

WRITTEN SUBMISSION to provide comment on
the **ACTION PLAN CONSULTATION FRAMEWORK**
for **ADDRESSING VIOLENCE AGAINST WOMEN AND THEIR CHILDREN**

Please complete your submission in a **Word.doc format** and email to the Office of Women's Policy (OWP):

submissions.owp@dhs.vic.gov.au

by **no later than Friday 23 March 2012**. – extension granted by DHS until **Thursday 29th March**.

Should you have any questions relating to your submission, please contact the Office of Women's Policy - Selina Getley on 9918 7328 or Angela Bourke on 9918 7346.

Name of stakeholder/ organisation / making this submission:

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The comments provided in this submission are from the perspective of (please bold or underline those that apply):

Academic/ research organisation; Advocacy/ representative organisation; Non-government (not for profit)

Submissions

The information provided in this submission will be used to inform a feedback report to the Minister for Women's Affairs and other responsible ministers. The feedback report will consist of aggregated, de-identified information and will be used to inform the final Action Plan for addressing violence against women and their children. It is not intended that this report will be published.

Submissions will be treated in confidence and will not be published. Any request made under the *Freedom of Information Act 1982* for access to a submission will be determined in accordance with that Act.

i. About Women with Disabilities Victoria

We are a network of women with disabilities in Victoria with a diverse and growing membership. Our members have a range of disabilities, backgrounds, lifestyles, and ages. Our [board and staff](#) also have disabilities.

We are united in working towards our vision '**a world where all women are respected and can fully experience life**'.

Our gender perspective allows us to focus on areas of inequity of particular concern to women with disabilities; access to women's health, parenting rights, and safety from gender based violence. We have dedicated particular attention to the issue of men's violence against women with disabilities, due to its gravity and occurrence in our lives.

A draft consultation policy paper is **attached** for further background information regarding ***Violence against Women with Disabilities***. WDV invites comments and feedback on this draft paper.

Achievements to date include;

Publication of the groundbreaking report, [*Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*](#)

Representation on:

- [Family Violence Statewide Advisory Committee](#)
- [Statewide Advisory Committee for the Prevention of Sexual Assault](#)
- [Common Risk Assessment Framework](#) Reference Group
- [Victims' Charter Disability Strategy Reference Group](#)
- [Family Violence Death Review Committee](#)
- DV Vic Board of Management

Made submissions to government on key areas of policy development such as:

- [The Family Violence Protection Act](#) 2008
- The Personal Safety Act
- [The Parliamentary Law Reform Committee's inquiry into access to justice for people with an intellectual disability](#) 2011
- [Proposed Failure to Protect](#) Laws, 2011

- [Victoria Police Code of Practice for the Investigation of Family Violence 2010](#)
- [Victoria's previous 10 year family violence, a Right to Safety and Justice and a Right to Respect, Primary Prevention policy and plans.](#)
- Provided disability specific professional development training for Family Violence Intensive Case Managers.

The work done to date demonstrates our cross-sectoral leadership between the family violence and disability sectors. Our work is informed by, and done in collaboration with key stakeholders such as Domestic Violence Victoria and Office of the Public Advocate.

For further information about us please see out [Annual report](#) and [Strategic Plan](#).

ii. Summary of recommendations

RECOMMENDATIONS

Women with Disabilities Victoria welcomes the opportunity to comment on the Consultation Framework. The recommendations below are a summary of specific actions WDV would like included.

A table detailing these recommendations can be found in **Annex 1**.

The Action Plan should:

1. Invest to demonstrably improve the response to women with disabilities affected by family violence, sexual assault and gender based institutional violence across courts, police and community services.
2. Integrate women with disabilities rights and needs into all policy, programs and law reform. Ensure that women with disability and their children's rights and needs are incorporated into all aspects of the Action Plan and that actions include related Victorian government governance, policy and programs, both the Disability and other sectors.
3. Ensure that Primary Prevention receives separate, evidence based multi-year investment, policy, governance and programming that includes specific women, men, girls and boys with disabilities and in disability specific settings across Education, Sports, Workplaces, Local Government and Community Services, Media.
4. Resource research, evidence generation, data collection and documentation regarding women with disabilities and their children affected by family violence and sexual assault.
5. Ensure and resource a representative and rights based approach to inclusion of women with disabilities in all Governance and stakeholder advisory mechanism.

CONSULTATION QUESTIONS

Please provide your feedback by responding to the consultation questions below.

1. Does the Consultation Framework provide balance in terms of addressing all forms of violence against women and their children?

