

Women With Disabilities Accessing Crisis Services

*A project to assist domestic violence/crisis services
in the ACT to better support women with disabilities
who are escaping domestic and family violence*

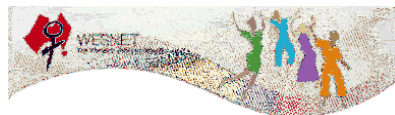
whm!
women's centre for health matters •

dvcs
Domestic Violence Crisis Service



WWDACT

Funded by



Contents

BACKGROUND	5
INTRODUCTION.....	6
DEFINITIONS.....	8
Disability.....	8
Accessibility.....	8
Women with disabilities	8
METHODOLOGY	9
LITERATURE REVIEW	10
International studies	10
Australian studies.....	14
GOOD PRACTICE PRINCIPLES FOR IMPROVING ACCESS FOR WOMEN WITH DISABILITIES TO DOMESTIC VIOLENCE SERVICES IN THE ACT	18
Principle 1: Service information about the domestic violence/crisis service should be accessible to women with disabilities (getting the message out about the service).....	19
Principle 2: The physical environment should be appropriate and accessible for women with disabilities (getting to the service, Getting around inside the service).....	19
Principle 3: Communication with women with disabilities should meet their different access needs (getting help to access and provide the information required to access the service).....	20
Principle 4: Service policies, procedures and practices should be inclusive of and appropriate for women with disabilities (complying with policies, procedures and practices for accessing services).....	20
Principle 5: Domestic violence service workers should have an awareness of the issues of domestic violence for women with disabilities, and the skills to work with women with disabilities (getting appropriate support from staff)	21
Principle 6: Partnerships should exist between the service and disability services (as well as sexual assault, police, justice and health services) to ensure improvements in access for women with disabilities escaping domestic violence and to improve the service response provided to women with a disability (getting access to coordinated, linked services).....	21
Principle 7: Data should be collected on the use of the service by women with disabilities, and be used to improve services (giving information and	

feedback to help improve services)	22
Principle 8: Leadership and management practices should be in place that show a commitment to access for women with disabilities, and to ensure that planning includes the needs of women with disabilities (management planning and commitment).	22
SUMMARY OF THE AUDIT FINDINGS AND RECOMMENDATIONS AGAINST THE PRINCIPLES	23
Service information (getting the message out about the service)	23
<i>Recommendations</i>	24
Physical environment (getting to the service, and getting around inside the service).....	24
<i>Recommendations</i>	25
Communication (getting help to access and provide the information required to access the service).....	25
<i>Recommendations</i>	26
Policies, procedures and practices (complying with policies, procedures and practices for accessing services).....	26
<i>Recommendations</i>	28
Staff skills and awareness (getting appropriate support from and for staff)	28
<i>Recommendations</i>	28
Partnerships with other services (getting access to coordinated, linked services).....	29
<i>Recommendations</i>	29
Use of data (giving information and feedback to help improve services)....	29
<i>Recommendations</i>	30
Leadership and management practices (management planning and commitment).....	30
<i>Recommendations</i>	30
FINAL WORKSHOP RESULTS	32
CONCLUSIONS AND NEXT STEPS.....	35
EVALUATION OF THE PROJECT.....	37
The overall project.....	37
Initial workshop.....	37
Audit process.....	37

Individual audit reports	38
Final workshop	38
Final audit report	39
Overall project management	39
ATTACHMENT A: WOMEN WITH DISABILITIES ACCESSING CRISIS SERVICES PROJECT ACCESSIBILITY AUDIT QUESTIONS	40
ATTACHMENT B: LIST OF PARTICIPANTS IN THE PROJECT	46
REFERENCES	47

Background

The project was a collaboration between Women's Centre for Health Matters (WCHM), the Domestic Violence Crisis Service (DVCS) and Women with Disabilities ACT (WWDACT), and focused on increasing the capacity for service providers to support women with a disability escaping domestic and family violence. It was funded by a grant from the Women's Services Network (WESNET).

The project aimed at exploring current practices, raising awareness and assisting domestic violence/crisis services in the ACT to become more accessible for women with disabilities by developing a set of best practice principles.

Research indicates that violence against *women with disabilities is a problem, and that compared to non-disabled women, women with disabilities:*

- experience violence at higher rates and more frequently;
- are at a significantly higher risk of violence;
- have considerably fewer pathways to safety;
- tend to be subjected to violence for significantly longer periods of time;
- experience violence that is more diverse in nature; and,
- experience violence at the hands of a greater number of perpetrators.

There is a wide range of domestic settings in which women with disabilities experience violence including the family home, group homes, institutions, hospitals, respite care facilities, and day activity centres.

The lack of inclusive services and programs for women with disabilities experiencing or at risk of experiencing violence, is well documented and is widely recognised as a barrier to women with disabilities escaping the violence perpetrated against them (Women with Disabilities Australia 2008).

Anecdotally, this national evidence is also shared by women with disabilities in the ACT. We know that very few women with disabilities access family violence services and if they do, the services do not always meet their needs.

Introduction

Eighteen percent of Australians over eighteen have a disability, and just under half of these people are women (Temby 1996). Approximately 23,000 ACT women were reported to have a disability in 2003 (ABS 2003).

Disability Discrimination Act 1992 (DDA) makes it unlawful to discriminate against people on the basis that they have, or may have, a disability. The DDA also covers people with a disability from being discriminated against because:

- they are accompanied by an assistant, interpreter or reader;
- they are accompanied by a trained animal, such as a guide or hearing dog; or
- they use equipment or an aid, such as a wheelchair or a hearing aid.

Notwithstanding these legal obligations to protect women with disabilities from discrimination, they experience extremely high levels of violence but this is not reflected in their access to services.

Women with disabilities are more likely to be subjected to abuse or violence than are other women, according to research. Discrimination, a lack of access to financial and other resources to enable independence, and a lack of accessible services makes escaping abuse or violence extremely difficult for women with disabilities (Jennings 2003).

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 victim/survivors (Strachan 1997).

Research conducted by Women with Disabilities Australia (WWDA) has found that women with disabilities experience violence at significantly higher rates, more frequently, for longer periods, in more ways, and by more perpetrators than non-disabled women. It has also been found that programs and services that address the unique needs of this group of women are extremely limited.

In their response to the Australian Government's Consultation on the National Plan to Reduce Violence against Women and Children, July 2008, Women with Disabilities Australia identified that "the lack of inclusive services and programs for women with disabilities experiencing or at risk of experiencing violence, is well documented and is widely recognised as a barrier."

Whilst women with disabilities are more likely to be the victims of violence they face additional barriers when seeking the support of specialist domestic violence services. Women with disabilities who are escaping domestic violence have found that their attempts to access appropriate services are difficult because, historically "*disability agencies have been seen to be the appropriate organisation to assist a woman with a disability rather than a domestic violence service*" (NSW Women's Refuge Working Party, 1999).

Research also shows that women with a disability often stay in a violent relationship much longer than average and believe they have fewer options to reach safety (DVIRC Newsletter, Winter 2004).

Women with disabilities escaping domestic violence often have a difficult time accessing the physical means of fleeing assault, such as accessible transportation (which is often unavailable on short notice). Even if a woman with a disability does escape, she may have great difficulty finding an accessible service (NSW Women's Refuge Working Party, 1999).

In addition, women with disabilities who have children and escape a domestic violence situation may run the risk of losing custody of their children because authorities may question their ability to care for them alone.

It is therefore extremely important for domestic violence/crisis services to ensure that they remove, as far as possible, all barriers to access for women with disabilities (and their children) escaping domestic violence.

Definitions

Disability

The DDA defines disability broadly and covers disabilities that are:

- physical;
- intellectual;
- psychiatric;
- sensory; and
- neurological.

It also covers physical disfigurement and the presence in the body of an organism capable of causing disease. Violent crime can sometimes result in a disability, whether physical or emotional in nature.

Accessibility

This term describes the level of access that people with disabilities have to landscapes, buildings, and places, or the ease with which they can get the services and support they need.

Physical barriers such as curbs, stairs, broken sidewalks, narrow doorways, high counters, or construction can keep women with disabilities from physically reaching or moving around services.

Attitudinal and procedural barriers can be just as limiting. Workers who have problems communicating with or understanding the needs of people with disabilities may have problems providing the appropriate support or services. The philosophy of management can be reflected in the attitudes and skills of service workers. Some policies or practices can make accessing the domestic violence/ crisis service more difficult, and can present obstacles for women with disabilities.

Women with disabilities

Women with disabilities vary greatly and according to the nature of their disability. While it is difficult to determine the criteria that will fulfil all requirements of women with disabilities, the following groups were the basis for exploring accessibility for the project:

- women with mobility disabilities who use wheelchairs;
- women with other mobility impairment;
- women with dexterity disabilities (for example as a result of arthritis) who require door handles instead of doorknobs or larger switches and taps that are easy to grasp;
- women who are Deaf or have other hearing impairments;
- women with impaired vision and women who are blind;
- women with intellectual disabilities;
- women with psychiatric disabilities; and
- women with acquired brain disabilities.

Methodology

An initial workshop was conducted with domestic violence/crisis services within the ACT. The workshop with service providers informed the development of the project, and the conduct of the audits, as well as informing content and design of the research overall.

A review of relevant national and international literature related to the barriers and best practice in domestic violence for women with disabilities was undertaken. Research papers, books and the internet were used to identify:

- The key barriers identified by women with disabilities which limited their accessibility to services; and
- The practices used to address the barriers with a focus on best practice.

