonable disadvantage when compared to women without a disability.

## Discrimination also includes discriminatory questions and harassment.

*It's 10pm at night. Ingrid wants to leave her domestic violence situation immediately. Ingrid uses an electronic communication board as she can't speak. She also uses an electric wheelchair. Ingrid's friend Naomi says she'll ring the refuge referral service. They say unless they talk to her directly and can be sure she understands the process they can't do the referral. They suggest she goes to the nearest domestic violence outreach service, but she won't be able to do that until the next day. The referral service can't guarantee that the domestic violence outreach service will be physically accessible. At 10pm on the same night, not far away from where Ingrid lives, Rosaleen rings the same referral service. By 11pm she is on her way to an interim accommodation, which is a temporary place to stay before going to a refuge. By 10.15 the next day Rosaleen is safely in a refuge on the other side of the city.*







*The Snapdragon refuge has a policy that all women are to supervise their children. Following the arrival of Alicia, who is blind, and her child Karla, the refuge makes a decision that because of her visual impairment Alicia can't supervise her daughter. They say she should find family members to look after Karla or even short term foster care. This is regardless of the fact that Alicia supervises her own daughter in her own home.*



The Disability Discrimination Act makes it unlawful to discriminate in the provision of goods, services or facilities against people on the basis that they have, or may have, a disability. The Act also makes it unlawful to discriminate against a person on the basis that one of her or his associates may have a disability.





*Katya is staying in a refuge. She has an intellectual disability and needs assistance with chores such as cooking and cleaning. Katya has an assistant, Helen, who usually helps her with these things. However, the refuge says her helper can't come.*



*Jamileh is eight and has a dog, Ruben. Ruben is a pet for therapy, as Jamileh has autism. Jamileh's mother is told Jamileh and she can come to the refuge but Ruben can't, as the refuge has a policy of no pets.*



## Unjustifiable hardship

The DDA says it is not unlawful to discriminate against a person with a disability if adjustments that the person requires, in order not to be treated unfavourably, pose an unjustifiable hardship for the person/organisation who has to make the adjustments. <sup>[16]</sup>

However, unjustifiable hardship is more than an inconvenience or minor expense - it has to be something that will really involve hardship that cannot be justified.

Your refuge may feel that it is unreasonable to revamp the bathroom and toilet to make it accessible when to date only one woman has required it. However, if it is basically affordable with the juggling of budgets, and the advantages outweigh the disadvantages, then it is not unjustifiable hardship.

The DDA is saying that, as a provider of a service such as a women's refuge, you will need to make the appropriate and necessary adjustments to ensure women with disabilities do not experience less favourable treatment when accessing your service.

To determine unjustifiable hardship, the Human Rights and Equal Opportunity Commission (HREOC) considers all the circumstances of the particular case, on a case by case basis, including the benefits and detriment to relevant people (women with disabilities, other residents, refuge staff and management), the effect of the relevant disability, financial circumstances and any Action Plan given to the HREOC by the refuge itself. Because each scenario is different there are no hard and fast criteria to determine unjustifiable hardship. It is a process of evaluating each instance in its entirety.







# action plans

## What is an Action Plan?

An Action Plan is a 'plan for action' which identifies barriers which may result in discrimination against women with disabilities or children with disabilities who need to or are using the refuge. An Action Plan recommends strategies to eliminate these barriers and devise ways for monitoring and evaluating the plan's implementation.

There are a number of Sections of the DDA about Action Plans, e.g. Section 60. The service provider may prepare and implement an Action Plan. The Act then states in Section 61 that certain provisions need to be included in an Action Plan, which have been adapted for a women's refuge:

- the devising of policies and programs to achieve the objects of the Act
- the communication of these policies and programs to all women throughout the organisation
- the review of practices within the organisation with a view to identifying any discriminatory practices
- the setting of goals and targets, where these may be reasonably determined against the success of the plan in achieving the objects of the Act
- the means of evaluating the policies and programs that have been devised in order to achieve the objects of the Act
- the identification of people within the organisation to implement the Action Plan

To get much of the information to assist you in identifying the barriers and to develop solutions, your service will need to talk to women with disabilities, collect information and talk to others who have undertaken a similar process.

Don't panic. This can be exciting, challenging, interesting and fun!



Example of how an Action Plan can be set out:

BARRIER	STRATEGY	RESPONSIBILITY	TIMELINE	OUTCOME

Other relevant sections of the Act include:

**Section 62**

Action Plans may have other provisions: the Action Plan of a service provider may include provisions other than those referred to in Section 61, that are not inconsistent with the objects of this Act.

**Section 63**

Amendment of action plans: a service provider may, at any time, amend its action plan. This means that when you recognise other barriers and/or develop different strategies as a result of evaluation, monitoring or review, these changes can be included and submitted to HREOC (see below).

**Section 64**

Copy of action plan to be given to HREOC: a service provider may give:  
(a) a copy of its action plan; or  
(b) any amendments to the plan to the Commission

Once the plan has been lodged and approved it will then be a public document for other organisations to utilise if relevant.



## Why undertake an Action Plan?

### Including and valuing difference

Refuges in Australia have shown a commitment to the rights of women and children to live without violence. Many have identified the issues for groups of women who experience increased discrimination and disadvantage in the community and as a result have developed strategies to ensure women from non-English speaking backgrounds, Indigenous women and lesbians get access to and are not discriminated against whilst in a refuge.

Refuges' philosophies and welcome statements have indicated a commitment to embracing and valuing difference, and this often includes disability.

Developing an Action Plan is a tool your service can use to assist in realising a commitment to the elimination of discrimination towards women and children with disabilities. The Action Plan will clearly identify the barriers in your service and solutions to the elimination of them. The Action Plan will include timelines and levels of responsibility within the refuge.

The Action Plan can be directly linked to any of your existing policies on access and equity.

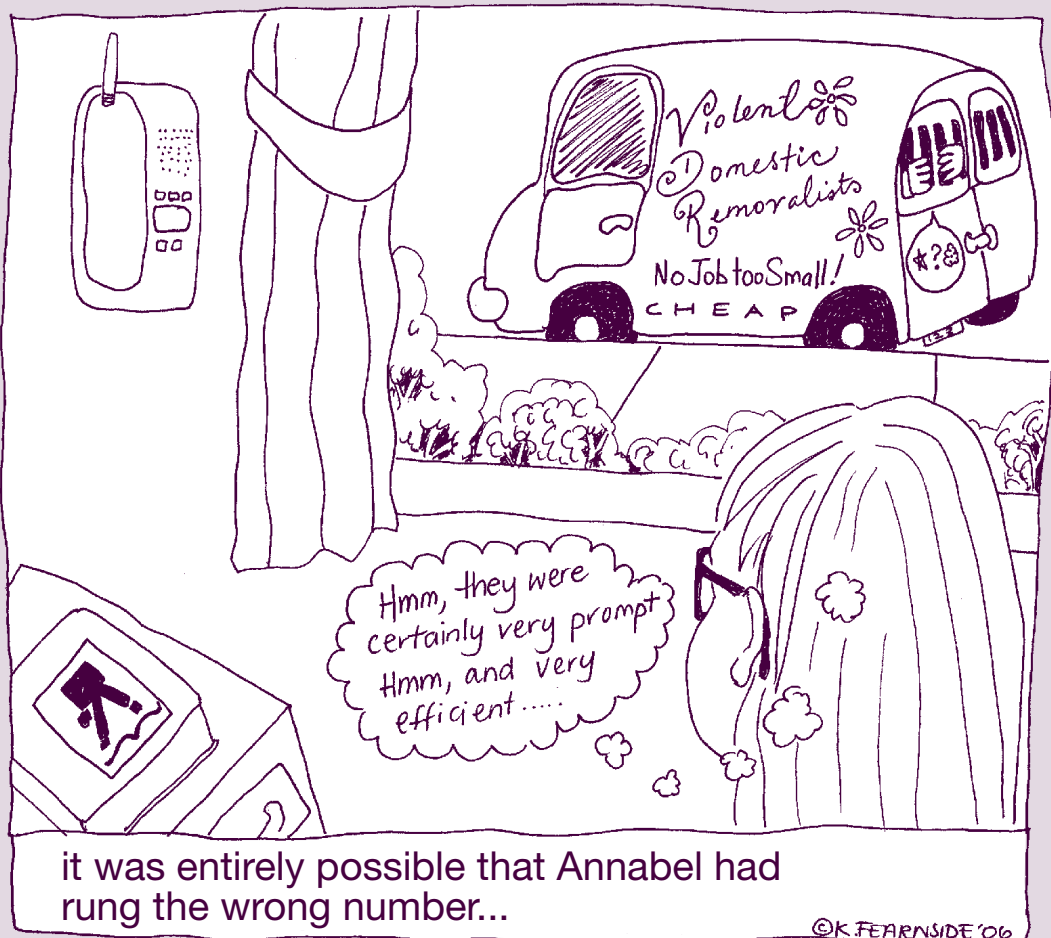
### Improving your service for women with disabilities escaping domestic violence

A common belief regarding making a women's refuge accessible is that it will only be of benefit to women with disabilities or children with disabilities. Even if this is the case, it is a very important step, not only in terms of equality for all women to access a service, but also in tackling the broader issues of violence against all women.

However, making your service accessible will have benefits for all women in your refuge, including staff and management.

**For example:** If you begin to make your information more accessible by using plain English, putting it on tape and maybe in picture form, not only will it be useful for women with visual impairment, women with intellectual disabilities, or women with learning difficulties, but it will also be useful for women from non-English speaking backgrounds and women with literacy difficulties.







In identifying 'Why Access?', *The Right of Access Guide* (by Villamanta Publishing) states that accessibility is important for the following reasons: <sup>[17]</sup>

- It leads to a better quality of service
- It results in better use of the service
- It leads to better public profile (whilst refugees can still maintain security of address)
- It improves morale amongst staff
- It is the law

Often the first thought that springs to mind when thinking or talking about access is a ramp and an accessible toilet.