1.1 Whilst **Women with Disabilities Victoria** are not entirely opposed to broadening the forms of violence against women and their children included in the plan, however, we would like to highlight a number of considerations and risks for both policy and program development related to the inclusion of suggested forms.

1.2 An explicit statement about the gendered nature of violence, and the key evidence based determinants should be included in the Action Plan. Utilising the Vic Health, [Preventing violence before it occurs](#), Framework and the previous Primary Prevention policy and plan, [A Right to Respect](#), which both received widespread support from Women with Disabilities Victoria constituency. These could be used to guide an evidence based approach to selecting the forms of gender based violence this Action Plan pursues.

1.3 The other suggested gendered human rights violations, such as Sex-Trafficking, FGM, cyber-bullying and possibly sexual harassment could be included in a broader [women's policy](#) and linked to specific State and [National](#) cross-departmental strategies to ensure effective action is taken to address these serious issues.

Violence Against Women with Disabilities

1.4 WDV would also like to highlight the specific forms of violence and abuse that are perpetrated against women with disabilities and note that **these should be considered for inclusion** in the action plan as they are a form of violence against women and should be addressed within a violence against women framework for both response and primary prevention.

1.5 Noting that up to 20% or approximately 500,000 Victorian women have a disability, and that a disproportionately high number of women with a disability are subject to family violence, sexual assault, and

institutional violence it is important that violence against women with disabilities is incorporated into all aspects of the Action Plan.¹

1.6 We welcome the Plan's recognition that women with disabilities are at a higher risk of experiencing gender based violence. This assertion is well grounded in research that shows women with disabilities experience violence at a higher rate than other women, for longer periods of time.²

1.7 17.5 % of the women seeking services from Women's Domestic Violence Crisis Service in 2009/10 were women with disabilities.³ We also know that women with disabilities are less likely to report the abuse they experience.⁴ So it is important to consider the unknown numbers of women with disabilities who do not enter the system because of barriers such as:

- Women with disabilities are less likely than other women to be believed when at the time they report / disclose violence.⁵
 - Significantly, many women with disabilities are reliant on someone else if they wish to take action against violence.⁶
 - The majority of disability services presently show a lack of ability to recognise and respond to violence against women.⁷
 - There is a lack of knowledge of disability-related issues, inaccessible buildings or information, and a resistance by some family violence and other services to providing appropriate services.⁸
 - Where women's carers are abusive, ending the abuse may lead to the
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¹ Projections include that if action is not taken to reduce violence against women by 20121-2022, violence will cost the Australian economy \$13.6 billion, and \$3.9 billion of this due to violence against women with Disabilities, National Plan to reduce Violence Against Women and Children.

² Chenoweth, L. 'Violence and Women with Disabilities: Silence and Paradox' (1996) *Violence Against Women* 2(4) 391-411; Young, M.E. Nosek, M.A. et al 'Prevalence of Abuse of Women with Physical Disabilities' (1997) *Archives of Physical Medicine and Rehabilitation* 78(12) pp.34-38; Hassouneh-Phillips, D. and Curry, M.A. 'Abuse of Women with Disabilities: State of the Science' (2005) *Sexuality and Disability* 23(4) pp.227-240; Murray, S. & Powell, A. 'Sexual Assault and Adults with a Disability: Enabling Recognition, Disclosure and a Just Response' (2008) 9 *Australian Centre for the Study of Sexual Assault: Issues*, p.1.

³ Women's Domestic Violence Crisis Service SMART data 2009 / 2010.

⁴ Chenoweth, L. 'Violence and Women with Disabilities: Silence and Paradox' (1996) *Violence Against Women* 2(4) 391-411; Young, M.E. Nosek, M.A. et al 'Prevalence of Abuse of Women with Physical Disabilities' (1997) *Archives of Physical Medicine and Rehabilitation* 78(12) pp.34-38; Hassouneh-Phillips, D. and Curry, M.A. 'Abuse of Women with Disabilities: State of the Science' (2005) *Sexuality and Disability* 23(4) pp.227-240; Murray, S. & Powell, A. 'Sexual Assault and Adults with a Disability: Enabling Recognition, Disclosure and a Just Response' (2008) 9 *Australian Centre for the Study of Sexual Assault: Issues*, p.1.

⁵ Women with Disabilities Victoria, 'Men's Violence against Women with Disabilities Policy Paper' (2012).

