



Royal Commission into Family Violence

Submission by Women with Disabilities Victoria

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Women with Disabilities Victoria

Women with Disabilities Victoria is an organisation run by women with disabilities for women with disabilities. Our members, board and staff live across the state and have a range of disabilities, lifestyles and ages. We are united in working towards our vision of a world where all women are respected and can fully experience life.

We undertake research, consultation and systemic advocacy. We provide professional education, representation, information, and leadership programs for women with disabilities. Our gender perspective allows us to focus on areas of particular inequity to women with disabilities; access to women's health services, gendered NDIS services, and safety from gender-based violence.

We have dedicated particular attention to the issue of men's violence against women with disabilities, due to its gravity and prevalence in our lives. In 2008 we published 'Building the Evidence: a report on the policy and practice of family violence services responses to women with disabilities in Victoria.' Since 2008 we have had a Policy Officer, funded by the Victorian Government, to focus on violence against women with disabilities. This has been a valuable resource for the community sector (for the provision of information, advice and partnership) and for the Government (for consultation, representation on key reference groups, and input into foundational documents such as the Personal Safety Act (2010), the Family Violence Common Risk Assessment Framework (2008), the Disability State Plan (2013) the Victoria Police Code of Practice for the Investigation of Family Violence iterations, and Victoria's Plan to Address Violence Against Women and Children (2012).

Under Victoria's Plan to Address Violence Against Women and Children we were funded to pilot a ground breaking workforce development, prevention program in disability services. The Gender and Disability Workforce Development Program commenced in 2013 and the program evaluation will be completed in August 2015.

In 2014 we published the Voices Against Violence research project with partners Office of the Public Advocate Victoria (OPA) and Domestic Violence Resource Centre Victoria. The seven papers of the project examined the intersecting forms of gendered and disability based violence experienced by women with disabilities. They include studies of literature, OPA files, legislation, and interviews with OPA staff and women with disabilities.

This submission draws on findings and recommendations from these projects, alongside our previous projects, work with other organisations and consultations with women with disabilities.

Intersectoral partnerships are central to our work, as such, we have made joint submissions to the Royal Commission with the No More Deaths Alliance (focusing on response) and the Women's Health Association of Victoria (regarding prevention).



Women with Disabilities Victoria members, associate members, board, staff and supporters

Introduction

Research shows that women with disabilities experience higher rates of violence over their lifetime, and for longer periods of time in comparison to their male counterparts and women in the general population, and at the hands of a greater number of perpetrators.¹

Victoria's Royal Commission is tasked to address the alarmingly high rates of family violence experienced by Victorian women and children. Family violence is one of many forms of violence against women. This violence stems from a culture of inequality between women and men, adherence to rigid gender stereotypes and notions of male dominance, superiority and entitlement over women. Violence against women with disabilities is a result not only of this systemic gender-based discrimination against women but also of disability-based discrimination against people with disabilities. These intersect with other sources of power inequalities such as colonisation, ethnicity, citizenship status, sexuality, age and class. Combined forms of discrimination and power inequalities increase the risk of experiencing violence exponentially.

While our national understanding of family violence is increasing, we simultaneously have a rising awareness of 'disability abuse.' During 2015 we have seen a State parliamentary and a Senate committee inquiry into abuse in disability services. In addition, the Victorian Ombudsman is running an investigation, and COAG have commissioned a consultation on an NDIS Safeguarding and Quality Framework. Yet within the disability sector there is very little awareness of the gendered nature of violence against women, and in fact, family is resoundingly perceived as a positive support or 'natural safeguard' for women with disabilities. WDV has contributed to these consultations, calling for an increased understanding of violence against women, and gendered policies and practices which are equipped to prevent and respond to violence. For more information see 'Appendix 1, WDV Violence Position Statement.'

Victorian family violence governance structures, policies, codes and frameworks have developed to recognise the nature and risks of violence experienced by women with disabilities. There are many Victorians committed to addressing violence against women with disabilities, and in this submission we share some of the good practice examples running in isolated locations around the State. However, there is much ground to cover before the State of Victoria can say it **systemically** provides:

- violence prevention programs for people with disabilities
- programs which address men's attitudes towards women with disabilities
- gender sensitive, gender equitable disability services
- an environment where women with disabilities are believed and supported when they disclose violence
- family violence legislation recognizing the settings women with disabilities call home
- equity before the law
- comprehensive risk assessment of disability issues
- accessible family violence response services
- safe, reasonable housing options
- or holds men who choose to use violence against women with disabilities to account.

In this submission Women with Disabilities Victoria (WDV) present a list of recommendations as first steps to improving family violence preventions and responses for women with disabilities.

¹ K. Hughes, M.A. Bellis et al, 2012, '[Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies](#),' *Lancet*; R. B. Hughes, E. M. Lund et al, 2011, 'Prevalence of Interpersonal Violence Against Community-living Adults with Disabilities: A Literature Review', *Rehabilitation Psychology*, 56, 4: 302-319; H. Khalifeh, L. Howard et al, 2013, 'Violence Against People With Disability in England and Wales: findings from a National Cross-Sectional Survey', *PLOS ONE*, 8,2; S-B. Plummer and P. Findley, 2012, 'Women with Disabilities' Experience with Physical and Sexual Abuse: Review of the Literature and Implications for the Field, *Trauma, Violence and Abuse*, 13, 1: 15-29; D. A. Brownridge, 2009, *Violence Against Women: Vulnerable Populations*, Routledge, New York.

List of recommendations

a. Prevention

Cross-Portfolio leadership

1. That the Victorian Government advocate for and resource a prevention framework that takes a society-wide approach and is addressed through a cross-portfolio policy.

Changing community attitudes to 'gender,' 'disability' and 'violence'

2. That the Victorian Government support the National Community Attitudes Survey on an ongoing basis.
3. That contracts for prevention work require representation of people with disabilities in development and delivery, and are tailored to reach girls, boys, women and men with disabilities.

Workforce development to prevent violence

4. That the Victorian Government continue to support and expand the Gender and Disability Workforce Development Program addressing gender inequity in disability services.

Increase economic participation of women with disabilities

5. That the Victorian Government set employment targets of people with disabilities, and that recruitment practices ensure representation of genders, disabilities, ethnicities, sexualities and geographic locations.
6. That the Victorian Government incentivise employment of people with disabilities in medium to large business with consideration for monitoring employment rates of people with disabilities in the private sector.

Increase social participation of women with disabilities

7. That the DHHS audit social inclusion indicators for gender and disability, and that deficiencies are addressed through strategies under the Victorian Disability State Plan.
8. That the Department of Education and Training ensure that girls and boys with disabilities receive prevention education in all schools, including in Special Developmental Schools.
9. That the Victorian Government make gender equity an organising principle across human services.
10. That the Victorian Government retain the Metro / Rural / Deaf Access program in Victoria and recommend to the Australian Government that the program be delivered across all Australian Local Government Areas.
11. That the Victorian Government ensure the retention of a disability advocacy program for women with disabilities in Victoria. In the transition to the National Disability Insurance Scheme, that the Victorian Government influence the National Disability Insurance Agency to resource women's support and gendered advocacy.
12. That the Victorian Government recognise the power of women's peer support groups and resource programs, including programs for women with disabilities.

Affordable housing for women with disabilities

13. That the Victorian Government support the creation of a National Affordable Housing Plan which includes targets to increase Universal Access (disability access) housing stock.
14. That the Australian Government provide capital funding for social housing that prioritises disability access and housing for women escaping violence.

Accessible housing for women with disabilities

15. That the Victorian Government advocate for minimum access features for all new and extensively modified housing.

b. Support for women with disabilities who experience violence

Respecting women with disabilities

16. That the Royal Commission recognise the strength, resilience, credibility and experiences of people with disabilities by:
 - presenting their stories, using the words 'targeted' and 'at risk' rather than 'vulnerable'
 - forming recommendations specific to women with disabilities as a high risk group
 - running hearings and presenting reports so that they are accessible to people with disabilities.

Providing accessible information on family violence and family violence services

17. That the Victorian Government, as a matter of high priority, resource violence response services to provide information on laws and supports to women with disabilities. This information must be provided in a range of settings and formats, including face to face and to groups of women.

Child protection practices: reducing the repercussions of seeking support for family violence

18. That the Victorian Government, as a matter of high priority, commission an independent review of child protection, to form actions for due recognition of family violence, perpetrator accountability, and practices which do not discriminate against high risk women, such as women with disabilities, CALD and Aboriginal women.
19. That the Victorian Ombudsman investigate discriminatory child protection practices towards women with disabilities.

Risk assessment: including disability risk factors

20. That the Victorian government commission an evaluation of the CRAF, with particular regard to improving assessment and response of disability risk factors.
21. That the Victorian government continue funding face to face CRAF training, and that it is enshrined as a core competency for intake workers and case managers across human and health services.

