

advocacy for **inclusion**

Being Safe Being Strong

Self-advocacy training for women with disabilities in recognising and responding to violence

Project report

Advocacy for Inclusion

January 2016

**About Advocacy for Inclusion
Home of the Disability Rights Law Centre**

Advocacy for Inclusion acknowledges the Ngunnawal people as the traditional owners of the land on which we work.

Advocacy for Inclusion provides individual, self and systemic advocacy services for people with disabilities. We provide information, education, and representation to effectively advocate for positive and inclusive outcomes for people with disabilities.

Advocacy for Inclusion works within a human rights framework and acknowledges the *United Nations Convention on the Rights of Persons with Disabilities*, and is signed onto the *ACT Human Rights Act*.

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Being Safe Being Strong

Self-advocacy training for women with disabilities in recognising and responding to violence

Women with disabilities experience violence and sexual assault at higher rates, and more frequently than women without disabilities. They tend to be subjected to violence for longer periods, stay in a violent relationship longer and believe they have few options to reach safety.

Women in residential care settings, or who are highly dependent, have few options to reach safety. Many do not recognise that they are experiencing violence, those that do often assume that this is simply “the way it is”.

Figures released in July 2014 show that reports of violence against women with disabilities are almost double that of women without disabilities.¹ Other studies show that women with disabilities are up to ten times more likely to experience domestic or sexual violence than women without disabilities.²

Despite this, research shows there are considerably fewer pathways to safety for women with disabilities³ in the ACT⁴, and women access services at a much lower rate than men with disabilities⁵.

Advocacy for Inclusion finds that many people with disabilities are unaware of their rights, or assume that they don't have the same rights as everyone else. This course will support some of the most marginalised and disadvantaged women with disabilities to better recognise violence and to feel stronger in responding to it.

Advocacy for Inclusion has significant expertise in providing training and empowering women with disabilities to recognise their rights, speak up, and make decisions in relationships.

Our Self-advocacy program has repeatedly illustrated that this method of addressing disempowerment is very effective so we have chosen it to address this significant gap in current strategies.

¹ Australian Bureau of Statistics. (2012). 49060DO016_2012 *Personal Safety, Australia, 2012*, released 7 July 2014

² Murray, S. & Powell, A. (2008). Sexual assault and adults with a disability: Enabling recognition, disclosure and a just response. *Australian Institute of Family Studies*. <http://www.aifs.gov.au/acssa/pubs/issue/i9.html>

³ WWDA (2008) www.wwda.org.au

⁴ Women's Centre for Health Matters / WWDACT (2009), www.wchm.org.au

⁵ Women's Budget Statement (2011-12) p 15

Aim

The aim of the project was to empower women with disabilities to be more resilient to disempowering situations. Knowing how to self-advocate when in a disempowering situation will reduce the likelihood of exploitation, violence and abuse. While this cannot be seen as a single solution it will increase the ability of participants to take control of their lives, reducing the inequality associated with the intersecting disadvantage that women with disabilities face.

The program aimed to build understanding among women with disabilities of their right to be safe from violence and their ability to identify the difference between safe and violent behaviours in relationships.

Program Structure

The Self-advocacy training package developed for this project provides education to women with disabilities to recognise and respond to violence they experience. It addresses four key learning areas:

- Is this okay?
- What are my rights?
- How do I speak up?
- Who do I speak to?

Based on highly interactive Self-advocacy⁶ principles it is designed to meet the diverse learning needs of women with disabilities across the ACT, particularly those who are isolated and/or highly marginalised and most susceptible to violence and exploitation, this includes women with cognitive disabilities and significant communication barriers.

Prior experience by Advocacy for Inclusion shows that using role play, conceptualising, or using euphemisms with people with cognitive disabilities does not meet their learning requirements, and we have therefore developed adult learning techniques which use direct language, visual cues, and experiential activities. We also use highly interactive exercises which rely on talking and group sharing, rather than written worksheets.