⁶ *ibid*

⁷ *ibid*

⁸ *ibid*

loss of a care giver who provides assistance with essential activities.⁹

1.8 Institutional gender based violence occurs is of great concern to Women with Disabilities Victoria and a form of violence that requires recognition and further efforts to address. Violence that targets women with disability commonly occurs within institutions, such as psychiatric inpatient units, prisons, detention centres, aged care facilities and disability residences, where a culture of control can prevail rather than one of [human rights](#) and empowerment.¹⁰

1.9 Violence that targets women's disabilities may include:

- denial of liberty, mobility and communication, for example through withholding mobility or communication devices and enforced seclusion;
- denial of reproductive and sexual rights, including forced or coerced abortion, sterilization, contraception or menstrual suppression;
- withholding of food, medication or other necessities;
- forced or coerced psychiatric interventions;
- physical and chemical restraint;
- humiliation such as strip searches;
- threats to neglect or kill support or assistive animals;
- being left in physical discomfort for long periods; and
- threats of withdrawal of personal care/support or institutionalization.¹¹

1.10 Being restrained, a relatively uncommon experience for most people in the community, is such a frequent practice against people with disabilities in institutions that the Australian Psychological Society has called on government to end restrictive practices. The APS state that at least 25 per cent of people with intellectual disabilities 'will be subject at some time to some form of restraint'.¹² Women with Disabilities Australia states that restrictive practices 'are often imposed as a means of coercion, discipline, convenience, or retaliation by staff, family members or others providing support.'¹³

1.11 Forced sterilisation of women and girls with disabilities is another

⁹ ibid

¹⁰ Consultation Draft, Violence against Women with Disabilities Policy Paper, for Women with Disabilities Victoria, March 2012.

¹¹ Women with Disabilities Australia, p. 5.

¹² Women with Disabilities Australia, p. 25.

¹³ ibid.

form of violence against women and girls with disabilities. Women with Disabilities Australia (WWDA) have made a submission to the CEDAW/CRC Joint General Comment on Harmful Practices.

1.12 **Women with Disabilities Victoria** are a member of WWDA's and support the [Submission to the United Nations Special Rapporteurs regarding the ongoing practice of forced sterilisation in Australia](#).

1.13 The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) both contain legally binding obligations in relation to the elimination of harmful practices affecting girls under eighteen that are based on gender stereotypes and prejudices emanating from the socially established inferior/superior dichotomy between females and males. By virtue of this overlapping mandate, the CEDAW Committee and the Committee on the Rights of the Child (CRC) have decided to develop a joint [General Recommendation/Comment on Harmful Practices](#) with the aim to provide the authoritative interpretation of the actions required by State Parties to fulfil these obligations.

1.14 FGM –WDV note and endorse the recommendations from Women's Health Victoria, the Women's Health Association of Victoria and the Centre for Multicultural Women's Health that FGM should continue to be addressed and resourced within government policy relating to sexual and reproductive health, using a rights based and inclusive approach. If the Office of Women's Policy through the initiative of the Minister for Women were to propose a Gender Equity or Women's Policy for Victoria then the issue of FGM should be included as part of the Women's Health Policy and Programming Agenda. In particular a Sexual and Reproductive Health Strategy. This should include continued support for the [FARREP](#) program.

[Sex Trafficking](#)

1.15 WDV recognises that Sex Trafficking is a gendered, human rights violation and that women and children who are trafficked into sex work are often victims of an array of violence including sexual violence. Given the complex causes and responses, it may be more effective to link a specific IDC as recommended in the recent [Inquiry](#) to the Governance of the Action Plan, but ensure that the issue of Sex Trafficking is separately resourced both in terms of a coordinated policy, programmatic and legal

response to trafficked women and children.

Family Violence and Sexual Assault

1.16 It is important to recognise that [most violence perpetrated against women](#) and their children is family violence and sexual assault. Noting the additional violence perpetrated against women with disabilities, we are of the view that this Action Plan should focus the response end of the Action Plan on family violence and sexual assault along with institutional gender based violence against women with disabilities.

1.17 We are concerned that there is still much work to be done in both the family violence and sexual assault sectors and that demand for crisis services still far outstrips capacity to respond. Effective demand modelling across the system would inform an evidence based and equitable investment in sustainable improvements. The collaborative integrated reforms in both [family violence](#) and [sexual assault](#) have led to significant program innovation and further investment and focussed support (both for service provision and statewide/regional coordination) from Government is required to maintain the gains and support victims and hold men accountable for their use of violence against women and children.

