

Module 2: Recognise Learning Guide



Module 2 – Recognise

What this type of violence looks like and how it can look different for women with disability.

This module provides an overview of what domestic and family violence is and what it looks like for women with disability.

Please watch the Module 2 video and explore the other resources provided to learn more about the following topics:

- Domestic and family violence common terms.
- Domestic and family violence and power and control.
- Gendered domestic and family violence and women with disability.
- Types of domestic and family violence.
- Tactics of domestic and family violence on women with disability.
- Risk factors of domestic and family violence for women with disability.
- Warning signs.

Taking Care

Sadly, domestic and family violence is common, and you may feel distressed as you learn more.

Here is a good organisation for both personal and professional help and support:

<https://www.1800respect.org.au/>

1800RESPECT
NATIONAL SEXUAL ASSAULT, DOMESTIC
FAMILY VIOLENCE COUNSELLING SERVICE

Domestic and Family Violence common terms and acronyms

Common terms	Acronyms
Victim – a person harmed, injured or killed as a result of a crime, accident, or other event or action.	DFV – Domestic and Family Violence
Survivor – a person who survives, especially a person remaining alive after an event in which others have died	IPV – Intimate Partner Violence
Perpetrator – a person who carries out a harmful, illegal or immoral act	VAW – Violence Against Women

DFV is perpetrated on purpose

- It is not about partner or family disagreements.
- It is an ongoing pattern of abusive behaviour by an intimate partner or family member.
- It is motivated by a desire to dominate, control or oppress the other person to cause fear.



Types of DFV

DFV includes behaviour by a person towards another person with whom the first person is in a relevant relationship. This includes behaviour that is threatening, coercive, controls or dominates another person causing the second person to fear for their own safety or wellbeing, or the safety and wellbeing of someone else. For example:

- Emotional and psychological abuse.
- Physical abuse.
- Sexual abuse.
- Verbal abuse.
- Social abuse.
- Financial abuse.
- Reproductive abuse.
- Damaging property.
- Harassment or stalking.
- Cultural and spiritual abuse.
- Systems abuse.
- Forced marriage.
- Technology abuse.
- Exposing a child to DFV.

DFV and power and control

DFV can be found in all cultures and in all socio-economic groups in society. The common thing is that it is largely an expression of power differences between genders. The understanding of power imbalance is a central concept in DFV.

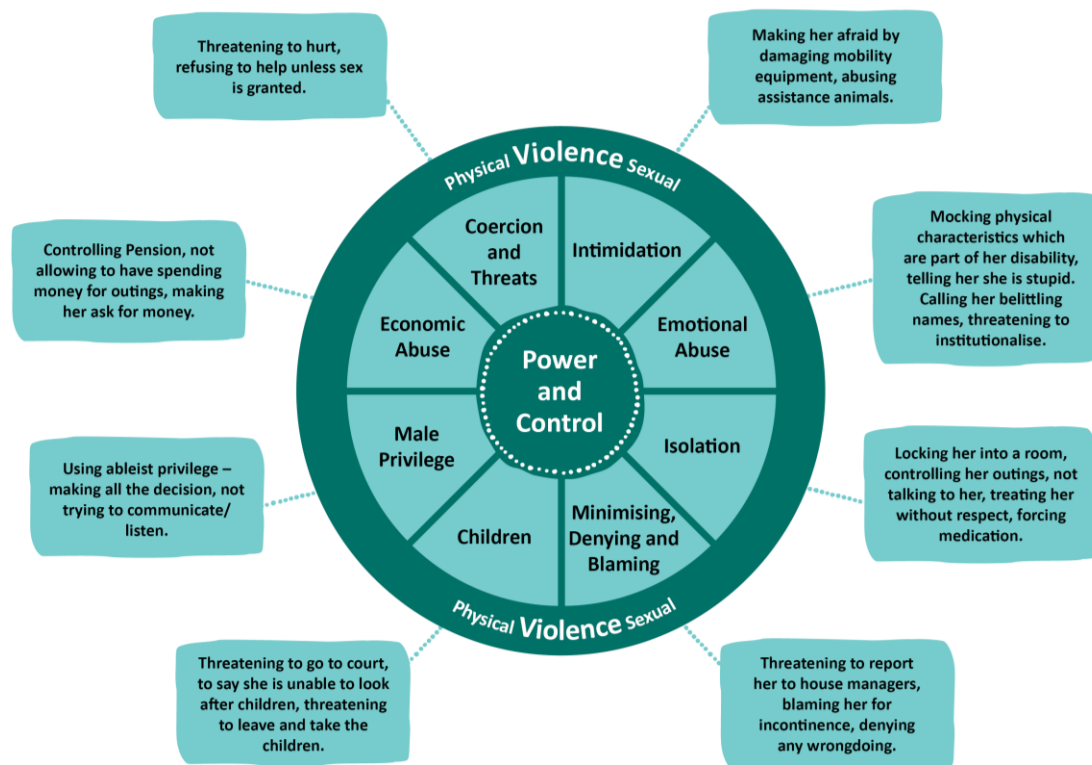
One of the most recognised representations of power and control and its direct relation to DFV is the “Duluth Model” which has evolved since its initial development in the 1980s.