Improving disability access to the family violence system

22. That the Victorian Government adequately invest in the state's specialist family violence system through a dedicated funding stream of its own, and that this funding is sufficient to increase capacity so equitable services are available to women from high risk groups, including women with disabilities.
23. That the Victorian Government integrate and coordinate findings from the Royal Commission with the Disability State Plan.
24. That DHHS resource family violence services to develop and implement Disability Action Plans.
25. That DHHS resource a workforce development program on responding to women with disabilities experiencing violence for agencies responding to men's violence against women. Such a program would be based on the model and evaluation findings of the WDV Gender and Disability Workforce Development prevention program.

Accessible refuge accommodation

26. That the Victorian Government guarantee that safe, Universal Access (disability access) crisis accommodation is available in each region, accompanied by resourcing for staff to receive disability training.
27. That the Victorian Government require refuges to demonstrate provision of reasonably accessible services in accordance with the Commonwealth Disability Discrimination Act (DDA), and where necessary, resource refuges to meet DDA standards.

Supporting safety and recovery

28. That the Victorian Government grow its investment in family violence intensive case management for Aboriginal women, women from other cultural backgrounds and women with disabilities.
29. That the Victorian Government prioritise securing an ongoing funding source for Safe at Home / Safe in the Community Outreach Programs.
30. That the Victorian Government continues to fund and expand women's family violence support groups which are inclusive of women with disabilities.

Disability supports in family violence crisis

31. That the Victorian Government ensure continuation of a Victorian Disability Family Violence Crisis Response, and that eligibility for the program is extended beyond the confines of the Victorian Disability Act.
32. That the Victorian Government influence the National Disability Insurance Agency to provide flexible packages that are responsive to people in transition and crisis.

33. That the Victorian Government commission a review of Victoria's Home and Community Care (HACC) service that makes recommendations on how HACC can support women experiencing family violence. This might include workforce development and service provision in crisis accommodation.

Sexual assault services for women with disabilities

34. That the Victorian Government commission a quality assured Statewide rollout of the Making Rights Reality program to provide sexual assault and legal support to people with cognitive and communication disabilities.

Effective police responses to women with disabilities experiencing family violence

35. That Victoria Police policies and codes on disability and violence against women (family violence and sexual assault) are developed in a coordinated, complementary manner. That Victoria Police ensure family violence case prioritisation does not in any way disadvantage women with disabilities.
36. That Victoria Police increase workforce development regarding gender and disability inequity
37. That Victoria Police increase the workforce participation in CRAF training and their practice use of the CRAF.
38. That Victoria's Office of the Public Advocate be funded to develop an advocacy and referral scheme for the Independent Third Person program. This scheme should provide holistic support to people who are at risk of having repeat contact with crime, including women with cognitive impairments and mental ill-health who have been victims of violence.

Suitable, accessible legal support

39. That Victorian Government work with other States and Territories to consider how Legal Aid can be equitably available to women with disabilities experiencing family violence through the National Partnership Agreement on Legal Assistance Services.
40. That the Victorian Government support innovative ways to provide specialised family violence legal assistance to women in high risk groups, such as those who are isolated geographically or by having a disability.

Safe, accessible courts

41. That the Magistrate's Court undertake a safety and disability access audit of their buildings, information and communication, and deliver a proposed budget of capital works to the Victorian Government to bring Courts to meet safety and access standards.
42. That the Department of Justice resources a Court Disability Quality Advisor who develops systemic policies, processes and protocols to make court buildings, information and communications accessible to people with disabilities.
43. That the next Department of Justice Disability Action Plan have a spotlight on violence against women and identifies steps for improvement.

c. Eliminating discrimination from legislation

44. That the Australian Government make legislative amendments regarding Family Law to uphold the rights of women and children to justice and safety from family violence.
45. That the findings and recommendations pertaining to legislative reform documented in 'Voices Against Violence Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria' be considered and responded to by the Attorney-General in consultation with the family violence stakeholders.
46. That the Victorian Government update the Family Violence Protection Act to include violence that occurs in disability and health settings where women and children with disabilities live.
47. That the Australian Law Reform Commission consider a nationally consistent family / domestic violence law which encompasses the central relationships and environments in which women, particularly women with disabilities, live.

d. Perpetrator accountability

48. That the Victorian Government provide funding to Men's Behaviour Change Programs to review what has been learned internationally about working with men with disabilities in the sexualized offender field, and for approaches to be adapted to the family violence field and piloted.
49. That No To Violence minimum standards are updated to specify how Men's Behaviour Change Program providers work with men with disabilities, and that the Victorian Government resource Men's Behaviour Change Programs to be accessible to men with disabilities.
50. That Men's Behaviour Change Programs are resourced to ensure people who run programs are provided with foundation studies on the range of tactics perpetrators can use against women with disabilities.
51. That DHHS facilitate roundtables to develop understanding of perpetrator accountability with disability sector stakeholders.

e. Coordination of government agencies and community services

Cross sector collaboration and development

52. That Victoria adopt the Prevention and Response governance structures presented to the Royal Commission by Domestic Violence Victoria and the Women's Health Association of Victoria. This structure imbeds representation of women with disabilities and other key stakeholders.
53. That the Victorian Government continue to consider and address the findings and recommendations of the Voices Against Violence Research Project for a whole of government response.
54. That the Victorian Family Violence Regional Integration Committees facilitate one cross-sectoral forum a year on addressing violence against women with disabilities.
55. That the Royal Commission take account of findings from the Inquiry into Abuse of People with Disabilities in Disability Care.
56. That findings from the Royal Commission into Family Violence inform the development of the next Disability State Plan, and the State of Victoria's input into the roll out of the NDIS, placing a gender lens over all of Victoria's inputs.

Standards

57. That DHHS review its Standards with a view to incorporate the Disability Minimum Standards to improve family violence responses to women with disabilities.

f. Research, evaluation and performance monitoring

Data

58. That the Victorian Government adopt a consistent and comprehensive approach to the collection of data on women with disabilities who experience violence. This approach should include the collection of data from relevant services, including 'incident reporting' from disability services.
59. That Victoria's Family Violence Index seek data on Applicants and Respondents with disabilities, and expand available sources.
60. That the Australian Bureau of Statistics explore appropriate methods for collecting data on violence experienced by women with disabilities who are not included in the Personal Safety Survey.

Research

61. That ANROWS undertake research to:
 - further explore what interventions are effective in preventing and addressing violence against women and girls with disabilities, including best-practice interventions with perpetrators who explicitly target women with disabilities,
 - examine violence against people with disabilities in various settings with a view to comparatively analysing the gendered pattern of violence against,
 - examine the extent of economic abuse of women with disabilities.

a. Prevention

Cross portfolio leadership

Despite the higher risks of experiencing family violence for women with disabilities, many mainstream prevention programs do not reach people with disabilities. Further, many human services are not both disability accessible *and* gendered violence responsive, and so, do not meet the requirements of women with disabilities who experience violence. Victoria needs a broad framework which addresses both gender inequity and its intersection with other forms of disadvantage such as disability discrimination.

Recommendation 1: That the Victorian Government advocate for and resource a prevention framework that takes a society-wide approach and is addressed through a cross-portfolio policy.

Changing community attitudes to ‘disability’, ‘gender’ and ‘violence’

The Scope 1 in 4 Poll of 761 Australians with a disability found that negative attitudes towards disability were the single biggest cause of disadvantage.² The 2013 National Community Attitudes Survey (NCAS) into Australians’ attitudes to violence against women found that only 41% of survey respondents recognised that women with disabilities face a greater risk of violence than other women.³

Whole community education campaigns about ‘gender’ and ‘violence’ need to be inclusive of the issues facing women with disabilities and people with disabilities. They need to counter prevailing negative cultural norms and stereotypes about ‘disability’ and other sources of discrimination as these feed men’s sense of entitlement and superiority over women with disabilities. Programs tailored specifically for women with disabilities are also necessary.

Recommendation 2: That the Victorian Government support the National Community Attitudes Survey on an ongoing basis.

Recommendation 3: That State and National contracts for prevention work require: representation of people with disabilities in development and delivery, and are tailored to reach girls, boys, women and men with disabilities.

Workforce development to prevent violence

The need for violence prevention programs tailored for people with disabilities and the disability sector is well supported.⁴⁵⁶⁷ It is essential that such programs work with women with disabilities. It is also important that programs work with the disability workforce, due to the significance these workers and services have in our lives.

² Scope and Deakin University, 2012, 1 in 4 Poll.

³ K. Webster et al, 2014. *Australians’ attitudes to violence against women: Full technical report, Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)*, Victorian Health Promotion Foundation, Melbourne, Australia, p.1.

⁴ Scope and Deakin University, 2012, 1 in 4 Poll.

⁵ K. Webster et al, 2014. ‘Australians’ attitudes to violence against women: Full technical report, Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)’, Victorian Health Promotion Foundation, Melbourne, Australia.

⁶ L. Dowse, K. Soldatic, C. Frohmader, and G. van Toorn, 2013, ‘Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia. Background Paper’, Women with Disabilities Australia, Hobart.

⁷ L. Healey, 2014, ‘Voices Against Violence Paper 2: Current issues in understanding and responding to violence against women with disabilities,’ WDV.