1.18 Family Violence and Sexual Assault responses cannot afford a cut in funding. With regard to the response to the emerging issues they require separate governance streams and additional funding.

Sexual Harassment

1.19 A Primary Prevention policy and action plan could utilise approaches outlined in [A Right to Respect](#) to build gender equitable workplaces as a strategy to preventing violence against women. A Primary Prevention Strategy would need to be reinforced by pro-active intervention and whole-of-workplace culture change strategies to ensure that sexual harassment is proactively addressed whilst concurrently progressing a whole-of-workplace prevention approach.

- 1.20 [Vic Health](#) is soon to commence a healthy workplaces program utilising their Prevention framework and evidence to build a gender equitable workplace. We welcome this initiative.

2. Does the Consultation Framework provide the right balance between

prevention, early intervention and response?

2.1 It is difficult to indicate if the consultation framework provides the right balance as such. Women with Disabilities Victoria believe it will be important for the Government of Victoria to obtain widespread stakeholder endorsement for this plan and additional investment of new budget commitments to respond to and prevent violence against women. The Action Plan as it stands requires significant additional investment.

2.2 Primary Prevention should have a significant multi-year investment, evidence-based policy framework and programming integrity in which to make an impact. Small one-off primary prevention initiatives are unlikely to generate long term change. Investment in key settings utilising multiple reinforcing initiatives will optimise impact. Whilst primary prevention programs are universal, women with disabilities require specific strategies and settings in order to reach women. These include aged care facilities, day centres, group homes and education settings.

2.3 Adequate service provision in order to enable women with disabilities to access family violence and sexual assault services and the justice system will require additional investment.

Responding to and supporting women with disabilities affected by family violence, sexual assault and institutional gender based violence.

2.4 Women with Disabilities Victoria is committed to increasing the quality of family violence and sexual assault responses and services in the courts, police and community services. We note the new initiative being spearheaded by UN Women, which is undertaking to provide guidance and support to governments on how to develop a suite of minimum critical services to respond to the immediate needs of women and their children subject to violence. The [*Universal Access to Critical Services*](#) initiative aims to achieve **access for all women and girls** who have experienced gender-based violence **to at least a core set of services for their emergency and immediate needs**, within the next ten years in a significant number of countries of the world.

2.5 The initiative was announced by Michelle Bachelet, Executive Director of UN Women, in January 2011.

2.6 The package proposes *free, universal and 24-hour access* to key services such as: public education about legal rights and where to access services; emergency hotlines; immediate safety and protection through police response and legal measures; health care, including post-rape care; counseling and referrals; shelter and safe housing; legal assistance; and documentation of cases. Such services imply the ‘bottom line’, and represent minimal standards of a national response and a key step towards the fulfilment of the fundamental human rights of women.

2.7 UN Women are seeking “champion countries” to sign up and undertake the first steps in mapping out what universal access might look like. We would encourage the Victorian Government to consider this opportunity to set state based benchmarks to progressively realise, just as we do with universal access to infant immunisation or access to school education. For women with disabilities and other women who have less access to services an initiative such as this provide an exciting opportunity to establish realisable targets for service access.

2.8 The [UN Special Rapporteur on Violence Against Women](#) as part of a national study tour will hold a Specialist Roundtable – with Australian women with disabilities in April. This is an indication that the UN is taking the issue of violence against women with a disability more seriously in their work to eliminate violence against women. The UN Special Rapporteur on Violence against Women, [Rashida Manjoo](#) will be undertaking a study tour in Australia, at the invitation of the Australian Human Rights Commission, from 10-20 April 2012. The study tour is being funded by FaHCSIA, VicHealth and a contribution from the Commission.

2.9 In December 2011, Women with Disabilities Australia, made a [submission to the UN Analytical Study on Violence against Women and Girls with Disabilities](#). This is a significant contribution to this study and supported by Women with Disabilities Victoria.

2.9 Given the current response is not accessible to all women with disabilities there are specific initiatives that have increased access for women with disabilities to services. We recommend that these initiatives be expanded to long term multi-year funding and periodically evaluated.

This includes;

2.10 Improving access to Housing and Housing support especially through

programs such as the; expanded **Intensive Case Management**; increasing access to family violence services both outreach and refuge, such as those offered through the Maroondah Halfway House, Safe at Home Initiatives such as [B-SAFE](#) and the recently developed [Disability and Family Violence Crisis Response Brokerage project](#).