Access to a women's refuge for women with disabilities includes everything from:

- knowing that domestic violence is criminal and those who experience it have the right to escape
- knowing that they can contact an organisation and get help - that the policies and practices of that organisation don't impede a women with disability gaining access
- getting a referral to a refuge and having accessible information available to help her make an informed decision
- entering the refuge and being able to move around the refuge safely
- having access to all the necessary information
- being able to participate in refuge activities
- getting needs met
- experiencing refuge



The Villamanta Legal Service says a service is accessible when it is:

- easy to find out about
- easily understood
- easy to get to
- easy to use and a service such as a refuge is accessible when the woman who wants to use it feels welcome, knows that she will get the right assistance when she needs it and is confident that she'll get what she wants, when she wants. [18]

So by developing and implementing an Action Plan your refuge will be:

- enabling women with disabilities to have somewhere to go when they leave a domestic violence situation
- saving a life
- learning from women with disabilities
- more inclusive for women from non-English speaking backgrounds, women with children in prams or pushers, women who are stressed by their circumstances and older women; through better working practices, better communication and better physical access
- achieving something groundbreaking.

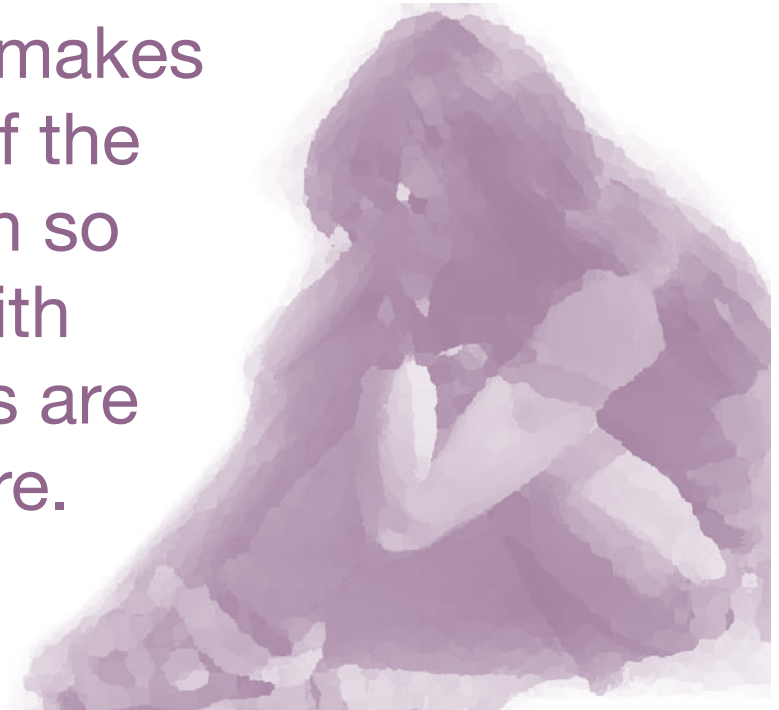


# so you want to identify the problem in your service

The DDA makes it unlawful to discriminate in the provision of goods, services or facilities against people on the basis that they have, or may have, a disability. The Act also makes it unlawful to discriminate against a person on the basis that one of her or his associates may have a disability.

The DDA is not about limited access – it promotes and protects equality of access  
– attitudinal, informational and physical.

Disability makes  
up 20% of the  
population so  
women with  
disabilities are  
everywhere.





# the groundwork

In order for the development of your Action Plan to be smooth you will need to establish a solid base. The first thing you need to look at is what you are already doing and what this can tell you about women with disabilities using your service. You'll need to look at your statistics. Have you collected information about the experience of women with disabilities using your service?

## Process

**Count** how many women with disabilities: work in your service, use your service and are members of your management.

**Start** with analysis of your own data then look at external data from outreach services and central referral points.

**Be aware** that at least 20% of the population have a disability and therefore this should be reflected in your service user data. If not, start asking why.

**Start** making contact with women with disabilities' organisations now.

**Make** contact with women with disabilities and services that work with women with disabilities. To go to the right service, you will need to know the difference between a Government Department providing services to women with disabilities, a large private service provider and a 'consumer' organisation.

**Quiz** people who are in areas where women with disabilities initially make contacts, such as disability groups, community health centres, neighbourhood houses or even local GPs. Don't assume all women with disabilities are connected with women with disabilities' organisations. Women with disabilities are everywhere.

## Definitely Do

**Ask** questions and ask for advice.

**Involve** all staff, management and volunteers from the beginning so that everyone in your service owns and takes responsibility for the change process.

**Establish** a resource point in your organisation, for example a worker who is willing to co-ordinate and monitor the process - this can be shared, or handed over to another person every 3 - 6 months.

**See** this as a process you are working towards, so it won't be overwhelming.

## Definitely Don't

**Make** assumptions about how accessible your service is.

**Worry** that you don't have any statistics of your own.



# steps to writing an action plan



1. Develop a good working group



2. Familiarise yourself with the barriers in your service



3. Consult and involve women with disabilities



4. Educate your organisation about the DDA



5. Ensure that you are well supported



6. Develop strategies



7. Resource the Action Plan



8. Negotiate with relevant government departments



9. Determine responsibility



10. Evaluate



# developing an action plan



## Step 1: Develop a Good Working Group

The success of the WWDA Woorarra Project required going beyond the actual writing of the Action Plan, to developing a strong co-operative relationship between women with disabilities and the domestic violence sector. Therefore, it was critical from the beginning to have this project's outcomes owned by women with disabilities and the key players in the domestic violence sector. A Working Group was therefore established and is recommended as a useful step.

### Process

**If you decide** to establish a Working Group, then the make-up of the group is crucial. The group needs to be made up of equal numbers of women with disabilities and women from the domestic violence sector, including central points of referral, outreach services and domestic violence community education and training organisations.

**Talk** to women with disabilities - disability communities/organisations could be contacted to recommend women with disabilities who could participate, e.g., see if there is a statewide network, attend one of their meetings.

**When establishing** a Working Group, factors which will need to be considered include: the accessibility of the meeting place, the costs of women with disabilities getting to and from the meetings, attendant care, interpreters or support people, rewards for refuge volunteers and management committee members involved.

**Resource** women with disabilities on the working group by at least covering costs. Pay them to attend if possible and recognise that many other members of the Working Group will be paid to participate. Also that many women with disabilities will have other costs to get to participate in your Action Plan, such as taxi fares or support people.

**The Working Group** will need to have training in the DDA. Your group may also need to get some training to increase the awareness of issues for women with disabilities. Make sure this training, which may well be provided by a number of people, is presented by women with disabilities or women with a good reputation with women with disabilities' organisations.

In terms of training in disability awareness, it is important to stay away from training which simplifies and often trivialises the experience of disability eg: by sitting you in a wheelchair for 20 minutes or asking you to put a ping-pong ball in your mouth and then try and speak. Check that the organisations you go to have very strong links with disability consumer organisations or the disability community.



- **Appoint** a facilitator/resource person for the Working Group.
- **Allocate** responsibilities.
- **Ensure** Working Group members and their organisations are committed to the time required and attendance at meetings.
- **Definitely Do**
  - **Explore** setting up a Working Group. It may be for your own service or for a group of domestic violence services in your region.
- **Definitely Don't**
  - **Try** to do it on your own.
  - **Think** you don't have to have equal numbers of women with disabilities and women from the domestic violence sector.

## Step 2: Familiarise yourself with the barriers in your service

### The physical barriers.

During the Woorarra discussion groups, one woman said that she would NOT assume that a refuge was accessible. *‘There is no point going to a refuge if you can’t get in.’* How others use the environment can create barriers for women with disabilities: for example, leaving doors ajar, vacuum cleaners in hallways. For instance, if a blind woman bumps into a vacuum cleaner, people will regard it as her own fault.

The Woorarra Working Group used the following criteria to identify barriers and solutions:

BARRIER	IDEAL	CURRENT PRACTICE	BARRIERS TO IDEAL

To identify physical barriers, listen to what you are being told by women with disabilities and get a copy of an access check list from Villamanta or HREOC.



**Get** an architect/skilled person who has previously identified barriers which limit physical access to and around the service and has developed solutions to these barriers. They need to be able to comply with:

- the relevant Australian Standards
- Building Codes of Australia
- the HREOC Access Guidelines

**Be aware** that there may be a number of solutions to a particular physical barrier. Woorarra refuge is on a hill which is very steep. To enable women with disabilities to come and go it is recommended that a scooter be bought and the van fitted with a hoist.

A refuge in Victoria was built to be accessible but because it was not designed by an architect recommended by women with disabilities, many aspects of the refuge still remain inaccessible e.g. measurements of ramps, doorways, etc, do not allow for access. Some physical barriers will only require a shifting in consciousness and practice. For example, not having tatty/torn rugs on the floors and rearranging the layout of furniture.

## Process

**Invite** women with a range of disabilities and experiences to the service to identify barriers.

**Contact** HREOC re: skilled people for access audits.

**Ring** any community organisation doing work around the DDA and ask what they are doing and who they are using for the access audit.

**Expect** to pay for the access audit.

## Definitely Do

**Have** a commitment to the process and to learning about access.

**Establish** a process to determine priorities in conjunction with the Working Group.

**Be aware** of funding sources – involve them pre-negotiation stage.

**Have** an access audit done.

## Definitely Don't

**Be** put off by the cost.

**Assume** to be the expert.

**Don't** get a builder who is the in-law of a friend of someone who knows one of your staff! Unless of course they have the skills and recent experience and references.



## The barriers in your policies and practices.

### **You'll need to:**

**Audit and review** your policies and practices. This could be done with the Working Group.

**One example** of a policy and practice barrier is that information on the rights of women in a refuge needs to be given within 24 hours of arrival. This information is not yet provided in alternative formats. Also, there hasn't yet been any formal consideration of the issue that some women may have trouble grasping and retaining all this information.

**A strategy** to overcome this barrier would be to make the information available in alternative formats, and to ensure the workers are trained to be responsive to women's needs in accessing and retaining information and also providing information in alternative formats.

**Another example** of a common policy which excludes women with disabilities was Woorarra's fire evacuation policy. Nothing in the evacuation procedures ensured women with disabilities were able to leave safely. There was nothing in the procedures to identify how women with disabilities could evacuate the building, and there was no alternative signage showing exits.

**Identify the gaps** in your services policies and practices and you may also need to develop new policies and practices.

### **Process**

**Establish** questions/criteria that need to be addressed when assessing all policies and practices. For example, when looking at the policy ask: How are women with disabilities included in this policy? How will women with disabilities be affected by this policy? How have you included the diverse range of disabilities, backgrounds and experiences in your policies and practices?

