

# Voices Against Violence



Paper One:  
Summary Report and Recommendations

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## The summary at a glance

The Voices Against Violence Research Project was a cross-sectoral partnership, undertaken between WDV, OPA and DVRCV. The project investigated the circumstances of women with disabilities of any kind (including physical, sensory and cognitive impairments and mental ill-health) who have experienced violence.

The overarching research question for the Voices Against Violence Research Project was to investigate the nature of violence against women with disabilities in Victoria. As part of this investigation, the project explored issues such as:

- the impacts of violence against women with disabilities in Victoria
- the help-seeking behaviour of women with disabilities who have experienced violence
- the legal context and social services responses to women with disabilities who have experienced violence.

The research findings are based on true stories. Each story is the story of a real woman's life. The stories were found in client files, and were told by experienced staff, volunteers and, most importantly, by the women themselves. The stories are compelling. They tell us of the repeated and horrific violence that can be perpetrated on a woman because she is a woman and because she has a disability. They illustrate the profound failure of the service system that is responsible for upholding justice, for supporting people with a disability, and for assisting women to safety when they experience violence.

The stories tell of the impact of the daily grinding chipping away at a woman's sense of self-worth so that she may come to believe that there is no way out. They drive home the urgent need to give every woman and every girl the knowledge of her value, her right to safety, and her right to access to an effective response to any disclosure of abuse. The message to the community must be: 'violence of any kind is not acceptable'. The message to all women must be: 'we are here to support you'.

In crafting the recommendations, the research team has been cognisant of the need for services to work effectively together. We cannot address violence against women with disabilities without the involvement of disability, family violence, sexual assault, mental health and aged services, as well as police and courts. These services must be informed of their responsibilities and equipped with knowledge of the appropriate supports that protect women's rights to safety and justice.

The research shines light on the value of responses that are tailored towards women's needs and identifies effective examples of such supports. It highlights the importance of government

leadership to address significant service gaps and the need for intensified cross sectoral education of professionals working with women with disabilities.

### **What we learnt about the nature of violence against women with disabilities**

- Women with disabilities experience high levels of family and sexual violence.
- Women with disabilities experience the same kinds of violence experienced by other women but also 'disability-based violence'.
- Gender-based and disability-based discrimination intersect and increase the risk of violence for women with disabilities.
- Women with disabilities experience violence from many (usually male) perpetrators.
- Women experience a wide range of violence throughout their lives, in a variety of settings.

### **What we learnt about the barriers to safety that women with disabilities face**

- Stereotypes of 'disability' contribute to the reasons why women with disabilities are targeted for violence and form significant barriers that prevent them from accessing help.
- Women often do not identify that what they are experiencing is violence.
- Women are often fearful of seeking help.
- Social isolation can limit the opportunities for women to seek help.
- Aboriginal women with a disability experience particular barriers to safety.

### **What we learnt about access to support services**

- The service system is difficult to navigate and responses were often poor and inappropriate.
- Women with disabilities do not have adequate access to safe, appropriate and affordable housing.

### **What we learnt about legislative and legal responses**

- Women with disabilities had mixed experiences of police responding to their reports of violence.

### **What we learnt about useful supports**

- Family and friends are key supports.
- When services and organisations tailored their responses to the specific needs of women with disabilities who have experienced violence it led to better outcomes for women.

# About the research project team

## Women with Disabilities Victoria

**Women with Disabilities Victoria (WDV)** is an organisation run by women with disabilities for women with disabilities. Its members, board and staff have a range of disabilities, backgrounds, lifestyles and ages. It is united in working towards its vision of a world where all women are respected and can fully experience life. Using a gender perspective allows the organisation to focus on areas of inequity of particular concern to women with disabilities, including women's access to health services, parenting rights and safety from gender-based violence. WDV undertakes research, advocacy and professional education and provides information, leadership and empowerment programs for women with disabilities. It has dedicated particular attention to the issue of male violence against women with disabilities, due to its gravity and high rate of occurrence.

## Office of the Public Advocate

The **Office of the Public Advocate (OPA)** is an independent statutory body established by the Victorian State Government. Working within a human rights framework, its mission is to promote and protect the rights and interests of people with disabilities and to work to eliminate abuse, neglect and exploitation. It provides various services that work towards achieving those goals including an Advocate/Guardian Program, a Community Visitors Program, an Independent Third Person Program, and an Advice Service. It also advocates for systemic changes in the lives of people with disabilities by undertaking research, policy advocacy and community education. The Public Advocate is strongly committed to tackling violence against people with disabilities, particularly women, who make up the largest proportion of victims of violence.

## Domestic Violence Resource Centre Victoria

The **Domestic Violence Resource Centre Victoria (DVRCV)** aims to prevent violence in intimate and family relationships and promotes non-violent and respectful behaviour. It works within a feminist framework with an understanding of the gendered nature of family violence and in partnership with other organisations with similar aims. DVRCV receives core funding from the Victorian Department of Human Services with additional funding from a variety of government and philanthropic organisations. It provides training, publications, websites, policy advice and advocacy, as well as initial support and referral for women experiencing violence.