⁶ Self-advocacy is a specific term referring to the global movement of self-determination of people with cognitive disabilities.

Reference Group

Expressions of interest were sought from women in the Advocacy for Inclusion Self-Advocacy network to participate in a reference group to provide input to the design of the course. Reference group members were paid for each session that they attended in recognition of their specific expertise and contribution to the project.

Three women volunteered to participate in the reference group, one withdrew after she found the subject matter caused some severe anxiety and revisited earlier trauma.

The reference group was not required to recount personal experiences, but for many people with cognitive disabilities it is difficult to talk conceptually, so personal experiences often come to the fore and are introduced into the conversation.

The following questions were put to the reference group;

Abuse/violence/rape: Do these words make you feel uncomfortable? What words would you prefer?

Using the right words means no confusion about what you are talking about. Violence is about bashing people, doing the wrong thing by another person like punching them in the face. Abuse is doing something wrong. Frightening. Can hurt. About being angry.

We discussed euphemisms for sexual assault, what that meant and if there were any other words they knew. Euphemisms are extremely prevalent in common language referring to violence and abuse and this has left many women with disabilities marginalised by existing responses and training.

When we talk to women with disabilities about these things, what do you think we should say?

Go to hospital, go to the police, speak to a doctor, counsellor, psychiatrist, psychologist, being safe, staying in a group. It's always in your memory.

If something like this happened to you, what would have helped you?

Listening to gut feelings. To have listened to advice from others.

What helped the most?

Being able to call someone. Writing things down in a diary. Find help by talking to people to find out who to ring.

In your experience, what do you wish you knew? Who helped the most?

"wish I had listened to my Mum." Learning from past mistakes and leaving mistakes in the past. Having things to do helped. Being able to talk to people/friends/family. Going to someone who could help. Being safe. "Why did they do it"? Safe places. Drugs, drink spiking. What to do if you are raped. How to stand up for yourself.

What do women with disabilities need to know about their rights?

Human rights, disability rights, legal rights. Call the police straight away and talk to someone.

What do you think would be useful to help women with disabilities understand about this?
Who do you think would be good to come and speak to women coming to this course?

*Sexual Health and Family Planning ACT (SHFPACT) – medical after care
Legal rights – lawyer, police
Canberra Rape Crisis Centre (CRCC)*

What should we talk about first? What order should we talk about these things in a course?

The draft outline was shown to the group, who then agreed to the structure proposed.

Other:

Good touch, when is it OK, who is OK. Taking medications safely. Local info on numbers, safe places to go for help. Real life examples from news stories.

The members of the reference group then participated in a pilot of the course. Prior to the commencement of the course and at the conclusion, each participant was taken through an evaluation process. Feedback from the participants was used to make adjustments to the course for delivery in the future and to assess the effectiveness of the material presented.

Pre evaluation: The participants were given 2 evaluation questionnaires (see attachment 1). The first consisted of general questions about their confidence in knowing their rights and what they thought abuse was. The second consisted of 5 scenarios for which the participants were asked to think about the following; what rights are involved. Does it involve a type of abuse and what type would it be. Is what is happening ok? What would make it ok. Who would you contact?

Both women are experienced self-advocates and were able to provide comments based on their own experiences.

The participants were interviewed separately and the facilitator recorded their responses verbatim. (See attached “evaluation table at appendix 1”).

Post evaluation: At the end of the course the same evaluation process was used in order to compare the participants’ responses. In addition, the participants were asked some general questions about the course. (See attached “evaluation table”). The aim of these questions was to determine whether the participants thought there was anything else that should be covered, whether they enjoyed the course, if it was too long or if there was anything they didn’t like.

Responses, in comparison to the pre evaluation, were longer and demonstrated greater confidence.

