



Submission: Draft State Disability Plan 2013-2016, Office for Disability.
Department of Human Services.

To: statedisabilityplan@dhs.vic.gov.au

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Introduction

1. **Women with Disabilities Victoria** is Victoria's peak body for women with disabilities. Our role is to lead the way for Victorian women with disabilities and improve women's choices by building partnerships and providing research, information and community education. Members and staff represent the diversity of women with disabilities. The organisation speaks for the human rights of women with disabilities on many of Victoria's key committees concerning women's health, violence prevention and violence response.

2. Women and girls with disabilities have particular rights and needs which need to be resourced and supported by State and Commonwealth governments. Of the approximately 500,000 females with disabilities in Victoria, many experience poor health, limited access to services and disproportionately high levels of gender violence.

Examples of this include;

- In Victoria, fewer women aged 20-69 years with an intellectual disability were screened for cervical cancer than women in the general population (14% compared to 71%).¹
- Fewer women aged 50-69 with an intellectual disability had a mammogram in the last two years (55% compared to 75% in the general female population aged between 50—69).
- In Australia 45% of people with disability live in poverty or near poverty, of these women are disproportionately represented.²
- Within the population of people with a disability, women are less likely to be in the workforce, with a participation rate of 49% compared to 60% for men.³
- Indigenous Australians have rates of ill-health and disability substantially higher than other Australians. Data indicates that nationally 50% of Indigenous Australians aged 15 years and over have a disability or long-term health condition. Over half are

¹ Department of Health, 2011. Victorian population health survey of people with an intellectual disability 2009, State Government of Victoria, Melbourne.

² OECD, 2009, *Sickness, Disability and work: keeping track in the economic downturn*-background paper.

³ ABS 2012 a, *Disability and Work*, Australian social trends (4102.) March 2012, ABS.

female. Indigenous women are 35 times more likely to suffer family violence and sustain serious injury requiring hospitalisation, and 10 times more likely to die due to family violence, than non-Indigenous women.⁴

- Women who experience mental illness are also subject to concerning levels of chemical restraint and increasing rates of electroconvulsive therapy (ECT).⁵
- A study of domestic violence and women with disabilities living in licensed boarding houses reported that domestic violence is a daily lived experience.⁶
- 17.5% of the women seeking services from the Women's Domestic Violence Crisis Service in 2009/2010 were women with disabilities.⁷
- Research indicates that women with disabilities are more likely to experience abuse and violence than others.⁸ Women with disabilities also:
 - experience violence in similar ways to other women as well as experiencing violence specifically related to their disability;
 - experience prolonged, severe, frequent violence;
 - experience violence at the hands of a greater number of perpetrators;
 - are not believed when they report experiences of violence;
 - think they will not be believed and so do not report experiences of violence.⁹

3. Women with Disabilities Victoria welcome the draft State Plans aspirations and the open consultation process led by the Victorian Office for Disability. We are appreciative of the ongoing commitment and high standard set by the Office for Disability and the ongoing resourcing and support they provide to advocacy organisations.

4. We urge the Victorian Government to provide further detail regarding gender, human rights, and implementation planning and performance measures. We would welcome further consultation and involvement in the planning for implementation, monitoring and evaluation.

Our comments are provided below for further consideration.

Incorporate a Human Rights approach to the plan

5. It's encouraging to see people's rights mentioned in the plan, however we recommend strengthening the Plan by framing its approach through a human rights lens.¹⁰ This should be reflected in the vision, principles, outcomes and policy directions, as well as implementation plans and monitoring and evaluation frameworks. A rights based framework has the potential to work to eliminate the discrimination experienced by women, men, girls and boys with disabilities and to improve support services for people with disabilities, their families and carers.¹¹

⁴ Indigenous peoples' experiences of and responses to domestic and family violence, Australian Domestic and Family Violence Clearing House, <http://www.adfvc.unsw.edu.au/specialcollectionsindigenouspeople.htm>

⁵ Women with Disabilities Australia, Submission to the UN Analytical Study on Violence against Women and Girls with Disabilities, December 2011, <http://www.wvda.org.au/subs2011.htm>.

⁶ Attard et al.

⁷ Women's Domestic Violence Crisis Service, SMART Data, 2009/2010.

⁸ Brownridge, D.A. (2006) 'Partner Violence Against Women with Disabilities: Prevalence, risk and explanations', *Violence Against Women* 12 (9) 805-822.

