

Power and abuse: Video 3

Transcript

- Hello, and welcome. Today we need to understand how power and abuse occur, and how systematic power can infiltrate disability and aged care support. We'll also look at gender and how that impacts on a person's likelihood of being abused throughout their lifetime. Kelly Parry is a Family Violence Workforce Development Officer at "Women with disabilities Victoria", and Tess Karambeles is a co-facilitator and Training Delivery Officer on Gender and Disability. Why is it that women with disabilities and older women are at so much higher risk of abuse than men?

- For women in general, we experience lots of structural and institutional inequalities such as the gender pay gap and violence against women mostly perpetrated by men. We can see that women have less educational pathways to success, are less likely to get promotions, and so... Then for women with disabilities, those are amplified and women with disabilities experience higher levels of violence than women without disabilities and men with disabilities.

- When we look at a range of intersectionalities, so we start to build up the complexity of a person, really, so we have gender there as an issue, older people. It might be people from culturally and linguistically diverse backgrounds. It might be people from LGBTIQ+ plus backgrounds, it might be people who are Aboriginal or Torres Strait islander, or who have AOD, alcohol and other drug issues, who might be sex workers or-- there's so many different, complex layers to people. We're never just one thing. And so all of those complexities come into play, and what we do know is that it can significantly increase the risks of violence and abuse.

- Do you think that these issues you've outlined also affect older women more than older men? For example, older women living in age care?

- We know that all of those issues around gender and power imbalance that existed, they kind of are increased as you get older. We know that older women have less access, like they have less superannuation, there's rates of homelessness for older women are really high. They're one of the highest groups in Australia at the moment. Homeless older women.

- Some of the big issues of the past for people with disabilities were segregation, eugenics, and lack of control over fertility. Are these issues really a thing of the past, or do they still pervade in perhaps more subtle ways today?

- Yes. They still exist today. We see that ... People with disabilities used to be institutionalized and now in the age of deinstitutionalization, we are getting better, aren't we Kelly, but we still see that, women with disabilities that are segregated.

- Abuse and violence goes on a bit of a continuum. It starts right down, here with unkindness. You know? It's the little things. If someone perhaps needs to go to the toilet and is unable to get there

themselves, and you're busy doing something else, and you'll leave them sit there for a very long time, you are denying some basic human rights here. So I think it's really good to be very reflective as workers around how we treat people. We might not think of that as anything very much, and on its own, once it might be okay, but a better way to deal with it rather than just rush off and do something else is to talk to the person and say, "Can you wait five minutes? I'll be back." And if they can't, then assist them. And otherwise, come back in five minutes and do it then. I think it's about learning to communicate really well with the people who we're assisting and working with. And making sure that those early, what we might call behaviors of concern, you know those microaggressions that we're picking up on those, and that as servicers, we have policies and procedures in place so that workers can feel like they, if they notice that things are not okay, they can go and approach and be supported, not for being a tattletale but for someone who's actually really doing the right thing and standing up for the people they're working with, and empowering the people they're working with to actually have a voice in that process.

- When it comes to fertility, rather than people telling us no, you have to get ... be on the pill, it'd be much nicer and empowering if our options were explored and then we made the choices ourselves.

- [Interviewer] Hmm. Yeah.

- Rather than choices being made for us.

- Yeah. And I guess that's overall a really good standard, you know? Explain, give people really good, correct information. Explore the options with them, and then allow them to make that choice. I mean that is, that's kind of a standard, I guess, in trauma-informed practice, and a standard in working in a strengths-based way, which everyone should be aiming to do.

- And Kelly, I think it's also important to provide accessible information in a way that we can all understand, because--

- Absolutely.

- We know from the social model of disability that a wheelchair user is made disabled by stairs, and the physical built environment, but a person with an intellectual disability is actually made disabled by the complexity of society, so providing easy English information in medical centers and for medical practitioners and support workers alike, to use simple, plain English, in a way that's accessible for everybody.

- No two impairments are the same. Everybody is different. It's really individual.

- No one with a disability is the same.

- No.

- But, in saying that, we are no different to you, so you should treat us the way you would anyone else.

- Yeah. Exactly. As a unique individual. Sometimes, a question that I ask people when I'm working, if I'm doing a family-violence risk assessment, I will ask them, "What do you need me to know now in order to best assist you?" So I'm opening up the way for them to tell me about-- 'Cause not everybody wants to educate me, nor should they, about their disability or impairment. Not everybody wants someone to know that. By asking open questions, that's a really good way of allowing people an entry point, so that they feel like they really have-- you're giving them, and you really are giving them a lot more choice to decide how they're going to identify, and what information they're going to share with you. By working out the best way to communicate with someone, you really do, that's a huge burden that you lift from someone, and they know automatically that someone is going to take the time. And that includes working with people with little or no speech, who maybe use communication devices. Always take the time, when you're working with people.

- How can disability and aged care support workers recognize when power is out of balance, or worse still, abuse is at play, for someone they are supporting, and most importantly, what can they do about it?

- There are five Rs that I like to think about. So recognize, respond, refer, reflect, and then recover. So I think those five Rs are kind of, they're the things that I keep in my mind when I'm working. So it's about being aware of what's going on and really listening to people when they try and tell you things. And then responding appropriately, and every service is going to have a different procedure and policy, probably around that, so it's good to find out what that is. And every instance of abuse or neglect is going to be a little bit different, so it's good to check in to find out what policies and procedures there are and follow those.

- How can advocacy and talking about these issues help by bringing them out into the open? Do you think that this makes a difference?

- We know that women are more likely to experience violence in home, whereas men are more likely to experience violence in public. And for women, we're likely to experience violence over a longer period of time, even across a lifetime. So violence was traditionally seen as a private issue in the home, whereas now it's gone more public, which has given us more scope for advocacy avenues. Even things like stereotypes of men and women, like women should stay in the home, do the cooking and the cleaning, men should be independent. That all feeds into violence. Even men's controlling decision-making is another one which feeds into violence. And we can see, for women with disabilities, and I think it's important here to say we're coming from a disability lens, because we don't necessarily work in age care, but these tips are useful for support workers that work in age care, or we can see that for women with disabilities, we're portrayed in the media as childlike, asexual, and not really encouraged to have respectful relationships.

- How do we see the signs, how do we notice that things are not quite as they should be, or that abuse is starting to occur? And I was remembering one young man who was living in a group home, and his behavior started to ... It started off in a fairly casual and not very offensive way. He came up and he started standing very close to some of the workers, and then he started to touch

their hair. Nobody said, "Hey mate, that's not okay, you need to ask someone for consent, you need to respect that we have the right to choose whether or not you touch our hair and whether or not you stand near to us." So no one intervened at that point. And then the next thing, he came and he stood really close and he hugged, and still, no one said, "Hey mate, that's not okay." Everyone kind of has a slightly boys will be boys, he's okay, he's just giving her a bit of a cuddle, it's nothing to worry about. What ended up happening was, he grabbed a woman's breasts and he was then, ended up being charged and put on a register. If you don't address these things when they start, if you don't address those little behaviors that might seem, they don't matter so much, eventually they will escalate.

- And I guess that feeds into the fact that violence is never okay, abusing power and control is a choice, and violence is preventable.

- Thank you Kelly and Tess so much, for helping us understand the risks and impact of gendered and systemic violence in a disability and age care setting.