2.11 WDV recommends that the Action Plan consider ways to improve the safety of women in institutional settings from family violence, sexual assault and other forms of gender based violence. A number of reports have been commissioned which identify and recommend strategies to increase women with disabilities access to services. These include the [WDV submission to the VLRC Inquiry](#) into Access and Interaction with the Justice System by People with an Intellectual Disability and [Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria](#) and the OPA report, [Violence Against People with Cognitive Impairments](#).

2.12 WDV will soon commence the development of a Gender and Disability workforce development training module. Funding will be required to trial this with staff in institutional settings and other community services settings. WWD will be co-facilitators.

2.13 WDV notes the disproportionate number of women with disabilities that are sexually assaulted and is greatly encouraged by the recent announcement associated with the [Vulnerable Children's Enquiry](#) of an increase in the number of [Multi-Disciplinary Centres \(Police, Child Protection and CASA\) from 3 to 6](#) in Victoria. WDV encourages the Government to invest in ongoing evaluation of the MDC model and consider funding at least another 3 MDCs in Victoria commencing with the Western Metropolitan area as a matter of priority. WDV encourages the State government to provide extra resources to the Police SOCITs, MDCs and CASA's to support women with disabilities, especially those with cognitive and communication impairments with additional support when reporting sexual assault and accessing the Justice system. The recently funded collaboration, [Making Rights a Reality Program](#) is an exciting and important initiatives and WDV would like to see this evaluated and supported for gradual state-wide roll-out.

3 Will the Action Areas improve primary prevention, early intervention and responsiveness?

Integrating women with disabilities needs and rights

3.1 Our goal, and that of this Plan, should be for mainstream services to achieve accessibility for women with disabilities when providing prevention, early intervention and response.

3.2 WDV proposes that an integration strategy and a tailored strategy need to be adopted by the action plan in order to address the rights and needs of women with disabilities. This strategy requires this Action Plan should incorporate the rights and needs of women with a disability into all aspects of the Plan and that the Plan should also integrate violence against women and gender equality strategies into disability policy, legislation and strategies.

3.3 Examples of progress include;

- The proposed DHS Disability Services Violence against women and their children implementation Plan. WDV is greatly encouraged by this and looks forward to collaborating with DHS Disability Services. Resourcing this plan will be critical to its success.
- The Action Plan has the opportunity to reference significant policy and programs which will impact on women with disability affected by violence and create linkages and collaboration to ensure that gender equity and responses to family violence and sexual assault are incorporated into the Victorian NDIS trial and implementation, the new State Disability Plan, National and State disability standards
- There are a number of emerging policy and legislative initiatives which will impact directly on women with disabilities and their children. It will be important for this Action Plan to make links through its governance to such initiatives as the proposed whole-of-government [Vulnerable Children and Families Strategy](#), the Area Reference Committees and relevant recommendations such as Recommendation 20 and 21. We

note that our recent joint submission that was among many that voiced concerns about the Governments proposed ‘failure to protect’ legislation has been echoed in the inquiries finding which recommended that if a new failure to protect law is enacted, “it should provide that the prosecution is required to prove, as an element of the offence and beyond reasonable doubt, that the accused was not the subject of, or exposed to, relevant family violence’.¹⁴

- We note the National Plan to address violence against women and their children, the National Taskforce and the proposed initiative regarding women with a disability. We look forward to working and supporting our national counterpart WWDA in this endeavour.
- We encourage links between the Action Plan and relevant national policies and plans, to encourage collaboration and linkages regarding gender based violence and gender equality. This could include linkages to the National Disability Strategy and Implementation Plan.
- We commend organisations such as [Maroondah Halfway House](#) and the [Women’s Domestic Violence Crisis Service](#) that have taken the initiative to develop Disability Action Plans and encourage peer support and State Government support to integrate disability needs and rights into family violence and sexual assault services.

3.4 It is important that the Action Plan and Action Areas are underpinned by a rights base social model of disability, which explicitly recognises women with disabilities legal rights at both International, National and State law.

3.5 Use of the term “**Vulnerable**”¹⁵ suggests that women with disabilities carry their risk as an individual characteristic. Some decades ago, all women would have been considered as vulnerable and encouraged not to go out alone after dark. Now we see that the risk arises from the perpetrators who target them. This Plan should see women with disabilities as women with the same rights as other women.

¹⁴ , page 361, Chapter 14, Strengthening the law protecting children and young people, Vulnerable Children’s Inquiry report, Feb 2012.