The research and literature was consolidated, and common themes were identified. These themes informed the development of a set of 'best practice' principles, and a questionnaire using the best practice principles, was adapted from that developed by the Disabled Women's Network (DAWN) of Canada in similar research they are currently conducting across Canada, and used as a basis for auditing the accessibility of the services.

An audit was conducted of 8 of the 9 domestic violence/crisis services within the ACT to assess whether their services were accessible to women with disabilities, as measured against the principles and their elements. The audits aimed to identify the barriers and gaps that impacted on the capacity of the domestic violence/crisis service system within the ACT to provide fully accessible services for women with disabilities. Individual audit reports were prepared for each service identifying the key service provision issues and barriers for women with disabilities accessing their services, as well as individual recommendations.

A final workshop was conducted with the services to disseminate the overall findings, to highlight the overall themes and recommendations identified, and to identify the possible next steps. Future actions and steps were identified by the participants and an overarching action plan was developed to ensure that support for services to improve access for women with disabilities continues.

This final report was developed to document the overall findings and recommendations from the project.

Literature Review

This literature review provides an overview of previous research on the issues facing women with disabilities who experience domestic violence, their access to services and the capacity of service providers to support them.

International studies

Research indicates a world wide trend to address the accessibility issue for women with disabilities who are victims of domestic violence. For example the Office for Women in Westchester, New York, conducted a study on rates of abuse among women with disabilities. The data collection process was due for completion by early 2009. As a result of the survey the organisations concerned hope to better understand how to provide services that address the unique needs of domestic violence victims who have a disability. Murphy, Director of the Office of Women, expects to be able to create a “more formal network of service providers, who will have been trained in disability sensitivity and accessibility issues” (Women’s e-News, 2009).

The Alaska Safety Planning and Employment Network Collaboration Charter states as its mission “to build capacity of the service delivery systems for survivors of abuse with disabilities” (2008).

The report in the UK, Making the Links (2007) sought to:

- Develop further understandings of the needs of disabled women experiencing domestic violence;
- Investigate the scope of existing provision and identify what disabled abused women need from this provision;
- Identify gaps in assistance to disabled women experiencing abuse both within disability services and domestic violence services;
- Identify and examine examples of good practice and policy; and
- Make recommendations for policy and for service development in the fields of community provision and health and social services to meet these identified needs.

Frantz et al (2006) refers to the barriers that women with disabilities who are victims of sexual abuse and domestic violence, face in accessing assistance. Franz et al state that “according to anecdotal accounts and preliminary research, many victim service agencies are inaccessible and do not provide appropriate support and services for people with disabilities” (2006, 209). The study examined the physical and programmatic accessibility of agency-based victim service programs in the Commonwealth of Pennsylvania, assessed the current extent of accessibility and developed strategies for increasing access to victim service programs by people with disabilities who are victims of rape, sexual abuse, or domestic violence.

The barriers are reported as (210):

- Limitations in staff awareness about accessibility and disabilities;
- Negative or ambivalent attitudes about providing greater access;

- Lack of knowledge within the disability community of the prevalence of sexual victimisation;
- Limited recognition of the sexuality of people with disabilities;
- Limited knowledge of staff and policymakers about the physical aspects of accessibility;
- 'Programmatic accessibility also is an issue'; and
- Financial constraints for accessible buildings and programmatic accommodation.

Recommendations from the study included:

- cross-system research, training programs, and technical assistance;
- removal of architectural and structural barriers;
- cross-system collaboration to enhance programmatic access;
- coalitions of victim service advocates and disability advocates to educate state legislators and other policymakers; and
- availability of funds for victim programs to improve physical and program access.

The researchers recognised that “victim services are only one system that victims attempt to access” (218), and identified that future research should study accessibility of police stations, courthouses, and hospital emergency rooms to explore how inaccessibility affects the total experience of a victim with disabilities.

Chang et al (2003) conducted a state-wide cross-section survey of community domestic violence programs in North Carolina in order to describe the types of services provided to women with disabilities. The researchers were interested in the challenges these services faced and the strategies they used to provide the services.

Studies conducted from 1992 to 2002 by the Centre for Research on Women with Disabilities at Baylor College of Medicine discovered that a very high rate of abuse emerged as one of the most prominent findings. From this finding, studies have emerged which have focused on the role of disability-related service providers, and availability of services.

In the Making the Links Final Report (2007) from the UK there is a comprehensive chapter on recommendations and ideas for good practice. Some of these recommendations are (110):

- training and awareness-raising is needed in all relevant sectors;
- interaction between disabled and non-disabled women, as both service providers and service users;
- the involvement of disabled women in service and policy development; and
- domestic violence and disability sectors learning from each other.

More detailed suggestions are given for services provision and training for everyone who works with domestic violence. The UK Report also advises that disabled women should be involved in developing services and that disabled women experts should be employed in these services. Issues around

awareness-raising and community care packages are also explored with comprehensive recommendations given.

The Centre for Research on Women with Disabilities at the Baylor College of Medicine in Houston, Texas has produced a Training Package, *Disability: Framing the Issues*, for technical assistance for providers to develop a better understanding of the importance of addressing the needs of violence against women with disabilities and Deaf women (2007).

A Sexual Violence Awareness Fact Sheet produced by the Virginia Sexual and Domestic Violence Action Alliance states “Beliefs about mental health disabilities can make it more difficult for sexual assault survivors with mental health disabilities to access and receive appropriate services” and that advocates need to focus on the victim’s strengths and their ability to heal rather than on their limitations. This organisation also recommends that:

- brochures/resources about local services are available at a variety of places visited by people with mental disabilities;
- provision for training and resources be available to all responders to sexual violence; and
- communities should consider partnerships with local disability service providers, due to limited resources of non-profit and state agencies responding to sexual assault.

Sadusky (2004) refers to the disability rights movement Nothing About Us Without Us philosophy as a framework for developing service delivery which is appropriate for women with disabilities who experience domestic violence. She claims that “The stereotypical ‘battered woman’ does not exist – nor does the stereotypical rape survivor or woman with disabilities” and therefore we need to be wary of fitting people into set categories of service (3). With reference to a joint effort by the Wisconsin Coalition for Advocacy and its partners, the Wisconsin Coalition Against Sexual Assault and the Wisconsin Coalition Against Domestic Violence, She recommends that violence against women with disabilities need to be made visible by building alliances, and enhancing organisational capacity.

Hanna (2004) says we need to approach accessibility enhancement to programs and services from domestic violence agencies for women with disabilities, “as a process, not a one-time task” (8). She further states that this process should involve three areas of agency focus:

- programmatic accessibility;
- physical accessibility; and
- effective communication in service and programs.

In her article she provides suggestions regarding overcoming access barriers and potential solutions for agencies in this area to consider.

Brouner (2004), a Disability Pride Project Organiser for Communities Against Rape and Abuse in Seattle, Washington, argues that “The public policies and service models we design to address sexual assault and disability are only as strong as the values and attitudes that inform them” (4). Even though she

acknowledges that barriers to access involve physical barriers and program and disability-positive organisational culture barriers, she advocates that the real problem is finding answers to the question, “why the lion’s share of sexual assault service providers aren’t serving survivors with disabilities” (4). She believes workers in this field need to examine their thinking about sexual assault and about disability. They need to “turn toward (their) fear and resistance about questioning or adapting the service to better accommodate people with disabilities” (4).

Chang, et al (2003) studied the types of services provided to women with disabilities at community-based domestic violence programs in the state of North Carolina. The results of the study showed the challenges faced by these agencies which involved (699):

- lack of funding;
- lack of training; and
- structural limitations of service facilities.

They also reported strategies used by these programs to overcome these challenges:

- networking with agencies and services that address the needs of disabled individuals, and
- training, support with outreach, and increased resources and staffing.

Civjan (2000) refers to her experience in sexual assault and domestic violence work which involved assistance in the creation of a sexual assault program in Missouri, the founding of a state-wide sexual assault and domestic violence program for persons with disabilities in Texas and as a member of the advisory board on disability at a domestic violence centre in Massachusetts. From such a wealth of experience she discusses strategies to enhance services in this area:

- change the definition of domestic violence so that it also includes personal care attendants as well as intimate partners;
- adapt policies to ensure programs are accessible;
- facilitate an ongoing dialogue between victim service programs and disability programs; and
- use a community approach to the problem.

She suggests that people who work in victim and disability services can begin improvement of access by:

- offering to provide professional training to each other;
- look at how accessible facilities and programs currently are and discuss needed change;
- co-submit applications for funding;
- exchange materials about each agency’s programs;
- disability agencies should develop written policy on what to do when sexual or domestic violence occurs;
- victim service agencies should write a policy on accessibility and non-discrimination;

- create an advisory council or task force in the community to continue and expand this dialogue; and
- consider filling board vacancies with persons with needed expertise in disability and violence issues.

Nosek (2002) offers the following recommendations for increasing the accessibility and availability of battered women's services for women with disabilities:

- modify shelters so they are fully accessible;
- ensure all services offered are fully accessible;
- keep statistics on the number of women with disabilities who call crisis hot lines or use other programs;
- train staff on how to communicate with persons who have hearing, cognitive, speech, or psychiatric impairments;
- staff should understand environmental barriers faced by women with physical and sensory disabilities when offering advice or referrals for obtaining shelter; and
- have on hand an extensive network of community referrals and contact numbers, including volunteers or other community resources for obtaining personal assistance.

Australian studies

Australian studies recognise that women with disabilities are more likely to be subjected to abuse or violence than are other women. It is also acknowledged that discrimination, lack of access to financial and other resources to enable independence, and a lack of accessible services makes escaping abuse or violence extremely difficult (Domestic Violence Resource Centre, Victoria).