Summary

The course was developed addressing the four key learning areas and delivered over four weeks (see Appendix 2 Being safe, Being Strong Program Final). New resources explaining abuse and the types of abuse were developed based on material produced by PWDWA Inc. and Department of Justice, Victoria.

In week 1 The new resources previously mentioned were introduced in conjunction with an activity aimed at identifying what kind of behaviours/actions constituted the different types of abuse. An information sheet about euphemisms was produced as a result of feedback from the reference group about language.

Participants fed back that they enjoyed the activity and found it helpful, but it also highlighted that they found the more subtle types of abusive behaviours harder to identify as abuse (for example neglectful behaviours). It became clear that this was because abuse is often referred to using euphemisms and this group of women made it clear that they require more direct language. As a result they often miss abuse, whereas more overt forms of physical and sexual violence were well understood.

The reference group thought the types of abuse activity was a bit long and wordy, more pictures could be used, and it may work better with more people in the group. They found the resource on facts and stats helpful.

In week 2 the session commenced with a brief review of the types of abuse covered in week one. Human Rights and the CRPD were outlined, emphasising articles 6 (gender), 12 (decision making), 16 (violence)⁷. Healthy relationships and rights were also discussed. The session concluded with a discussion about how and when to report an incident to police and what is likely to happen then. A general outline was discussed and participants suggested that a guest speaker from the police would be helpful.

In week 3 the session commenced with an activity reviewing knowing your rights. The topic of “How do I speak up” was covered by discussions on Communication – Being assertive, using I statements, what passive and passive/aggressive communication looks like, Decision making – steps, ‘dignity of risk’ and Self-advocacy steps.

Resources included a short chapter from a DVD. The participants enjoyed resources of different media form being used. This is consistent with adult learning methods for people with cognitive disabilities. The session also included discussing Consent – what does it mean?

In week 4 the session topic was “Who do I speak to?” The session commenced with a discussion reviewing consent. Following this there were discussions on Respect – what does it mean, Crisis Intervention; Formal/informal help, Resources – Feeling safe, who can I talk to? A guest speaker from SHFPACT discussed consent using the ‘Talk Touch Triangle’ and a short video. In future, this would happen in week 3.

The session finished on a positive note with an activity on Self Esteem.

There was not adequate time to discuss examples of abuse/violence from recent news stories as planned.

Following week four the participants returned for a follow-up post evaluation of the course. See attached evaluation table.

⁷ CRPD Article 6; Women and girls with disability should not be discriminated against.

CRPD Article 12: Everyone has the right to be treated equally by the law.

CRPD Article 16: People with disabilities should be protected from all types of violence and abuse.

Conclusion:

The topic was a trigger that created anxiety for some, this needs to be acknowledged and preparation and strategies developed and put in place before commencing the course. We suggest that people registering for the course have a pre interview to assess their needs for additional supports and to have personalised strategies ready to use/available if needed.

A comparison of the Pre & Post course evaluations show that the participants gained a broader knowledge of which behaviours were considered to be abuse. The responses to the five scenarios display greater confidence and both participants were able to give more options for who to go to for help.

During the activity on types of abuse, some of the more subtle types of abuse (ie. emotional abuse, & neglectful behaviours) were more difficult for the participants to recognise as being abusive behaviours. This activity demonstrated that it was more important to focus on what 'behaviour' was abuse, rather than the category of abuse the behaviour belonged to. As a result of the pilot course this activity will in future include pictures as well as words (as per the fact sheets).

Because the reference group members were already strong Self-advocates their responses were focused on the violence and abuse content of the course, whereas other less experienced self-advocacy participants in the future will be expected to respond differently, may need to spend more time on the self-advocacy exercises, and may also require different supports or different approaches.

Developing this new Self-advocacy course, with the support of a reference group, has been a highly productive and educative experience. While other courses and resources exist they do not target this specific group, nor do they recognise that the extensive use of euphemisms in language about violence and abuse creates a significant barrier to women with cognitive disabilities benefiting as intended. Additionally, the use of euphemisms leads to the mistaken impression that violence and abuse is less serious for this group of women.