¹⁵ See page 6

3.6 Research shows that men with attitudes of dominance and rigid sex role stereotypes target women with disabilities because they perceive them to be more compliant and submissive.¹⁶ We, as women with disabilities, are at higher risk; we are made vulnerable, because we are targeted. Our community should not inadvertently blame the victim. In 2011 People with Disabilities Canada released a you tube clip which demonstrates community support to do away with the term ‘vulnerable.’¹⁷ In the clip, community members say, “We are not vulnerable, we are made vulnerable.”

3.7 WDV is greatly encouraged by the proposed DHS Disability Services Violence against women and their children implementation Plan.

3.8 People with disabilities deserve the freedoms of movement and association, and likewise deserve education programs that are informed by this. For example options are to place the emphasis of education programs on those who we know to hold the power. Further, those with less power deserve programs which empower them. Examples are:

- Train males in residential care about appropriate behaviour towards women in residential care.
- Train staff about appropriate behaviour and human rights approaches to work practices.
- Train women with disabilities in human rights and in particular their right to live free from discrimination and violence. Women should be empowered to understand their rights with regard to their sexual health.

4 Should particular Action Areas be prioritised?

¹⁶ Brownridge

¹⁷ People with Disabilities Canada, ‘Reclaiming Language’ (2011) http://www.youtube.com/watch?v=hQvc_QMLg6E

4.1 Women with Disabilities Victoria (WDV) are of the view that a number of both Prevention and Response Action areas should be consolidated into program areas to provide maximum impact. It is critical that this Action Plan is underpinned by Ministerial leadership, resources governance and resource evidence based programmatic multiyear services and programs.

For example;

Primary Prevention – Respectful relationships Education

4.2 The State government should as matter of urgency roll-out the state wide funding of the **Respectful Relationships Program** developed by DEECD. This program is ready for commencement and Prevention funds that were previously available could be allocated to this.

4.3 WDV recommends that this roll-out include a trial of these materials (or an adapted version) in specialist disability specific schools. This program could be develop and tested in conjunction with the Safer Sexual Lives: Respectful Relationships program.

Primary Prevention –Safer Sexual Lives Respectful Relationships

4.4 Given the alarmingly high number of young women with disabilities that have been sexually assaulted, it is urgent that this successful, evidence based and evaluated program be gradually rolled out across the state of Victoria. This is a low cost high impact project targeted at young people with intellectual disabilities. Funding should be provided for a staged roll out over the next 3 years and for the development and support of training materials for this program,

Support and Expand Primary Prevention Programs

4.5 Continue support for Primary Prevention initiatives such as the Women’s Media Advocacy Project, the EVA’s, the Vic Health PVAW Short Course, Baby Makes 3, Partners in Prevention, expand PVAW in Our Community Clusters, develop workplace and sports programs, ensuring that these programs have resources to include women with disabilities and disability issues.

Workforce Development

4.6 Gender and Disability

Continue support for establishment, implementation and evaluation of the WDV disability and gender professional development program.

4.7 Women with Disabilities Victoria endorse the DV Vic submission and note their recommendation regarding the critical need to commit resources to sustainable workforce development and the honour pay equity.

5 Are there any gaps in the Consultation Framework that should be considered?

5.1 We commend The Department of Human Services for the introduction of the *Disability and Family Violence Crisis Response Initiative* trial (December 2011 – December 2012). Early signs from this project show that it can fill some gaps in providing disability supports (like mobility aids and personal care) to women who meet Disability Act criteria escaping family violence.

5.2 Filling these gaps has highlighted other gaps. Disability Services Division is not funded to provide supports for women with disabilities that are:

- Age acquired
- Temporary
- Related to mental health

5.3 Consequently, at the time of crisis, family violence workers must arduously study eligibility criteria for numerous services, often to find that none can be received. The range of service providers relevant here includes:

- Disability Support Register
- Home and Community Care
- Victims' Compensation
- Transport Accident Commission
- Royal District Nursing Service

5.4 Other barriers to these services include:

- No fixed address
- Residing in refuge
- Change of address out of funded region
- Waiting lists
- Lack of diagnosis (often for newly acquired disabilities resulting from family violence)

5.5 Government has a lead role, through this plan, to take a cross-departmental approach to reduce these barriers, to investigate where departments can place money that provides services to women with disabilities escaping violence. Crisis workers are not in a position to make this happen, though at this time, they feel a responsibility to do so. The resulting disappointment contributes to the workforce attrition which is such a challenge for the sector.