National consultation with women with disabilities and relevant service providers have highlighted the gaps that support services contain (Mulder, 1995; Catallini 1993; Strachan, 1997). Barriers to accessing services included:

- lack of knowledge of the issues and of services available by women with disabilities;
- physical barriers to services;
- inappropriateness of services to the needs of women with disabilities; and
- philosophy of management and community attitudes reflected in attitudes and skills of service providers.

Jennings (2007) refers to a report by VicHealth (2007) which found that "domestic violence is the biggest single health risk factor for women aged between 15 and 44 years".

An article by Mays (2006) suggests that "feminist structural interpretations ...and disability theory should be integrated and used as an additional analytical tool to inform the understanding of domestic violence experienced by women with a disability" (149). She states that "if gender and disability dimensions do not form part of the analysis and response, then women with a

disability are at an increased risk of not having their needs adequately met” (149).

The *Building the Evidence Project* (2008) analyses the extent to which current Victorian family violence policy and practice recognises and provides for women with disabilities that experience violence, and makes recommendations to improve responses to women with disabilities dealing with family violence. The authors of the report claim statistics on women with disabilities who experience violence are not collected effectively due to “the fact that data on disability is not systematically collected in Australia or elsewhere” (32).

Research conducted in Australia from December 2007 to June 2008 by the Victorian Women with Disabilities Network Advocacy Information Service (VWDNAIS) identified specific initiatives that are examples of good practice in supporting women with disabilities experiencing violence. Of particular interest was the role of cross-sectoral, collaboration initiatives as ‘beacons’ for good practice. The researchers found that where individual staff and agency commitments hampered their ability to build capacity, by using collaborative partnerships in which expertise is shared between service sectors the financial and resource demands were shared. Examples cited include:

- a cross-sector collaboration between local mental health and domestic violence services;
- the development of accessible communication and information for women with disabilities via a website; and
- regional planning and policy development regarding women with disabilities who are experiencing family violence through the work of an integrated family violence coordinator.

The researchers concluded that these positive developments occurred as a result of (108):

- the involvement of women with disabilities in policy development, service planning and delivery;
- the commitment of family violence services to supporting women with disabilities as clients;
- inter-sector collaboration between disability and family violence services; and
- the quarantining of specific resources to support innovation in service development and collaboration.

The guide, *Getting Safe Against the Odds*, was developed by the Domestic Violence Resource Centre (Victoria). It provides information on interventions that are effective, particularly in relation to domestic violence agencies. The guide states that “Services and practitioners specialising in violence against women need to understand that they are in the best position to offer validation and support to women with disabilities who experience family violence. They understand the impact in abusive relationships and are able to use this

knowledge and expertise to effectively support women” (7).

In the article, *Access and Equity Equals Best Practice*, Jennings puts forward her ideas that good practice (2007, 4-6):

- begins with acknowledging the problem;
- is when an individual worker, and a service they work for, familiarise themselves with the relevant facts about the high numbers of women with disabilities who are victims of domestic violence and makes a commitment to take action;
- is improving service access for all women with disabilities;
- is developing service information which is accessible to women with disabilities;
- is extending an understanding of domestic violence and family violence to include a definition that encompasses experiences of women with disabilities;
- is facilitating collaborative partnerships between domestic and family violence and disability programs;
- is data collection;
- is documenting women’s experience of service access;
- is prioritising women with disabilities; and
- is thinking innovatively and researching interventions that are effective for women with disabilities.

The National Committee on Violence Against Women (1993) publication on access to services for women with disabilities, identified some broad barriers to access (21-33):

- lack of knowledge of the issue, and lack of information about services;
- absence of physical access;
- inappropriateness of services offered; and
- inappropriate values/philosophy of management.

The Keys Young report *Against All Odds* (1998a) identified:

- limited access both from a locational and capacity perspective;
- some women do not like the rules in place in some refuges; and
- an inability to accommodate particular women’s needs, such as for women with disabilities or specific cultural needs.

In the report for the *National Plan to Reduce Violence against Women and their children* (2009) the descriptions of barriers to family safety included “knowledge, education and awareness such as a lack of awareness of what assistance is available.”

The consultations undertaken for the report, the growing body of national literature on domestic and family violence, and stories from women with disabilities confirmed that women with disabilities continues to experience both high levels of domestic and family violence and have high levels of unmet needs in terms of access to domestic violence (and homelessness) services (WWDA 2008a; 2008b; 2007; Salthouse 2007; Salthouse &

Frohmader 2004; see also the non-gender specific study by the NSW Ombudsman (2004) on who is excluded from SAAP services in NSW).

There was some evidence of “local domestic violence crisis services making an effort to improve accessibility for women with disabilities. However, in the main, Domestic Violence services remain inaccessible to the vast majority of women with disabilities experiencing or at risk of experiencing violence. The issue of violence against women with disabilities continues to be ignored” (National Plan, 79).

A study of the physical accessibility of women’s refuges in NSW for women in wheelchairs found that only 38 per cent were accessible (NSW Women’s Refuge Resource Centre 2003, 18). Accessibility, however, is not just about physical accessibility. It is also about other services women with disabilities may need, such as assistance with communication and some aspects of self-care, and certain aids and appliances (WWDA 2004; DV Vic 2008).

National resources have been recently developed for service providers assisting women with disabilities affected by domestic and family violence. These are WWDA’s *Resource Manual on Violence Against Women With Disabilities* (2007) and DVIRC’s *Getting Safe Against the Odds – A Guide for Service Providers* (2008). DVIRC has also developed an awareness raising guide for women with disabilities affected by/escaping domestic and family violence – *Getting Free From Abuse: A Guide for Women with Disabilities*.

In July 1999, the NSW Women’s Refuge Working Party produced *An Open Door*, an Access and Equity Manual for the NSW Women’s Refuge Movement, as a tool to assist workers in their daily service provision. The manual highlighted examples of good practice to address the barriers to accessing services for women from diverse groups in the community escaping domestic violence (migrants and refugee women, lesbian women, women with mental illness, women and children with disabilities, women with drug and alcohol issues, women with HIV/AIDS and Aboriginal women).

In summary, these studies and resources suggest that the main barriers to women with disabilities accessing domestic violence services in Australia can be grouped into the following areas: communication; information; physical environment; procedures for accessing/using a service; attitudes /skills of workers; and networking. As Jennings stated (4):

“Services have both an ethical and legal responsibility not to discriminate on the basis of disability. If a service’s core business is domestic and family violence, then the service’s core business includes women with disabilities who experience such violence”.

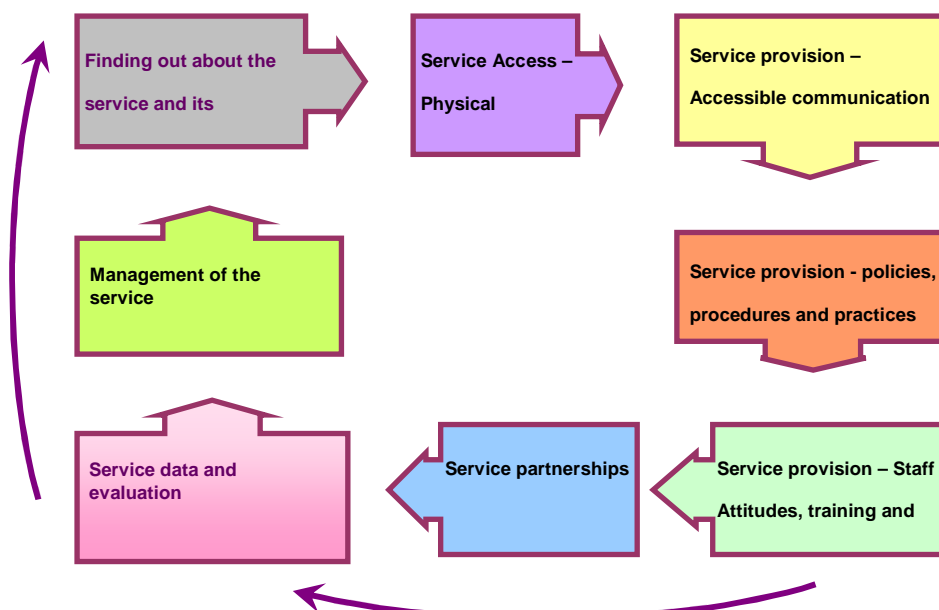
Good Practice Principles for improving Access for Women with Disabilities to Domestic Violence Services in the ACT

Women with disabilities who experience violence have the same needs as other women. In addition they may have specific needs that are related to their disabilities. For women with disabilities, appropriate access to a domestic violence service includes:

- knowing that they can contact organisations and get help;
- knowing that the policies and practices of those organisations don't impede a women with a disability gaining access, and that their children can accompany them;
- having policies and procedures in services that help women with disabilities to participate fully and have their needs met;
- getting a referral to an appropriate service and having accessible information available to help them make an informed decision;
- entering a service facility and being able to move around the premises safely;
- having access to all the necessary information in appropriate ways while accessing the service; and
- having their needs met by staff who are appropriately trained and supported to understand and meet their needs.

Based on the literature, improving accessibility for women with disabilities requires consideration of a range of issues - access to information, physical aspects, policies and procedures, communication, data collection, management practices, linkages to other services and staff awareness and attitudinal barriers might all limit a service's ability to meet the needs of women with disabilities.

This can be represented by the following diagram:



The following principles were developed and summarise the key principles that (from the research) are most important to ensure that women with a disability can access domestic violence/crisis services.