**Look** at how practice excludes women with disabilities (eg, no information on tape).

**Your refuge** may require development of new policies such as affirmative action or information policies along with new procedures.

**A strategy** may be developed to ensure that all information will be in different formats/languages.

**Regular** evaluation of workers' practice must be linked in with job descriptions, staff appraisals, and supervision.

**Regular** policy and practice audits need to be in place. Your organisation might establish a regular checking mechanism for policy review and evaluation.







## Definitely Do

**Remove** or rewrite those policies and practices that indirectly or directly discriminate against women with disabilities.

**Regularly** revisit and revise your policies and practices. Some organisations find it useful to undertake such a review every three years. To be effective, the review must be done in conjunction with women with disabilities.

**Ask** women who know what needs to go into the policy and procedures.

## Definitely Don't

**Review** policies and practices in isolation.

## Barriers in communication and information.

A woman attending the blind and visually impaired women's discussion group talked of an instance where a pregnant blind woman escaping domestic violence met with a blind agency and the Catholic Church, who offered to help her get out of her unfortunate situation. But in doing so, they brainwashed her into having the baby adopted: they insisted that she wouldn't be able to look after her child without a partner. Although she didn't agree with them, she eventually complied, feeling there was no alternative. It was the biggest heartache for her. If only she had been given the correct information, such as 'there is a single parents pension...' Women with disabilities have identified that the information they need in order to make a decision for themselves – about the range of domestic violence services available, how to use them and what to expect – is, on the whole, not available.

## You'll need to ask:

**Is** your information in accessible formats?

**How** skilled is your service in communication?

**How** flexible and trained are your staff in providing information in various formats?

**Woorarra Example:** The Woorarra Discussion Groups' findings identified the following issues: **Listening** skills are very important, and are an area where staff may need more training and development. The **time** it takes to get sign interpreters in an emergency is important. There is an emergency after-hours service, but not many domestic violence workers are aware of it. Existing **information** is not in alternative formats. As one visually impaired woman said, *'for me if information is on paper, all it is, is a piece of paper'*. The lack of relevant **training** for refuge and other domestic violence workers in understanding and working with women with disabilities.







## Process

**Look** at how the organisation provides information and in what way. This could be done with the Working Group or using the checklist developed by Villamanta Publishing Service (see appendix).

**Audit** all information in the refuge such as: information to residents, forms for collecting information, and information on residents rights and responsibilities.

**Look** at what other organisations have done and ask what worked and what, if anything, would they do differently.

**Look** at how general information on domestic violence is provided to women with disabilities.

**Inform** others of findings - establish processes within programs rather than just individual refuges/shelters.

**Identify** the skills staff do or don't have in working with sign interpreters.

## Definitely Do

**Look** at what already exists - internal and external.

## Definitely Don't

**Assume** you can do it on your own.

## Attitudinal barriers.

The discussion groups for the Woorarra Action Plan identified common attitudes such as women with disabilities are dependent and women with disabilities will take more time and disrupt the service. Regarding attitudes about women with disabilities and domestic violence, women with disabilities said:

- Paternalistic attitudes reign strong in the community, everywhere.
- People don't look beyond the label of mental illness.
- Women with disabilities are seen as asexual, and not likely to be in a relationship. Therefore, 'women with disabilities don't experience domestic violence'.
- Most people, whether doctors, police or magistrates, look upon the disabled partner as the dependent partner, whether or not this is the case.
- Most women spoken to did not assume that the refuge would be accessible.

A common belief about women with visual impairments by community policing and others can be that a woman is safer in her own environment as she knows it well. *'If we take them on we might be getting into deep water; maybe we'll give the perpetrator a good talking to and let them go home'*. Whereas the woman has the right to choose where she



feels the safest and to get the support she needs to stay there. These attitudes reflect the many negative attitudes towards women with disabilities common in our society.

## **You'll need to:**

**Develop** a dialogue with women with disabilities.

**Get** good training and enjoy it - it will be very confronting and empowering.

**Ask** what mechanisms does your service have to allow for women with disabilities to feed back their experience of your service. For example: Do you have a survey? Does it encourage women to talk about attitudes of the staff? What arrangements do you have to assist a women with disabilities in filling out the evaluation? Is the evaluation available in other formats?

**Analyse** what the workers' attitudes are - you may want to use checklists or discussion groups.

## **Process**

**Create** an environment in which it is safe to explore prejudices and attitudes either by using a facilitator or using existing disability awareness training.

**Work** on the basis that everyone's experience is valuable.

**Talk** to relevant people about disability awareness; for example Villamanta, Victorian Mental Illness Awareness Council.

**Develop** a component of evaluation which examines attitudes and practices of staff, management, and volunteers, and attach this to their staff appraisal and education review.

**Work** with women with disabilities to develop questions/scenarios which will attempt to draw out attitudes of the staff as part of the selection criteria for those involved with the service.

## **Definitely Do**

**Get** disability awareness training by women with disabilities or by women who are well connected to women with disabilities and women with disabilities organisations.

**Provide** opportunities for staff to mix in other circles where information and contact with women with disabilities is available.

**Think** about the change the Action Plan will provide/create within the context of women in general.

**Build** networks.

## **Definitely Don't**

**Tack any action** (of making your communication and information accessible) onto the end of some existing policies/practices.

**Think** that disability training is enough to transform the culture of your organisation. You'll need to go further than that.





## Step 3: Consulting and Involving Women with Disabilities

Many women with disabilities will have the valuable knowledge and experience YOU NEED to develop your Action Plan. There are **four main ways** of involving women with disabilities in the development of your Action Plan:

1. Have **equal numbers** of women with disabilities and women from the domestic violence sector in the Working Group or any other structure you set up to manage and inform the development of your Action Plan.
2. **Consult** with women with disabilities to identify the domestic violence issues for women with disabilities, the barriers preventing or making difficult access to refuges for women with disabilities and the strategies to eliminate these barriers.
3. Get women with disabilities onto your **management** structure. Provide any necessary support.
4. **Employ** women with disabilities.

**But don't just do one of these.**

### You'll need to:

**Educate** yourself – read literature, don't expect women with disabilities to educate you about domestic violence issues for women with disabilities and issues of access to services.

**Contact** women with disabilities who: a) have had personal experience of domestic violence and feel comfortable using that experience to assist others, b) have expertise in women's services, c) represent relevant organisations, and d) are seen by women with disabilities to represent their situation and views.

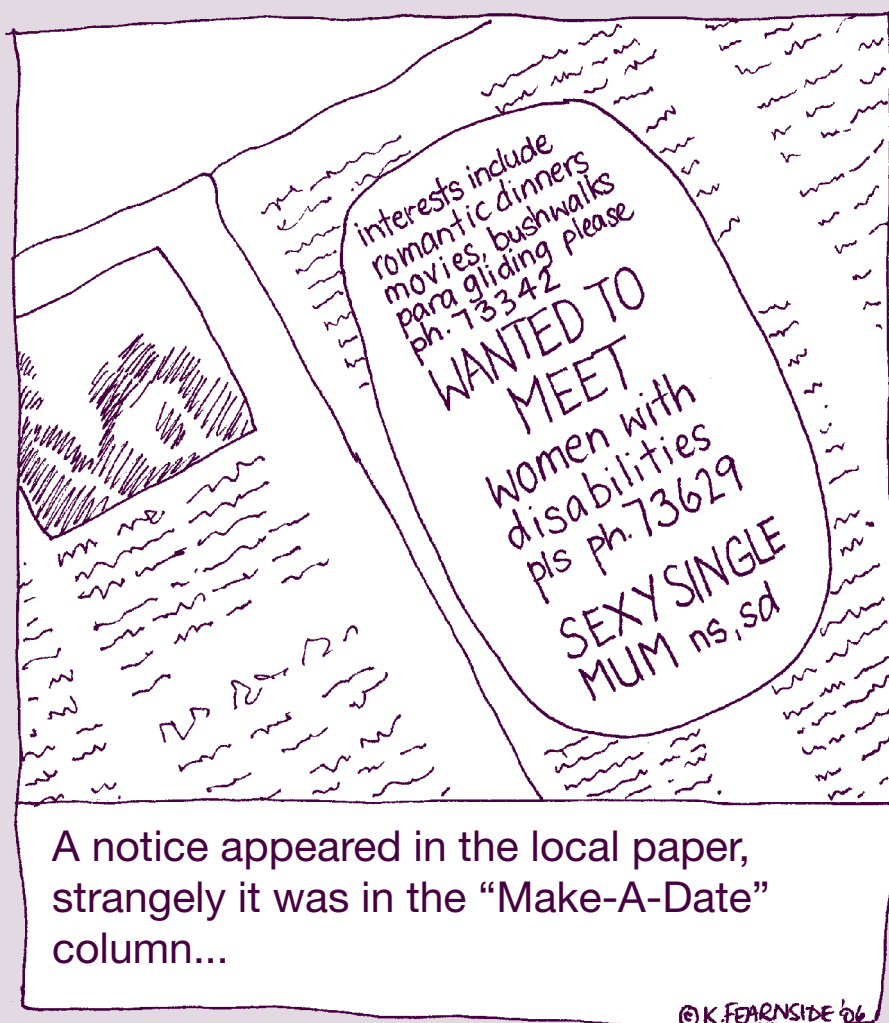
**Hold** discussion groups for women with disabilities to discuss: What is domestic violence? What are the barriers to accessing a service? What are the strategies to eliminate these barriers? What is an ideal service?

**Distribute** a leaflet about the discussion groups which explains exactly what you will be doing and why, how women with disabilities can be involved, what women with disabilities will get from your consultation and how you will keep them informed about what you are doing with the results of the consultations.

**Talk** to women with a range of disabilities. Contact WWDA or other women with disabilities groups in your state and ask if you can put a notice in their newsletter or meet with them.

**Talk** to advocacy organisations, put a notice in their newsletter and if they have a women's group, see if you can attend a meeting which focuses on issues for your service.







**Talk** to peak groups (see appendix).

**Read** reports on violence against women with disabilities or articles on violence written by women with disabilities to inform yourself of the issues for women with disabilities. Set up a library.