Good practice example in Workforce Development

The WDV Gender and Disability Workforce Development Program is designed to change culture across whole organisations, working with clients, staff, managers and executives. This aim is to improve gender equitable service delivery as a strategy for increasing women's well-being and reducing gender based violence. The package is co-delivered by women with disabilities and professionals from relevant sectors. Ongoing communities of practice within the pilot organisations support and sustain the project. WDV piloted all Program packages throughout 2014/2015 alongside an evaluation process to be completed in August 2015. See 'Appendix 2 G and D' for more information.



Participants' feedback: "I have observed a marked difference in staff approaches to working with women with disabilities, in particular between staff who have completed the training and those that have not. Moving from managing one residential service to another has highlighted this for me."

"We lose insight of gender issues in 'individual person centred planning'. It needs to remain at the forefront." (Disability Service Manager)

"Now when we have conversations, we introduce concepts of gender; it's actually discussed as a point in decision making. There has been a shift in our conversations since the training." (Manager)

"It was confronting and informative." (Disability Support Worker)

"It opened my eyes. It flicked a switch and made me more aware." (Disability Support Worker)

"Reaffirmed the amount of power we have over our clients and how we must be mindful (constantly) how we use it." (Disability Worker)⁸

Recommendation 4: That the Victorian Government continue to support and expand the Gender and Disability Workforce Development Program addressing gender inequity in disability services.

Increase economic participation of women with disabilities

Changing derogatory attitudes towards women is recognised as a prevention of violence against women. It is also important to recognise that raising the status of women is preventative, increasing social and economic inclusion. On all measures of social and economic participation (education, employment, income and home ownership) people with disabilities are on the margins of society. Despite the lack of disaggregated data, it is clear this is particularly so for women with disabilities, and even more so for Aboriginal and Torres Strait Islander women (see table overleaf). These women are more likely to live in poverty, have poor access to mainstream services and public resources, and be more exposed to violence.⁹

"Interventions need to be developed to empower women with disabilities to strengthen resilience through economic empowerment... and social empowerment"¹⁰

Recommendation 5: That the Victorian Government set employment targets of people with disabilities, and that recruitment practices ensure representation of genders, disabilities, ethnicities, sexualities and geographic locations.

Recommendation 6: That Victorian government incentivise employment of people with disabilities in medium to large business with consideration for monitoring employment rates of people with disabilities in the private sector.

⁸ Written feedback from participant evaluation forms from Yooralla and Gateways managers and staff participating in WDV's Gender and Disability Workforce Development Program, 2014/2015.

⁹ L. Healey, 2013, 'Voices Against Violence Paper 2: Current Issues in Understanding and Responding to Violence against Women with Disabilities', Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre, Melbourne.

¹⁰ I. Van Der Heijden, 2014, 'What works to prevent violence against women with disabilities.' UK Department for International Development, London.

Measures of social and economic inclusion for people with disabilities	
People with Disabilities	Women with disabilities
Population	
Victorians with a disability represent around 18% of the population. Of Victoria's population of 5.4 million people in 2009, an estimated 1 million were people with a disability. ¹¹	The number of women with a disability is higher across all age ranges over 14 years. Prevalence of disability rises significantly after the age of 50 years, eg., from 20% in the 45–54 age group to more than 80% among people aged 85 years or over. ¹²
Diversity	
Rates of disability are slightly higher among Aboriginal and CALD people, and people in remote and rural areas. ¹³	In 2009, 8.9% of Aboriginal and Torres Strait Islander girls had a disability compared with 4.8% in the general population. In the 35–44 years age group, 29.0% of ATSI women had a disability compared with 12.5% in the general population. ¹⁴
Employment	
An estimated 48% of Victorians aged 15 to 64 with a disability are employed, compared with 78% of people without a disability. ¹⁵	44% of women with disabilities are in employment, compared 53% of men with disabilities. ¹⁶
Education	
Victorians with a disability are likely to leave school earlier than others. ¹⁷	No identified source of school leaving rates for women with disability.
Income and poverty	
In Australia more than half of people with disabilities live near or below the poverty line. ¹⁸ In 2009 the average income of Victorians with a disability was substantially lower than the income of people without a disability (\$305 gross per week, compared with \$593 gross per week). ¹⁹	Women with disabilities are more likely than men with disabilities to be affected by poverty. ²⁰
Homelessness	
There is no reliable data for the rate of homelessness among Victorians with a disability because of the narrow criteria used to identify disabilities. <i>The National Homelessness Research Agenda</i> , however, found that the prevalence for homelessness is greater for Australians with a disability than the general population. ²¹	WDV has not identified any sources for the rate of homelessness among Victorian women with a disability.
Housing	
National home ownership data indicates that an estimated 36% of people with a disability own homes with a mortgage, compared to 45% of people without a disability. ²²	WDV has not identified any sources for housing data available that disaggregates by gender and disability. ²³
Incarceration	
There is an over-representation of people with disabilities in the justice system. Eg, it is estimated that between 1.3 per cent and 2.5 per cent of Victoria's prison population have an intellectual disability. ²⁴	Up to 33% of female prisoners have cognitive impairments, such as an acquired brain injury. ²⁵
Safety	
The ABS state, "It is also likely that the Personal Safety Survey will under represent those with a profound or severe communication disability." ²⁶ The survey was conducted in disability service settings or provide communication assistance. ²⁷	A recent Victorian study shows that almost 50% of female patients were sexually assaulted while in mental health units and more than 80 per cent lived in fear of being abused. ²⁸

¹¹ ABS (2011) *Disability, ageing and carers, Australia: state tables for Victoria: All persons, disability*.

¹² Victorian Government, 2012, 'Victorian State Disability Plan 2013–2016,' pp. 6–34, based on ABS 2009 data: 'Disability, Ageing and Carers, Victoria, the Census of Population and Housing 2006, the General Social Survey 2010 and Disability Australia 2009.'

¹³ ABS (2010), *Disability, Ageing and Carers, Australia: Summary of Findings*.

¹⁴ Australian Human Rights Commission (2014), *Equality Before the Law*. p13 – citing ABS (2009).

¹⁵ ABS (2010), 'Persons aged 15–64 years, selected characteristics, by level of highest educational attainment', table 8, Survey of education, training and experience.

¹⁶ Victorian Government, 'Victorian State Disability Plan 2013–2016', pp. 26–27.

¹⁷ ABS (2010), 'Persons aged 15–64 years, selected characteristics, by level of highest educational attainment', table 8, Survey of education, training and experience.

¹⁸ S. Young (2013), *Destroying the Joint: Why women have to change the world*, edited by J. Caro, University of Queensland Press.

¹⁹ ABS (2011), 'Persons aged 15 and over, living in households, household income quintiles and median gross personal income by age, carer status and disability status 2009'

²⁰ S. Young (2013), op. cit..

²¹ Homelessness Australia cited in State of Victoria, 2011 cited in Inquiry Guidelines.

²² Victorian Government, 2012, 'Victorian State Disability Plan 2013–2016' pp. 6–34, based on ABS data: 'Disability, Ageing and Carers, Australia: State Tables for Victoria 2009, the Census of Population and Housing 2006, the General Social Survey 2010 and Disability Australia 2009.'

²³ 'Victorian State Disability Plan 2013–2016' op cit, based on ABS data: 'Disability, Ageing and Carers, Australia: State Tables for Victoria 2009, the Census of Population and Housing 2006, the General Social Survey 2010 and Disability Australia 2009.'

²⁴ Ibid p 24.

²⁵ Ibid p 24.

²⁶ ABS, *Personal Safety Survey Australia (2012), Summary*.

²⁷ Ibid.

²⁸ Victorian Mental Illness Awareness Council (2013), *Zero Tolerance for Sexual Assault: A safe admission for women*, VMIAC.

Increase social participation of women with disabilities

The Scope 1 in 4 Poll of 761 Australians with a disability found that 94% of surveyed respondents do not have their need for meaningful participation in their community met; 90% do not feel valued; 90% do not have their need for access to services met; and 91% do not have their need for social contact and support met.²⁹

Women report that self-advocacy and peer support programs provide social inclusion opportunities that would not otherwise be available. Education programs are also important, and WDV hold that they should be peer led, so women can learn from one another and to further raise the status of women with disabilities. Following are good practice examples of empowerment and education programs which increase the social status and inclusion of women with disabilities.

Good practice in empowerment

Women with Disabilities Victoria's [Enabling Women](#) is a leadership program for women with disabilities funded through the Portland House Foundation. Enabling Women provides training for women with disabilities to become leaders of change within their communities. It is primarily based in local areas so women can establish links with local groups and other women. The 8 two hour facilitated modules cover topics including the social model of disability, self-identity, human rights and advocacy. The program is run in plain English with Easy English materials. The program has delivered some exciting results, with graduates moving into advocacy roles and employment.