Principle 1: Service information about the domestic violence/crisis service should be accessible to women with disabilities (getting the message out about the service)

Domestic violence/crisis services have not traditionally promoted information about their service directly to women with disabilities. Existing information is often inaccessible for many women with disabilities as it is not readily available or in appropriate formats. In addition information is generally not distributed to areas where it is likely to reach women with disabilities (such as appropriate disability services and other locations). This can mean that women with disabilities don't know that domestic violence services exist which will be appropriate to their needs, or how to reach them.

Women with disabilities should be able to access information about services' accessibility and know if facilities are appropriate to their needs. Information also needs to be provided in ways which meets the different needs of women with disabilities. Access to information is essential to making an informed choice. Providing accessible information increases the confidence of women with disabilities in services, as well as enhancing their awareness of the support that is available and accessible for them.

It is important that services, including those that maintain a confidential address for security reasons, feature an accessible phone number on promotional material, or promote their services and disseminate information about how to access their services through other services and a variety of locations (including community radio and television programs) which women with disabilities might access.

Principle 2: The physical environment should be appropriate and accessible for women with disabilities (getting to the service, Getting around inside the service)

Domestic violence/crisis services may not be physically accessible to many women with disabilities. There can be an assumption that 'physical access' relates only to women using wheelchairs, whereas services should provide access for all women with all disabilities – physical, mobility, visual, sensory, or cognitive. Services should be accessible at the approach and environs as well as inside the premises.

Women with disabilities should be able to arrive at the service, approach the building and enter as easily as anyone else, and the travel routes to the building should be safe and accessible. The layout of the building should allow women with disabilities to be as independent as possible in all the common areas, and corridors linking the common areas should be free of hazards.

Best practice includes the provision of accessible adapted accommodation for women with disabilities seeking accommodation. Facilities such as bathrooms, kitchens and laundries should be accessible. Equal access also applies to the use of emergency equipment and notification of emergencies.

Principle 3: Communication with women with disabilities should meet their different access needs (getting help to access and provide the information required to access the service)

Women with disabilities should be able to access, and have provided, all necessary information in ways which are appropriate to their needs, and accessible to them. Effective communication with women with disabilities can prove the most challenging barrier they face in accessing services.

If a woman is unable to tell her story, ask questions, and learn about services and supports, she will not be able to access valuable and needed services.

Principle 4: Service policies, procedures and practices should be inclusive of and appropriate for women with disabilities (complying with policies, procedures and practices for accessing services)

Women with disabilities should not have requirements imposed on them which unfairly exclude or hinder them from accessing a service. Some policies or practices can make accessing the domestic violence/crisis service more difficult, and can present obstacles for women with disabilities. Any policy or practice that creates a delay in service provision, or that makes that service more difficult to obtain, is a barrier to access.

Sometimes policies may need to be adapted to be more flexible and sometimes new policies may need to be created to accommodate the needs of women with disabilities.

Women with disabilities do not all require the same assistance and do not all have the same needs, and many different types of disabilities affect women in different ways. Therefore planning should be made for individuals with a variety of needs, whether it is women who use mobility aids, require medication or portable medical equipment, have sight or hearing impairments, use service animals, need information in alternate formats, or who rely on a care giver.

Service staff may need to change the way questions are asked, provide reader assistance to complete forms, or provide assistance in a more accessible location.

Rules and chores that women must follow or perform in order to stay in accommodation might pose a barrier for some women. Women with cognitive or psychiatric disabilities might not be able to understand or consistently follow rules, which may threaten their ability to stay.

Women with disabilities leaving their home for a domestic violence/crisis service in another location may lose their care support funding packages, or

their access to personal support, so policies and procedures need to recognise that accessibility also depends on being able to access personal assistance if required.

Principle 5: Domestic violence service workers should have an awareness of the issues of domestic violence for women with disabilities, and the skills to work with women with disabilities (getting appropriate support from staff)

The attitude and skills of staff are major factors in the decisions made by women with disabilities to access domestic violence/crisis services. Any person who works with and provides services for women with disabilities needs to be appropriately trained and supported to understand and meet the needs of women with disabilities accessing the service. Domestic violence/crisis service staff may not have had the opportunity to develop awareness or the skills to work with women with disabilities, and may lack awareness of the issues of domestic violence for women with disabilities. Staff should be trained on how to communicate with women who have hearing, visual, cognitive, speech or psychiatric impairments.

Principle 6: Partnerships should exist between the service and disability services (as well as sexual assault, police, justice and health services) to ensure improvements in access for women with disabilities escaping domestic violence and to improve the service response provided to women with a disability (getting access to coordinated, linked services)

Domestic violence/crisis services can build trust with women with disabilities by networking with women with disabilities and relevant organisations, and look at improving their service response to women with disabilities through collaboration with disability agencies.

Providing supportive environments for women with disabilities requires coordination and links between the domestic violence/crisis services and disability services in order to meet the special needs of women with disabilities.

Women with disabilities may need to access different services to respond to their needs. These may include mental health and disability services, local support services, attendant care services, and community health services, and their other needs could also include personal care, medication for psychiatric illness, interpreter services. Lack of co-ordination between services can cause inappropriate referrals for assessment.

It is also important to establish good networks with disability organisations in order to draw on the expertise and resources of these organisations. Equally, disabilities services should also draw on the expertise of domestic violence/crisis services. Learning from each other means practices and accessibility can improve through increased liaison between the disability and

the domestic violence/crisis sectors.

These 'disability awareness' partnerships need to extend to the all the services with which domestic violence/crisis services liaise in the course of supporting all women who experience violence, e.g. sexual assault services, police, judicial systems, and health services.

Principle 7: Data should be collected on the use of the service by women with disabilities, and be used to improve services (giving information and feedback to help improve services)

Services should examine the barriers to access to their service for women with disabilities, through client feedback, data analysis, service evaluation and consideration of the local community demography. Services should record data on the number of women with disabilities accessing their services, as well as information and feedback from women with disabilities about their experience of the service, and ideas for improvement. Domestic and family violence services should also document any limitations and challenges faced by their service in their attempts to assist women with disabilities, and the strategies they have successfully utilised to overcome any challenges faced in providing a service to women with disabilities.

Principle 8: Leadership and management practices should be in place that show a commitment to access for women with disabilities, and to ensure that planning includes the needs of women with disabilities (management planning and commitment).

The lived experience of a woman with a disability is an excellent resource – 'nothing about us without us'. The involvement and participation of women with disabilities in the management of a service helps to ensure that the policy and practices of the service are appropriate to the needs of women with disabilities. Board or management committees should consider filling vacancies with women with the needed expertise in disability issues. Women with disabilities should also be represented in the work of the domestic violence/crisis service, and in consultations.

Budgeting and submissions for funding also need to be undertaken in such a way that appropriate allocations can be made to planning for covering disability accessibility issues. This cost could include:

- translation and updating of materials;
- providing interpreters; and
- provision of training and support for staff (and possibly the management committee).

Summary of the audit findings and recommendations against the principles

Improving accessibility required consideration of all the above principles and, though not all the barriers were relevant for all the services, it was important to identify those barriers which did exist to ensure the provision of an accessible service for women with disabilities escaping domestic violence. The accessibility audits enabled observation of physical barriers, policies and practices, communication issues, and information barriers, and subsequent questions identified other barriers which might have limited a service's ability to meet the needs of women with disabilities. The questions used to audit the services for accessibility are at Attachment A.

Naturally, not every issue or barrier was present in every service, but there were common areas across the service network that were identified as areas in which accessible services for women with disabilities escaping domestic violence could be improved.

Service information (getting the message out about the service)

Women with disabilities should be able to access information about a service's accessibility and know if facilities are appropriate to their needs. There are a limited number of crisis services and refuge accommodation in the ACT, so ensuring they are accessible to and appropriate for women with disabilities is very important.

The main elements looked at for accessibility for this principle were whether:

- information is available about the accessibility of services;
- information is available in alternative formats;
- website and promotional material is available and inclusive; and
- information is disseminated to linking organisations.

We assessed whether:

- there were measures to make communication and information easily available and effective for women with disabilities;
- there were attempts to reach and communicate with women with disabilities through dissemination of information about accessibility of services with local disability organisations; and
- there was provision of awareness-raising materials for both women with disabilities and providers who might provide services and advice to them.

Overall the services did not have information about the service's accessibility that would allow for women with disabilities to know if the facilities were appropriate to their needs.

Since the Internet is a key channel of communication for many people, and many women with disabilities use computers and the Internet, we also assessed the websites of the services for accessibility. The websites were not accessible to women with disabilities: none of the websites included any

content that would indicate that services themselves were accessible to women with disabilities, and none of them were created in a way that considered how assistive devices operate and how people with disabilities use them. No service website had been designed to conform with the international accessibility guidelines of World Wide Web Consortium (W3C) and Web Accessibility Guidelines v2.0.

Recommendations

It is recommended that each service should:

- consider developing information to let women with disabilities know that their service is accessible for women with disabilities, and where relevant that they can accommodate children - this should be through specific hard copy information and website content;
- consider using international symbols for wheelchair access, hearing loop availability and mother-child accommodation to indicate the accessibility of facilities;
- consider conducting some targeted outreach at women with disabilities, perhaps through local disability services; and
- at the next time of upgrading a website, ensure that the new design conforms to international accessibility standards.

Physical environment (getting to the service, and getting around inside the service)

The physical environment should be appropriate and accessible for women with disabilities. The main elements looked at for accessibility for this principle were whether there was:

- accessible transport to reach the service, clear approach way, arrival and entry to the services should be safe and accessible, e.g. parking/drop-off areas, ramped entrance, doors able to be opened from wheelchair; and
- the service was accessible inside, including internal access such as halls, doorways, lighting, kitchen, bathroom, laundry, safety alarms and fire equipment, call bells, outdoor areas etc should be accessible.