# The Voices Against Violence Research Project

The Voices Against Violence Research Project was a cross-sectoral partnership, undertaken between WDV, OPA and DVRCV. The project investigated the circumstances of women with disabilities of any kind (including physical, sensory and cognitive impairments and mental ill-health) who have experienced violence.

The need for the project arose when our organisations recognised the lack of available information regarding violence against women with disabilities. We knew that women with disabilities experience higher rates of violence than women in the general community. We also knew that they can encounter significant barriers to accessing appropriate support services and justice outcomes. In spite of this, there was a lack of data about the nature and extent of violence against women with disabilities in Victoria.

There was also a lack of information and knowledge about what we can do to respond to this problem and prevent it from occurring. This project addresses some of these omissions. We have done this by conducting an extensive fact-finding mission relating to violence against women with disabilities, which included:

- a paper outlining current issues in understanding and responding to violence against women with disabilities
- a review of the legislative protections available to women with disabilities in Victoria who have experienced violence
- a review of OPA's records of violence against women with disabilities
- interviews with staff and volunteers from OPA's major program areas
- in-depth interviews with women with disabilities who have experienced violence
- consultations with women with disabilities
- engaging with the disability, family violence, sexual assault, legal and other service sectors.

This data has been used to devise evidence-based recommendations for legal, policy and service sector reform.

This project built on previous work undertaken by the organisations, including *Building the Evidence: a report on the status of policy and practice in responding to violence against women with disabilities in Victoria* by Lucy Healey, Keran Howe, Cathy Humphreys and Felicity Julien for WDV, DVRCV and the University of Melbourne; *Violence Against People with Cognitive Impairments* by Janine Dillon for OPA; and *Getting Safe Against the Odds* by Chris Jennings for the DVRCV.

## Reference group

The project benefited from the expert advice of a reference group comprising the following representatives:

- Maree Willis, representative of women with disabilities
- Beverley Williams, representative of women with disabilities
- Chris Jennings, consultant
- Marita Nyhuis, Department of Human Services
- Philippa Bailey, DVRCV
- Chris Atmore, Federation of Community Legal Centres Victoria
- Marg Camilleri, Federation University Australia
- Christine Chong, inTouch Multicultural Centre Against Family Violence
- Patsie Frawley, La Trobe University
- Sarah Fordyce, National Disability Services
- John Chesterman, OPA
- Bianca Truman, Safe Futures Foundation
- Dagmar Jenkins, South Eastern Centre Against Sexual Assault
- Cheryl Sullivan, Women and Mental Health Network
- Lucy Healey, The University of Melbourne
- Jen Hargrave, WDV



## Project funding

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## What the project explored

The overarching research question for the Voices Against Violence Research Project was to investigate the nature of violence against women with disabilities in Victoria. As part of this investigation, the project explored issues such as:

- the impacts of violence against women with disabilities in Victoria
- the help-seeking behaviour of women with disabilities who have experienced violence
- the legal context and social services responses to women with disabilities who have experienced violence.

## Underlying premises of the project

- Violence is a gendered issue. The majority of victims of violence are women and the greatest numbers of perpetrators are men.
- Violence is about power and control. Perpetrators (who are usually men) use violence in order to intentionally control or dominate other people (usually women).
- Violence against women is a human rights issue. Therefore, a human rights framework needs to inform our understandings of, and responses to, violence.
- Women with disabilities experience multiple and intersecting forms of discrimination. Violence against women with disabilities is the result of the intersection of gender-based discrimination, disability-based discrimination and other forms of subordination.
- Women with disabilities experience violence at a higher rate and for longer periods of time than women in the general population. They also encounter significant barriers to receiving appropriate services and justice responses to their experiences of violence.
- Violence against women is preventable. There is considerable scope for governments and communities to prevent violence before it occurs.
- Disability is created by discriminatory practices and attitudes that have built up over time. Disability is preventable and can be addressed through government policy and regulation.

## Working definitions

It was important for this project to be based on an understanding of the terms 'disability' and 'violence against women'. The project team drew on extensive literature to inform its own working definitions.<sup>1</sup>

In defining 'violence against women with disabilities' the project team took account of the numerous ways power and control is exercised and the various forms of violence in which it is manifest.

In defining 'disability' the team took account of the common practice of using 'disability' and 'impairment' interchangeably. However, it was important for the project team to make explicit its understanding of the structural underpinnings of disability (noted in the Underlying premises above).

Below are definitions that will assist the reader to better understand how abuse and violence can and does affect women with disabilities.