Actions that drive change – addressing institutional gender based violence against women with disabilities

5.6 In October 2010, a high profile case of rape of Victorian women in a disability residential setting by a staff member raised public awareness of safety risks in institutionalised environments.¹⁸ The slow, reluctant response that followed from the service management and crime investigators raised awareness of the failure of justice responses for people with disabilities. What has been given less attention is the significance of this type of housing and their staffs for residents – these environments are homes and the staff and other residents are like family.

5.7 As a blueprint for reducing violence against women with disabilities Government and Government policy has a duty to drive cultural change, including in cultures which are resistant to that change. We believe this Plan has a responsibility to drive progress for gender inequality in settings where women with disabilities can be found. These settings include:

- Mental Health facilities
- Disability residential units
- Disability day services
- Nursing homes

These settings should be included in specific prevention and intervention actions.

5.8 [The Australian Centre for the Study of Sexual Assault \(ACSSA\)](#) in a recent article outlined ways to overcome current barriers to responding to sexual assault and sexual assault histories within institutions, including:

- developing sexual assault informed practice and policy;
- creating safe and empowering environments through practice, policy, and physical design; and
- minimising and/or removing re-traumatising or abusive practices from operational procedures.

We endorse this approach and encourage the Government and Action plan to commit to taking action to address this.

Narrowness of the definition of family

5.9 Women with disabilities live in settings and have family structures which may be obvious, or they may be invisible in the mainstream view. For this

¹⁸ <http://www.abc.net.au/pm/content/2010/s3035294.htm>

reason, we recommend including the [Family Violence Protection Act's](#) definition of 'family like' in the Action Plan [Glossary](#).

Safe homes and safe day settings

5.10 This plan should include prevention and response actions to men's violence against women in nursing homes, disability residential units and mental health facilities. Relationships in such settings may be defined as *family like* in the *Family Violence Protection Act*, and should therefore be included in this plan.

5.11 To inform our understanding of women's safety in these environments we refer to [submissions from OPA](#). We also note our [forthcoming research collaboration](#) with OPA, Voices Against Violence.

5.12 Additionally, other 'institutionalised' environments should be included, such as disability day services, respite care and special developmental schools. Some examples of prevention work currently happening in these settings include:

- Throughout 2012 National Disability Services has run workshops across Victoria for disability day service staff to learn about human rights. Mindful of human rights, workers have a framework to promote safety for clients. Feedback from participants suggests they have found them valuable.
- The [Living Safer Sexual Lives](#): Respectful Relationships program trains people with intellectual disabilities to act as peer educators, supporting others with intellectual disabilities to learn about human rights. Through the program participants participate in discussions that our community tends to exclude them from about relationships and autonomy. The program has run in a variety of settings, through TAFEs, local government and community groups. It is valuable to note that this project goes beyond the traditional and out-dated strategy of simply teaching people with disabilities "behaviours." The project is designed with the understanding that people with disabilities have a right to meet new people and a right to have relationships. These are rights which the wider community takes for granted, and people with disabilities are taught in a myriad of ways that they do not deserve these rights.

Access to justice

5.13 To inform our removals of barriers to justice, refer to:

- the forthcoming release of findings from the Parliamentary Law Reform Committee's inquiry into Access to Justice for People with Intellectual Disabilities
- recommendations from the Victims' Support Agency's Disability Strategy, 2011.
- Sexual Assault Reform Evaluation
- Making Rights Reality for sexual assault victims run by South East CASA, launched in February 2012.

Access to services

5.14 We are pleased to see that page 7 holds this broad goal, *Improve accessibility of services and integrated support*. Outstanding examples of work to improve accessibility exist in the family violence sector, include: Maroondah Halfway House's (MWHH) universal access units. MWHH's services include referral, secondary consult and collaboration with Centrelink, the MS Society and Disability Services Division.

5.15 Disability Services Division is also piloting emergency care packages for women with disabilities escaping violence from a carer.

5.16 The above initiatives have filled some gaps, and naturally revealed others – gaps where further collaboration with police and health could be filled, and many other services could be involved to the point where accessibility is part of accreditation. Naturally, Women with Disabilities Victoria would be pleased to speak more with government to support accessible service development.

Access to Housing

5.17 Our understanding of the homelessness and housing insecurity experienced by women is deepening.¹⁹ Access to housing, like justice, has additional barriers for women with disabilities.²⁰ The lack of affordable housing means that many women are faced with a choice of staying in violent relationships or experiencing homelessness.²¹ Likewise, women in disability accommodation may not be safe but have no housing alternatives.²²

¹⁹ Sharam, Andrea (2011) No home at the end of the road?, Swinburne University

²⁰ Braaf, R. and Barrett Meyering, I. *Seeking Security* (2011) pp.46-47.