When a woman has difficulty navigating the approach and entrance to a secure location, designs for protection and privacy are of no value to her, so it was essential to ensure that the services were assessed as to whether there were barriers to the approaches and entrances.

Services for the most part were physically accessible to women with disabilities and their children (ramps, open designs, doorknobs with accessible handles, hallways and footpaths that were wide enough and free of clutter, and kitchens, bathrooms and laundries that were accessible).

The majority of recommendations for the individual services were for minor changes to the premises. For example most did not have signage identifying the accessible bathrooms, and there were no large print instructions or diagrams explaining how to use the fire extinguisher.

The largest issue identified in most of the services related to the need to improve the safety of the services with the installation of emergency call bells and emergency alarm systems/safety signals. Providing physical safety to women with disabilities also includes protecting them in case of an emergency. All alarm systems need to be visually and aurally accessible, as flashing lights assist those who can't hear alarm systems. Consideration of installation of emergency call bells in the bathrooms, bedrooms or toilets that women with disabilities use is needed. Services also need to make an evacuation plan for women with disabilities.

Recommendations

Where future funding allows, and when planning for future improvements to premises occurs, services should consider the following items to further improve accessibility for women with disabilities:

- Installation of emergency call bells for use by women who may require urgent assistance;
- The installation of flashing lights or some other appropriate warning to alert those women who are deaf or hearing impaired of an emergency; and
- Ensure the emergency evacuation plan includes actions for women with disabilities.

Communication (getting help to access and provide the information required to access the service)

Women with disabilities should be able to access and be provided with all necessary information in ways which are appropriate to their needs. The main elements looked at for accessibility for this principle included:

- house rules, policies and procedures available in alternative formats;
- house rules provided in easy English;
- communication and assistive devices available;
- access interpreters and translators; and
- phones are at accessible height.

Communication about how a service operates is the most important component for women when they arrive, yet services may be unaware of the amount of information that could be missed by a woman with disabilities when the form of communication does not match the woman's needs/preferences.

Depending on the situation and the woman's needs, there are a variety of ways to make communications more accessible. These include:

- communicating at intake in a way that is more accessible;
- changing the usual method of communication; and
- using assistive devices or services.

Successful communication between staff and women with disabilities can only be achieved when adaptations are readily available and easily achieved.

While many of the services audited did not have the full range of assistive communication devices available, most services used a variety of alternatives to enable communication with women with disabilities. Alternatives used by the services for those that do not speak or hear included typing on a computer, use of communication boards, use of MSN/instant messaging, using sign language, and alternative communication (such as communication boards, icons and other visual aids). Where it was required, services also communicated via a trusted third party who understands a woman's speech. All of the services had access to sign language interpreters if required. No services provided materials in Braille or a taped version of information. Telephone Typewriter (TTY) services were mostly not available, and most were aware of, though had not used, the National Relay Service.

Services did provide information in plain, clear language for those women who have intellectual disabilities, and adapted and provided additional support where a woman had impaired learning or cognitive ability, including short term memory loss and difficulty concentrating.

All services had telephones with touch-tone keypads with large buttons for those people with poor hand control.

Recommendations

Services should consider:

- adapting current important information on the policies of the service to make them accessible to women with disabilities (at the minimum in easy English written form and taped version).
- staff should know where to obtain a range of assistive devices; and
- staff should know where to book AUSLAN interpreters, and tactile interpreters.

Policies, procedures and practices (complying with policies, procedures and practices for accessing services)

Service policies, procedures and practices should be inclusive of and appropriate for women with disabilities, and women with disabilities should not have requirements imposed on them which unfairly exclude or hinder them from accessing the service.

The main elements looked at for accessibility for this principle were whether:

- policies included disability specific aspects;
- procedures are reviewed and adapted to take account of disabilities including physical, sight, hearing, psychiatric, cognitive and speech disabilities; and
- they allows for the access of children, caregivers, and/or support animals.

Overall, it was found that there were simple screening and assessment procedures in place and these enabled early identification of a self disclosed disability, and children and support animals were accommodated by all

services offering direct support.

Most services gave examples of how they adapted current procedures informally, such as allowing longer interviews with women who have cognitive disabilities, and letting a survivor with a mental illness set the pace of their goals. However there was an absence of formal organisation-level policy and procedures for working with women with a disability. While none of the services audited had formal policy and procedures which included information for working with women with disabilities, most staff adapted their approach as they worked with the client. Nevertheless it was recognised that without the inclusion of relevant instructions in the formal procedures there was a risk that new or inexperienced staff may not be aware that some aspects were agreed upon by the organisation.

The policies, practices and procedures on providing services to women with disabilities need to be integrated into the current standard policies, practices and procedures so that they are not overlooked or allowed to become out of date.

At the minimum it is suggested that policies should include information for staff about:

- allowing women to use their own personal assistive devices to access services and detail any situations where such use may not be permitted (personal assistive devices could range from such things as support workers, wheelchairs, walkers, white canes, and note-taking devices to personal breathing apparatus including sleep apnoea ventilators and oxygen tanks);
- the communication assistance the organisation offers for women with disabilities such as assistive devices, access to interpreters and translators, and the use of trusted third parties including information on appropriate ways of communicating with women with disabilities and basic information on using the equipment;
- the support the organisation can offer such as scooter hire, alternative formats of documents, the assistance from a staff person to complete a form, or transport assistance;
- the changes that staff can make to the services or practices to enable women with disabilities to successfully access the services;
- allowing women with disabilities to be accompanied by their guide dog or service animal;
- allowing women with disabilities who use a support worker to bring that person with them; and
- allowing women with disabilities to bring their children to the service, knowing that adjustments can be made for them.

It is impossible for each service to make changes that mean a service is accessible to all women with disabilities. However, services should also

remain flexible and open to adapt and put in place other changes as they arise, based on individual needs.

Recommendations

Services should review policies and procedures to include specific aspects of working with women with disabilities.

Staff skills and awareness (getting appropriate support from and for staff)

Staff should be appropriately trained and supported to understand and meet the needs of women with disabilities accessing the service. This requires an awareness of the issues of domestic violence for women with disabilities, and the skills to work with women with disabilities.

The main elements looked at for accessibility for this principle were whether:

- there is training for staff on disability awareness/rights;
- staff have access to support; and
- job descriptions and recruitment processes include disability awareness.

Most of the services identified areas of need for, and an interest in, training of staff to meet the needs of women with disabilities accessing the service.

None of the services included the phrase “an understanding of issues for women with disabilities or the ability acquire this” in their job descriptions or ensured that the selection process checked that this skill existed.

Recommendations

Services should develop a plan for the provision of staff training and development for all staff about disability issues through:

- each organisation having a copy of the *Women with Disabilities and Violence Information Kit* (produced by Women with Disabilities Australia) which provides comprehensive information about disability, gender and violence;
- ensuring all training includes Disability Awareness Training and training about the rights of women with disabilities;
- ensuring that all staff are aware of the AUSLAN (sign language) service and that they know how to book and work with AUSLAN interpreters or Tactile Signing Services (for women who have both hearing and sight impairment); and
- ensuring that all staff are aware of the use of communication devices such as TTY, communication boards, speech generation and other assistive devices.

Services should also consider adjusting current recruitment processes to:

- make job descriptions, contracts and job advertisements accessible to women with disabilities by providing them in accessible formats;

- advertise positions in appropriate locations (for example utilise networks with disability organisations to disseminate job advertisements); and
- add an awareness of issues for women with disabilities or willingness to acquire it as a knowledge/skill requirement in Position Descriptions and ensure that staff selection processes explore this.

Partnerships with other services (getting access to coordinated, linked services)

Partnerships should exist between domestic violence/crisis services and disability services to ensure improvements in access for women with disabilities escaping domestic violence, and to improve the service response provided to women with a disability.

The main elements looked at for accessibility for this principle were whether:

- there is coordination and linkages with disability and support services;
- there are links that enable referrals of women with disabilities from other agencies; and
- there is cross training/development with other/disability agencies.

All of the services make referrals to, and have linkages with, a variety of other organisations, and most services referred clients based on the ability of the client to act independently.

There was lots of informal networking with other organisations, but there were limited formal interagency arrangements with disability services, or across the service network.

Most services advised they consulted many organisations, services and people when they require certain information and/or resources for women with disabilities. However they do not have partnerships with any organisation whose mandate is to provide services for women with disabilities. Nor is there knowledge of the Disability People's Organisations from which they could obtain assistance and information.

Recommendations

Services should consider the development of stronger links with disability services, Disability People's Organisations and partnerships which allowed expertise to be shared between the service sectors.

Use of data (giving information and feedback to help improve services)

Data should be collected on the use of the service by women with disabilities, as well as feedback and suggestions about their experience of the service should be collected.

The main elements looked at for accessibility for this principle were whether:

- statistics are kept on the users of the service;
- data collected is used for planning;
- feedback is sought from women with disabilities; and
- service evaluation is used to improve services.

The data about service use by women with disabilities experiencing violence was mostly absent from services, and very few had a formal process for service evaluation by women with disabilities.

Services should consider responding to any feedback and taking action on any complaints or suggestions, and consider making the information about the feedback process readily available publicly.

Recommendations

Services should consider developing an approach to collecting data to inform future improvements to its services. This should include:

- collecting data on the numbers of women with disabilities accessing their service;
- gaining an understanding of how many women with disabilities live in the local community; and
- adapting any current evaluation surveys to enable women with disabilities to give feedback on their experience of the service.