⁹ Healey, L., Howe, K., Humphreys, C., Jennings, C., Julian, F., Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria, 2008 <http://www.wdv.org.au/publications.htm#bte>

¹⁰ See for example, Women With Disabilities Australia: Policy Paper: 'Assessing the situation of women with disabilities in Australia: A human rights approach', <http://www.wvda.org.au/subs2011.htm>

¹¹ There is an enormous body of work which illustrates that a human rights approach is not only a legal obligation given Australia and Victoria commitments to upholding human rights, but also a moral obligation. See for example UN Women, 'How have global services addressing violence against women with disabilities understood their needs and what are the lessons for the next generation of practice', Sophie Browne, Global Virtual Knowledge Centre to End Violence Against Women and Girls, and Women with Disabilities Australia, *Submission on the Draft Victorian State Disability Plan 2013-2016 from Women with Disabilities Victoria - 11 July 2012 - contact jen.hargave@wdv.org.au*

6. The plan should outline how it will comply with the *Victorian Charter Human Rights and Responsibilities Act 2006* as a public authority. We urge DHS to prioritize a rights based approach and continue to support the implementation of the Charter.¹²

7. The Plan should also similarly address the opportunities provided under the [positive obligations](#) provision of the *Equal Opportunity Act 2010*. A positive duty to eliminate discrimination obliges organizations covered by the Act to take pro-active, reasonable and proportionate measures to eliminate discrimination, sexual harassment and victimization.

8. A fundamental objective of the new Act is to promote and facilitate progressive realization of equality. Under the Act, a 'special measure'- defined as a measure 'for the purpose of promoting or realizing substantive equality for members of a group with a particular attribute'-does not constitute discrimination and organizations no longer need to apply for an exemption. These provisions are important for working towards gender equality for women with disabilities and should be articulated and planned for.

9. The Plan should address inter-sectional issues including diversity within mainstream and disabilities communities especially with reference to Aboriginal and Torres Strait islander communities, community and linguistically diverse and newly arrived communities, same sex attracted young people and the GLBTI community.

10. The Plan should also link to other international human rights instruments such as the *Convention to Eliminate Discrimination against Women (CEDAW)*. The CEDAW Committee has made recommendations for urgent action by the Australian governments.

11. In keeping with the above CEDAW Committee recommendations that Plan should undertake a comprehensive assessment of the situation of women with disabilities in Victoria to;

- Address the abuse and violence experienced by women with disabilities living in institutions or supported accommodation;
- Adopt urgent measures to ensure that women with disabilities are better represented in decision-making and leadership positions;
- Enact national legislation prohibiting forced sterilization of women and girls with disabilities.¹³

Develop and implement a gender equity strategy as part of the Plan

12. We support the plans reference to double discrimination that women and girls with a disability face, but this is not enough. It is important that the Plan outlines **how** the particular rights and needs of women and girls will be addressed throughout the Plan. We recommend development a gender inclusive strategy as a priority task of the plan. We would encourage the inclusion of workforce development on gender equity as a critical component of this strategy and note that Women with Disabilities Victoria is currently

Submission to the UN Analytical Study on Violence against Women and Girls with Disabilities, December, 2011.

¹² The 2011 report on the operation of the Charter of Human Rights and Responsibilities, May 2012, illustrates how people with disabilities and disability advocacy groups have utilized the charter to help ensure fairness and reduce discrimination against people with disabilities.

¹³ UN Committee on the Elimination of Discrimination against Women (CEDAW), Concluding observations of the Committee on the Elimination of Discrimination against Women:Australia,30 July 2010, CEDAW/C/AUS/CO/7.

funded to develop a professional development learning package on Gender And Disability.

13. It is critical that this plan take an evidenced base approach to reducing discrimination against women and girls with disabilities. This can be addressed by the development of a gender strategy which considers how each action will impact on women, girls, men and boys to ensure everyone can benefit equally from intended actions, and develop specific gendered actions to ensure equity. Such an approach is essential in the planned transition to the National Disability Insurance Scheme in Victoria.

14. A gender strategy should address key concerns including the needs and rights of parents and children with a disability¹⁴, family support strategies, health promotion, women and girls sexual and reproductive rights and health, women's and girls' access to justice, healthy intimate relationships, housing options for all ages, and women's employment¹⁵, economic empowerment and training. This strategy should link to other relevant State and Commonwealth policies and programs, such as the forthcoming Victorian Action Plan Addressing Violence against Women and Their Children. Women with Disabilities Victoria welcomes the Victorian Government's planned Action Plan to address violence against women with disabilities being developed by Disability Services Division. This action plan should be integrated with the Disability State Plan and the forthcoming Victorian Action Plan Addressing Violence against Women and Their Children.