**Disability** is a social construct and stems from the interaction of a person's functional impairment with a disabling environment. Disabling environments create structural, attitudinal and behavioural barriers; for example, by preventing people with functional impairments from accessing housing, education, work opportunities, transport. A specific type of disability arises from the interaction of a specific impairment with an environment that creates barriers. Some barriers are specific to that impairment; for example, a physical or sensory or cognitive disability arises from the interaction of a physical, sensory or cognitive impairment with an environment that creates barriers for the particular impairment. In addition, some barriers develop regardless of the particular impairment; for example, negative stereotyping of 'people with disabilities'.<sup>2</sup>

**Violence against women with disabilities** is a human rights violation resulting from the interaction of systemic gender-based discrimination against women and disability-based discrimination against people with disabilities. It includes family violence, sexual assault and disability-based violence. A range of behaviours are associated with these forms of violence, including emotional, verbal, social, economic, psychological, spiritual, physical and sexual abuses. These may be perpetrated against women with disabilities by multiple perpetrators, including intimate partners and other family members, and those providing personal and other care in the home or in institutional, public or service settings.

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1 See *Voices Against Violence, Paper Two: Current Issues in Understanding and Responding to Violence against Women with Disabilities* for a detailed discussion of these and other relevant terms and problems associated with recognising the complexity of violence against women with disabilities.

2 The social model of disability was first conceptualised by Mike Oliver. For a further exploration of the concept, see for example, Mike Oliver (1983) *Social Work With Disabled People*, London, Macmillan

## The research papers<sup>3</sup>

The papers for this project are:

1. *Voices Against Violence Research Project, Paper One: Summary Report and Recommendations*, written by Delanie Woodlock, Lucy Healey, Keran Howe, Magdalena McGuire, Vig Geddes and Sharon Granek

This paper collates the information from the Voices Against Violence Research Project publications and sets out the recommendations arising from the research project.

2. *Voices Against Violence Research Project, Paper Two: Current Issues in Understanding and Responding to Violence against Women with Disabilities*, written by Lucy Healey.

This paper provides a conceptual starting point for the issues raised throughout the series of papers that make up the Voices Against Violence Research Project. Positioned within a human rights feminist approach, it reviews current knowledge about the nature and extent of violence against women with disabilities; the barriers to services faced by women with disabilities who have experienced violence; and outlines promising initiatives currently underway in Victoria that may help repair the harm and prevent the injustice of violence. In doing so, it examines the challenges in defining what we mean by violence against women with disabilities as opposed to violence against people with disabilities, men with disabilities, or women in general, and why this matters. It highlights the importance of examining disability-based violence and its interrelationship with gender-based violence

3. *Voices Against Violence Research Project, Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria*, written by Georgina Dimopoulos (with Elanor Fenge)

This paper reviews Victorian and Federal legislation and related literature. It also looks at the practical perspectives provided by stakeholders regarding the adequacy of legal protections and barriers to justice for women with disabilities in Victoria who have experienced violence, and presents a clear pathway for future practice, legislative amendment and research. Legislation reviewed includes the:

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Family Violence Protection Act 2008 (Vic)
- Personal Safety Intervention Orders Act 2010 (Vic)
- Family Law Act 1975 (Cth)
- Crimes Act 1958 (Vic)

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3 To access the papers, refer to the research partners' websites:

Women with Disabilities Victoria [www.wdv.org.au/publications.htm](http://www.wdv.org.au/publications.htm)

Office of the Public Advocate [www.publicadvocate.vic.gov.au/research/255/](http://www.publicadvocate.vic.gov.au/research/255/)

Domestic Violence Resource Centre Victoria [www.dvrcv.org.au/publications/books-and-reports/](http://www.dvrcv.org.au/publications/books-and-reports/)

4. *Voices Against Violence Research Project, Paper Four: An Audit of the Office of the Public Advocate's Records on Violence against Women*, written by Magdalena McGuire

This paper is based on a review of OPA's Advocate/Guardian program files. OPA's Advocate/Guardian program provides guardianship, investigation and individual advocacy services to Victorians with cognitive impairments and/or mental illness. The aim of the file review was to ascertain how many women who are clients of OPA's Advocate/Guardian program have reportedly experienced violence. In order to find this out, the project reviewed the first 100 Advocate/Guardian case files involving women that were allocated to OPA in the 2011–12 financial year.

5. *Voices Against Violence Research Project, Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate*, written by Magdalena McGuire

This paper involved interviews with 25 staff and volunteers from OPA's major program areas. The interviews explored participants' experiences in working with women with cognitive impairments and/or mental illnesses who had experienced violence, or who were at risk of experiencing violence. The participants were asked to reflect on the circumstances of the women they had worked with at OPA. They were also asked to talk about the particular challenges for women with disabilities who have experienced violence, and what can be done to address violence and prevent it from reoccurring.