Leadership and management practices (management planning and commitment)

Leadership and management practices that show a commitment within the service to improve access for women with disabilities should be in place, to ensure that planning includes the needs of women with disabilities.

The main elements looked at for accessibility for this principle were whether:

- there is a Disability Action Plan in place;
- women with disabilities are represented on management committees;
- women with disabilities are included in planning;
- there is consultation with women with disabilities; and
- funding specifications/agreements budget for the needs of women with disabilities.

None of the services audited had a Disability Action Plan in place, or included women with disabilities in management committees or consultative arrangements. No services currently employed workers with disabilities, although this would enable future clients with disabilities using services to work with staff members who shared experiences of disability. Building accessibility was included in decision-making processes, and short- and long-term planning, and purchasing processes.

Recommendations

Services should:

- develop a Disability Action Plan, as this is one of the most important strategies a service can use to reduce discrimination against women with disabilities, as it raises staff awareness and ensure that services are more accessible and inclusive for women with disabilities;
- consider working cooperatively to develop a single Disability Action Plan for the whole of the Domestic violence/crisis services in the ACT; and
- once a Disability Action Plan is in place, all staff should be made aware of its existence and understand their role in ensuring its implementation.

Consideration should also be given to putting in place a process for women with disabilities to have input into the management of the service through:

- the formation of a Disability Advisory Group for the combined services;
- employing women with disabilities; and
- adding a woman with a disability as a representative on the management committee.

Budgeting and submissions for funding should also be undertaken in such a way that appropriate allocations can be made to planning for covering disability accessibility issues. This cost could include:




- adapting and updating of materials
- engaging interpreters as required; and
- provision of training and support for staff and the management committee.




Final Workshop results

A final workshop was held with participating services to discuss the findings of the audit and explore the issues from a whole of network view. Participants agreed that there were common issues and similarities from the findings across all the organisations, and that the best way to address many of the recommendations (apart from those specific individual physical barriers to a service’s premises and its policies and procedures) required a whole of network view and approach. It was also recognised that while some aspects of the recommendations could be started, not all of them could be addressed in the short term but may require future planning by individual services, or in a cross sector approach.

Several key themes were highlighted by the participants as a result of the principles and recommendations:

- there is a need for broader training on ‘disability awareness’ and to learn how to navigate access to disability support services – it was recognised that the same is probably true in reverse for the disability services in identifying and navigating the domestic violence/crisis services;
- it was acknowledged that there is a need to develop stronger linkages between the domestic violence/crisis services network and the relevant disability organisations in order to share expertise and create better referral options for supporting women with disabilities, but overall there was a lack of knowledge about the existing disability services and peak bodies in the ACT;
- models of training which focus on a joint approach of domestic violence/crisis services with the disability sector which enable sharing of expertise, and knowledge and skills to develop better worker confidence in supporting women with disabilities used in other states could be beneficial in the ACT;
- work is needed on accessibility of the current websites for the ACT domestic violence/crisis services network – some simple options that would immediately improve current websites included adding the universal symbols for disability access to indicate that services were accessible, such as:

	International Symbol of Accessibility
	Access (Other than Braille and Print) for Individuals Who are Blind or Have Low Vision
	Assistive Listening Systems

	Volume Control Telephone
	Access to Sign Language Interpretation
	Teletype Device (TTY)

- a key area of action for all the services is the need to upgrade the safety aspects of the services to make them accessible for women with disabilities – while all services had smoke detectors and fire alarms, there is a need to update these to include flashing lights to assist those who can't hear alarm systems, and for emergency call bells or other alternatives to be installed in the bathrooms, bedrooms or toilets that women with disabilities use, in case they needed emergency assistance;
- a further issue was identified about options for nights when service staff were not present at the services and are on-call only – services had in place arrangements for mobile communication if help was required, but had not considered how women with disabilities would be able to obtain assistance if they could not use or did not have access to a mobile (for example, if they fell from their wheelchair in the toilet and could not reach a phone);
- there is a need to enable disclosure of disabilities in data collection processes in order to allow better planning, and to gather information for discussions with funding providers – it is recognised this is an action identified by the UN CEDAW Committee in its recommendations in response to the Australian Government's 4th/5th country report;
- the services identified the need for them to be supported to access more information about the statistics in the ACT on women with disabilities to help inform their planning and understanding;
- there were opportunities to consider how services could include women with disabilities to provide input to improving their services, in particular on management committees, and as staff, and the importance of the consulting with individual women with disabilities, since each is the an expert on her own needs. These actions are in keeping with the international slogan of the disability movement: 'Nothing about us without us';
- employing women with lived experience of disability is seen as a very good option for use in educating staff in the services;
- because short-term crisis accommodation capacity is very limited due to demand, some services had identified motels and other accommodation which could assist but it is recognised that these

needed to be checked for accessibility for women with disabilities;

- the services are supportive of the need to develop Disability Action Plans, and to lodge them with AHRC to show commitment to improving accessibility for women with disabilities, and are keen to obtain the *Women with Disabilities and Violence Information Kit* (produced by Women with Disabilities Australia) – the participants consider a joint plan for all the ACT domestic violence/crisis services would ensure an approach which made the whole service system accessible;
- most services only receive funding through ACT Housing and were not aware of what other funding might be available to help them support women with disabilities better; and
- some services had tried to adapt current premises through the use of equipment (such as convex cradle ramps for putting over sliding doors) but needed support in finding local solutions and equipment distributors.

Conclusions and next steps

It is critical that a proper response to violence recognises the needs for accessibility of services for women with disabilities, and that there is an understanding of, and accommodation for, individual needs and differences.

The Workshop participants identified the following actions as the next steps, to be included in an ACT Action Plan:

- individual services to act on those recommendations that are relevant to their service only as timing and funding allows (including physical access, review of policies and procedures etc);
- WWDACT and WCHM to map the relevant disability organisations (services and peaks) within the ACT to enable services to better support women with disabilities escaping domestic violence – services found it hard to identify which organisations might be appropriate to work with in any particular circumstance;
- WCHM to work with the services to map the ACT domestic violence/crisis services to assist disability services and other referral agencies to understand the services available and accessible to women with disabilities and how to access them;
- WCHM and WWDACT to research and map the range of training available to support workers to improve disability awareness;
- WCHM and WWDACT to work with the services to explore options for partnerships in joint training and development between the disability sector, and sexual assault services;
- WWDACT to develop a list of women with disabilities, with the skills and interest to undertake disability awareness training for staff in the domestic violence/crisis services, and to undertake a series of presentations at the services' staff meetings;
- WWDACT and WCHM to identify and share sources of information and statistics in the ACT on women with disabilities to help inform the services in their planning;
- WWDACT to develop a list of women with disabilities who are interested in being considered for membership on the services' management committees;
- WCHM to explore the further development of the 'bus tour familiarisation' concept (previously used for staff of the drug and alcohol and mental health services) with a focus on women with disabilities escaping violence to include the domestic violence/crisis services and disability services staff and services;
- WCHM to explore options for funding to develop an accessible network wide website/portal that is accessible to women with disabilities escaping domestic violence (working with WIRC and Office for Women);

- WCHM to work with the services to prepare a joint ACT service wide approach and explore funding options for upgrading the safety requirements for the accommodation services (including emergency call bells and safety alarms);
- WCHM to finalise and distribute the document 'What services can do' which was developed from the research and use the best practice to identify ideas for use by the services in improving services to women with disabilities;
- as opportunities arise, individual services to conform with international accessibility guidelines and to include the display of the disability access symbols appropriate to each of the services they offer;
- WCHM to explore options for the use of Medialerts within services to supplement emergency call bells, and provide advice to the services;
- WCHM to provide services with a list of options/timing for funding that might be available to help them better support women with disabilities;
- WWDACT to provide to services a list of sources of accessible fittings/adjustments.

These items will now be included in an overall Action Plan, with realistic timeframes and dependencies such as funding included.

It was also agreed that there should be a report back from the ACT domestic violence/crisis sector at 6 months and after 12 months to show progress by the individual services and the project overall in implementing the recommendations and against the Action Plan.

Evaluation of the project

The overall project

“The overall project outcomes have been met and some very important issues have been raised. We look forward to the outcomes and believe that this will result in better practice and support for women with disabilities.”

“We are all very interested in broader training and feel that education will greatly enhance the service we are able to provide to women with disabilities.”

“Yes I think the aims of the project were met.”

“I believe the outcome has been very positive and sets a new standard for the sector to aim to in achieving accessibility for all women with disabilities.”

“The collaborative approach enhanced the process, meeting the aims and objectives.”

“A great awareness raiser.”

“All aspects (of the project) were highly professional within a supportive and caring environment.”

“The project has been very informative and worthwhile.”

“Participation in the project has been very informative, and the information shared has helped us a lot to identify how other services are making their facilities more accessible to women with disabilities. Although we have our modified accommodation, this project has enabled us to work towards improvements and how we can let women with a disability know about our service and cater to their specific needs.”

“Sometimes our expectations sit a bit higher as to what we can actually achieve, so we need to consider how this might now be moved forward post project.”

“Very thorough and well considered.”

Initial workshop

“Very useful.”

“I really appreciated the women who spoke so openly about their experiences with us all and the forum process which allowed ideas to be batted back and forth.”

Audit process

“Having a person with a disability visit and assess the refuge was very helpful. The literature review was also very interesting, and especially to see that the findings of the audit were consistent across the sector”.

“A physical audit conducted by a person with specific knowledge was great

and allowed for information sharing and gave an opportunity to clarify any issues and ask any questions directly.”