**Look** at the findings from the Woorarra Action Plan (contact WWDA for a copy).

**Be aware** why you are consulting. You need to consult with women with disabilities because women with disabilities are likely to have the knowledge of what is required and be the experts in how this can be provided.

## Process

**Establish** a set of principles that your service will use for the discussion groups, such as:

**Access** – The venue chosen to hold meetings/discussion groups must be accessible and this information provided to women with disabilities. You will need to offer sign interpreters and ask women to tell you if they need support people present.

**Support** – Always have support people present, if required, to assist a woman to participate in the group (especially in the beginning), or to be present should a woman disclose her experience of violence for the first time.

**Facilitation** – Have a facilitator who is skilled in working with women with disabilities and who has an understanding of group dynamics (including a variety of strategies to deal with problems in group dynamics that might arise).

**Confidentiality** – You will need to explain to women how you will use information. Ensure women know that no women will be able to be identified.

If you are taping the sessions, explain who will hear them and what will happen to the tapes at the end of the project. Offer a number of ways in which women with disabilities can participate. Recognise the different needs of women; for example: conduct phone interviews, develop questionnaires, offer women assistance with transport and support so they can attend the discussion groups, be flexible, creative and responsive to local community. For example, women with disabilities may want you to attend their group in the consultation process.

**Get** information out to women with disabilities. Use the local newspaper, disability organisations newsletters, email discussion lists, neighbourhood houses.





The disguises were an instant hit!

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## Definitely Do

**Plan** groups properly, be organised and be open.

**Explain** the process you will be using to participants and work on any necessary changes in the beginning.

**Contact** existing groups and utilise the knowledge of others who have done this.

**Find** an appropriate, skilled facilitator.

**Ensure** contact with a wide range of groups which reflect the range of disabilities.

## Definitely Don't

**Consult** for the sake of it - consult for a clear purpose and outcome.

**Have** someone facilitate and take notes at the same time.

**Decide** not to consult with women with disabilities.

## Step 4: Educate your organisation about the DDA

### You'll need to:

**Get** excellent training in the DDA from women with disabilities or organisations skilled in delivering training about the DDA (see appendix). DDA training will need to include: what is direct and indirect discrimination, Action Plans and what constitutes unjustifiable hardship. The training should also explain the complaints process. Your organisation will need to have regular training on the rights and responsibilities under the DDA.

**Ensure** your organisation develops evaluation mechanisms which are able to assess workers' disability awareness, their attitudes and practice. There must be active involvement in training and follow up training by staff, volunteers and management.

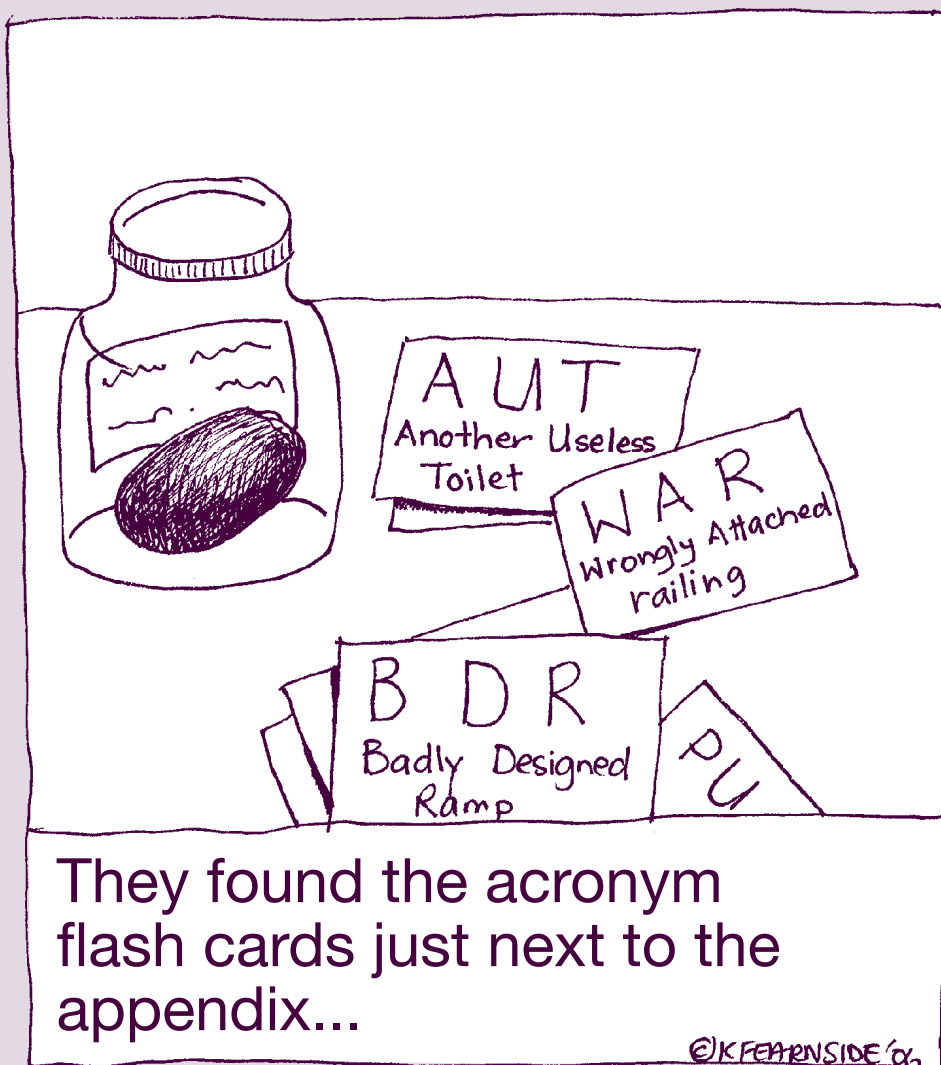
**Start** getting copies of other community groups' Action Plans, distribute these to staff, management and/or Working Groups, and follow up organisations whose Action Plans seem relevant or good.

### Process

**Identify** and utilise existing resources. There are a number of resources available (see appendix).

**Training** in DDA for all staff and management must not be done in isolation from disability awareness training.







## Definitely Do

**Learn** the acronyms and terminology – it will help!

**Ensure** training in both the DDA and disability awareness is organised at the beginning of the project. All people involved in your Action Plan should be involved in the DDA training, including the Working Group.

**Ensure** staff get to relevant seminars run by the disability sector and provide feedback to your organisation.

**Place** your service on the mailing lists of relevant disability organisations to receive their newsletters.

**View** training as an ongoing process for the life of the service not just for the development of the Action Plan.

## Definitely Don't

**Just read** the DDA Act and expect to understand it.



## Step 5: Ensure you are well supported

**Woorarra Example:** *'One of the most important issues we learnt is that this process cannot be done in isolation. For a service to develop and implement an Action Plan, other services and peak bodies must be supportive and involved and committed to the same outcome - the Action Plan being not only developed but implemented.'*

### You'll need to:

**Ask** what needs to be in place to ensure workers and management feel supported through the change process.

**Enable** refuge workers and management to identify the types of support and ways this can be organised. This will be ongoing.

**Explore** the possibility of the Working Group continuing beyond the actual writing of the Action Plan to actually implementing it.

**Explore** how women with disabilities, disability and domestic violence services can continue to support the refuge in the implementation of their Action Plan. If the Working Group can't continue, the refuge might decide to meet on a regular basis with women with disabilities and domestic violence organisations, or put out a regular newsletter stating where they are up to with their Action Plan and what assistance is needed.

**Explore** the possibility of a state wide reference group assisting your service and other women's refuges in implementing DDA Action Plans.



## Process

**Organise** and utilise de-briefing and supervision for domestic violence workers.

**Recognise** that women with disabilities may want the opportunity to de-brief throughout their involvement in the Action Plan development and implementation. Work with them to determine how this can be set up.

**Establish** a support group for staff and management.

**Explore** setting up an advisory group of women with disabilities.

If services were to attempt this without support, it would be too overwhelming, and it is doubtful the process would be successful.

## Definitely Do

**Acknowledge** and build into work time any new responsibilities workers have in implementing the Action Plan.

**Establish** networks with women with disabilities, other domestic violence services and domestic violence service providers. If you don't know – keep asking.

## Definitely Don't

**Be protective** of your lack of knowledge.

**Keep** your struggles, wins and frustrations to yourself.



## Step 6: Develop Strategies

### You'll need to:

**Use** information from discussion groups to develop strategies, and ensure women with disabilities are encouraged to put forward solutions (remember their expertise as a result of their own experience).

**Brainstorm** solutions with the Working Group.

**Woorarra Example:** The following table is an example of the format which was utilised by Woorarra to write their Action Plan. The barriers, strategies, responsibilities and outcomes were identified by the Working Group, the discussion groups and Woorarra staff.

BARRIERS	STRATEGY/ACTION	RESPONSIBILITY	TIMELINE	OUTCOME
Disability issues not included in any staff or management induction.	Woorarra will develop and maintain a reading kit for new workers and management committee members on issues of gender and disability, and domestic violence and women with disabilities.  Visits to organisations such as the Independent Living Centre will also be part of the induction.	Co-ordinator, DVIRC and Working Party.	Started August 1997 – ongoing.	New staff and committee members familiar with issues for women with disabilities.  Staff comfortable with and knowledgeable about working with women with disabilities.

**Adopt** other services' strategies where appropriate – you don't need to reinvent the wheel. The above table is one example of a strategy which could apply to many services, not just Woorarra refuge. If appropriate, use it. There are many others which may also be applicable to your service.



## Process

**Planning** – prioritise what needs to be done first and what can be done.

**Develop** strategies – the Working Group, Staff, and the Management (all levels) need to be involved. If everyone feels a sense of ownership then all stakeholders are likely to have a commitment to implementing these strategies.

**Develop** realistic time lines and incorporate tasks such as funding negotiations.

**Link** strategies to existing activities and policies. For example, Woorarra’s Action Plan will be attached to the ‘Inter-refuge sub-group minimum standards document’.

## Definitely Do

**Develop** a written plan of action.

**Consult** – keep consulting.

**Make** definite realistic time lines.

**Have** clear expectations/outcomes.

## Definitely Don’t

**Think** that you need an ‘expert’ to develop strategies.

**Develop** strategies in isolation.



## Step 7: Resourcing the Action Plan

### **You'll need to:**

**Utilise** what you already have.

**Draw** and expand on worker skills identified in your staff skills audit.

**Identify** what costs and what doesn't, then take it to the Working Group to assist in developing priorities and strategies.