6. *Voices Against Violence Research Project, Paper Six: Raising Our Voices – Hearing from Women with Disabilities*, written by Delanie Woodlock, Deborah Western with Philippa Bailey

This paper involved in-depth, semi-structured interviews with 20 Victorian women with disabilities who have been subject to violence. The interviews explored women's experiences of violence, how their disabilities impacted the violence they experienced, whom they went to for support, and their experiences with violence response services (such as police, family violence and sexual assault services). Women also talked about the changes they felt were required to better support women with disabilities who have experienced violence and their suggestions for preventing violence against women with disabilities.

7. *Voices Against Violence Research Project, Paper Seven: Summary Report and Recommendations in Easy English*

This paper summarises the major findings and recommendations of the Voices Against Violence Research Project in Easy English. The paper uses everyday words, simple sentence structure, and pictorials in order to convey the important findings of the research.

These papers have been written by different authors over a period of time, reflecting different language and definitions. In this period, the complexity of dealing with violence in different contexts – which employ different understandings of disability and different understandings of violence – has become evident. Grappling with this complexity has been a valuable learning and the thinking of the project team has evolved through the life of the project. We have endeavoured to standardise the language across papers as far as possible.

# Summary of project findings

The project findings need to be understood within the context of an overall pattern of disadvantage and human rights violations for people with disabilities. This is particularly acute for women with disabilities and even more complex for Aboriginal women with disabilities.

Victoria's population of people with disabilities represents 18 per cent of the state's total population (1 million of 5.4 million), roughly half of whom are female. On all measures of social and economic participation (such as housing security, income, employment and education), women with disabilities are disadvantaged in comparison not only to people without disabilities but also to men with disabilities.

Whilst most women with disabilities live in the community in the privacy of their own homes, 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. It is therefore of particular significance that the Voices Against Violence Research Project involved the OPA which represents, amongst others, women living in aged care, psychiatric and disability accommodation.

## What we learnt about the nature of violence against women with disabilities

### **Women with disabilities experience high levels of family and sexual violence**

The current international knowledge base has established that women with disabilities are at greater risk of experiencing family and sexual violence compared with both men with disabilities and women without disabilities. Women with intellectual disabilities are also at a considerably heightened risk of experiencing sexual assault compared with other women with disabilities. The primary research that we conducted confirms a high level of violence and that women with cognitive disabilities are particularly at risk.

### **Women with disabilities experience the same kinds of violence experienced by other women but also 'disability-based violence'**

Women with disabilities experience violence in many of the same ways as other women including violence starting or escalating during pregnancy or separation from a partner. But there are also many kinds of violence that are specific to women with disabilities. Examples of 'disability-based violence' found in our primary research include perpetrators controlling access to medication, mobility and communication supports, threats to withdraw care or institutionalise and abuse of enduring Power of Attorney. Research reviewed in Paper Two shows additional examples such as controlling menstruation and pregnancy termination, and disability 'hate crime'.

## **Gender-based and disability-based discrimination intersect and increase the risk of violence for women with disabilities**

International research indicates that perpetrator characteristics fuelled by interlocking disablist and sexist views may account for an elevated risk of targeting of women with disabilities. This leads perpetrators to seek out partners they view as submissive, easily controlled, or deserving of abuse because of their disability. The research revealed the myriad of ways that women felt that perpetrators exploited their disabilities. The behaviour of these perpetrators reflects common societal attitudes and stereotypes of women with disabilities that contribute to violence.

## **Women with disabilities experience violence from many (usually male) perpetrators**

Women experienced violence from different perpetrators (including intimate partners, children, acquaintances and parents), often over a period of many years. Most of these perpetrators are men. Almost half of the 100 women whose files were reviewed by OPA had experienced violence, and these women experienced violence from 89 perpetrators (see Paper Four). One woman had reportedly had 15 perpetrators in the course of her life. Interviews with 20 women (the focus of Paper Six) indicated abuse by a total of 37 perpetrators. One woman disclosed that she had been sexually assaulted up to 20 times by multiple perpetrators.

This finding is well supported in international and national literature, which indicates that whilst intimate partners are the most common perpetrators of violence against women with disabilities, women with disabilities are also at risk of experiencing violence from personal carers, other support staff, service providers, medical and transport staff (such as taxi drivers), peers and male co-residents.

Whilst men as intimate partners were found to be the most common perpetrators, fathers, brothers, sons, male carers, male acquaintances and strangers were also found to have perpetrated violence against women with disabilities. This aligns with findings from international and national research. However, we cannot be sure if this dominant gendered pattern exists to the same degree in violence perpetrated against women with disabilities in institutional settings, as no large-scale research has included women who are institutionalised.

## **Women experience a wide range of violence throughout their lives, in a variety of settings**

The nature of the violence disclosed during the research included physical, sexual and psychological violence, economic abuse, childhood sexual abuse, institutional violence and disability-based violence. This violence often started in childhood and continued throughout the women's lives. Women also spoke of the abuse of their own children and grandchildren by a number of perpetrators. Women experienced violence in their homes, but also in residential care settings, such as emergency housing, group homes and supported residential services.