“The audit process worked very well for us, as we were able to discuss our facilities and to hear how our service would be accessible from a person with a disability.”

“I think the audit process was a good idea and a useful place to start to set a bench mark for achievement for services to aim for.”

“The audit process created a recognition of how invisible women with disabilities can become in our work, but also reminded me of our flexible work with all people! It was a little difficult because of the portion that dealt with physical access because it did not apply to (our service), but on the other hand it probably allowed further discussion for the other issues.”

Individual audit reports

“Very supportive of the recommendations. The service can make these changes!”

“The report was useful and highlighted positives as well as issues that needed attention”.

“The recommendations are practical and achievable over time.”

“Yes (they were useful) because they gave us something to measure ourselves against”.

“Yes, things I’d never thought of needing were pointed out. Now it is easy to upgrade our service, office and houses... I have 2 houses that would work easily for women with disabilities and will make these available when required.”

“Things I had never thought of needing were pointed out. Now it is easy to upgrade our service office and houses, and consider other different housing stock.”

“The report is very useful as it helped to highlight accessibility issues that had not been identified.”

“These are very useful as it gives us some guidelines as to how we can improve our service. The enhancements we need to make are very reasonable and achievable, and some issues were raised that we as a service had not considered.”

“The individual Audit Report acted as a prompt for our own work that needs to be undertaken.”

Final workshop

“Good communication, well paced, very inclusive”.

“Workshop was great, fantastic to see tangible actions accomplished!”

“The workshop was consultative, open and allowed for opportunities for input, reflection, ideas and honest feedback.”

“Meeting in a workshop style setting allowed information to be shared and we found this most beneficial as many services and resources were highlighted that we were unaware of. It was also a good opportunity for networking and the sharing of important up to date information.”

“There was a lot of relevant information, and developments in terms of specifying what can be done, and resources for more information and networks.”

“The preparation was professional and very comprehensive.”

Final audit report

“The final report is very informative and is an excellent resource for identifying current statistics and literature.”

“The key principles are very good and set the standard for better practice with the recommendations being appropriate and achievable.”

“The overall report is also useful as it helps to identify the need for funding in order to allow change and improvement, and a number of issues are identified that are common across all services.”

“It is useful for a reminder for all workers in the sector to be mindful of these issues, and it also promotes an expectation that when we refer to other services, the disability issue will also be one that they are aware of.”

Overall project management

“A thing that worked very well was the participation of all services, and that we were very involved in the whole process.”

“I was hoping there could be more sector collaboration in the process to cut down the amount of work needing to be done by each service. I think this could be encouraged.”

“Because of the short duration of the project and the risks which developed after the resignation of the project worker at a critical stage, the Steering Committees identified that for future projects like this there needed to be much clearer documenting up front about the ‘management processes’ of such a project, and a clear understanding of the expectations and responsibilities, to reduce risks.”

“I look forward to stage 2.”

Attachment A: Women with Disabilities Accessing Crisis Services Project Accessibility Audit Questions

Structural/Physical Access

1. Is there a level accessible entrance or ramp? Non slip surface, well lit and equipped with hand rails.
2. Is there designated wheelchair accessible parking close to the accessible entrance?
3. Is there a level surface at the top of the ramp in front of the entrance door?
4. Is there a doorbell within easy reach? No higher than 130cm.
5. Is the door easily pushed open (not too heavy) and at least 81.5cm to allow easy passage of a wheelchair, scooter? The threshold to actually enter must be no higher than 1.3cm.
6. Does your building have an elevator? If so are the buttons low enough to be reached and are they in Braille? Is the elevator auditory?
7. Is there a hearing loop in at least one location? For example, the lounge room.
8. Does your agency have a vehicle that is accessible by women with physical disabilities? If not, does your agency organise and pay for modified taxi services?

Other Structural Considerations

9. Is there adequate lighting throughout the building? Not only for women with low vision, but also adequate lighting can assist deaf or hard of hearing women to lip read or use sign language.
10. Are the hallways at least 91.2cm wide to allow wheelchair easy passage and turning room?
11. Are fire alarms within easy reach for a woman in a wheelchair? 130cm from the floor.
12. Is there a fire extinguisher within easy reach women in wheel chairs? 130cm from the floor.
13. Are the fire extinguishers connected to flashing lights in areas of the house accessed by women with disabilities?
14. Are the instructions for using the fire extinguisher or fire alarms available in alternative formats? For example, braille, large print, pictures, and audio tapes.
15. Is there a call bell in all areas and rooms accessed by women with disabilities?
16. Is the office door wide enough to accommodate a woman in a

wheelchair or scooter to enter and turn without creating an “I am in the way” feeling? 81.5cm.

17. Are light switches at a height that women in wheelchairs are able to reach?
18. Are electrical outlets and switches at a height that women in wheelchairs are able to reach?

Kitchen and Laundry

19. Are the kitchen and laundry rooms accessible? Does the placement of appliances allow for side access as opposed to lowering the appliances because of safety for small children?
20. Is the entrance to the kitchen and laundry room at least 81.5cm wide? Consider gates.
21. Is the work area large enough to permit free movement?
22. Are small appliances available for disabled women to access? For example, kettle, toaster, microwave, utensils.
23. Do appliances such as microwaves have tactile markings for use by women with vision impairments?

Bathroom

24. Is there a sign indicating that the bathrooms are accessible for a woman in a wheelchair?
25. Does the exterior door have a minimum clear opening of 81.5cm?
26. Is the door handle a lever style and is it mounted between 40cm and 120cm from the floor?
27. Does the height of the sink allow for adequate knee space? 68cm.
28. Are the taps designed with lever handles?
29. Is there a minimum of 90cm space beside the toilet to allow for transfer?
30. Is the top of the toilet seat between 40cm and 46cm from the floor?
31. Is the flush mechanism hand operated and on the transfer side of the toilet?
32. Is a hand held shower head available in addition to the overhead?
33. Are shower seats available?
34. Are there grab rails in the shower and beside the toilet?

Outdoor Area

35. Is there a ramp or level surface from the house to the outdoor area?
36. Is the surface of the outdoor area firm?

37. Can women in wheelchairs, scooters or using other assistive devices access the outdoor area?
38. Can your agency accommodate children?
39. Can your agency accommodate special needs items for children with disabilities?
40. Does your agency gather stats on the number of women and children with disabilities who access services?
41. Is there a grassed area where women can toilet their guide dogs?

Communication and Assistive Devices

42. Does your agency have communication and assistive devices available for women who are deaf or hearing impaired?
43. Does your agency have assistive listening devices? Such as amplification devices, email, SMS or a telephone typewriter (TTY).
44. Is your agency aware of NRS (National Relay Service)? Allows women who are hearing impaired to communicate without a TTY.
45. Are the available telephones 1.22m above the floor?
46. Are the phones equipped with volume control?
47. Do they have a T-coil for use with hearing aid?
48. Does the telephone have a touch-tone keypad (and large buttons) for women with little hand control?
49. Are there opportunities for staff to receive ongoing training on the use of TTY, communication boards, voice machines and other assistive devices?
50. Does your agency have any Signalling Device? Converts smoke alarms, door bells, and alarm clock sound into flashing lights.
51. Does your agency know how to engage Sign Language Interpreters? Translates speech into manual communication and then transmits the manual communication into speech (Auslan).
52. Does the agency know how to use communication aids? For example, speech output that transforms text into speech.
53. For women who may have intellectual disabilities, does your agency provide information in plain clear language?
54. Is there opportunity for demonstration using icons (pictures) or a physical demonstration?
55. Can your agency provide services to women with intellectual disabilities that may require additional support as a result of women's learning difficulties, remembering, reasoning and cognitive abilities?

Procedural/Attitudinal

56. How does your agency screen for women with disabilities?
57. Please list intake steps once a caller has identified as a woman with a disability?
58. Is there a willingness on the agency's part to acknowledge space and time for developing strategies to assist women with psychiatric disabilities? Some psychiatric medication causes excessive thirst and understanding that there may be cancellations if a woman becomes ill.
59. Does your agency provide on going staff supports to accompany and assist women with disabilities, who access services?
60. Which types of support workers can your agency provide for women with disabilities?
61. What type of supports can your agency provide to general workers if there are additional workloads to cater for women with disabilities?
62. Does your organisation gather stats on the number of women with disabilities who access services?
63. Who does your agency consult when you need information or resources for women with disabilities?
64. Does your agency have service agreements or partnerships with organisations whose mandate is to provide services for women with disabilities?
65. Has the organisation reviewed its policies and practices to ensure that they are relevant, inclusive of, and appropriate for women with disabilities?
66. If training were available to assist staff to work with women with disabilities would your agency participate?
67. Does your agency have a disability policy or include disability considerations into its Strategic Plan?
68. Does your agency have a Disability Action Plan?

Service information

69. Has your service developed information to let women with disabilities know if the refuge has access for women with disabilities and whether the refuge can accommodate children?
70. Is this information available in alternative formats?
71. Does your organisation use a Website to provide this information?
72. Is the website accessible for women with disabilities?
73. Have you identified places where information about the refuge and domestic violence would be seen by women with disabilities? Do you

distribute this information to other services and agencies? Please describe?

- 74. If you have not developed information about your services for women with disabilities, how do they find out about your services and whether they are accessible?
- 75. Does the service allow access for support animals or carers?
- 76. Is key information such as house rules, policies and procedures, and complaints procedures, available in alternative formats and made available to women with disabilities entering the refuge?