The reference group indicated that they appreciated the opportunity to participate and to be heard in their views and experiences of violence and abuse. Their commitment throughout the period of the project was greatly appreciated by the project coordinators, and provides a strong example of the importance of people with disabilities being engaged for their expertise when developing resources and learning for this highly marginalised group in our community.

Advocacy for Inclusion now has a final course "Being Safe Being Strong" available for continuing use with our Self-advocates and will deliver this as appropriate and as resources allow.

Appendix 1 Evaluation table

Question	Reference Group member 1		Reference Group member 2	
	Pre evaluation	Post evaluation	Pre evaluation	Post evaluation
How confident do you feel about knowing your rights?	Unsure	Some	Very	Very
How confident do you feel in letting people know your needs are not being met?	Some	Some	Some	Very
Do you feel confident in knowing if someone is abusing you?	Very	Very	Very	Very
Who would you talk to if someone supporting you hurt you?	Advocate, Guardian, Friend	Advocate, guardian, sister in Law/family	Parents or councillor, friends	Lifeline, go to boss, complain to head person, go to safe house like McDonalds, Cops, family-Mum or brother
List as many types of abuse as you can think of.	Tormenting, threatening, bullying	Bullying, bossing, bitching, assault, sexual abuse, emotional abuse, not listening, bashing, throwing things, physical abuse	Bashing, physical abuse, sexual abuse	Rape, sexual abuse, bashing, stealing belongings, kidnapping.
Scenario 1	That's wrong. It's about the right to live where she wants. It's sexual abuse. She should tell the carer. She can lock the door. It's not OK. If he asked permission it would be OK. She should tell the person in charge, if it keeps happening call the police.	I think it's wrong. She should speak up and tell him to get out. I think it's assault and sex, not OK. It would be OK if he asked, both have to say it's OK. I would tell my guardian, I would tell police. The man should think twice before he does this.	It's sexual abuse. Without permission. Not right. It's about respecting rights. Not OK. If Kate was asked and she agreed it would be OK. I would contact my parents, talk about it	Shouldn't go into a room without being invited. Sexual abuse, no consent. Not OK because she is asleep. If she was awake and she answered, or he knocked. It needs consent "both the parties knew about it" She should tell her parents or person in charge. (sexual harassment)

Scenario 2	They should go in halves. I think it is bullying. Not nice to do to a friend. Not OK, only if they agreed. Talk to someone you know. I'd go to my guardian.	Jane should offer money for petrol. This abuse and being bossy and a bully. Should pay for own dinner. This is not OK. They have to talk about it and come to an agreement. I would tell my guardian.	They should pay for own meals. Not abuse, it is threatening. It's not OK to make her pay. It's OK to be friends, they should talk about it. It would be OK if they went halves in petrol. I don't think it is a good friendship. She should talk to parents or friends.	She should pay for petrol and pay her way. It's financial abuse because money is involved. The other person pays their way, go Dutch so it is equal. Sounds like she is being threatened. She shouldn't go out to dinner. She should contact lifeline to talk through the problem.
Scenario 3	Anna's privacy is being invaded. Brian is being nosey. Yes, abuse. This is not OK. Never OK to stickybeak. I'd tell my guardian and Australia post. Abuse of privacy.	He is trying to stand over her being a bully. Breaking her right to be independent. What is happening is not OK. She should tell her mother and support workers boss. Privacy has been breached.	It's about the right to privacy and respect. Has a right to tell he Mum. It's not abuse. This is not OK. Shouldn't be allowed to open mail. I'd tell Brian not to open my mail, if that didn't work I'd tell someone else.	She doesn't feel safe in the house. Responsibility, she should be able to open her own mail. It comes down to respecting other people's privacy. He had no right to open her mail. She should be independent. Respect other person. He should stay away from mail and from her and respect her wishes. Being a support worker doesn't give him the right. He should ask if he can if she can't read . She should tell her parents or lifeline. (neglect)
Scenario 4	It's not OK to be forced to take medicine, should have been told earlier. This is a type of abuse. He should have sat down with her and calmed her down. She should tell her guardian or someone	She shouldn't be hassled to take medicine. This bullying. They are not qualified to make her take medicine. The right way is to tell her to take deep breathes and have a nice cup of tea. She should report to the support workers boss.	It's not OK to make her take medicine. She has a right to express her feelings. This is abuse. If it's not prescribed to her she shouldn't take it. She should have been left to calm down by herself. Ring the police or tell the doctor or parents.	If it is not prescribed she shouldn't take it. It is blackmail forcing her to take medicine. It is threatening forcing. It is not OK. She should be calmed down in a different way. Take her to a Dr to prescribe it. She could call lifeline, can