15. A gender equity strategy should also intersect and advice on how women with disabilities and their children, will be included and benefit from the National Disability Insurance Scheme. We refer to our earlier submission on this matter. [Women with Disabilities Australia \(WWDA\) and Women with Disabilities Victoria: Joint Submission to Productivity Commission's Draft Report National Disability Care and Support Inquiry \(May 2011\)](#)

16. The needs and rights of parents with a disability is a particular concern of our members who feel the Plan should include specific reference to the needs and rights of this group. There are a significant number of unmet needs and gaps of services for parents who have a disability and the barriers and discriminatory attitudes they face from the community, service providers and child protection. There is a need for funding individual support packages geared towards supporting parenting needs as well as the usual areas of personal support. In the area of justice there is a need to fund specialised advocacy when parents with disability are dealing with Child Protection and the Children's Court.¹⁶

17. We support the inclusion in the Plan or more detail regarding how women and their children's health rights and needs will be addressed, in particular sexual and reproductive health, health literacy, health promotion, screening, data collection and monitoring. In 2010 Women with Disabilities Victoria commissioned a Literature Review 'Access to Health

¹⁴ The gendered nature of parenting means that for parents with disabilities and parents of children with disabilities this is a disproportionate responsibility placed on women, who do most of the work and have the lowest income to support themselves and their children. See for example, the report, Desperate Measures, The relinquishment of children with disability into state care in Victoria, 2012.

¹⁵ The section on employment needs to recognise that women with disabilities may be employment ready, and that training may be needed by employers to ensure that they do not use assumptions as a basis for excluding people with disabilities.

¹⁶ Personal communication, Jeanette Lee, Advocacy & Personal Development Worker Yooralla's Community Learning & Living Service, PH: 9916 5818, http://yooralamediaawards.com.au/yooralla_eneews/1012dec/1012story3.html

Services for women with disabilities'. This review identified what current research and literature said about ways to improve access to health services for women with disabilities. The review found "The absence of evidence on the health experiences of women with disabilities in Australia is stark. In itself, this lack of research is an indicator of the depth of discrimination and the invisibility of women with disabilities within health research, policy and priorities."¹⁷ Women with Disabilities Victoria recommend the Plan identify initiatives to address the Key Action Areas identified as part of this review.

18. Women with Disabilities can provide technical expertise and advice on the development of a disability and gender equity strategy. A gender and disability strategy should also inform a cross-cutting policy areas, so that mainstream services and policies can incorporate a gender and disability focus in their services and programs, in order to reduce discrimination against women and girls with disabilities.

Identify specific priorities to prevent and respond to violence against women with disabilities and their children

19. We support the references to addressing family violence and sexual assault and recommend that the Plan include tangible priorities on how to stop violence against women and children before it starts as well as identifying priorities which effectively respond to the very high incidence of violence against women and children with disabilities, in both family and institutional settings. Strategies to address safety for women in psychiatric institutions are identified in the Victorian Women and Mental Health Report, *Nowhere to be safe: Women's experiences of mixed-sex psychiatric wards*¹⁸. Examples of good practice in service response to violence against women with disabilities include projects such as [Living Safer Sexual Lives: Respectful Relationships](#), the [Making Rights a Reality Project](#), and the Disability and Family Violence Crisis Response Initiative. See Appendix One

20. We also recommend that there is equal access to remedies and supports, including access to refuges, brokerage to accommodate support needs, communication support and acceptance of the evidence of women with disabilities in the court system. We refer to and further endorse our submissions to *Parliament of Victoria, Law Reform Committee Inquiry into Access and Interaction with the Justice System by people with an Intellectual Disability and Their Families and Carers* and our submission to the Office of Women Policy on the *Action Plan Consultation Framework for Addressing Violence against Women and Their Children*.¹⁹ In addition we refer to numerous related submissions from the Office of the Public Advocate with whom we have a collaborative working relationship.²⁰ In particular we urge the Government to incorporate the findings of the *Parliament of Victoria, Law Reform Committee Inquiry into Access and Interaction with the Justice System by people with an Intellectual Disability and Their Families and Carers* into the Disability State Plan.

