Evidence brief: Issues and opportunities for addressing family violence within the disability sector

Key points

- Disabilities include cognitive, physical and sensory disabilities, mental illness and age-related disabilities. Some disabilities are congenital, others are acquired. Some are visible; others, such as diabetes, HIV/AIDS, mental illness or a learning disability, may be hidden.

- Because of the gendered nature of interpersonal and family violence, the literature overwhelmingly focuses on violence against women with disabilities. This is in accord with the UN Convention on the Rights of Persons with Disabilities, which NZ has ratified.

- Perpetrators can include spouses and partners, other family members, friends, personal assistants, and health care and other service providers. Domestic violence can also occur in residential institutions.

- An effective response to violence against people with disabilities requires strong leadership to ensure a shared understanding of and commitment to the issue.

- Specific resources may be needed to promote partnerships and develop relationships.

- People with disabilities should be resourced to represent their concerns in key advisory, governance and planning forums at national, state, regional and local levels.

- Domestic violence training and training about the mental health effects of domestic violence should be incorporated into the initial and ongoing professional development training of all health, legal, therapeutic and social service professionals, including psychologists, psychiatrists, mental health and drug and alcohol service staff, judges, lawyers, court staff, police, social workers, therapists and counsellors.

- People with disabilities need information about violence and abuse and their rights in this regard, it, strategies for staying safe, community resources and healthy relationships. Information needs to be available in accessible, alternative formats. Few services provide information in alternative formats that are accessible to women with particular functional impairments.

- There is a lack of prevention, outreach, appropriate disability-sensitive screening, and physically accessible and disability-supportive programmes for people with disabilities who have experienced violence.

- Little research has been carried out in New Zealand about the extent of violence and abuse experienced by disabled people. Service providers and programmes do not record data on disabled women and girls accessing their services/programmes.

- People with disabilities are a diverse group. They include men, women and children; people with cognitive, physical and sensory disabilities; and people with mental illness and age-related disabilities. Some disabilities are congenital, others are acquired. Policies, services, workforce development and data gathering need to reflect this.

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Key documents

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1. The context

Disability and gender

Disabilities include cognitive, physical and sensory disabilities; mental illness; and age-related disabilities. Some disabilities are congenital, others are acquired. Some are visible; others, such as diabetes, HIV/AIDS, mental illness or a learning disability, may be hidden. Leadership is critical in: establishing people with disabilities' belief in their human value; helping them believe that support and justice is there for all people; and ensuring that everyone treats them as a person and not as a 'disability' or 'problem' (Robbi and Mastroleo 2005).

While family violence against people with disabilities can affect both men and women, because of the well-established gendered nature of interpersonal and family violence, the literature overwhelmingly focuses on violence against women with disabilities. This is in accord with the United Nations Convention on the Rights of Persons with Disabilities, Article 16 – Freedom from exploitation, violence and abuse (UN 2006). The first clause of this Article is that "Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects." (See Appendix 1 for full text of Articles 6 and 16). New Zealand signed the Convention in 2007 and ratified it in 2008.

Women with disabilities are more likely than other women to experience physical and sexual violence, increased severity of violence, and multiple forms of violence over a longer period (Hague et al 2008, Powers, Hughes and Lund 2009). They can also experience specific forms of violence that are invisible to others (Healey et al 2008). Risk factors include: having to rely on others for care; lack of support services for caregivers; and social isolation, limited opportunities to develop social skills and lack of control over their personal affairs (Hughes 2005).

Perpetrators and settings

Perpetrators can include spouses and partners, other family members, friends, personal assistants, and health care and other service providers (Plummer and Findley 2012). Akers (2006:4) argues that caregiver abuse or neglect is a form of domestic violence and should be

recognised in definitions of domestic violence. In New Zealand, home help, medical personnel (such as nurses, doctors and therapists), care givers, interpreters, teachers, social workers, counsellors and the range of staff in hospitals and other institutions are not covered by the Domestic Violence Act (http://www.areyouok.org.nz/files/disability-booklet-newest.pdf).

The domestic sphere can be very different for people with disabilities, especially if they live in an institution (Lightfoot and Williams 2009). Environments that provide services to individuals with disabilities, such as large hospitals, institutions and group homes, offer multiple opportunities for interactions with potential perpetrators (Nosek et al 2001 in Plummer and Findley 2012). Singer (1996) believes that instititutions have often successfully covered up abuse and sexual victimisation by staff and fellow residents. The Disability Coalition against Violence (2010) reported that "the complexities and reality of disabled people's living situations are not known and not reflected in domestic violence legislation" in New Zealand.

2. Responding to disability issues

Collaboration

Leadership

The most beneficial response to violence against people with disabilities requires strong leadership and collaborative partnerships in which expertise is shared between the family violence and disability sectors and other service sectors (Akers 2006, Hague et al 2008, Healey et al 2008). Healy et al (2008:18) argue that "leadership at statewide, regional and local levels encourages the building of relationships, capacity and exchange of respective expertise between disability, family violence and the broader community sectors."