It is important to understand that perpetrators of violence often use tactics across multiple areas of the power and control wheel and that these tactics may change over time as they are identified or challenged.

The Duluth Model is also a useful tool for discussing DFV with people who are visual learners and communicators.

DFV and women with disability

Here are some ways or tactics that perpetrators may use violence against a woman with a disability to gain and maintain power and control. We have aligned examples to sections of the Duluth Power and Control wheel, and you will notice these tactics may apply across multiple sections.



Tactics of DFV on women with disability

- Damaging disability aids/equipment.
- Threatening or hurting her pet or assistance animal.
- Taking away access to money.
- Putting the brakes on her wheelchair to reduce accessibility or isolate the woman.
- Controlling access to parts of the house.
- Refusing to provide personal care.
- Taking away control of decisions.
- Refusing medications.
- Threatening to put her in an institution.
- Using any form of illegal restrictive practice.
- Refusing help unless consent to sex is given.



Risk factors of DFV for women with disability

There are many reasons why women with disability may face increased risks of experiencing DFV. Examples include:

- Reliance on the perpetrator of the violence for everyday living support.
- Lack of support options.
- Lack of economic resources or sufficient income.
- Lack of awareness that the violence they are experiencing is unacceptable.
- Social isolation that many people with disability experience.
- Communication challenges.
- Normalisation of the experience of being controlled and abused.

Diverse population groups may face challenges that heighten the risk, severity, and impact of DFV:

Aboriginal and Torres Strait Islander women	Culturally and Linguistically Diverse women	People who identify as LGBTIQ+
<p>Aboriginal and Torres Strait Islander women may:</p> <ul style="list-style-type: none"> • Lack access to culturally appropriate services. • Fear system responses such as child protection. • Mistrust mainstream services. • Fear isolation from family and community. • Experience normalisation of violence against them. 	<p>Culturally and Linguistically Diverse Women may:</p> <ul style="list-style-type: none"> • Perceive DFV as a private issue. • Have experienced trauma through a refugee experience. • Experience social isolation and reliance on the perpetrator. • Fear deportation and visa status barriers to financial support. 	<p>LGBTIQ+ people may:</p> <ul style="list-style-type: none"> • Be fearful of isolation from family and friends via threats of 'outing'. • Feel excluded by mainstream services. • Experience normalisation of victimisation.
<p>Fear of racism, bias or other forms of discrimination.</p>		

Warning signs of DFV for women with disability

While some warning signs are obvious, it is also important to look out for hidden or subtle signs of power and control being perpetrated against women with disability. Examples include:

- Suddenly being unable to meet essential day-to-day living needs, or no access to money.
- Lack of contact with friends or family.
- Handprints or bruising on the face, neck, arms, or wrists, burns, cuts or puncture wounds.
- Unexplained sprains, fractures, or dislocations.
- Signs of injuries to internal organs, such as vomiting.
- Wearing torn, stained, soiled, or bloody clothing or appearing hungry, malnourished, disoriented, or confused.