**Develop** a knowledge of what's around. Ask lots of questions - pester people. Compile a list of services that supply and/or hire out the equipment which is needed.

**Identify** and build networks with services that may have resources and be interested in supporting your service.

**Woorarra Example:** To respond in the short term to the barrier in the refuge policy which says a woman needs to supervise her own children, Woorarra decided the following action. If a woman with a disability comes to the refuge and needs assistance with supervising her child or children, Woorarra will employ a trained integration aide and child care worker to assist the woman with a disability with her child.

### **Process**

**Utilise** the skills and attitudes audit of the workers.

**Be flexible** and creative in how you resource the Action Plan.

**Utilise** the strength of the working group in negotiations with the relevant Department/s.

**Create** visibility between the sectors - publicise/promote what you are doing. For example: speak at conferences, put articles in disability and domestic violence newsletters, publicise your successes, let other services know it is possible to make a service accessible and tell others of the benefits of creating an accessible and inclusive service.

### **Definitely Do**

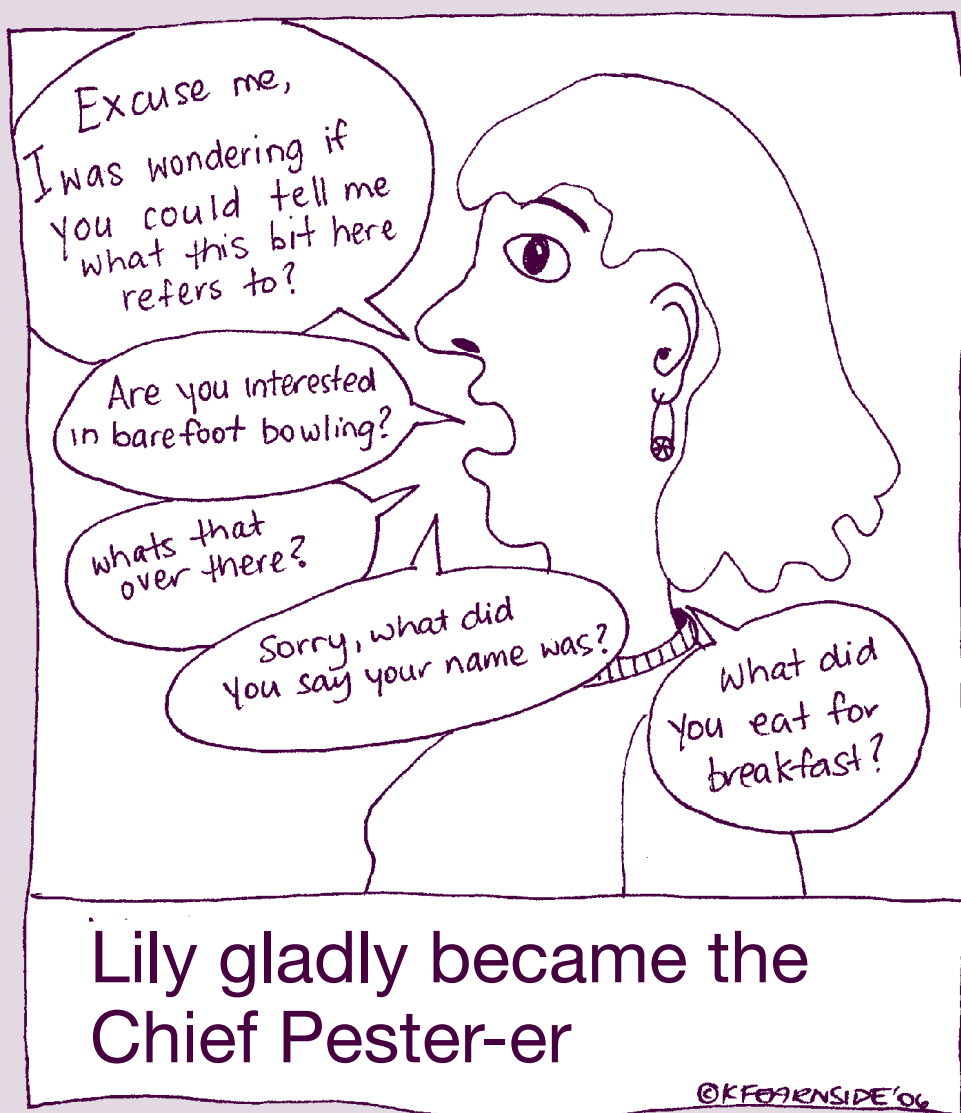
**Link** into existing structures/peak bodies.

**Think** laterally.

### **Definitely Don't**

**Only** look at dollars and resourcing and then do nothing.







## **Step 8: Negotiating with Relevant Departments**

### **You'll need to:**

**Inform** the relevant Departments of your desire and commitment to develop a DDA Action Plan.

**Look** at their Action Plan if they have one. If they don't, find out what their plans to develop one are.

**Invite** key workers from the relevant Departments to participate in the Action Plan's development or to be kept up to date.

**Introduce** the Working Group to regional and/or state Departmental representatives.

**Put** your best people forward, don't use your negotiating as an opportunity for learning - it is too important. People negotiating need to have problem solving skills.

**Consult** with the relevant Departments when your service has identified there is a problem.

### **Process**

**Identify** roles and responsibilities between the Department, the Working Group, the refuge and the refuge peak bodies.

**Consult** with all Departments and bureaucrats who have responsibility (for example, support services and housing services) at a regional, state and national level.

**Be strategic** and prepared when meeting with the Departments, be prepared to answer queries on costs and priorities. You may need to inform them of your service's responsibilities under the DDA.

**Provide** regular up-dates by inviting the Departments to meetings with the Working Group, discussion groups with women with disabilities who have been involved in the project.

### **Definitely Do**

**Develop** links with relevant people in the Department.

**Work** collaboratively with other services.

**Consult** with other services in your state who may be at a similar stage to you, or further down the track.

**Invite** the Department to Working Group meetings and celebrations, evaluations and any launches.

**Involve** women with disabilities in any negotiations with the Department.

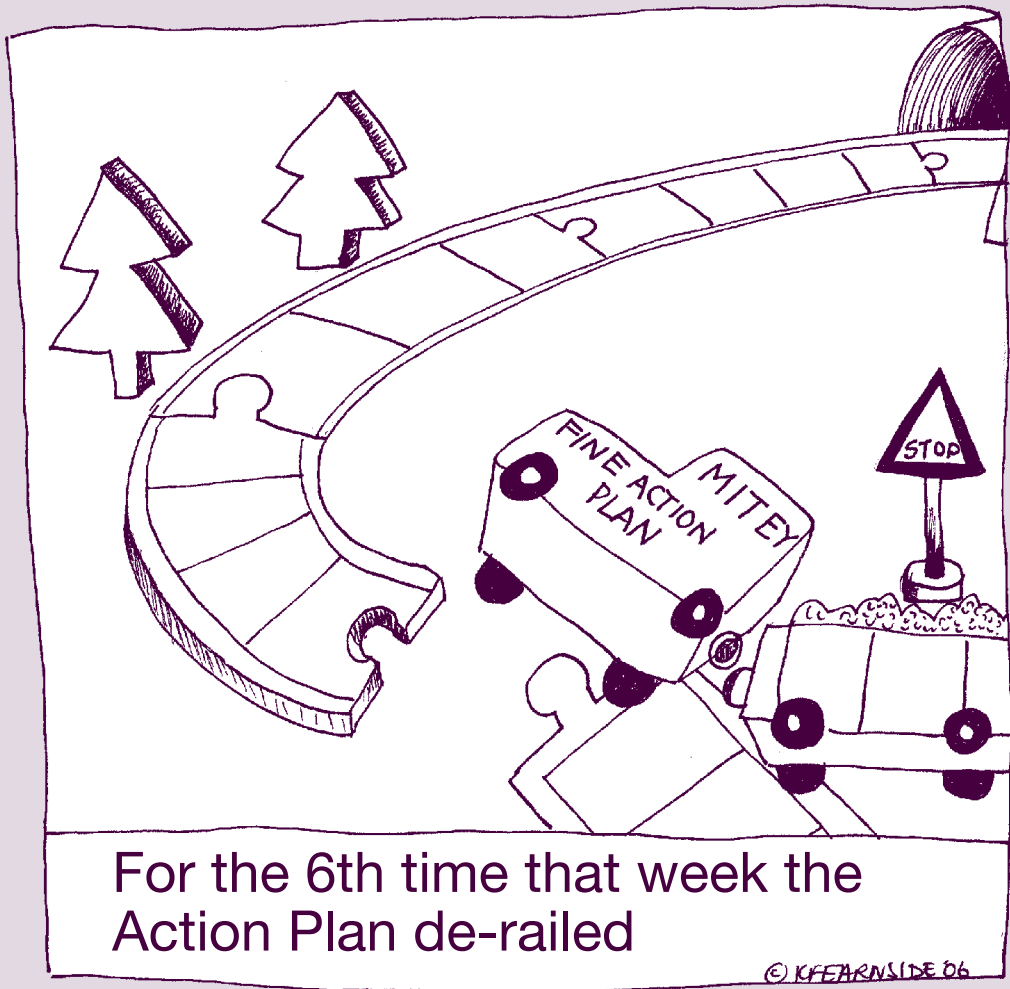
**Ensure** that you are well informed of the Department's responsibilities under the DDA.

### **Definitely Don't**

**Exclude** some of the key players.

**Give up** easily.







## Step 9: Determining Responsibility

### **You'll need to:**

**Spend** considerable effort in determining and allocating responsibility both in your refuge and in outside agencies.

**Ensure** everyone is equally responsible for eliminating the barriers to access and participation for women with disabilities. This includes workers, management, volunteers, peak bodies and the relevant government departments.

**Have** the Action Plan on the agendas of all meetings pertaining to your service, including: staff meetings, management meetings, meetings with regional offices (if relevant) and any strategic planning or evaluation for the service.

**Ensure** that someone is responsible for keeping the Action Plan on track.

**Woorarra Example:** As part of its implementation strategy, Woorarra set up a DDA Team made up of a staff representative, the Co-ordinator, a management member and a representative from the Working Group, to oversee and co-ordinate week-to-week implementation.