Research from Victoria, Australia, notes that: "The response of service providers, notably from the disability and family violence sectors, is not well coordinated and is based on different understandings of violence and disability"(Office of the Public Advocate 2010:4). Hager (2010) argues that all services involved in responses to abused women, including clinical and NGO mental health and drug and alcohol services should be encouraged to develop policies about partnership development and memorandums of understanding in local areas.

Policy development

Hague et al (2008) argues that collaboration should begin at the national level, with the issue of disabled people and domestic violence being part of all relevant strategic agendas, and national and local performance indicators, flagged at a sufficient priority level to ensure that health services and other agencies take action to meet the required targets. The needs of disabled people, and particularly disabled women, should feature in:

- national and local domestic violence or crime reduction strategies
- priorities for action and in indicators associated with these strategies
- resultant action plans (Hague et al 2008:74).

Both domestic violence and disability agencies and services need clear and fully developed disability and domestic violence policies, including a protocol between family violence services, sexual assault services, and disability services that incorporates processes for referral, information sharing, case coordination, professional development, secondary consultation, data collection, and monitoring of its implementation (Hague et al 2008, The Office of the Public Advocate 2010).

Cross-sectoral partnerships
Writers agree that the time needed to develop cross-sectoral partnerships and systems, and build relationships, requires financial and human resources that are often beyond individual staff and agency commitments. Healy et al (2008) recommend t**hat the** government allocates specific resources to develop relationships, particularly but not exclusively between the family violence and disability sectors. They believe that cross-sectoral, specialist initiatives can provide 'beacons' for good practice and provide leadership for the whole sector in an area where practice and policy has been generally poorly developed (Healey et al 2008).

The Office of the Public Advocate in Australia (2010) recommends that public disability services formally recognise and incorporate family violence, sexual assault and intimate partner violence into their range of service needs assessment tools, with the aim of providing an improved response to people with disabilities experiencing violence and greater collaboration between disability, sexual assault and family violence services.

Active participation by people with disabilities
The literature concurs that people with disabilities should be resourced to represent their concerns in key advisory, governance and planning forums at national, state, regional and local levels, in accordance with the human rights principles of equality, human dignity, mutual respect, participation, accountability, equity, access, empowerment and freedom from violence (Akers 2006, Hague et al 2008, Healey et al 2008).

3. Workforce development

Cross-training between disability and domestic violence service workers is rare (Hague et al 2008, Healey et al 2008, Lund 2011). Family violence workers often have minimal or no training in disability awareness; disability sector workers may know little about family violence. Both disability and family violence sector workers have identified training as a priority but lack of resources and training time are barriers to workforce development (Hague et al 2008, Healey et al 2008, Lund 2011).

Members of the judiciary, lawyers, court officials and police, and mainstream health professionals including psychologists and counsellors all require education about the links between family violence and disability, the impact of violence on women and children (including violence-induced disabilities), and early intervention and risk assessment skills (Hague et al 2008, Healey et al 2008). Carers or other professionals rarely pick up on abuse or, if they do, they may not treat incidents as a crime (Hague et al 2008, INWD 2011). Clause 5 of Article 16 of the UN Convention requires states to put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Hager (2011:3) sums up the current view, recommending that:

> ***"Domestic violence training and training about the mental health effects of domestic violence be incorporated into the initial and ongoing professional development training of all health, legal, therapeutic and social service professionals including psychologists, psychiatrists, mental health and drug and alcohol service staff, judges, lawyers, court staff, police, social workers,therapists and counsellors."***

4. Information and communication

People with disabilities need information about violence and abuse and their rights in this regard, strategies for staying safe, community resources and healthy relationships (UN Convention Article 16). Information needs to be available in accessible, alternative formats, such as sign interpreters, Braille, audio, Plain and Easy English, electronic text, SMS and telephone access relay services. Few services provide information in alternative formats that are accessible to women with particular functional impairments.

To provide good information, services must consider the needs of women with disabilities in their planning and ensure that their staff have the appropriate training and skills. Both group and computer-based programmes may be helpful in increasing abuse awareness and protective factors and in providing more information about the existence and range of support available (Hague et al 2008, Healey et al 2008, International Network of Women with Disabilities 2011, Lund 2011).

Communication is crucial in working with people with disabilities who are experiencing violence. For example, with deaf and hard of hearing women it is essential to identify the best way to communicate with them (Johnston-McCabe et al 2011). This does not mean that services need sign language interpreters, but it does require them to establish relationships with deaf organisations and groups (http://www.vanasch.school.nz/pdfs/organisations.pdf).