¹⁷ Women with Disabilities Victoria: *Access to Health Services for Women with Disabilities*

<http://www.wdv.org.au/health.htm>

¹⁸ <http://www.vicserv.org.au/uploads/documents/general%20docs/Nowhere%20to%20be%20Safe%20Final%20ayout.pdf>

¹⁹ Submission to Parliament of Victoria, Law Reform Committee Inquiry into Access and Interaction with the Justice System by people with an Intellectual Disability and Their Families and Carers, submitted by Women with Disabilities Victoria, Domestic Violence Victoria, Federation of Community Legal Centres Victoria, Maroondah Halfway House/Brenda House, Women's legal Service & Family Law Legal Service, October 2011, <http://www.wdv.org.au/documents/final%20submission%20%20Access%20to%20justice.pdf>.; Submission to the Office of Women's Policy, on the Action Plan Consultation Framework for Addressing Violence Against Women and Their Children, Women with Disabilities Victoria, March, 2012. <http://www.wdv.org.au> or email wdv@wdv.org.au

²⁰ <http://www.publicadvocate.vic.gov.au/research/131/>

Submission on the Draft Victorian State Disability Plan 2013-2016 from Women with Disabilities Victoria – 11 July 2012 – contact jen.hargave@wdv.org.au

21. We note the need to consider law reform as part of the State Disability Plan including addressing the rights and needs of people with intellectual disabilities and in particular women and children subject to sterilization. We refer to recommendations made in a recent report by Women with Disabilities Australia and Human Rights Watch;

In June 2011 the International Federation of Gynecology and Obstetrics (FIGO) issued new guidelines on female contraceptive sterilization and informed consent. The following recommendations expand on these guidelines with specific considerations for women and girls with disabilities. These recommendations should be reflected in laws and policies governing sterilization practices as well as in other professional guidelines and ethical standards.

1. *The free and informed consent of the woman herself is a requirement for sterilization.*
 - (a) *Only women with disabilities themselves can give legally and ethically valid consent to their own sterilization. Family members (including spouses and parents), legal guardians, carers, medical practitioners, and/or government or other public officers, cannot consent to sterilization on any woman's behalf.²¹*
 - (b) *Perceived mental incapacity, including medically or judicially determined mental incapacity, does not invalidate the requirement of free and informed consent of the woman herself as the sole justification for the sterilization.*
2. *As part of any process to ensure fully informed choice and consent, women with disabilities must be provided with information that sterilization is a permanent procedure and that alternatives to sterilization exist, such as reversible forms of family planning.²²*
 - (a) *All information must be provided in language, including spoken, written, and sign, that a woman understands, and in an accessible format such as Braille and plain, non-technical language appropriate to the individual woman's needs.²³*
 - (b) *The physician performing the sterilization is responsible for ensuring that the patient has been properly counseled regarding the risks and benefits of the procedure and its alternatives.²⁴*
3. *Sterilization for prevention of future pregnancy does not constitute a medical emergency and does not justify departure from the general principles of free and informed consent. This is the case even if a future pregnancy may endanger a woman's life or health.²⁵*
4. *Sterilization should not be performed on a child.*

²¹ FIGO Contraceptive Sterilization Guidelines, Principle 7.

²² FIGO Contraceptive Sterilization Guidelines, Principle 1.

²³ FIGO Contraceptive Sterilization Guidelines, Principle 12, Recommendation 2.

²⁴ FIGO Contraceptive Sterilization Guidelines, Principle 12.

²⁵ FIGO Contraceptive Sterilization Guidelines, Principle 10, Recommendation 3.

5. *Women and girls with disabilities, including through their representative organizations and networks, must be included in the evaluation and development of legislation and other measures designed to ensure the enjoyment of all their rights, including sexual and reproductive rights and the right to found a family, on an equal basis with other women and girls.*

Resource and maintain a whole of government inclusive governance structure for the Plan

22. We support the Office for Disability and the whole-of-government approach and recommend a clear, resourced outline of how people with disabilities, in particular women and girls will be included in the governance model to oversee the implementation of the Plan. We support an ongoing whole of government Interdepartmental Committee, and leadership from all Government Ministers.

Develop a monitoring and evaluation framework with resourced tasks, initiatives and indicators, with a transparent annual report back to stakeholders

23. We support the development of a monitoring and evaluation framework and recommend that the plan has resourced, measurable, specific key performance indicators, that includes data about women with disabilities across all aspects of the plan (sex disaggregated data). Further this should outline the role of each department in the implementation plan along with the monitoring and evaluation responsibilities of each department.



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Note: Women with Disabilities Victoria supports the submission of the Federation of Community Legal Centre's.