Group Activity



Watch the video about gendered DFV and women with disability



https://www.youtube.com/watch?v=JULbgWPBNVw&feature=emb_logo

From Women with Disabilities Victoria, 2019

Reflective questions

1. What are some examples of DFV that you have noticed in the video?
2. What are some of the key points you picked up about gendered violence?
3. How could the types of abuse highlighted in this module impact on women with disability and their safety and quality of life?



Case Study

Shahida is a 34-year-old Syrian refugee who escaped to Australia eight years ago. Shahida lives with her Australian husband, John (53) and their son Mark (4). Shahida was very active in her local community and had established friendships with other refugees, from Syria and other countries. Shahida is fluent in 3 languages, however she has only a basic understanding of English.

Shahida was involved in a serious motor-vehicle accident 8 months ago and is now paralysed from the waist down. Shahida requires a wheelchair for mobility and is reliant on her husband for personal care activities.

John refuses to take Shahida to her usual community events where she can be with people from her country. He does not take her to her place of worship and will yell at her to be quiet if she prays too loudly. He will often refuse to take her to her medical appointments and when he does, he will often withhold information from her when she has trouble understanding her medical team.

You have noticed that she is missing several appointments. She tells you in broken English that she has not been out anywhere since she was discharged from hospital. When you question her husband, he tells you she does not understand what she is saying, telling you they have been out many times.

**These case studies are developed to assist you to explore power and control leading to DFV experienced by women with a disability. Your consideration of the case study should be focussed on the woman and her experience of this.*

Reflective questions

1. What types of DFV is Shahida experiencing?
2. What are the complexities that you need to consider when working with Shahida?
3. What other support services can you identify for Shahida?

A DFV Story



I met my husband 16 years ago. He drove for the accommodation service that I lived in. It was an easy decision to get married. He loved me so he married me.

When I was first married my husband signed a lot more, but that was a long time ago and he says he can't remember now, he has forgotten how. If I fall from my chair my husband doesn't tell my carers, he makes me deal with it. He doesn't take me to the doctor or the hospital. I may be hurt but he doesn't get me checked. My feet get sore, my back hurts, my knee gets sore, and it gets bad. I yell to go to the doctor, I yell when I'm hurt but still my husband does not take me to the doctor. My husband only ever takes me to the doctor to get contraception.

I get in trouble from my husband if I buy something. I have to ask if I want something for myself. I'm an adult, it is silly that I have to ask for everything.

What was helpful?

I have one carer who is a very good support to me. I trust her to talk to about my problems with my husband. This is a big help to me; having someone I can trust. I don't have the strength or the power to speak out. My husband is too powerful, he is more powerful than me. With the help of my trusted carer, I have spoken with my case manager and a disability advocate, that's all. I wanted the disability advocate to help with my money problems.

Services working together

The case manager and the disability advocate realised that this situation was more than just about money. They were concerned about some of the other controlling behaviours of her husband and decided to contact a domestic violence professional to get some advice. Their client was adamant that the only thing she needs help with is her money situation. Through working together, with the carer that she trusted, they were able to get their client to understand that she was actually being abused by her husband and that she did not deserve to be treated that way.

Adapted from the Domestic Violence Resource Centre Victoria, n.d.

Where to find out more

Women's Legal Service	https://wlsq.org.au/information-sheets/
Domestic and Family Violence – Queensland Government	https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/domestic-family-violence
Women with Disabilities Victoria - - DFV & Women with Disabilities	https://www.youtube.com/watch?v=JULbgWPBNVw&feature=emb_logo
Family Violence Law – Types of Violence	https://familyviolencelaw.gov.au/domestic-family-violence/what-is-domestic-and-family-violence/
Duluth Model	https://www.theduluthmodel.org/

Please also check out the Module 2 resources:

Fact sheets

1. What constitutes DFV in Queensland?
2. Warning signs.

Accessible/easy to read learning guide

A list of references is located in the Introduction and Acknowledgements section of the webpage.