Staff Training

- 77. Have all staff received disability awareness training?
- 78. Have all staff received training about the rights of women with disabilities?
- 79. Do Position Descriptions contain 'an awareness of issues for women with disabilities' as a knowledge and skills requirement?
- 80. Do staff selection processes check that this skill is demonstrated?
- 81. Are all job descriptions, contracts and job advertisements accessible?
- 82. Are positions advertised in accessible formats and in appropriate locations such as networks with other disability organisations?

Additional questions

- 83. Does your service ask women with disabilities to feed back their experience of your service through an Evaluation Survey? If so is the survey available in alternative formats (such as braille, on audio tape, in large print etc)?
- 84. Do you ask women with disabilities what you can do to improve the physical access of your service?
- 85. Does your Board/ Management Committee include women with disabilities as Members?
- 86. Do women with disabilities have input into the management of your service in other ways – through, for example, a Disability Advisory Group?
- 87. If women with disabilities participate in providing input to the management of the service, is there support provided to them?

Comments

- 88. Are there any other comments that you would like to add at this time?
- 89. Is there a particular accessibility issue that you are working on?
- 90. Are the specific issues related to women with disabilities that you would

like more information about?

Attachment B: List of participants in the project

Beryl Women Inc

Crisis accommodation for women and their children escaping domestic/family violence. Offers accommodation, information, counselling and referrals. After hours on-call service available.

Canberra Rape Crisis Service

Provides sexual assault counseling for women, children and men. Offers 24 hour crisis support, advocacy, counseling and Aboriginal Outreach Workers. Conducts community education and facilitates support groups.

Domestic Violence Crisis Service

Provides a range of crisis intervention services to all people affected by domestic violence including daily 24 hour direct crisis intervention and crisis telephone support services, court support, access to safe accommodation, support for family and friends and education program in schools and the community.

Doris Women's Refuge

Supported short and medium term accommodation and transitional support for women and children leaving domestic or family violence. Provides a 24 hour phone line.

Inanna

Provides a secure residential environment for women without children, who are escaping domestic violence, so they can address their life situation and achieve positive change.

Toora House

Offers supported crisis accommodation for up to 3 months, and support, advocacy, information, and referral for women who are homeless.

Women's Health Service

Provides specialist counselling for women affected by violence/trauma. Appointment required.

YWCA

Provides support and housing for people with families who are homeless, or at risk of homelessness.

References

- Alaska Safety Planning and Empowerment Network Collaboration Charter (2008). Retrieved May 11, 2009, from <http://www.accessingsafety.org/uploads/File/Alaska%20CC%20TEXT>.
- Arsenjeva, J. (2008). European Disability Forum. Retrieved May 9, 2002 from www.szmm.gov.hu/download.php?ctag=download&docID=20135.
- Baladerian, N. (2009) Domestic Violence and Individuals with Disabilities: Reflections on Research and Practice, *Journal of Aggression, Maltreatment & Trauma*, 18 (2), 153-16
- Barranti, C.& Yuen, F. (2008). Intimate Partner Violence and Women with Disabilities: Bringing Visibility to an Unrecognised Population, in *Journal of Social Work in Disability & rehabilitation*, 7 (2) 115 – 130.
- Barrier Free Living. New York, NY. Retrieved May 16, 2009 from <http://www.bflnyc.org/Home1.asp>
- Baylor College of Medicine. Violence Against Women with Disabilities – Access to Domestic Violence Programs. Retrieved May 5, 2009. <http://www.bcm.edu/crowd/?pmid+1344>.
- Brodwin, M. & Sui, F. (2006). Domestic Violence Against Women Who have Disabilities: What Educators Need To Know, *Education* 127 (4) p548 – 551.
- Brouner, J. (2004). Will lightning strike if we tell the truth? Rape, disability and other conversations to avoid in polite company. *Reshape the Newsletter of the Sexual Assault Coalition Resource Sharing Project*. Fall, (12) 1 - 4.
- CBC News Canada (2006). Disabled women face 40% higher risk of domestic violence: study. Retrieved May 11, 2009 from <http://www.cbc.ca/Canada/Manitoba/story/2006/10/02/diabled-violence.html>.
- Chang, J. et al. (2003). Helping Women with Disabilities and Domestic Violence: Strategies, Limitations, and Challenges of Domestic Violence Programs and Services. *Journal of Women's Health* 12 (7) 699 – 708.
- Cockram, J. (2003). Silent Voices: Women With Disabilities and Family and Domestic Violence. Retrieved May 9, 2009 from <http://www.wwda.org.au/silent1.htm>.
- Disabled Women's Network Ontario. Family Violence Against Women with Disabilities. Retrieved May 13, 2009 from http://dawn.thot.net/violence_wwd.html
- Domestic Violence and People with Disabilities Brochure. The North Carolina Office On Disability & Health. Retrieved May 9, 2009 from <http://www.fpg.unc.edu/-ncodh/WomensHealth/domesticviolence.cfm>
- Domestic Violence Resource Centre (Victoria). Getting Safe Against the Odds. A Guide. Retrieved May 13, 2009 from http://www.da.org.au/getting_safe1.pdf

Domestic Violence Resource Centre Victoria. Triple Disadvantage – Violence Against Women with Disabilities, Retrieved May 13, 2009 from <http://dvirc.org.au/UpdateHub/DisabilityProject.htm>.

Frantz, L. et al. (2006). Accessibility of Pennsylvania's Victim Assistance Programs. *Journal of Disabilities Political Studies*, 16 (4), 209 – 219.

Getting Safe Against the Odds, (2008). A guide developed by the *Domestic Resource Centre of Victoria*. Retrieved May 20' 2009 from <http://www.dvirc.org.au/Disability/ServiceProviderGuide.htm>.

Greenley, D. ((2004). Confidentiality of Information and Records: Recommended Practices for Programs Working with Women with Disabilities who are Survivors of Sexual Assault or Domestic Violence. *Wisconsin Coalition Against Domestic Violence*. 32 (2) 14 – 18.

Hague, G. et al. (2007) Disabled Women and Domestic Violence: Making the Links. An Interim Report for the Women's Aid Federation of England. Retrieved May 13, 2009 from <http://www.bristol.ac.uk/sps/downloads/FPCW/domvioidisabilityinterim.pdf>.

Hague, G. et al. (2007). Making the Links. Disabled women and domestic violence. Retrieved May 13, 2009 from <http://www.bristol.ac.uk/sps/downloads/FPCW/domvioidisabilityfinalreportlarge.pdf>.

Hanna, J. (2004). Domestic Violence Agencies and the Americans with Disabilities Act (ADA). Revised and modified by Amy Judy, J. D., Wisconsin Coalition for Advocacy. *Wisconsin Coalition Against Domestic Violence*. 32 (2) 8 – 12.

Healey, L. et al (2008). Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria. Victorian Women with Disabilities Network Advocacy Information Service.

Howe, K. (2000). Violence Against Women With Disabilities – An Overview of the Literature. Retrieved May 9, 2009 from <http://www.wvda.org.au/keran.htm>.

Impact Newsletter: Resources Related to Violence Against Women with Disabilities. Retrieved May 11, 2009 from <http://ici.umn.edu/products/impact/133/res.html>.

Jennings, C. (2004). Making Service Information Accessible. *Domestic Violence & Incest Resource Centre Newsletter*. Winter 2004, 18 – 20.

Jennings, C. Access and Equality Equals Best Practice. (2007). *Australia Domestic & Family Violence Clearinghouse. Newsletter*. 29, 4 – 6.

Mays, J. (2006). Feminist disability theory: domestic violence against women with a disability. *Disability and Society*. 21, (2) 147 – 158.

Murray, S. & Powell, A. (2008). Sexual assault and adults with a disability.

- Enabling recognition, disclosure and a just response. *Issues. Australian Centre for the study of Sexual Assault*. 9.
- Nosek, M. & Hughes, R. ((2002). Violence Against Women with Physical Disabilities. Fact Sheet #1. Retrieved May 13, 2009 from <http://www.bcm.edu/crowd/?pmid=1409>.
- Nosek, M. Violence against Women with Disabilities. Issues and Recommendations. Fact Sheet # 2. Retrieved May 13, 2009 from <http://www.bcm.edu/crowd/?pmid=1410>.
- Sadusky, J. (2004). Nothing About Us Without Us: A Philosophy for Collaboration. *Wisconsin Coalition Against Domestic Violence*, 23 (2) 1 – 18.
- Sexual Violence and People with Disabilities brochure. The North Carolina Office On Disability & Health. Retrieved May 9, 2009 from <http://www.fpg.unc.edu/-ncodh/WomensHealth/domesticviolence.cfm>
- Taddeucci, A. (2009). Feds Focus on Disabled as Hidden Victims of Abuse. *Women's e News*.
- The North Carolina Office Of Disability & Health. Domestic Violence and Sexual Assault. Retrieved May 11, 2009
- Training & Technical Assistance Providers Meeting (2007) Disability: Framing the Issues. Centre for Research on Women with Disabilities. Baylor College of Medicine, Houston, Texas. Retrieved May 13, 2009 from www.baylor.edu/content/services/document.php/52266.ppt
- Victorian Women with Disabilities Network Advocacy Information Service. (2009). Executive Summary.
- Virginia Sexual and Domestic Violence Action Alliance. Sexual Violence Awareness Fact Sheet. People with Disabilities. Richmond, VA.
- Women's Aid Federation of England. The Survivor's Handbook. Retrieved May 13, 2009 from <http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?se>.
- Women With Disabilities Australia. (2004). Unjustified Hardship – homelessness and women with disabilities. Retrieved January 2009. <http://www.wwda.org.au/housing04.htm>.
- Women with Disabilities Australia (2008), Response to the Australian Government's Consultation on the National Plan to Reduce Violence against Women and Children.