Appendix 1 – Case Studies

***Making Rights Reality* - Pilot Project**

Having Access to Justice and Justice Services

“Everyone deserves to feel safe in their home and community. This includes the protection of their rights and access to justice. However, people with a disability are more likely to be victims of crime and less likely to feel safe at home or in their local area” (Draft Plan p.15).

Making Rights Reality is a Pilot Project operating in the South Eastern region of Melbourne which seeks to enhance access to justice for people with a disability who have been sexually assaulted.

The Victorian Law Reform Commission concluded in 2004 that “it is clear that the criminal justice system offers people with a cognitive impairment very limited protection against sexual assault....However, with adequate assistance many people with a cognitive impairment can tell the police what has happened to them and can give evidence in court.”²⁶

The *Making Rights Reality* Pilot Project seeks to provide that assistance. It provides a practical, coordinated approach which increases access to justice for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties.

In collaboration with a range of legal, disability and sexual assault agencies, the Federation of Community Legal Centres developed a model for a pilot specialist advocacy support service, which was launched in February 2012. Through *Making Rights Reality*, the South Eastern Centre Against Sexual Assault, Springvale Monash Legal Service and disability agencies provide victims with:

- Advocacy and support during dealings with police and prosecutors. Twenty-four hour crisis support is provided. SECASA Counsellor/Advocates have been trained by the Office of the Public Advocate to act as Independent Third Persons in sexual assault cases within the Pilot region.
- Ongoing advocacy and support during investigation, prosecution and court processes. Victims are supported to monitor, understand and participate in these processes; legal and other advice on criminal justice processes and the options and services is available
- Legal support to access crimes compensation and other compensation options. Springvale Monash Legal Service can provide outreach to clients with a disability who need legal advice.
- A skilled communication support service and other disability support services where required.

There is a strong focus on data collection and evaluation with a view to modifying and expanding the pilot across Victoria in the future.

The key long term outcomes of this project will be:

- increased reporting to police by victims of sexual assault with a cognitive impairment;
- increased prosecution of these crimes; and

²⁶ Victorian Law Reform Commission, *Sexual Offences: Final Report (2004)*, [6.32-33].
Submission on the Draft Victorian State Disability Plan 2013-2016 from Women with Disabilities Victoria – 11 July 2012 – contact jen.hargave@wdv.org.au

- increased protection against sexual assault for people with a cognitive impairment through increased prosecution and consequently increased deterrence.
- increased access to counselling, advocacy and support

The two year pilot project has been generously funded by a range of philanthropic donors and government.

Caroline's story²⁷

This case study is an extract from a ***Submission to Parliament of Victoria Law Reform Committee Inquiry into, Access to and Interaction with the Justice System by People with an Intellectual Disability and Their Families and Carers, October 2011.***

Caroline's story illustrates the discrimination and barriers women face when trying to access the justice system. The pilot project, Making Rights a reality is helping to increase access to justice and reduce systemic discrimination against women such as Caroline.

Caroline has cerebral palsy, is in a wheelchair, and is totally dependent on carers for all personal and daily living activities.²⁸ Cognitively very aware, she depends on assisted communication to enable her to communicate. Caroline lives with her mother, who is also her primary carer. Caroline's mother does not drive, so Caroline travelled to and from her mainstream school by taxi each day. Within a few days of starting her year 11 studies, Caroline was sexually assaulted by a taxi driver.

The sexual assault was reported to police and an investigation began. Caroline uses a communication book to communicate, but the book did not have the vocabulary she needed to describe what had happened to her, such as 'penis' or 'rape'. The police would not allow these words to be added to the book after the incident, because in court this would be seen to be leading the witness. The police even advised Caroline's mother, school staff and social worker not to talk to her about what had happened, because the prosecution would again be able to assert that the witness had been led.

It took great courage and much time and energy as Caroline struggled to find the means to reveal the facts of her ordeal. She worked every day with the coordinator of the school's special education unit. It was a painstakingly slow process that took its toll not only on Caroline but on the teacher working with her.

Despite Caroline's extraordinary efforts, the police were unable to lay charges due to insufficient evidence. The trauma of her assault was overlaid by the trauma of the police investigation, which ultimately failed to produce a result because there was no process in place which allowed for the sort of assistance and support that Caroline needed, in order to give evidence in a manner which met the requirements of the legal system.²⁹

²⁷ Submission to Parliament of Victoria Law Reform Committee Inquiry into, Access to and Interaction with the Justice System by People with an Intellectual Disability and Their Families and Carers, October 2011, Submitted by: Women with Disabilities Victoria, Domestic Violence Victoria Federation of Community Legal Centres Victoria, Maroondah Halfway House/Brenda House Women's Legal Service Victoria & Family Law Legal Service,

²⁸ This example is an edited version of a letter that was written by the social worker who assisted 'Caroline'.