The research indicated that economic abuse is a common form of violence experienced by women who come into contact with OPA. Examples of economic abuse included perpetrators controlling women's money, prostituting women and keeping the money for themselves and using Powers of Attorney to facilitate economic abuse (particularly large transactions involving money or property). In contrast, the interview research with women (see Paper Six) found no reported experiences of economic abuse. These differences in findings may have been due to several factors, including a high level of awareness of economic abuse amongst OPA staff and differences in the methodologies used by the research papers.

## **What we learnt about the barriers to safety that women with disabilities face**

### **Stereotypes of 'disability' contribute to the reasons why women with disabilities are targeted for violence and form significant barriers that prevent them from accessing help**

As noted, perpetrators may perceive women with disabilities as being easy targets because of stereotypical attitudes about women with disabilities, for example, women being seen as incompetent and voiceless. These stereotypes often become overwhelming barriers when women attempt to seek help, as they are seen as not being credible witnesses or are not listened to when they make attempts to tell others about the violence. 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.

### **Women often do not identify that what they are experiencing is violence**

A lifetime of cumulative discrimination and demeaning experiences can result in some women seeing their experiences of violence as normal and an everyday occurrence. Women then felt that what was happening to them was to be expected, and that they have to live with the violence. Women 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.

### **Women are often fearful of seeking help**

Like many women experiencing violence, women with disabilities are fearful of telling anyone about what is happening to them. Women feared the violence escalating, having their children harmed and being killed if they told anyone about the violence. However, women with disabilities experience fears that are specific to their impairment. A dominant fear for women who had children was that their children would be removed from their care if they told anyone about the violence. These fears were often realised for the women, and some did have their children removed from their care. Children were sometimes placed in the custody of a violent partner without a disability.



Women in the research spoke of being threatened with institutionalisation if they told anyone about what was happening to them. They were also fearful of seeking help as they were scared they would not be 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.

### **Social isolation can limit the opportunities for women to seek help**

Social isolation functioned as both a risk factor for, and a consequence of, violence. The research confirmed that some perpetrators deliberately used social isolation as a form of violence. Women may be further isolated by factors such as cultural background, sexual identity, age, status as citizens and geographic location.

### **Aboriginal women with a disability experience particular barriers to safety**

The combination of disability and cultural background often compounded the experience of violence for Aboriginal women. Aboriginal women with disabilities experience an intersection of discrimination when attempting to leave a violent partner. They reported that there were significant barriers to them seeking help, including inadequate support services, fear of having their children taken from them and being afraid of what might happen to the violent partner in police custody.

## **What we learnt about access to support services**

### **The service system is difficult to navigate and responses were often poor and inappropriate**

Women reported that they were unsure of who they needed to contact for support and were not aware of violence response services (such as family violence and sexual assault services) in their area. Some women 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. Women were referred between disability and violence response services without coordination or collaboration.

Women mentioned that family violence services were not always helpful because of the woman's disabilities, and disability services did not respond well to reports of violence. There is a clear need for the disability sector to better understand the gendered dynamic of violence and for the family violence–sexual assault sector (including criminal justice services) to better understand and take account of the particular needs of women with disabilities.

Even when services did respond to the violence, the support women received from services was often inappropriate, and in some cases, devastating. This was particularly evident for women whose children were removed from their care. Women felt they were being punished for being in a relationship with a violent partner and that their ability to parent their children was questioned because of the partner's violence and also because of their disabilities.

## **Women with disabilities do not have adequate access to safe, appropriate and affordable housing**

Finding suitable housing was difficult for some women, particularly if a woman's disability did not exactly fit into service criteria and requirements. The lack of alternative and appropriate accommodation was problematic for both shorter-term crisis situations and longer-term/permanent housing. Most Victorian crisis refuges and transitional accommodation are not built according to universal design standards and are therefore inaccessible to some women with disabilities. This highlighted the importance of Safe at Home programs that support women to remain in their own homes.

## **What we learnt about legislative and legal responses**

### **Women had mixed experiences when they reported violence to the police**

The research highlighted the difficulties that many women with disabilities face when reporting violence to the police. Several women felt they were not taken seriously, and that the police dismissed their concerns about violent partners. The most disadvantaged group of women in regards to reporting violence to the police 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.

Women who spoke of their experiences with police in more recent years found the police were very supportive and that they were considerate, empathetic and went to an extra effort to minimise any distress they may have felt in reporting violence. The OPA research participants spoke highly of police who worked in Sexual Offences and Child Abuse Investigation Team (SOCIT) units (see Papers Four and Five).