Participants' feedback:

"I felt included, it made us feel important and valued and respected"

"My voice will be louder, it has given me more confidence to speak out, I'll be more vocal around non-disabled people, I have growing leadership skills"

Good practice in peer education

The [Living Safer Sexual Lives](#) program is an example of primary violence prevention in which people with an intellectual disability learn about sexuality, rights in relationships, respectful and safe relationships, gender-based violence in relationships, violence prevention, sexual assault and accessing supports and services. It has now developed into a community-based, cross-sectoral educational program. It uses a 'train the trainer' approach so that people with intellectual disabilities are trained to become peer educators working with co-facilitators who are people working in disability, sexual health or educational services.³⁰

Good practice in self advocacy groups

The Self Advocacy Resource Unit has fostered numerous self advocacy groups. SARU has proven to build empowering connections and a political voice people such as parents with intellectual disabilities, people with Acquired Brain Injuries and Deaf-blind people.

SARU and WDV receive core funding through DHHS Disability, this is jeopardised under in the transition to the NDIS.

Good practice in systemic advocacy

WDV has grown as a membership organisation which employs primarily women with disabilities to undertake systemic advocacy. WDV has a demonstrated a commitment to its gendered priority areas to influenced policy and programs.

²⁹ Scope and Deakin University, 2012, 1 in 4 Poll.

³⁰ P. Frawley, C. Barrett and S. Dyson, 2012, 'Real People – Core Business. Living safer sexual lives: Respectful Relationships. Report on the development and implementation of a peer led violence and abuse Prevention Program for People with Intellectual Disabilities,' Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

Good practice in social inclusion

Victoria's Local Governments host the [Metro / Rural / Deaf Access program](#). This community building program develops community connections. It sits within Local Government structures to promote disability access in local services and involve people with disabilities in project governance and council business. Program funding is jeopardised in Victoria's transition to NDIS funding.

CASE STUDY: A woman with a disability applying for an Intervention Order was not connected to any local services. This isolation increased the impact of the violence she experienced. The Applicant Support Worker was able to link the woman to local groups and volunteer communities through the local Metro Access Officer.³¹

"[My Metro Access Officer] holds meetings and consultations so I can have a say in local developments."

"Belonging is about building your local networks. If you have people around you, you feel safer." Val³²

Good practice in tailored school programs

Sexual Assault Prevention Program in Secondary **Schools** (SAPPSS) focuses on creating partnerships between CASAs and secondary schools to work towards positive change within school communities and incorporate sexual assault prevention into curriculum. Since late 2012, Barwon Centres Against Sexual Assault (CASA) has worked with Nelson Park Special Developmental School in Geelong to implement SAPPSS within their school. Together, they tailored the program to meet the learning requirements of students with disabilities.

Recommendation 7: That DHHS audit social inclusion indicators for gender and disability, and that deficiencies are addressed through strategies under the Victorian Disability State Plan.

Recommendation 8: That the Department of Education and Training ensure that girls and boys with disabilities receive prevention education in all schools, including in Special Developmental Schools.

Recommendation 9: That the Victorian Government make gender equity an organising principle across human services.

Recommendation 10: That the Victorian Government retain the Metro / Rural / Deaf Access program in Victoria and recommend to the Australian Government that the program be delivered across all Australian Local Government Areas.

Recommendation 11: That the Victorian Government ensure the retention of a disability advocacy program for women with disabilities in Victoria. In the transition to the National Disability Insurance Scheme, that the Victorian Government influence the National Disability Insurance Agency to resource women's support and gendered advocacy.

Recommendation 12: That the Victorian Government recognise the power of women's peer support groups and resource programs, including programs for women with disabilities.

³¹ Case study supplied by Sunshine Magistrate's Court's Applicant Support Worker, 2013.

³² Responses to WDV's Social Inclusion consultation, 2014.

Affordable housing for women with disabilities

Housing choices can prevent family violence. Women with disabilities who have physical access requirements and/or lower incomes have reduced housing options. This issue is starkly evident at the response end of the family violence system where refuges report that while it is difficult to find exit options for women leaving refuge, this is more so for women and children with disabilities. Without any other options, women are moved into expensive hotels, rooming houses and supported residential services which are often unsuitable and unsafe. Further, the lack of exit options is a deterrent for refuges to accommodate women with disabilities.

Anglicare's [Rental Affordability Snapshot](#) (30 April 2015) shows less than two per-cent of Australian rental properties are affordable for people with disability. In metropolitan areas the situation is even worse, with just 51 of 51,357 Australian properties affordable for people on the Disability Support Pension (DSP).³³

Most of these affordable properties are inaccessible for people with disabilities. Many will also not be near accessible transport, employment opportunities and services. Additionally, seeking affordable housing often means moving away from friends and supports and becoming isolated.

Women with Disabilities Victoria and many other Disabled Persons Organisations such as People with Disabilities Australia, support Anglicare's recommendation for a National Affordable Housing Plan.³⁴ Victoria has agreed to the [National Disability Strategy](#) (NDS), the action plan to achieve the inclusion and full participation of people with disability in all areas of community life.

Recommendations 13: That the Victorian Government support the creation of a National Affordable Housing Plan which includes targets to increase Universal Access (disability access) housing stock.

Recommendation 14: That the Australian Government provide capital funding for social housing that prioritises disability access and housing for women escaping violence.

Accessible accommodation for women with disabilities

Women with Disabilities Victoria join over 75 other organisations and individuals in support of [Australian Network on Universal Housing Design's](#) (ANUHD) call for minimum access features to be included in the National Construction Code for all new and extensively modified housing. These features are:

1. An **accessible path of travel** from the street or parking area **to and within** the entry level of a dwelling.
2. Doors, corridors and living spaces that allow **ease of access for most people on the entry level**.
3. **A bathroom, shower and toilet that can be used by most people**, with reinforced wall areas for grab-rails at a later date.³⁵

CASE STUDY: Susan had left the perpetrator and was trying to get emergency housing, but returned home due to a lack of housing options. He was so violent that he was eventually jailed.³⁶

Recommendation 15: That the Victorian Government advocate for minimum access features for all new and extensively modified housing.

³³ People with Disabilities Australia, 'Snapshot a wake-up call on affordable, accessible housing.' PWD. 30th April, 2015.

³⁴ Anglicare, '2015 Rental Affordability Snapshot.' Anglicare. 2015.

³⁵ Australian Network on Universal Housing Design and Rights and Inclusion Australia, 'Call for minimum access features Position Statement.' ANUHD, 11th March, 2015.

³⁶ D. Woodlock, D. Western, P. Bailey, 'Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,' WDV, Melbourne, 2014.

b. Support for women with disabilities who experience violence

Respecting women with disabilities

Perpetrators may perceive women with disabilities as being easy targets because of stereotypical attitudes about women with disabilities. Women with disabilities are variously stereotyped as, for example, incompetent, voiceless, hypersexualised or inherently vulnerable. Perpetrators may target women because there are low rates of detection and it might be easier to isolate women with disabilities in the privacy of their homes where they are dependent on them for assistance.³⁷

These stereotypes often become overwhelming barriers when women attempt to seek help. They are seen as not being credible witnesses or are not listened to when they make disclosures.

“...as my ‘carer’ they’d look to him, oh, and he’d discredit me and then they’d not believe what I’d say. And ‘oh, she’s just making this up’. The whole community could not believe that this person could do this. It makes it so much harder for the victim to voice something ‘cause they know nobody’s going to believe them!”
Michelle³⁸

Recommendation 16: That the Royal Commission recognise the strength, resilience, credibility and experiences of people with disabilities by:

- presenting their stories, using the words ‘targeted’ and ‘at risk’ rather than ‘vulnerable’
- forming recommendations specific to women with disabilities as a high risk group
- running hearings and presenting reports so that they are accessible to people with disabilities.

Providing accessible family violence and service information

Women often do not identify that what they are experiencing is violence. We found through our research that a lifetime of cumulative discrimination and demeaning experiences can result in some women seeing their experiences of violence as to be expected and something that they have to live with. Women in our research spoke of perpetrators reinforcing this idea by telling them they deserved the violence they were experiencing. There are also limited options for women to learn about violence and where they should go for help.³⁹

Good practice examples of accessible information

The [Tell Someone](#) website provides family violence information and videos for people with a mild intellectual disability and for the community. It was developed by one of the Victorian integrated family violence regional networks (the Southern Integrated Family Violence Executive) in 2011. See <http://www.tellsomeone.org.au/>.

These resources were developed in consultation with people with disabilities and disability services.

The Victorian Victim Support Agency developed [Easy English materials for victims of crime](#).

Recommendation 17: That the Victorian Government, as a matter of high priority, resource violence response services to provide information on laws and supports to women with disabilities. This information must be provided in a range of settings and formats, including face to face and to groups of women.

³⁷ Woodlock Delanie, Healey Lucy, Howe Keran, McGuire Magdalena, et al. 2014, ‘Voices Against Violence Paper One: Summary Report and Recommendations.’ Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.

³⁸ D. Woodlock, D. Western, P. Bailey, ‘Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,’ WDV, Melbourne, 2014.

³⁹ Woodlock Delanie, Healey Lucy, Howe Keran, McGuire Magdalena, et al. 2014, ‘Voices Against Violence Paper One: Summary Report and Recommendations.’ Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.