### **Process**

**Explore** different methods to keep the process alive such as the Woorarra DDA Team, regular meetings with women with disabilities, six monthly evaluation, activities involving the Working Group.

### **Definitely Do**

**Allocate** and define responsibilities. This process could include building-in certain responsibilities in workers' job descriptions.

**Connect** responsibility to the interests and positions of workers and management.

**Build** in recognition of people's involvement, completion of tasks and meeting of objectives. Celebrate this.

### **Definitely Don't**

**Expect** roles and responsibilities will fall naturally into place.

**Assume** that all people who could be involved will offer themselves and recognise their own capabilities – some people might just be waiting to be asked.



## Step 10: Evaluation

### You'll need to:

**Recognise** that evaluation is critical because you need to be able to see that not only have you met your goal but that it has achieved the change that was required. If your goal was to have more women with disabilities using your service, how will you know this has been achieved without analysing your statistics?

The success of your Action Plan may be indicated by an increase in the number of women with disabilities using your service, changes to staff attitudes or improvements in the physical accessibility of your premises. If you don't develop mechanisms for evaluation then your organisation has no way to assess whether it is achieving the goals, and whether the way you are going about implementing your plan is actually producing benefits for women with disabilities or women with a child with a disability.

**Involve** women with disabilities and relevant organisations in evaluation.

**Build** regular evaluation into your Action Plan.

**Identify** whether the strategies are appropriate and whether additional barriers are now being highlighted as the Action Plan is being implemented.

**Ask** how the Action Plan has made a difference.

### Process

There is quite a wide range of evaluation techniques that would be useful for your Action Plan. You may find a combination of techniques will be required. It is important to involve women with disabilities who have used your service in the evaluation. Any evaluation needs to also include all workers, management members, volunteers, Working Group members and any relevant disability organisations, women with disabilities networks and, when appropriate, any relevant Departments.

**Design** and prioritise evaluation strategies which include: analysis of data and statistics, residents' evaluation, staff, management, and volunteer evaluation, questionnaires and surveys, meetings with staff, management, women with disabilities and relevant Departments.

**Organise** regular evaluation.

**Involve** people in different ways - sharing facilitation, note taking, designing evaluation.

**Be clear** about why and what you are evaluating and recognise that evaluation is a process.



**Obtain** statistics from other services, such as local domestic violence outreach services or central referral points.

**Ensure** you work on strategies to then link the outcomes of the evaluation to the implementation of your Action Plan and other organisational processes.

## Definitely Do

If one of your goals is to increase the numbers of women with disabilities using your service, make sure you are rigorously collecting the pertinent information. If disability or level of disability is not being appropriately and routinely recorded, then you will have NO evidence to support your perception. For example if, when you come to evaluate, you find you are personally sure that you have worked with more women with disabilities than your records suggest, you will have no evidence to back it up.

**Check** that from the beginning of the implementation of your Action Plan you are collecting relevant information to assist in the evaluation.

**Woorarra Example:** In Woorarra's Action Plan they identified that in the first Working Group meeting after the Action Plan is completed, the Working Group would develop some key evaluation strategies to be used in the first six monthly evaluation.

**Involve** people who know about evaluation and are good at it.

**Ask** other services about their evaluation strategies and processes.

**Explore** the opportunity of undertaking evaluation on a sector-wide level, either statewide or on a regional basis.

## Definitely Don't

**Not** evaluate.

**Not** collect information.

**Think** of evaluation as a stone around your neck.







# where to go now

## Violence & Abuse - National Services and Organisations

### **Australian Centre for the Study of Sexual Assault (ACSSA)**

Aims to improve access to current information and resources in order to assist those committed to working against sexual assault.

Ph: (03) 9214 7888

Fax: (03) 9214 7839

Email: [acssa@aifs.gov.au](mailto:acssa@aifs.gov.au)

Web: [www.aifs.gov.au/acssa](http://www.aifs.gov.au/acssa)

### **Australian Domestic and Family Violence Clearinghouse**

A national resource on issues of domestic violence and family violence. It provides a central point for the collection and dissemination of Australian domestic and family violence policy, practice and research.

Ph: (02) 9385 2990 or 1800 753 382 or TTY: (02) 9385 2995

Fax: (02) 9385 2993

Email: [clearinghouse@unsw.edu.au](mailto:clearinghouse@unsw.edu.au)

Web: [www.austdvclearinghouse.unsw.edu.au](http://www.austdvclearinghouse.unsw.edu.au)

### **Australian Federation of Homelessness Organisations (AFHO)**

AFHO is the national peak body working to prevent and respond to homelessness in Australia. Single men and women, families, young people and women escaping domestic violence are all represented through the founding members of AFHO.

Ph: (02) 6247 7744

Fax: (02) 6247 1649

Email: [afho@afho.org.au](mailto:afho@afho.org.au)

Web: [www.afho.org.au](http://www.afho.org.au)

### **Australian Institute of Criminology (AIC)**

Australia's pre-eminent national crime and criminal justice research agency.

Ph: (02) 6260 9200

Fax: (02) 6260 9201

Web: [www.aic.gov.au](http://www.aic.gov.au)



### **Australian Institute of Family Studies (AIFS)**

The AIFS is an independent statutory authority established to promote the identification and understanding of factors affecting marital and family stability in Australia.

Ph: (03) 9214 7888  
Fax: (03) 9214 7839  
Email: [library@aifs.gov.au](mailto:library@aifs.gov.au)  
Web: [www.aifs.gov.au](http://www.aifs.gov.au)

### **Australian National Disability Abuse & Neglect Hotline**

Receives reports of abuse and neglect of people with disability using government-funded disability services and refers allegations to appropriate government agencies for investigation. Reports of abuse and neglect in other situations are also accepted and callers are referred to other forms of assistance as appropriate.

Ph: 1800 880 052 or TTY: 1800 301 130  
Fax: (02) 9318 1372  
Email: [enquiries@disabilityhotline.org](mailto:enquiries@disabilityhotline.org)  
Web: [www.disabilityhotline.org](http://www.disabilityhotline.org)

### **Coalition Against Trafficking in Women Australia (CATWA)**

CATWA is organised to bring international attention to all forms of sexual exploitation, including trafficking in women, prostitution, pornography, sex tourism, mail order bride-selling, incest and rape.

Ph: (03) 8344 7162  
Fax: (03) 8344 7906  
Email: [s.jeffreys@politics.unimelb.edu.au](mailto:s.jeffreys@politics.unimelb.edu.au) or [info@catwa.com](mailto:info@catwa.com)  
Web: <http://mc2.vicnet.net.au/home/catwaust/files/index.htm>

### **National Association of Services Against Sexual Violence (NASASV)**

NASASV comprises organisations and workers across Australia responsible for the provision of services to victim/survivors of sexual violence. NASASV ensures continuing communication and advocacy at a National level in pursuit of high quality service provision to victim/survivors of sexual violence, with an ultimate goal of the elimination of sexual violence in the community.

Ph: (02) 9819 7357  
Web: [www.nasasv.org.au](http://www.nasasv.org.au)

### **National Child Protection Clearinghouse (NCPC)**

Collects, produces and distributes information and resources, conducts research, and offers specialist advice on the latest developments in child abuse prevention, child protection and associated violence.

Ph: (03) 9214 7888  
Fax: (03) 9214 7839  
Email: [library@aifs.gov.au](mailto:library@aifs.gov.au)  
Web: [www.aifs.gov.au/nch/nch\\_menu.html](http://www.aifs.gov.au/nch/nch_menu.html)



### **Project Respect**

An Australian non-government organisation which challenges exploitation of and violence against women in the sex industry. Project Respect conducts outreach and offers services to women in brothels especially where there is a high concentration of women from non-English speaking backgrounds.

Ph: (03) 9416 3401

Fax: (03) 9417 0833

Email: [info@projectrespect.org.au](mailto:info@projectrespect.org.au)

Web: [www.projectrespect.org.au](http://www.projectrespect.org.au)

### **Women's Safety Agenda—Elimination of Violence**

The 'Women's Safety Agenda—Elimination of Violence' is the Australian Government's initiative to eliminate domestic violence and sexual assault in the Australian Community. The Women's Safety Agenda addresses four broad themes - prevention, health, justice and services. Together they aim to decrease the impacts of domestic violence and sexual assault upon the community by increasing attention on preventing violence and early intervention and support for those affected by violence.

Ph: 1800 808 863

Fax: (02) 6212 9572

Email: [women@facsia.gov.au](mailto:women@facsia.gov.au)

Web: [http://www.ofw.facsia.gov.au/womens\\_safety\\_agenda/index.htm](http://www.ofw.facsia.gov.au/womens_safety_agenda/index.htm)

### **Women's Services Network (WESNET)**

WESNET is a national women's peak advocacy body which works on behalf of women and children who have experienced domestic and family violence. WESNET represents a range of organisations and individuals including women's refuges, safe houses and information/ referral services.

Ph: (02) 6247 1616

Fax: (02) 6247 1649

Email: [wesnet@wesnet.org.au](mailto:wesnet@wesnet.org.au)

Web: [www.wesnet.org.au](http://www.wesnet.org.au)

**Details of State & Territory refuges, violence services and organisations can be found at the Women With Disabilities Australia (WWDA) Online Information and Referral Directory. The Directory can be accessed via WWDA's website at [www.wwda.org.au](http://www.wwda.org.au)**



## Disability – National Peak Organisations

### **Australian Association of the Deaf (AAD)**

The Association represents, promotes and preserves the Australian Deaf community, its language and cultural heritage. It works towards a vision of a national Deaf community with equal rights and full access in Australian society.

Ph: (07) 3357 8266 TTY: (07) 3357 8277

Fax: (07) 3357 8377

Email: [aad@aad.org.au](mailto:aad@aad.org.au)

Web: [www.aad.org.au](http://www.aad.org.au)

### **Blind Citizens Australia (BCA)**

Blind Citizens Australia seeks to achieve equity and equality by empowering people who are blind or vision impaired, by promoting positive community attitudes, and by striving for high quality and accessible services which meet members' needs. Its core activities are: individual and systemic advocacy; information dissemination; peer support; and advice to government and community organisations.