The research identified that the 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 (see Paper Five). Currently, the program does not have the capacity to follow up on clients' needs after the police interview has concluded. The OPA research participants identified that the inability to make referrals was a significant limitation of the ITP program. They felt that clients who used the program – including women who had experienced violence – would benefit from receiving more holistic support from OPA.

### **Women with disabilities need greater support throughout the court process**

The research found there were numerous issues with women accessing court services. One of these issues was the physical accessibility and layout of the court buildings. 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. There are also issues with court processes, particularly when women are giving evidence.

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

## What we learnt about useful supports

### **Family and friends are key supports**

Non-offending family members played significant roles in identifying and drawing attention to the violence that the women had experienced. These family members were crucial for upholding women's rights. Aboriginal women described being supported by other women in their community, particularly Aboriginal Elders.

### **When services and organisations tailored their responses to the specific needs of women with disabilities who have experienced violence it led to better outcomes for women**

The research showed clear examples of the enormous benefits to women when services advocated for and supported women in ways that were meaningful and useful for each woman's diverse needs. For example, when women were able to communicate their experiences in support groups for women with disabilities they were able to not only feel supported by other women, but also these groups served as a conduit to other community services and supports.

Women spoke of the relief of being believed when they called family violence services, and of feeling that there was someone working with them, persistently trying to find them safe and appropriate accommodation and support.

OPA community visitors and Advocate/Guardians showed the importance of having an awareness of the risk of violence for women with disabilities. Staff were able to identify evidence of abuse and were therefore better able to advocate for women's safety. Examples of this were finding women safe accommodation, reporting the violence to the police, restricting perpetrators' access to women, advocating for women's right to access appropriate support services and assisting women to apply for intervention orders against the perpetrators of the violence.

In reviewing the papers and findings from this project it is evident the benefits that can be gained when organisations use a gendered lens to reflect on their responses to violence against women. The OPA research papers in the Voices Against Violence Research Project provide an excellent example of how this approach can inform good practice responses.

# Recommendations

These recommendations are drawn together from the findings across all papers in the Voices Against Violence Research Project. Some recommendations relate to broad principles and issues, and some relate to particular areas of service response or support. Recommendations specific to each paper can be found in the individual research papers.

## Listening to the voices of women with disabilities

1. That Federal, State and Local Governments ensure that women with disabilities are provided avenues to participate actively in, and be represented on, decision-making, advisory and planning bodies across government and in all portfolio areas relating to violence against women with disabilities.

## Primary Prevention

**The stark findings of this report highlight the need for recognition of the ways that gender norms and stereotypes can perpetuate and uphold men’s entitlement to use violence against women with disabilities.** It is easier for men to hurt women when women themselves are considered less than, and easier still when they are viewed by society as less than, who are disregarded, unheard and not valued because they have disabilities. Gender inequality and unjust power relations must be addressed at every level of society, including within the private sphere of intimate and family relationships and the public sphere of communities, workplaces and schools.

Alongside the need for gender equality is the need to address discrimination against people with disabilities and an understanding of how these views contribute to the continuation of violence against women with disabilities. One example of such a program is the Gender and Disability Workforce Development Program currently being piloted by WDV. Human rights of people with disabilities and awareness of the impact of discrimination on people with disabilities must also to be included in school curriculum and awareness programs.

We welcome the creation of the Foundation to Prevent Violence Against Women and their Children and its priority focus on women with disabilities and their children.

2. That the Victorian and Federal Governments, through the National and Victorian plans to reduce violence against women and their children, continue to fund programs preventing violence against women in the following ways:
  - by ensuring universal/general approaches to violence against women are inclusive of the experiences and needs of women with disabilities
  - by designing, implementing and evaluating specific and tailored strategies for preventing violence against people with disabilities, including programs on healthy relationships and gender equality.

## Working together

3. That the National Disability Insurance Agency (NDIA) as part of the implementation of the National Disability Insurance Scheme (NDIS) ensures that appropriate safeguards, standards and practice guidelines are developed that prioritise and drive responses to violence against people with disabilities and ensure referral pathways to violence response services. As part of this, the new NDIS workforce must be trained in understanding gendered violence and applying the principles of good practice to uphold the safety of people with disabilities.
4. That the findings and recommendations of the Voices Against Violence Research Project be considered by the Victorian Interdepartmental Committee on Violence Against Women and Children for a whole of government response. It is recommended the Committee consult with women with disabilities and representatives of disability, mental health, aged care, family services, family violence and sexual assault services and statutory and legal bodies as part of their response.
5. That relevant recommendations are referred to the Community Sector Reform Council, to ensure these are considered in the planning for Services Connect and community sector reform.
6. That the Victorian Family Violence Regional Integration Committees, as part of their annual work plan, facilitate one cross-sectoral forum a year on addressing violence against women with disabilities that includes representatives of disability, mental health, aged care, family support, courts, family violence and sexual assault services. Planning for this forum should involve the relevant sectors.
7. That WDV convenes, in conjunction with advocacy organisations and peak industry bodies for family violence, sexual assault, disability, mental health and aged care, a forum to discuss the findings and recommendations of the Voices Against Violence Research Project.