Child protection practice: Reducing the repercussions of seeking support

Like many women experiencing violence, women with disabilities are fearful of telling anyone about what is happening to them. Women fear the violence escalating, having their children harmed and being killed. However, women with disabilities have additional fears.

A dominant fear for women in our research was that their children would be removed if they told anyone about the violence. These fears are often realised. For interviewees in our research, children were sometimes placed in the custody of a violent partner without a disability. Women felt they were being punished because of their disabilities.

“To go on took a lot of faith and courage, it hadn’t worked before. I had been threatened by my dad that if I said anything, I would be put in a home and this was etched in my mind.” Jane⁴⁰

Women in the Voices Against Violence research spoke of being threatened with institutionalisation. Women spoke of not being believed, particularly if the perpetrator was a care provider. They described being made to feel that they should be grateful to anyone who was providing care for them.⁴¹

The combination of disability and racial discrimination often compounded the experience of violence for Aboriginal women. Aboriginal women with disabilities experience an intersection of discriminating responses, including inadequate support services, having children removed and having the perpetrator placed in police custody.⁴²

Research findings on mothers with disabilities:

An Australian study of custody cases before the NSW Children’s Court found that 1 in 10 cases involved a parent with cognitive disability (McConnell, Llewellyn, & Ferronato, 2002). An examination of court outcomes in the U.S. found that in spite of greater compliance with court orders, parents with cognitive disabilities had their children removed more often than parents without disabilities (Collentine, 2005). Preston (2012, p. 35) writes that even when there is a lack of any evidence for abuse or neglect, expectations that children will eventually be maltreated have contributed to children being removed from parents". Booth and Booth (1993) argue that much of the perceived parenting difficulties experienced by parents with disabilities are most likely to be due to social and economic factors such as poverty, inadequate housing, and social isolation rather than due to their disabilities. A study conducted with mothers who have disabilities reported that almost all the mothers in the research spoke of living in constant fear that they could be reported to child protection (Conley-Jung & Olki, 2001).

Recommendation 18: That the Victorian Government, as a matter of high priority, commission an independent review of child protection, to form actions for due recognition of family violence, perpetrator accountability, and practices which do not discriminate against high risk women, such as women with disabilities, CALD and Aboriginal women.

Recommendation 19: That the Victorian Ombudsman investigate discriminatory child protection practices towards women with disabilities.

Risk assessment: including disability risk factors

Victoria’s Family Violence Common Risk Assessment Framework (CRAF) is a well designed, credible, evidence based tool for developing a shared understanding of family violence risk factors and assessing them on an individual basis. However there are opportunities to develop and further imbed CRAF and CRAF training to increase its effectiveness.

⁴⁰ D. Woodlock, D. Western, P. Bailey, ‘Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,’ WDV, Melbourne, 2014.

⁴¹ D. Woodlock Delanie, L. Healey, K. Howe, M. McGuire, et al. 2014, ‘Voices Against Violence Paper One: Summary Report and Recommendations.’ Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.

⁴² Ibid.

Family violence services report that the CRAF cannot adequately detect the breadth of risk factors experienced by women with disabilities. Women we interviewed explained that perpetrators have tactics to use impairment-based-violence to gain power. This can be by discrediting women with cognitive impairments, tampering with medication, withholding aids, and for women with no speech it is very easy to limit what are already rare communication opportunities.⁴³ The lack of disability indicators in CRAF was recognised by DHHS when developing a disability crisis fund, they found it was necessary to create an informal Supplementary Disability CRAF template.

Further, widespread reports indicate that Police could be using CRAF more frequently. Women in our research reported that police can misidentify them as primary offenders of misdemeanours or even as primary aggressors of family violence.

Within disability and mental health services family violence is often not detected, but instead perceived as ‘carer burnout.’ This is alarming when we consider the documented high rates of violence experienced by women with disabilities. The CRAF is the ideal tool to resource for intake workers and case managers to recognise family violence, the urgency of a response required and the language to make effective referrals.

Recommendation 20: That the Victorian government commission an evaluation of the CRAF, with particular regard to improving assessment and response of disability risk factors.

Recommendation 21: That the Victorian government continue funding face to face CRAF training, and that it is enshrined as a core competency for intake workers and case managers across human and health services.

Improving disability access to the family violence system

Victoria is privileged to have specialist family violence response system that is world class - sophisticated, trauma informed, person centred. These are the most qualified services to work with *all* women and children experiencing family violence.

Women with disabilities face multiple barriers to accessing our family violence services. This is even more so for women with significant disabilities (such as having little or no speech, profound cognitive impairments or multiple physical disabilities) who are at even higher risk of violence. These barriers can be largely overcome through developing communication methods.

A small number of services have developed Disability Action Plans (DAPs) but have met resourcing challenges in prioritising implementation of these plans. DAPs are demonstrated to be an effective tool for services to identify and address disability access barriers and to comply with the Disability Discrimination Act.

Recommendation 22: That the Victorian Government adequately invest in the state’s specialist family violence system through a dedicated funding stream of its own, and that this funding is sufficient to increase capacity so equitable services are available to women from high risk groups, including women with disabilities.

Recommendation 23: That the Victorian Government integrate and coordinate findings from the Royal Commission with the Disability State Plan.

Recommendation 24: That DHHS resource family violence services to develop and implement Disability Action Plans.

Recommendation 25: That DHHS resource a workforce development program on responding to women with disabilities experiencing violence for agencies responding to men’s violence against women. Such a program would be based on the model and evaluation findings of the WDV Gender and Disability Workforce Development prevention program.

⁴³ D. Woodlock, D. Western, P. Bailey, ‘Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,’ WDV, Melbourne, 2014.

Accessible refuge accommodation

WDV acknowledge the good work being done by DHHS to audit and, when opportunities arise, improve refuge accommodation access for women and children with disabilities. Quality improvement and accreditation in themselves have not proven to progress disability access to violence response services. Leadership and resourcing is required to fast track this process so that there is crisis accommodation available to women with disabilities across Victoria.

While chance has enabled a handful of Universal Access refuges to be built, it is difficult to monitor how many women and children with disabilities are able to be accommodated in them. It has been disappointing to learn that women with disabilities are **not** accommodated in at least one of these accessible refuges.

“I manage a refuge, and in my region there is no family violence accommodation for women with physical disabilities.” Julie-Anne⁴⁴

Good practice example of an accessible refuge model

A small number of refuges were granted to build dispersed refuge accommodation designed to be Universally Accessible for people with disabilities. WAYSS Ltd and Safe Futures Foundation manage such units in suburban Melbourne, and demonstrate that this model can suit women and children with disabilities when matched with affirmative intake and support practices.

Recommendation 26: That the Victorian Government guarantee that safe, Universal Access (disability access) crisis accommodation is available in each region, accompanied by resourcing for staff to receive disability training.

Recommendation 27: That the Victorian Government require refuges to demonstrate provision of reasonably accessible services in accordance with the Commonwealth Disability Discrimination Act, and where necessary, resource refuges to meet DDA standards.

Intensive case management for women from high risk groups

In 2007, DHHS found Intensive case management (ICM) is suitable for women requiring additional support to be safe from violence.⁴⁵ ICM is funded for longer support periods than regular case management, reducing the risk of women returning to violence. ICM allows workers to build and share expertise in disability and cultural factors. Soon after ICM was funded the sector became swamped in referrals, and the resourcing has become overstretched.

Recommendation 28: That the Victorian Government grow its investment in family violence intensive case management for Aboriginal women, CALD women and women with disabilities.

Outreach and Safe at Home programs

Domestic Violence Victoria report that: “The National Partnership Agreement on Homelessness (NPAH) has provided \$209.7 million in additional State and National Government funding in Victoria since 2009. In both homelessness and family violence services, this funding has been critical in establishing innovative programs that pave the way for the future reform required to meet the ambitious target of halving homelessness by 2020.” Most significantly, the Safe At Home program which supports the safety of women and children to remain in their own homes – an essential option for women with disabilities who may rely on local infrastructure, services or house adaptations. There is continuous uncertainty about the future of this critical funding. Reliable resourcing for outreach and Safe at Home / Safe in the Community programs is of the highest priority for women with disabilities who, as described above, have extreme barriers to ‘going to’ the system. These services are ideal as they come to the woman.

⁴⁴ Refuge manager speaking at a DV Vic consultation on refuge accommodation, May, 2015.

⁴⁵ Thomson Goodall Associates, 2007, ‘Report to DHS: Intensive Case Management data collection and analysis project final report,’ Department of Human Services Victoria.

Case study: Rebecca has lived her whole life with her parents. For over 40 years they have belittled her on the grounds of her intellectual disability. Rebecca was referred to a family violence service provided outreach. Meeting with her over many weeks, the worker, Rhonda, built Rebecca's trust and develop communication skills to work with Rebecca who has very little speech. Rhonda was the only person in Rebecca's life to hear about the horrific violence she experiences on a daily basis, and to tell Rebecca that the violence is not her fault, that no one deserves to be treated like that. Rhonda is building Rebecca's confidence and support systems. Rebecca was in no position to attend a family violence service, and currently has no alternative living arrangements. However, over time, Rhonda may be able to arrange these. The Safe at Home Program is the only program which is equipped to support Rebecca.⁴⁶

Recommendations 29: That the Victorian Government prioritise securing an ongoing funding source for Safe at Home / Safe in the Community Outreach Programs.