Ph: (03) 9372 6400 or 1800 033 660 or TTY: (03) 9372 9275

Fax: (03) 9372 6466

Email: [bca@bca.org.au](mailto:bca@bca.org.au)

Web: [www.bca.org.au](http://www.bca.org.au)

### **Brain Injury Australia (BIA)**

Brain Injury Australia advocates at the national level for people with Acquired Brain Injury and their families and carers on behalf of affiliated agencies in all states.

Ph: (03) 9497 8074

Fax: (03) 9486 7941

Email: [admin@bia.net.au](mailto:admin@bia.net.au)

Web: <http://www.bia.net.au>

### **Deafness Forum of Australia**

The Deafness Forum of Australia's mission is to improve the quality of life for Australians who are deaf, have a hearing impairment or have a chronic disorder of the ear. The Forum makes representations to government regarding policy and legislation; generates public awareness; provides a forum for information sharing; and creates better understanding between all areas of deafness.

Ph: (02) 6262 7808 or TTY: (02) 6262 7809

Fax: (02) 6262 7810

Email: [info@deafnessforum.org.au](mailto:info@deafnessforum.org.au)

Web: [www.deafnessforum.org.au](http://www.deafnessforum.org.au)

### **National Association of People Living with HIV/AIDS**

The National Association of People Living with HIV/AIDS represents people living with HIV/AIDS and community based groups.

Ph: (02) 8568 0300

Fax: (02) 9565 4860

Email: [admin@napwa.org.au](mailto:admin@napwa.org.au)

Web: [www.napwa.org.au](http://www.napwa.org.au)



### **National Council on Intellectual Disability (NCID)**

The mission of the National Council on Intellectual Disability is to work to make the Australian community one in which people with an intellectual disability are involved and accepted as equal participating members.

Ph: (02) 6296 4400

Email: [ncid@ncid.org.au](mailto:ncid@ncid.org.au)

Web: [www.ncid.org.au](http://www.ncid.org.au)

### **National Ethnic Disability Alliance (NEDA)**

The National Ethnic Disability Alliance represents the rights and interests of people from non English speaking backgrounds with a disability, their families and carers. The Alliance works with ethnic organisations, the disability sector and government to secure equitable outcomes for its constituency.

Ph: (02) 9687 8933 or TTY: (02) 9687 6325

Fax: (02) 9635 5355

Email: [office@neda.org.au](mailto:office@neda.org.au)

Web: [www.neda.org.au](http://www.neda.org.au)

### **Physical Disability Council of Australia (PDCA)**

The Physical Disability Council of Australia represents the interests and views of people with physical disability across Australia. It provides the communication link between these people and decision makers in government, the community and the business world.

Ph: (02) 6562 9232

Email: [pdca@pdca.org.au](mailto:pdca@pdca.org.au)

Web: [www.pdca.org.au](http://www.pdca.org.au)

### **Women With Disabilities Australia (WWDA)**

Women With Disabilities Australia (WWDA) is the peak organisation for women with all types of disabilities in Australia. It is run by women with disabilities, for women with disabilities. It is the only organisation of its kind in Australia and one of only a very small number internationally. WWDA is unique, in that it operates as a national disability organisation; a national women's organisation; and a national human rights organisation. The aim of Women With Disabilities Australia (WWDA) is to be a national voice for the needs and rights of women with disabilities and a national force to improve the lives and life chances of women with disabilities.

Ph: (03) 6244 8288

Fax: (03) 6244 8255

Email: [wwda@wwda.org.au](mailto:wwda@wwda.org.au)

Web: <http://www.wwda.org.au>

**Details of other national, State & Territory disability and related organisations can be found at the Women With Disabilities Australia (WWDA) Online Information and Referral Directory. The Directory can be accessed via WWDA's website at: <http://www.wwda.org.au>**



## Organisations that provide education, training and resources about the Disability Discrimination Act (DDA)

Contact these organisations for information on the DDA, for DDA training and for advice on individuals or organisations who can undertake access audits and other components of Action Plans.

### Human Rights and Equal Opportunity Commission (National)

Ph: (02) 9284 9600 TTY: 1800 620 241  
Fax: (02) 9284 9611  
Email: [paffairs@humanrights.gov.au](mailto:paffairs@humanrights.gov.au)  
Web: [www.hreoc.gov.au](http://www.hreoc.gov.au)

### Villamanta Disability Rights Legal Service (Victoria)

Ph: (03) 5229 2925 TTY: 1800 014 333  
Fax: (03) 5229 3354  
Email: [legal@villamanta.org.au](mailto:legal@villamanta.org.au)  
Web: [www.villamanta.org.au](http://www.villamanta.org.au)

### Disability Discrimination Legal Service Inc (DDLS) (Victoria)

Ph: (03) 9654 8644 TTY: (03) 9654 6817  
Fax: (03) 9639 7422  
Email: [info@ddls.org.au](mailto:info@ddls.org.au)  
Web: [www.communitylaw.org.au/ddls/](http://www.communitylaw.org.au/ddls/)

### Disability Discrimination Legal Centre (NSW)

Ph: (02) 9310 7722 TTY: (02) 9310 4320  
Fax: (02) 9310 7788  
Email: [info@ddlcnsw.org.au](mailto:info@ddlcnsw.org.au)  
Web: [www.ddlcnsw.org.au](http://www.ddlcnsw.org.au)

### Intellectual Disability Rights Service (IDRS) (NSW)

Ph: (02) 9318 0144  
Fax: (02) 9318 2887  
Email: [info@idrs.org.au](mailto:info@idrs.org.au)  
Web: [www.idrs.org.au](http://www.idrs.org.au)

### Disability Discrimination Legal Service (ACT)

Ph: (02) 6247 2018 or (02) 6247 2177  
Web: [www.welfarerightsact.org](http://www.welfarerightsact.org)

### Darwin Community Legal Service (DCLS)

Ph: (08) 8982 1111 TTY: (08) 8982 1177  
Fax: (08) 8982 1112  
Email: [info@dcls.org.au](mailto:info@dcls.org.au)  
Web: [www.dcls.org.au](http://www.dcls.org.au)



**Sussex Street Community Law Service Disability Discrimination Unit (WA)**

Ph: (08) 9470 2676 TTY: (08) 9470 2831

Fax: (08) 9470 1805

Email: [sscls@sscls.asn.au](mailto:sscls@sscls.asn.au)

Web: [www.sscls.asn.au](http://www.sscls.asn.au)

**Welfare Rights Centre Inc (Qld)**

Ph: (07) 3847 5532

Fax: (07) 3421 2500

Email: [wrcqld@wrcqld.org.au](mailto:wrcqld@wrcqld.org.au)

Web: [www.wrcqld.org.au](http://www.wrcqld.org.au)

**Disability Discrimination Legal Service (Cairns)**

Ph: (07) 4031 7358 TTY: (07) 4031 7179

Web: [www.cclc.org.au](http://www.cclc.org.au)

**Central Community Legal Service (SA)**

Ph: (08) 8342 1800

Fax: (08) 8342 0899

Email: [ccls@ucwesleyadelaide.org.au](mailto:ccls@ucwesleyadelaide.org.au)

Web: [www.ucwesleyadelaide.org.au/ccls/](http://www.ucwesleyadelaide.org.au/ccls/)

**Launceston Community Legal Centre (Tas)**

Ph: (03) 6334 1577 TTY: (03) 6334 1949

Fax: (03) 6331 5237

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# some resources

**Using Disability Discrimination Law** (2000, 2006) Produced by Victorian Legal Aid, Victorian Disability Discrimination Legal Service Inc; and Villamanta Disability Rights Legal Services. A copy of this publication can be downloaded from: [www.communitylaw.org.au/ddls/pages/info](http://www.communitylaw.org.au/ddls/pages/info)

**Disability Discrimination Handbook** (2006) Published by the Queensland Welfare Rights Centre. A copy of this publication can be downloaded from <http://www.wrcqld.org.au/disability.htm>

**A brief guide to the Disability Discrimination Act** Produced by the Human Rights and Equal Opportunity Commission (HREOC). A copy of this publication can be downloaded from: [http://www.hreoc.gov.au/disability\\_rights/dda\\_guide/dda\\_guide.htm](http://www.hreoc.gov.au/disability_rights/dda_guide/dda_guide.htm)

**Your Rights Your Choices** (1998) (*Revised 2005*) Published by Villamanta Legal Service. This is a free book that is easy to read and talks about legal rights for people with a disability in Victoria. Available from Villamanta Disability Rights Legal Service. Web: [www.villamanta.org.au](http://www.villamanta.org.au)

**Right of Access** (1997) Produced by Villamanta Publishing. This manual maps out a process for reviewing the accessibility of the built environment, facilities and services for people with disabilities. Available from Villamanta Disability Rights Legal Service. Web: [www.villamanta.org.au](http://www.villamanta.org.au)