The research highlighted the importance of building links between different service sectors, in particular the disability service sector and violence response services. In the current environment there is an imminent shift from State responsibility for disability service provision to Commonwealth responsibility under the NDIS. Current state-based safeguards for people receiving disability services will transition to a new national safeguards program. These changes present a significant challenge to building stronger inter-sectoral links and highlight the need to create opportunities for working together at national, state and local level.

The introduction of the NDIS is a critical point for violence prevention and response. As the uniform disability service for people with disabilities across Australia, this program has the power to influence good practice in preventing and identifying violence, abuse and exploitation. Cross-sectoral cooperation and referral pathways are essential and it is vital that the new NDIS workforce is well trained in applying the principles of good practice learnt from other sectors. Standards and costing within the NDIA must take account of these gendered concerns in the national implementation process.

At the Victorian level, the Government is currently developing 'joined up' human services that include housing, drug and alcohol, family violence and family support services through Services Connect and community sector reform. Cross-sector collaboration, involving service providers in disability, mental health, aged care, family violence and sexual assault (including justice), is required as part of this process to increase the safety of women with disabilities. The development of consistent service sector standards and guidelines could be utilised to encourage targeted, cross-sectoral strategies promoting safety for women with disabilities and responding to the needs of women with disabilities who experience violence.

The research also highlights the need for access for women with disabilities from diverse cultural and Aboriginal backgrounds. It suggests the need for targeted strategies addressing the additional barriers these women face in accessing prevention and response initiatives. This will require the integration of specialist and generalist services resourced to work effectively together.

In 2008 an analysis of the family violence sector was undertaken and documented in *Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*. The findings indicate a documentary analysis comparable to this work could usefully be undertaken for sexual assault and disability sectors to make visible the issues of gender- and disability-based violence to practitioners and professionals. This process would assist the development of partnership networks across disability and family violence–sexual assault services (including justice responses).

## Workforce development

8. That the Department of Human Services (DHS) review the DHS Standards with a view to ensuring effective access and service response for women with disabilities who experience violence across all DHS funded service areas.

### **Standards of practice must take account of both gender and disability**

**considerations.** A model for inclusive standards for violence response services was developed as part of the *Building the Evidence* project (Healey, Humphreys and Howe, 2013). An analysis of the applicability of this model to the DHS Standards should be undertaken to ensure the standard supports access to services for women with disabilities.

9. That the Victorian Government funds a training program that addresses the issues for women with disabilities who experience violence in the following ways:
  - The development of a specialist training program. This should be developed in consultation with women with disabilities, family violence, sexual assault, justice, police, mental health, aged care and disability organisations and provided to all relevant sectors including through the Judicial College of Victoria.
  - The Victorian government continue funding of training about the Family Violence Risk Assessment and Risk Management Framework (commonly known as the CRAF) and targets training to mental health, aged care and disability services, including the NDIA.

The research indicates the need for both disability and violence response services to improve their understanding of the dynamics of violence against women with disabilities. Services must prioritise workforce development that includes cross-sector training on how to identify with and respond to women with disabilities who experience violence, abuse and exploitation. The expertise of women with disabilities and the disability service sector must be utilised by violence response services including justice agencies. Conversely, the disability, aged care and mental health services require the opportunity to draw on the knowledge base and the practice wisdom built up within the violence response sector.

## Access to justice

10. That the findings and recommendations pertaining to legislative reform documented in *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 Stakeholder Reference Group.

11. That Victoria Police consider and respond to the recommendations of this research and the findings and recommendations of the forthcoming report: *The Experiences of People with Disabilities Reporting Crime by the Victorian Equal Opportunity and Human Rights Commission*. This could be done through the Priority Communities Division.
12. That OPA 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.
13. That the Victorian courts address the current systemic failures to facilitate justice for people with disabilities in the following ways:
  - Special procedures or alternative arrangements for giving evidence, such as evidence recorded at a pre-trial hearing, should be available for all civil and criminal matters relating to violence against women, including intervention order applications under the *Family Violence Protection Act 2008 (Vic)* and the *Personal Safety Intervention Orders Act 2010 (Vic)*, where the complainant or the witness has a disability.
  - A specialist disability liaison service be established in the Magistrates' Court of Victoria to provide specific advice and referral services to ensure equal access to justice for people with disabilities who experience violence. This service should establish protocols with community agencies and organisations that offer services and support to people with disabilities who have experienced violence.
14. That the Victorian Government fund Family Violence Applicant support workers at all Magistrates' Courts and that these workers be resourced to respond to women from diverse backgrounds and with diverse impairments.