Support groups for women who have experienced violence

Support groups are a vital support option for and community connection for women who have experienced violence.⁴⁷ Funding should be prioritised to ensure that women with disabilities can share their experiences with each other in a safe and supportive setting. This funding extends to ensuring that appropriately trained facilitators can support women in their group work.

Recommendation 30: That the Victorian Government continues to fund and expand women's family violence support groups which are inclusive of women with disabilities.

Disability support for women in family violence crisis

With a change of living arrangements often comes a change of disability support requirements. For example, a woman's partner may have provided supports, or she may need orientation to a new environment. Disability (and many health) services are not designed to respond quickly to changes in support needs, and so are not able to support women and children escaping family violence.

Barriers include disability services requiring women to have a fixed address, or requiring changes to support packages to go through a long approval process. Consequently, women leaving violence may be unable to shower, toilet, or take their children to school. Clearly, this is an enormous barrier for women to leave violence.

"Well they [the family violence service] did admit to me that they very rarely get people with disabilities coming to them so they said that for them it was like a whole learning curve, but, I mean, they put a lot of effort in. She actually rang me up one day and she said 'you weren't kidding were you, about disability organisations not willing to help you!' And she said 'I have been trying and trying and trying..." Louise⁴⁸

Good practice in disability support provision in crisis

The DHHS Disability Family Violence Crisis Initiative assists women and children with a disability who require disability support to access a family violence crisis services in the short term. This program was positively evaluated and has proven effective.⁴⁹ Those eligible meet the limited Disability Act definition of disability and can receive supports for up to 12 weeks.⁵⁰ Funding is seriously jeopardized with Victoria's transition to the NDIS. If this fund was moved to the NDIS, there are significant concerns that it would be lost in a national system.

⁴⁶ Case study provided by a Victorian Safe at Home program, 2013.

⁴⁷ L. Healy, 'Researching the Gaps: The needs of women who have experienced long-term domestic violence A research report prepared for Mornington Peninsula Domestic Violence Service Good Shepherd Youth and Family Service.' Borderlands Cooperative, 2009.

⁴⁸ D. Woodlock, D. Western, P. Bailey, 'Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,' WDV, Melbourne, 2014.

⁴⁹ Red Bee Consulting, 2012, 'Evaluation of the DFVCR Pilot', unpublished.

⁵⁰ DHHS [Disability Family Violence Crisis Response Initiative](#) online information.

Disability & Family Violence Initiative use: July 2014 – 30 April 2015 ⁵¹	
No. of Referrals	50
Committed funds	\$220K
Type of Disability	Intellectual disability 24 Autism 6 Acquired Brain Injury 6 ID & Autism 6 Other 8
Woman or child	Woman 31 Child 19
Type of request	Emergency Housing & Personal care 5 Emergency Housing 10 Personal care 21 Equipment 9 Other 5
Secondary consultations	40

Recommendation 31: That the Victorian Government ensure continuation of a Victorian Disability Family Violence Crisis Response, and that eligibility for the program is extended beyond the confines of the Victorian Disability Act.

Recommendation 32: That the Victorian Government influence the National Disability Insurance to provide flexible packages that are responsive to people in transition and crisis.

Recommendation 33: That the Victorian Government commission a review of Victoria’s Home and Community Care (HACC) service that makes recommendations on how HACC will provide service to women experiencing family violence, this might include workforce development and service provision in crisis accommodation.

Sexual assault services for women with disabilities

Victoria receives an outstanding level of professional, evidence based and specialised service from our Centres Against Sexual Assault. There is much evidence that women with disabilities experience higher rates of sexual assault than other women, and that systemically, more needs to be done for these women to receive support, safety and justice.⁵²

20 women with disabilities were interviewed in the Voices Against Violence research. A small number of women sought help from women’s Centres Against Sexual Assault (CASA) and spoke highly of the support they received.⁵³

Good practice in coordinated sexual assault and legal services for women with disabilities

Making Rights Reality enhances existing services for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties. South East Centre Against Sexual Assault and Springvale Monash Community Legal Centre enhance existing services to maximise disability access. The [project website](#) shares Easy English materials for victims. It was positively evaluated in 2014.⁵⁴

Recommendation 34: That the Victorian Government commission a quality assured Statewide rollout of the Making Rights Reality program to provide sexual assault and legal support to people with cognitive and communication disabilities.

⁵¹ Disability & Family Violence Initiative, Client Support Services, Client Outcomes and Service Improvement Department of Health and Human Services, interim DFVCRI data. DHHS, Road Box Hill, 5th May 2015.

⁵² M. Camilleri, 2009, '[Dis]Able Justice: Why reports of sexual assault made by adults with cognitive impairment fail to proceed through the justice system,' PhD thesis, School of Education, University of Ballarat; and Victorian Equal Opportunity Human Rights Commission, 2014, *Beyond doubt: The experiences of people with disabilities reporting crime – Research findings*, State of Victoria, Melbourne. The Office of the Public Advocate’s Community Visitors annual reports indicate that serious incidents are not always recorded let alone reported.

⁵³ D. Woodlock, D. Western, P. Bailey, 'Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,' WDV, Melbourne, 2014.

⁵⁴ P. Frawley, 'Making Rights Reality: Final Evaluation Report.' La Trobe University, 2014.

Effective police responses to women with disabilities experiencing violence

Since 2004 Victoria Police have played an important - and often leading role - in the state's family violence reforms. WDV believe it is important that this role is maintained, and that police connections with the family violence sector continue to evolve.

Victoria Police have signalled a commitment to improving responses to people with disabilities, accepting all relevant recommendations of the Victorian Equal Opportunity and Human Rights Commission report, 'Beyond Doubt,' including developing a Disability Action Plan.⁵⁵ This police work, and their growing connections with disability sector stakeholders, are to be congratulated. It is important that this work, in the Priority Communities units, is connected with work in family violence and sexual assault units. Otherwise there is a significant risk that developments of responses to violence against women, for example, stratifying family violence referrals, would disadvantage women with disabilities.

The Voices Against Violence research highlighted that women with disabilities have mixed experiences when reporting violence to the police. Several women felt they were not taken seriously. The most disadvantaged group of women were those who communicate non-verbally. The research also found that women sometimes presented to the police as alleged offenders. In some cases, women's offending behaviour was directly related to the violence they had experienced. Other women found police were supportive and considerate.⁵⁶

Key finding: Reports from Office of the Public Advocate spoke highly of police who worked in Sexual Offences and Child Abuse Investigation Team (SOCIT) units.⁵⁷

The Office of the Public Advocate's Independent Third Person (ITP) program is in a unique position to provide targeted referrals and support to women with disabilities who present before the police. Currently, the program is underutilised for victim support. It also does not have the capacity to follow up on clients' needs after the police interview has concluded. The ITPs inability to make referrals limits the ITP program.⁵⁸

Recommendations 35: That Victoria Police policies and codes on disability and violence against women (family violence and sexual assault) are developed in a coordinated, complementary manner. That Victoria Police ensure family violence case prioritisation does not in any way disadvantage women with disabilities.

Recommendation 36: That Victoria Police increase workforce development regarding gender and disability inequity

Recommendations 37: That Victoria Police increase the workforce participation in CRAF training and their practice use of the CRAF.

Recommendation 38: That Victoria's Office of the Public Advocate be funded to develop an advocacy and referral scheme for the Independent Third Person program. This scheme should provide holistic support to people who are at risk of having repeat contact with crime, including women with cognitive impairments and mental ill-health who have been victims of violence.

⁵⁵ Victorian Equal Opportunity and Human Rights Commission, 'Beyond doubt: The experiences of people with disabilities reporting crime,' VEOHRC, Melbourne, 2014.

⁵⁶ D. Woodlock Delanie, L. Healey, K. Howe, M. McGuire, et al. 2014, 'Voices Against Violence Paper One: Summary Report and Recommendations.' Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.

⁵⁷ Ibid

⁵⁸ M. McGuire, 'Voices Against Violence Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate.' Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.

Suitable, accessible legal supports

“A legal aid framework exists to allow all Australians an elementary right of access to legal advice and services, so as to satisfy the premise that all are equal before the law.”⁵⁹ However, the cost of private legal representation (which can be between \$300 and \$600 per hour, omitting administration fees) is prohibitive for low to middle income earners. For women with disabilities experiencing violence (on low incomes, who are mothers, who are living on pensions), Legal Aid funded representation is an essential option to escaping violence.

Recent policy decisions to limit eligibility for legal aid drastically restrict women’s access to legal representation and lead to further expenditure as court time is wasted, disputes are not resolved, and domestic violence is more likely to continue with its associated costs. This is a current reality for many women and children who are ineligible for Legal Aid. Additionally, there are few Community Legal Centres specialising in domestic violence, those who do are relying on philanthropic funding to address systemic legal access barriers.⁶⁰

Good practice example in specialised outreach legal assistance

Women’s Legal Service Victoria provides a service to rural, remote and regional women via Skype.