²⁹ See also Jonathon Goodfellow and Margaret Camilleri, *Beyond Belief – Beyond Justice: The difficulties for victim/survivors with disabilities when reporting sexual assault and seeking justice. Final Report of Stage One of the Sexual Offences Project*, Disability Discrimination Legal Service, (2003) and more broadly, L Healey et al, *Building the Evidence: A Report on the Status of Policy and Practice in Responding to Violence Against Women With Disabilities in Victoria* (2008); Office of the Public Advocate, *Violence Against People With Cognitive Impairments* (2010).

For more information about this project please contact Dr Chris Atmore
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Disability and Family Violence Crisis Response Initiative - Pilot Project³⁰

The analysis of good practice indicates that collaboration is a highly effective way to address service gaps in both family violence and disability sectors and to decrease barriers to the provision of a family violence / disability response. It was crucial that family violence and disability services developed and sustained collaboration to build local, regional and state wide sources of specialist advice, secondary consultation and education about women with disabilities experiencing family violence.

For many women with a disability their carer is the perpetrator of the violence. When they leave the violence many require immediate access to personal care, transport and aids. The disability and HACC service systems unfortunately do not facilitate emergency access to such supports.

Disability advocates and family violence services identified the significant challenge this presented to the women, children and their case managers. Basic human rights were unable to be met in a timely and appropriate manner.

Building the Evidence: a report on the status of policy and practice in responding to violence against women with disabilities in Victoria (Women with Disabilities Victoria, 2008) and *Violence against People with Cognitive Impairments* (Office of the Public Advocate, 2010) highlighted that the response of service providers, particularly the disability and family violence sectors, is not well co-ordinated and is based on different understandings of violence and disability.

The resulting Disability and Family Violence Crisis Response Initiative has since been launched state-wide. The Initiative makes emergency funding available to assist women with a disability or their child with a disability who are experiencing family violence and require immediate disability support to access a family violence crisis accommodation response or to remain safely in her own home. The supports are provided for a maximum of 12 weeks while the woman works with her Family Violence Worker to develop a plan for her future.

This is the first joint service delivery initiative of the family violence and disability sectors. This Initiative now provides women with a disability, as defined by the Disability Act, experiencing family violence the choice to leave violence confident in the knowledge they will have their basic care needs immediately met. The family violence sector assisted the Department of Human Services in developing the guidelines for the Initiative. The work done with this Initiative in the establishment of cross sector relationships and will ensure the relationships continue to develop in a way that places best outcomes for women and children at the forefront of all decisions.

The State wide Disability/Family Violence Steering Group and Disability and Family Violence Crisis Response Initiative Reference group is enabling both sectors to work together in identifying barriers and issues women and children with a disability face. Utilising the knowledge and expertise of both sectors also supports providing a holistic response. Members from both sectors are able to provide important information in the form of case studies for reflection and problem solving in these groups and provides the opportunity to ensure 'on the ground' issues are on the agenda as the role is linked to direct service delivery and maintains relationships with other disability and family violence services. Cross sector education is also a vital function of this collaboration.

³⁰ This case study was compiled by Bianca Truman, Disability Project Officer, Safe Futures Foundation. Submission on the Draft Victorian State Disability Plan 2013-2016 from Women with Disabilities Victoria – 11 July 2012 – contact jen.hargave@wdv.org.au

The following is an example of the positive outcomes collaboration between sectors can produce for women and children with a disability experiencing family violence.

A woman was referred to a family violence service to access crisis accommodation and support due to experiencing family violence from her immediate family, also her carers. The woman had suffered a stroke and had only partial functioning of her body and an acquired brain injury. Upon assessment during the referral process it was ascertained that the woman would require assistance on a daily basis as she was unable to complete various daily living tasks. The Disability and Family Violence Crisis Initiative Response provided immediate access to attendant care twice a day to assist with meal preparation, personal hygiene and general household duties. Without the funds to purchase this support, an appropriate and immediate response would not have been possible for this woman and her options in fleeing her situation safely would have been extremely limited and the possibility of her remaining in a violent environment highly likely.

For more information regarding this project please contact:
Community and Individual Support, Disability Services Division
Department of Human Services
7/50 Lonsdale St
MELBOURNE