Women with disabilities in Victoria who have experienced violence can face multiple barriers to accessing appropriate avenues of redress through the legal system. The Voices Against Violence Research Project found that there is substantial room for improvement in the Victorian and Federal legislation. It found that there are particular obstacles to justice in the identification and reporting of crime, in police identification of a woman with disability, police capacity to communicate effectively with the woman, and in the exercise of police and prosecutorial discretion to pursue a complaint and lay charges. It also found that there is a lack of tailored responses to women with disabilities who require access to the justice system.

As a result of these systemic issues, many women receive poor responses from the legal system – or indeed, are denied any response at all. Consequently, many women are denied their human right to equality before the law.



## Access to information

15. That the Victorian Government through the Office for Disability resource family violence and sexual assault services to produce accessible, for example in Easy English, and widely available information that caters to individuals' diverse information needs. This information should be made available in safe, public places that women are likely to attend.
16. That disability service providers work with violence response services to provide face-to-face education sessions on abuse, violence and exploitation to women with cognitive and communication impairments and mental illnesses.
17. That the Victorian Government continues to fund and expand women's support groups, including disability specific groups, as an important means of providing information and support to women.

Presently, women with disabilities do not have adequate access to information about violence, about the service system, or about their rights. This lack of information can heighten the risk that women will experience violence. It also entrenches the barriers to effective service provision to women with disabilities. Therefore, women with a diverse range of disabilities (including cognitive impairments, sensory impairments and physical disabilities) need access to information that is targeted to their particular communication needs. Depending on women's needs, the delivery of this information can take a variety of forms, including plain English and Easy English written materials, audio materials and face-to-face education sessions

## Access to Violence Response Services and Housing

18. That the Victorian Government considers strategies to address the current lack of accessible violence response services for women and children with disabilities who have experienced violence. This should include:
  - specific mechanisms for women with disabilities who experience violence to enable them to remain safely in their homes
  - expansion of intensive case management in family violence services and extended multidisciplinary sexual assault services for women with disabilities such as in the Making Rights Reality program
  - continued funding and expansion of the eligibility criteria to include women with mental ill-health and chronic ill-health for the Disability and Family Violence Crisis Response Initiative
  - strategies to address the current lack of accessible crisis accommodation and suitable housing for women with disabilities who experience violence.

The findings highlight the inadequacies of the current crisis response system and access to housing, generally, for women with disabilities. This includes inaccessibility owing to: lack of support staff, poor building design, and the application of the definition of 'disability' in the Disability Act 2006 (Vic) as the basis of eligibility for a crisis response. The latter excludes women with mental ill-health and chronic ill-health who may require additional support as part of their plan. Where specialist programs for women with disabilities exist, these are limited by either eligibility or geographic criteria.

Women with disabilities who have experienced violence must have the option of remaining in their home and for the perpetrator to be excluded from the premises. Victoria's 'safe at home' family violence policy requires police and courts to be able to respond promptly and effectively to breaches of intervention orders that exclude perpetrators from the home. Disability-specific resources could be provided under the Safe at Home programs funded under the National Partnership Agreement on Homelessness.<sup>4</sup>

Dedicated intensive case management for women with disabilities has been found to be crucial within the family violence sector because of the additional complexities that result from disability. The intensive case management model provides support to women from diverse backgrounds and with diverse impairments for longer periods of time than is feasible within the current crisis response time frame and has been shown to be a supportive initiative that could usefully be extended across all regions.

Clients attending the South East Centre Against Sexual Assault (SECASA) who have a cognitive or speech impairment are able to access a variety of additional supports and resources through the Making Rights Reality program. This model should be extended to all regions of Victoria.

## Data collection

19. That the Victorian Government Interdepartmental Committee on Violence against Women consider adopting 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 about violence against women with disabilities from OPA and other relevant agencies that have involvement with people with disabilities.
20. 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.

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<sup>4</sup> This requires the Commonwealth Government's re-commitment to the National Partnership Agreement on Homelessness

The Voices Against Violence Research Project again 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.

## Research

21. That the *National Centre of Excellence* 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 with a view to comparatively analysing the gendered pattern of violence against women and girls, and men and boys with disabilities. This research needs to explore violence in community and institutional (residential) settings, the nature of the relationships in which the violence occurs, the gender of perpetrators and the diverse range of violent behaviours.
- examine the extent of economic abuse of women with disabilities.

The newly formed National Centre of Excellence is currently exploring its strategic direction in preventing and addressing violence against women and children. The centre will provide a research hub for policy makers, practitioners and researchers to link up evidence-based responses, as well as serve as a meeting point for strategic partnerships with a wide range of organisations, academics and key government and non-government stakeholders. Given the findings of the Voices Against Violence Research Project, it is vital that research undertaken under the auspice of the centre be inclusive of women with disabilities, in particular, that it furthers our understanding of disability-specific violence, economic abuse, institutional violence, perpetrator characteristics and the relationships and settings where violence against women with disabilities occurs.

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