Recommendation 39: That Victorian Government work with other States and Territories to consider how Legal Aid can be equitably available to women with disabilities experiencing family violence through the National Partnership Agreement on Legal Assistance Services.

Recommendation 40: That the Victorian Government support innovative ways to provide specialised family violence legal assistance to women in high risk groups, such as those who are isolated geographically or by having a disability.

Safe, accessible courts

Victoria’s Courts struggle to meet demand for family violence hearings, and in such circumstances, women with disabilities are particularly disadvantaged. Applicant and Respondent Workers can improve equity in the courts, and it is extremely positive to see this program expanded.

The Voices Against Violence research found there were numerous issues with the physical access and layout of courts. Women described the humiliation of having to get out of their wheelchair to climb steps up to the witness stand and having to negotiate their wheelchairs around where the perpetrator was sitting.⁶¹ Women with hearing impairments often have to have important conversations in noisy court environments, and there are reports that Auslan interpreters are not always provided when required.

“I found they [court workers] were as supportive as they could be... It was more the system that prevented them or myself accessing other things.

I found the actual physical accessibility to the courts... was horrible! I had to ride past Ethan [the man who raped her], nearly running over his feet because there wasn’t enough space between the chairs to get to the witness stand. It’s bad enough having to go to court as it is, without trying to meander through this and knocking that chair, knocking that chair and then you’re faced with steps, either that or you sit there, feeling naked because there’s nothing around you in your wheelchair. It disempowered me going in to that court. Steps up to the witness stand!

And that was the big beef I had with the court system. Given the amount of cases they must hear every day and the number of re-vamps they’ve done and renovations they’ve obviously not taken disability in to consideration within the court.” Janet.⁶²

⁵⁹ Parliament of Australia, 2013, ‘Budget Review: Index.’

⁶⁰ Women’s Legal Service Victoria, 2013, ‘Access to Justice Arrangements’ submission to the Australian Productivity Commission Inquiry.

⁶¹ D. Woodlock Delanie, L. Healey, K. Howe, M. McGuire, et al. 2014, ‘Voices Against Violence Paper One: Summary Report and Recommendations.’ Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.

⁶² D. Woodlock, D. Western, P. Bailey, ‘Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,’ WDV, Melbourne, 2014.

Recommendation 41: That the Magistrate’s Court undertake a safety and disability access audit of their buildings, information and communication, and deliver a proposed budget of capital works to the Victorian Government to bring courts to meet safety and access standards.

Recommendation 42: That the Department of Justice resources a Court Disability Quality Advisor who develops systemic policies, processes and protocols to make court buildings, information and communications accessible.

Recommendation 43: That the next Department of Justice Disability Action Plan have a spotlight on violence against women response services and identifies steps for improvement to disability access.

c. Eliminating discrimination from legislation

Family Law

In 2012 The Australian Law Reform Commission indicated serious contradictions between Commonwealth Family Laws and state Domestic Violence Laws, gaps that undermine intervention orders and risk the safety of women and children.⁶³ The Voices Against Violence Legislative Review found that these contradictions had negative impacts on women with disabilities.⁶⁴ A fuller analysis of these issues are documented in the Office of the Public Advocate Paper on Family Law and people with disability.⁶⁵

Case study

Three children are spending time with their father with orders from the Family Court. During access the father is abusing the children, using severe corporal punishment and grooming them sexually. The eldest of the three girls is a young teenager with a significant intellectual disability. She disclosed the violence to police but was not believed. A 3 week intervention order was taken out against the father. The Magistrate says they cannot do anything more long term to override the family court order. The mother has a pending application for legal aid funding.⁶⁶

Recommendation 44: That the Australian Government make legislative amendments regarding family law to uphold the rights of women and children to justice and safety from family violence.

Evidence Act

Prejudicial assessments are commonly made about the competency, reliability and credibility of women with disabilities, which consequently diminishes the weight of their evidence.⁶⁷

Recommendation 45: That the findings and recommendations pertaining to legislative reform documented in ‘Voices Against Violence Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria’ be considered and responded to by the Attorney-General in consultation with the family violence stakeholders.

⁶³ Australian Law Reform Commission, 2012, ‘Family Violence - Improving Legal Frameworks: Final Report.’

⁶⁴ G. Dimopoulos, 2014, ‘Voices Against Violence paper 3: A review of the Legislative Protections available to Women with disabilities who have experienced violence in Victoria,’ WDV.

⁶⁵ Office of the Public Advocate, ‘Whatever happened to the village? The removal of children from parents with a disability Report 1: Family law – the hidden issues.’ Dec 2013.

⁶⁶ Case study provided by EDVOS, 2013.

⁶⁷ D. Woodlock Delanie, L. Healey, K. Howe, M. McGuire, et al. 2014, ‘Voices Against Violence Paper One: Summary Report and Recommendations.’ Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.

Family Violence Protection Act

The Victorian jurisdiction recognises that some forms of disability-based violence may constitute family violence as defined in the *Family Violence Protection Act, 2008*. Victoria has recognised the possibility that people in ‘family like relationships’ (such as carers providing intimate care in an ongoing relationship) might be perpetrators of family violence.

Women with disabilities live in a broad range of settings. The violence they experience where they live is family violence – whether it be in Supported Residential Settings, rooming houses, Community Residential Units, respite, nursing homes or mental health facilities. See Appendix 3 Disability Settings for more information.

Case study of systematic violence against a woman living in a disability service

The charges against Kumar related to sexual assaults that occurred when he was assisting ‘Kimberly’ with toileting. He threatened her with harm if she disclosed what had happened. He systematically discredited Kimberly to other staff. She lived in fear of him.⁶⁸

Importantly, the violence experienced in these environments does (but not always) include patterns of power and control. For women experiencing this violence to receive appropriate responses, this violence must be recognised as domestic violence to adequately identify the impacts, risks, safety planning needs and other support requirements. Victoria’s Family Violence Protection Act should be broadened to recognise that domestic violence affects women with disabilities in diverse settings. Family violence policy should take account of these women’s right to safety.

People with Disabilities Australia (PWD) report that the NSW Domestic Violence Act includes violence in settings and relationships of particular relevance to people with disability, in residential and institutional settings (Section 5). It includes ‘domestic relationships’ with paid and unpaid carers. This section is planned for amendment, and PWD see it as retrograde that the Victorian approach of requiring a ‘family-like’ relationship looks likely to become the new framing.

Recommendation 46: That the Victorian Government update the Family Violence Protection Act to include violence that occurs in disability and health settings where women and children with disabilities live.

Recommendation 47: That the Australian Law Reform Commission consider a nationally consistent family / domestic violence law which encompasses the central relationships and environments in which women, particularly women with disabilities, live.

⁶⁸ Director of Public Prosecutions v Vinod Johnny Kumar, Case No. CR-13- 00419.

d. Perpetrator accountability

With sparse resourcing, Victoria's Men's Behavioural Change Programs (MBCs) and No To Violence have developed a wealth of knowledge, understanding, relationships and experience in the field of perpetrator accountability. As with other aspects of the violence against women system, Victoria must take this opportunity to consider how MBC programs incorporate disability into their policy and practice.

No To Violence understand that group work programs often don't lend themselves to men with cognitive, intellectual and communication disabilities due to the lack of infrastructure to support individuals in this group work structure.

No To Violence have identified that internationally since the 1980s, those who work with sex offenders have developed techniques to work with offenders with cognitive and intellectual disabilities in group and individual based programs. This work has been developing for long enough to allow it to be critiqued and trialed. Nothing in the domestic violence perpetrator response field has been developed.

No To Violence work to address misunderstandings of who is accountable for violence. For example, perpetrators of violence against women with disabilities are sometimes excused as suffering from 'carer stress.' No To Violence and MBCPs recognises that such excuses are variations on the myths that overshadow the reality of abuse of power in relationships. No To Violence have played an important role in WDV's prevention and response work - presenting at forums and training for disability service and advocacy workers.

Recommendation 48: That the Victorian Government provide funding to Men's Behaviour Change Programs to review what has been learned internationally about working with men with disabilities in the sexualized offender field, and for approaches to be adapted to the family violence field and piloted.

Recommendation 49: That No To Violence minimum standards are updated to specify how Men's Behaviour Change Program providers work with men with disabilities, and that the Victorian Government resource Men's Behaviour Change Programs to be accessible to men with disabilities.

Recommendation 50: That Men's Behaviour Change Programs are resourced to ensure people who run programs are provided with foundation studies on the range of tactics perpetrators can use against women with disabilities.

Recommendation 51: That DHHS facilitate roundtables to develop understanding of perpetrator accountability with disabilities sector stakeholders.

e. Coordination of government agencies and community organisations

Cross sector collaboration

Some women in the Voices Against Violence research spoke of being referred from one agency to another, and it was usually only the persistent efforts of the woman herself that resulted in a positive outcome. This experience is shared by many of the women who call WDV for referral information. In many instances, disability services are not able or willing to respond to violence against women, and violence response services are not able or willing to support people with disabilities.