				complain to the Cops. It's her word against his. Makes it difficult. (emotional & neglect)
Scenario 5	Jenny gave permission, so it's OK. Not abuse. She trusts the person. Doesn't need to tell anyone.	She has to be careful of what he is doing. Tony should have another helper, like a woman. In one way it's OK but in another not OK. If he was a nurse it might be OK.	No abuse. This is OK. The support worker asked if she needed help. Don't need to tell anyone.	It's OK. If there is consent it is all OK. It takes two to tango. No abuse. If there is no sexual abuse it is fine. Not OK if no consent. If in the shower at the time (and abuse happened) she should tell him to stop.
General Feedback about the course: <i>What was most helpful?</i> <i>What was least helpful?</i> <i>Was the guest speaker helpful?</i> <i>What part of the course did you like the most?</i> <i>Was it long enough?</i> <i>Was there anything else you would like included?</i>	•	<ul style="list-style-type: none"> • I liked being part of the reference group. • Found it difficult to understand "types of abuse" • Would like to discuss real life incidents in the News 	•	<ul style="list-style-type: none"> • Enjoyed the course • Hand outs were great • Would like more interaction • Best thing was having a say, being part of the group • Getting to know other people • Include info about Safe Houses • 'Consent' speaker was good • Spread out course to 5-6 weeks • People should already know this

Appendix 2 Program Final

Being Safe, Being Strong & Self-Advocacy

Week One: Is it OK?

Introduction: Welcome
Housekeeping
Aims of course – pilot

Definitions – What is Violence/Abuse?
I have a Right to be Safe – Facts & stats
Euphemisms

Activity – Brainstorm, Types of violence and abuse (description cards)
Advocacy & Self-advocacy

Week Two: What are my Rights?

Review Wk 1: Types of abuse

Human Rights Outline
Discuss CRPD articles:

- 6 – Women and girls with disability should not be discriminated against.
- 12 – Everyone has the right to be treated equally by the law.
- 16 – People with disabilities should be protected from all types of violence and abuse

Healthy Relationships (what does it feel like) group discussion – Relationships & your Rights Handout
Privacy and your Rights
Reporting to the Police – what happens

Week Three: How do I Speak up?

Review Wk 2: Know your rights, activity

Consent – what does it mean? – speaker from SHFPACT
Communication – Being assertive, using I statements, passive/aggressive
Decision making – steps, ‘dignity of risk’
Self-Advocacy steps

Week Four: Who do I speak to?

Review Wk3: (Consent) discuss last week

Activity: Self Esteem – Butchers paper, write person's name in middle, from participants, write positives about person around the picture.

Respect – what does it mean?

Examples of abuse/violence from recent news stories

Crisis Intervention; Formal/informal

Resources – Feeling safe, who can I talk to?

Wrap Up – activity? Picture quiz?

Week 5: Only for Pilot (1 hour)

Post course evaluation – revisit scenarios to compare answers

Collate/check feedback from sessions with ref group

Certificates and celebration of completion