Higgins and Swain (2010) make a similar point in relation to working with children with disabilities who have been subject to abuse, including sexual abuse. They stress the importance of establishing a context in which children's stories are believed and valued. This may require a communication assessment and it will almost certainly entail collaboration between disability and child-protection workers.

5. Service issues

In contravention of the UN Convention (2006) (Article 16), the literature identifies a lack of prevention, outreach, appropriate disability-sensitive screening, and physically accessible and disability-supportive programmes for people with disabilities who have experienced violence (Barranti and Yuen 2008). The options for providing these services include:

- employing specialised staff with dual expertise to support women in mainstream services
- expanding the understanding of violence to incorporate a wider client group for existing services
- providing specialised services to support women who are unable to be housed in mainstream services (Hager 2011).

In a study of refuge services in Australia, England and Scotland, Hager concluded that all refuges should have fully accessible accommodation for women with physical disabilities or those with disabled children and that specialised services be established for women with mental health and drug and alcohol problems associated with sexual and domestic violence.
She and others (Hague et al 2008, Healey et al 2008) identify a serious lack of suitable emergency and secure, permanent housing options for women of all abilities. Refuge workers often have no 'exit points' to help women to move out of crisis accommodation. Hager (2011) believes that good quality housing should be made available for women to move to after refuge or when escaping violence.

Healey et al (2008) conclude that there is strong evidence for encouraging family violence services to obtain specialist advice, secondary consultation, and education from existing

disability and family violence advocacy and peak body services rather than setting up a separate service.

Research shows that working with women with mental health issues is a significant challenge. The women have difficulty being believed by services, including the court system and police (Healey et al 2008). There are also critical gaps in services for people with disabilities who have co-occurring substance abuse and mental health issues. Some substance recovery services do not consider the impact of past experiences of violence, while some domestic violence and sexual assault services do not accept people with addictions (Akers et al 2007).

Lack of help with transport may be a barrier to people who are unable to drive (Lund 2011). Physical access needs to include full internal accessibility, not just ramps to the front door (Hague et al 2008).

6. Data issues

An Australian report points out that data, research and information about women with disabilities are necessary to develop and inform policy, direct resources, inform service development, and design and monitor specific programmes. They are critical as tools for accountability and for enhancing the participation of women with disabilities (Frohmader 2011). Others agree that most services do not routinely collect disaggregated data on disability and family violence. Services include national data collections, hospitals, courts, police and service agencies (Healey et al 2008). Most women in contact with the health care system are not asked about abuse.

The use of a screening tool created specifically for individuals with disabilities would promote the identification of disability-related abuse (Lund 2011, Plummer and Findley 2012). Revising police and health service report forms to include a category to track interactions with people with disabilities would help identify people with special needs (Taylor and Gaskin-Laniyan 2007). Disability also needs to be included as a category in all domestic violence and sexual assault studies (Plummer and Findley 2012).

Women With Disabilities Australia (WWDA), the national NGO representing disabled women, found that one of the greatest difficulties in determining and substantiating the needs and human rights violations of women with disabilities in Australia is the lack of gender- and disability-specific data, research and information, at all levels of Government and for any issue.

The situation in New Zealand is very similar. The Human Rights Commission (2011) reported that according to the Disability Coalition against Violence (DCAV) little research has been carried out in New Zealand about the extent of violence and abuse experienced by disabled people[1]. Some general studies on violence and abuse have recognised that services and support are inaccessible to disabled people, but there is no explicit data or studies on the prevalence of violence against disabled women and girls. The National Collective of Independent Women's Refuges collects data on people who access their services. While this covers age, gender, and ethnicity, it does not include information on the number of disabled women and girls with disabilities who have accessed their services. Other service providers and programmes also do not record data on disabled women and girls accessing their services/programmes.

7. Recognising diversity

People with disabilities are a diverse group. They include men, women and children; people with cognitive, physical and sensory disabilities; and people with mental illness and age-related disabilities. Some disabilities are congenital, others are acquired. Some are visible; others, such as diabetes, HIV/AIDS, mental illness or a learning disability, may be hidden. Policies, services, workforce development and data gathering need to reflect this.

Leadership is critical in: establishing the person's belief in their human value; helping the person believe that support and justice is there for all people; and making sure that everyone involved treats the person as a person and not as a 'disability' or 'problem' (Robbi and Mastroleo 2005).

Children with disabilities are particularly vulnerable to all forms of abuse, including sexual abuse. An association has also been observed between failure to thrive and abuse and neglect (Briggs 2006, Duncanson et al 2009, Higgins and Swain 2005). Those with learning difficulties experience significant levels of violence at home and at school, with poor levels of reporting, partly from embarrassment, fear and a lack of faith that reports will be acted on.

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Appendix 1 Articles 6 and 16 - UN Convention on the Rights of Persons with Disabilities

Article 6 - Women with disabilities

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

   2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention

Article 16 - Freedom from exploitation, violence and abuse

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

   2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.

   3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.

   4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

   5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.