“I initially called a housing service but they couldn’t help me... it was like domestic violence ones couldn’t help me ‘cause of this, and disability couldn’t help me with that, so then I’d go to refuges and caravan parks and I was going through everything you know, hotels, motels anything, trying to find [help] and nothing just seemed to be working. I mean I’ve got an exercise book just full of all these organisations and that that I approached.” Louise⁶⁹

There is a clear need for this discrimination and deficiency to be addressed systemically. This work must happen across portfolios including aged care, disability, mental health, home and community care, family violence, sexual assault, housing, legal services, police and courts must all be engaged.

Governance and policy

The Victorian Government has recognised the importance of representing women with disabilities on advisory groups related to violence against women. This is also so for representatives of Aboriginal and culturally diverse communities. To be effective, this representation has to be resourced. This work is best supported in an inter-departmental context.

In Victoria we are fortunate to have a network of regional committees solely focused on family violence. We can harness this network to share and use information about family violence responses for women with disabilities, and engage a cross section of service types in this local work.

Recommendation 52: That Victoria adopt the Prevention and Response governance structures presented to the Royal Commission by Domestic Violence Victoria and the Women’s Health Association of Victoria. This structure imbeds representation of women with disabilities and other key stakeholders.

Recommendation 53: That the Victorian Government continue to consider and address the findings and recommendations of the Voices Against Violence Research Project for a whole of government response.

Recommendation 54: That the Victorian Family Violence Regional Integration Committees facilitate one cross-sectoral forum a year on addressing violence against women with disabilities.

Recommendation 55: That the Royal Commission take account of findings from the Inquiry into Abuse of People with Disabilities in Disability Care.

Recommendation 56: That findings from the Royal Commission into Family Violence inform the development of the next Disability State Plan, and the State of Victoria’s input into the roll out of the NDIS, placing a gender lens over all of Victoria’s inputs.

⁶⁹ D. Woodlock, D. Western, P. Bailey, ‘Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,’ WDV, Melbourne, 2014.

Standards

A number of codes of practice, practice standards and guidelines have been developed to support the delivery of family violence services and guide respective agencies in responding to family violence. These form the basis of what services are expected to provide and how the quality of a service is evaluated. In 2008, the *Building the Evidence Report* analysed 8 of these documents and found they had little to say about how best to support women and children with disabilities experiencing family violence.⁷⁰

From this analysis the Building the Evidence researchers developed minimum standards required for documents to be able to effectively identify and respond to women and children experiencing violence. See Appendix 4 Inclusive DV Standards for more information. A summary follows.

Disability Minimum standards:

1. The meaningful participation of WWD to guide professional practice
2. A definition of family violence that is inclusive of disability-based violence
3. The fact that disability is recognised as heightening risk of violence
4. Collecting data that identifies the presence of disability (preferably in victims and perpetrator) and impairment-related needs e.g. the need for a wheelchair, communication assistant etc.
5. Developing physical and programmatic accessibility for WWD to agency services
6. Cross sector collaboration
7. Legislation, human rights and a gendered approach to violence
8. Workforce development in relation to the above.

Good Practice in standards and guidelines

'Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women With Disabilities' identifies minimum standards to support the inclusion of women with disabilities in existing domestic violence sector standards.⁷¹ For the full paper refer to 'Appendix 4, Inclusive DV Standards.'

The Inter-agency Guideline for Addressing Violence, Neglect and Abuse (IGUANA) is a good practice guideline developed by the Victorian Office of the Public Advocate in collaboration with people with disabilities and services across relevant sectors, such as family violence and sexual assault.⁷²

Recommendation 57: That DHHS review its Standards with a view to incorporate the Disability Minimum Standards to improve family violence responses to women with disabilities.

⁷⁰ L. Healey, K. Howe, C. Humphreys, C. Jennings, F. Julian, 'Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria.' WDV, Melbourne, 2008.

⁷¹ L. Healey, C. Humphreys, K. Howe, '2013, ['Inclusive domestic violence standards: strategies to improve interventions for women with disabilities?'](#) Department of Social Work, University of Melbourne, Parkville, Australia.

⁷² Office of the Public Advocate, 2013, ['The Interagency Guideline for Addressing Violence, Neglect and Abuse'](#) (IGUANA).

f. Research, evaluation and performance monitoring

Monitoring the performance of the family violence response system is important for supporting its development and increasing access for women with disabilities. There is no consistent and inclusive data available on the intersection of gender, disability and violence to enable reliable ongoing trend analysis into the prevalence and incidence of violence against women with disabilities. The Voices Against Violence Research Project highlights the profound inadequacies in the current data collection systems resulting in a failure to disaggregate data on disability and violence. In particular it fails to include methods for collecting and publishing data on violence experienced by women in residential care. Further, police, legal and homelessness data sets reveal very little about the number of women and children with disabilities going through the family violence system.

A crucial source of information often comes from the personal disclosures of women with disabilities. For example, some were recounted during a national roundtable on the subject of violence against women with disabilities held by the UN's Special Rapporteur on Violence Against Women in 2012. Women make disclosures to the peak bodies for women with disabilities and other services (such as Victoria's Office of the Public Advocate's Community Visitors). Without robust data, these disclosures are too easily dismissed as anecdotes and so necessary systemic responses are not met with adequate resourcing.

Key data gaps

The *Stop the Violence* (STV) project found that most services in Australia do not routinely collect data on disability and violence. This includes the three Minimum Data Sets collected by the Australian Institute of Health and Welfare: the Home and Community Care Minimum Data Set, the Disability Services Minimum Data Set and the Specialist Homelessness Services National Minimum Data Set.⁷³ The latter, the homelessness data set, is used by the majority of family violence services.

Australian crime: Facts and Figures, published by the Australian Institute of Criminology collects no data on disability status.⁷⁴

The Australian Bureau of Statistics' *Crime Victimization Australia*, which measures crimes reported to and recorded by police, only reports on the links between mental health and crime.⁷⁵

The National Disability Abuse and Neglect Hotline is a potential source of data on violence against women and girls with disabilities but it does not provide publically available data.⁷⁶

The Victorian Department of Health and Human Services reports annually on the number of incidents in their disability services. However, neither the types of incidents that have been reported nor the gender of offenders and victims reported.⁷⁷

Only the most recent of four major Australian surveys into the incidence of interpersonal violence has included **some** women with disabilities.⁷⁸ ABS' *Personal Safety Survey (PSS) 2012* excludes people with who require an intermediary to assist with communicating with the interviewer and people living in institutional and service settings.

⁷³ L. Dowse, K. Soldatic, C. Frohmader, and G. van Toorn, 2013, 'Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia. Background Paper,' Women with Disabilities Australia, Hobart.

⁷⁴ L. Dowse, 2015, '[Complex Intersections: disability, gender, violence and criminalization](#),' Presentation to inaugural Asia-Pacific Conference on Gendered Violence and Violations, UNSW, Sydney, Australia, 10-12 February,

⁷⁵ Ibid

⁷⁶ Women with Disabilities Australia, 2011, 'Submission to the UN Analytical Study on violence against Women and Girls with Disabilities.'

⁷⁷ The Australian Bureau of Statistics, 2013, 'Defining the Data Challenge for Family, Domestic and Sexual Assault', Commonwealth of Australia, Canberra.

While most women with disabilities live in the community in the privacy of their own homes, we know little about the men who target them and choose to use violence against them. We know less about the extent of violence against women living within or attending institutional settings. These include disability residences, day-care services, aged care facilities, detention centres, correctional services and psychiatric inpatient units.

We know that both men and women with disabilities experience disability based violence. We need to better understand how gender intersects with this disability based violence, to know the comparisons of nature and prevalence of violence experienced by women and men with disabilities.

Recommendation 58: That the Victorian Government adopt a consistent and comprehensive approach to the collection of data on women with disabilities who experience violence. This approach should include the collection of data from relevant services, including ‘incident reporting’ from disability services.

Recommendation 59: That Victoria’s Family Violence Index seek data on Applicants and Respondents with disabilities, and expand available sources.

Recommendation 60: That the Australian Bureau of Statistics explore appropriate methods for collecting data on violence experienced by women with disabilities who are not included in the Personal Safety Survey.

Recommendation 61: That ANROWS undertake research to:

- further explore what interventions are effective in preventing and addressing violence against women and girls with disabilities, including best-practice interventions with perpetrators who explicitly target women with disabilities,
- examine violence against people with disabilities in various settings with a view to comparatively analysing the gendered pattern of violence against,
- examine the extent of economic abuse of women with disabilities.

List of appendices

Voices Against Violence research papers - <http://www.wdv.org.au/voicesagainstviolence.html>
(provided in hard copy to the Commission 19.5.15)

Appendix 1 WDV Violence Position Statement

Appendix 2 G&D (WDV Gender and Disability Workforce Development Program)

Appendix 3 Disability Settings WDV Briefing Paper (Lucy Healey, 2015)

Appendix 4 Inclusive DV Standards (L. Healey, C. Humphreys, K. Howe, ' 2013, 'Inclusive domestic violence standards: strategies to improve interventions for women with disabilities?', University of Melbourne)