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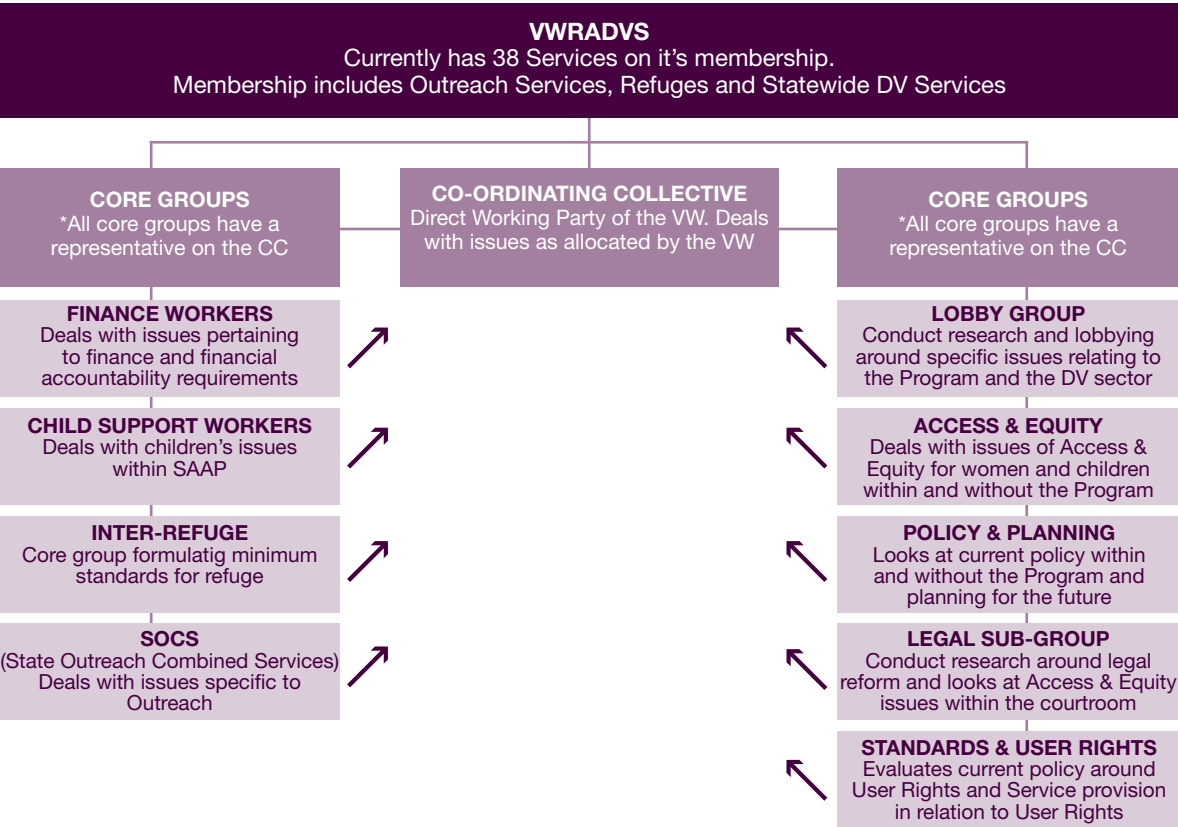






# appendices

## 1. ‘Victorian Women’s Refuges and Associated Domestic Violence Services’ Model of its operation at the time the project began



As a Peak Body, the role of the VWRADVS is to represent the views of all members in matters relevant to the program. The structure outlined above has been set in place with the aim of facilitating greater participation in the VWRADVS, greater efficiency and a more structured program, sharing of the workload and a better utilisation of the wide expertise in the program.

Each Core Group and Working Group has nominated to the Co-ordinating Collective which meets monthly; as it is a relatively small group compare with the VWRADVS, decisions/responses etc are more easily reached and timelines able to be met.





The idea of getting men to wear dresses simply didn't work

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## 2. The HREOC Checklist (slightly modified)

1. How does your organisation collect information about actual and potential service users who may seek access to your goods, services and facilities?
2. What physical barriers need altering to encourage women with disabilities to use your services?
3. How can you change communication practices to ensure that all people may have access to your information and provide information to you?
4. Are staff allowing their own discriminatory practices to impact on the provision of services? How might this problem be addressed to ensure you provide a quality service?
5. Will the review of your practices use the expertise of women with disabilities in identifying the barriers to access and developing your plan?
6. Have you determined ways to evaluate your progress towards Action Plan goals?
7. Are your goals and targets achievable?
8. Have you set time frames to ensure your goals and targets are effective?
9. Has your organisation ensured the production of the best possible Action Plan through effective consultation with women with disabilities?
10. Has your organisation allocated sufficient resources, priority and authority to ensure the successful implementation of your Action Plan?
11. How are you going to inform and educate staff about their role in implementing your Action Plan?
12. Have you devised strategies for publicising your commitment to your Action Plan so that your organisation reaps all possible benefits?
13. Does your organisation have a procedure that addresses complaints?
14. Has your organisation incorporated long term planning and evaluation strategies into your Action Plan?







### 3. The Woorarra Action Plan Working Group

A Working Group was established to act as a guide and resource in developing this Action Plan. This Group had equal representation of women with disabilities and workers from the domestic violence sector. Women with disabilities on the Working Group either worked in related areas such as attendant care and advocacy, women's health and advocacy or education, or, had personal experience of domestic violence. The domestic violence workers represented an outreach service, the central referral point, a state-wide domestic violence information and education organisation, a service providing information and support to immigrant women, Woorarra and another refuge.

The success of this Project required going beyond the actual writing of the Action Plan, to developing a strong co-operative relationship between women with disabilities and the domestic violence sector. Therefore, it was critical from the beginning to have this project's outcomes owned by women with disabilities and the key players in the domestic violence sector.

The following organisations were represented on the Working Group: Attendant Care Coalition, Domestic Violence and Incest Resource Centre (DVIRC), Immigrant Women's Domestic Violence Service, Morgana Women's Refuge, Royal Women's Hospital, Western Domestic Violence Outreach Service, Victorian Mental Illness Awareness Council and the Women's Domestic Violence Crisis Service. The Working Group met nine times.

#### First Meeting

This meeting was an introduction to the Project and an establishing of timelines. Prior to this meeting, each member was given a reading package which included copies of:

- The report *Reclaiming Our Rights - Access to Existing Police, Legal and Support Services for Women with Disabilities or who are Deaf or Hearing Impaired who are Subject to Violence*;
- The report *Access to Services for Women with Disabilities who are Subjected to Violence*;
- Villamanta Legal Service *Users Guide for the DDA*;
- Two articles from *With the Power of Each Breath* – 'Disabled Women and the Social Structure' and 'Abuse of Women with Disabilities';
- Two articles from *Disabling Barriers - Enabling Environments: 'Gender and Disability' and 'Prejudice'*;
- Leaflets from organisations such as the DVIRC and WWDA.



## **Second Meeting**

At this meeting the Working Group received a training session on the DDA which was presented by the Disability Discrimination Law Advocacy Service (DDLAS). The purpose of the training session was for the Working Group to be able to place the findings from the forthcoming discussion groups and the Action Plan within the context of the DDA. This meeting was particularly useful in enabling some Working Group members to understand and identify what was indirect and direct discrimination and what unjustifiable hardship meant in practice. At the end of this meeting a number of domestic violence workers were able to identify existing discrimination towards women with disabilities within the domestic violence sector.

An interesting discussion was held about how an Action Plan becomes a document that is more than a tool for the defence in a complaint of discrimination.

## **Third Meeting**

At this meeting the Working Group identified barriers to women with disabilities in:

- getting information about domestic violence;
- accessing a referral;
- entering and using a refuge.

To undertake this process, the group identified the barrier, the ideal, the current practice and barriers to the ideal. As some of the discussion groups and interviews had already taken place, they were able to use the experience of women with disabilities in Victoria.

This information was then compiled, grouped together and sent back to members for comment and discussion. Although the group identified an enormous amount of information on barriers to getting information about domestic violence, obtaining a referral and staying in a refuge, there were no representatives from either of the two refuge referral points at this meeting.



## **Fourth Meeting**

At this meeting the material from the interviews and discussion groups was tabled and some of the main points drawn out. The main agenda item was the ongoing role of the Working Group in undertaking two main activities:

- to act as a support to Woorarra implementing the Action Plan;
- to take up a range of other issues that have arisen through the project but are not the responsibility of Woorarra.

It was suggested prior to the meeting that the DVIRC arrange to resource the Working Group for the first eighteen months following the completion of the writing of the Action Plan.

A proposal that the Working Group join the VWRADVS Access and Equity sub-group was put forward. This is a major issue for discussion and the Access and Equity members will be invited to a meeting of the Working Group in October.

## **Fifth Meeting**

This was a fairly straight forward meeting where members of the Working Group came to discuss changes to the Action Plan. There were no contentious issues with the main changes being to clarify points, or strengthen strategies and outcomes.

## **Sixth Meeting**

The Working Group decided to also work on the development of a 'model process' document, to assist refugees nationally with undertaking the development of an Action Plan. By using the very current Woorarra experience, the group was able in one day to identify key areas needing to be covered, the process required by refuge staff and management and some critical TO DO and NOT TO DO pointers.

## **Seventh Meeting**

Discussion of the role for the Working Group with the Access and Equity sub-group of VWRADVS and the Working Group. The decision that the Working Group remains a separate entity but included into the VWRADVS structure was made.

## **Eighth Meeting**

Discussion of the draft Model Process.

## **Ninth Meeting**

Presentation of the Action Plan.



# endnotes

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- [10] Mulder, L. (1996) op. cit.
- [11] Waxman B (1997) op cit.
- [12] Mulder, L. (1996) op. cit.
- [13] Waxman B (1997) op. cit.
- [14] See 'Methodology' of the Woorarra DDA Action Plan October 1997.
- [15] Mulder, L. (1996), op. cit.
- [16] Villamanta Publishing (1997), *Right of Access - A Guide to Developing Action Plans and Improving Access for People with Disabilities*, Villamanta Publishing Service, Geelong.
- [17] Villamanta Publishing (1997), op. cit.
- [18] Villamanta Publishing (1997), op. cit.



## thank you

**The following women need to be thanked for their contributions to the original version of this guide:** Jenny Nunn, Kathy Russell, Irene from Western Outreach, Rhonda from Morgana, Lindy Corbett, Shirley Tilley-Hunt, Lesley Hall from the Attendant Care Coalition and Isobel Collins from the Victorian Mental Illness Awareness Council who all attended a one day workshop in Daylesford, Victoria, to identify the necessary content for this Model Process. Keran Howe gave advice on the structure and layout of the Guide.

Madge Sceriha, Helen Skeat and Kali Wilde and the WWDA Violence Against Women With Disabilities Reference Group.

Kathy Russell and Jenny Nunn helped in planning the workshop and in facilitating and note-taking.

**The next list of people provided assistance above and beyond the call of duty:** Jenny Nunn worked for two days in turning reams of notes on butchers paper into a draft report for discussion, Jack Gilding for support and computer advice, Shakti Burke for editing, Helen MacDonald from the DVIRC for more design and proof reading, and Noelene Gration from the DDLAS for advice and support, Helen Skeat for enthusiasm and support.



# WWDA Violence Against Women With Disabilities RESOURCE MANUAL

**THIS RESOURCE MANUAL IS MADE UP OF A SERIES OF FOUR BOOKLETS**

**a life like mine!**

narratives from women with disabilities who experience violence

**forgotten sisters**

a global review of violence against women with disabilities

**it's not ok – it's violence**

information about domestic violence and women with disabilities

**more than just a ramp**

a guide for women's refuges to develop disability discrimination act action plans