²¹ Research identifies that domestic violence is the leading cause of homelessness among women in Australia. See Braaf, R. and Barrett Meyering, I. *Seeking Security* (2011) p.43.

5.18 In 2010, Women with Disabilities Victoria presented the definition of family violence and referral pathways at the national ASID (Australian Society for Intellectual Disability) conference. The presenters were later approached by disability workers admitting they worked with women they would like to refer for family violence services, but feared there would be no accessible alternative housing available so women would be better off living in the violence.

5.19 This action plan could draw links between family violence and housing, with regard to housing that is accessible for women with disabilities.

5.20 “Safe at Home” strategies implemented in Victoria are world leading. Alongside the major family violence reforms and the new Family Violence Protection Act, The B Safe program has been evaluated and shown to have positive effects for women, including those with disabilities. More in state planning could be done to strengthen safe at home strategies.

Access to case management

5.21 Intensive Case Management, like Safe at Home, responds to the requirements of women seeking safety. Lucy Healey’s [‘Researching the Gaps’](#) research for Good Shepherd in the Mornington Peninsula produced findings similar to those of Housing and Community Building’s [evaluation of the state’s intensive case management program](#). This program supports women assessed as needing longer term support (including women with disabilities and women from culturally and linguistically diverse backgrounds). Healey’s research showed that longer support periods really support women to establish housing and employment.

Pro-active planning regarding One DHS

5.22 We would like to see the specialist response developed to family violence and sexual assault be maintained and strengthened, and integrated across and into other DHS Service provision through the one DHS reform. Initiatives such as the Family Violence Common Risk Assessment Framework will be important for integration across the service sector.

It is important that gendered violence and discrimination be addressed through the one DHS reforms.

²² For an analysis of what constitutes appropriate and affordable housing for people with cognitive impairments and mental illnesses, see McGuire, M. *The Public Housing Needs of People with Disabilities: Submission to the Inquiry into the Adequacy and Future Directions of Public Housing in Victoria* (OPA, 2010).

6. How can future governance arrangements most effectively engage partners across government and community?

6.1 WDV is of the view and endorses the views of other key stakeholders such as DV Vic, WHV, WHAV and DVRCV that the governance structures should build on the current structures. Additionally that a governance structure for primary prevention be established.

A high level Ministerial and cabinet level committee might track both, but good practice, innovation need to be monitored separately at state and regional level.

6.2 The significant work that has been achieved in Victoria was enabled through strong Ministerial leadership, coordination and governance structures. Leadership and coordination has been modelled from a ministerial level down to a regional level. Whatever forms new structures take, this approach should be maintained and informed by policy and program coordination units who can oversee and support the state-wide stakeholder structures and linked IDCs.

6.3 The very significant leadership from Victoria Police in both the sexual assault and family violence reforms should be applauded and continue.

6.4 WDV want to ensure that all stakeholder governance structures ensure a

representative and rights based approach to the inclusion of women with disabilities.

6.5 WDV are of the view that the Victorian government should resource Governance structures for Family Violence and Sexual Assault along the lines of the Family Violence Statewide Advisory Committee with links to high level government governance structures such as the Family Violence IDC and the Sexual Assault Advisory Committee.

6.6 WDV notes with concern that government resourcing for the secretariat support in both DHS (OWP) and DOJ for these committees appears diminished in recent times and that this is affecting the quality and momentum of reform. WDV has had a strong working relationship with the Family Violence Reform Unit (OWP), the Primary Prevention Team (OWP), the Victim Support Agency, the Courts and Tribunals Unit (and SARU within that), the Magistrates Court Family Violence Unit and the Victoria Police Violence Against Women and Children Strategy Group, for some years and hopes that the high standard and commitment from these units and their dedicated and expert staff can continue to be supported to enable the collaborative approach to continue.

6.7 Before significant changes are made the achievements of these mechanisms should be documented and evaluated before new governance mechanisms are introduced.

6.8 WDV strongly urges the Victorian government to introduce anew Governance mechanism to support Primary Prevention. This should include the advice and involvement of Vic Health, as the lead practitioner for Primary prevention in Victoria. Previous policy documents such as A Right to Respect provide useful guidance on possible governance options.

6.9 WDV encourages the Victorian government to continue to include key government and non government disability stakeholders to be included in these mechanisms, such as Disability Services, and additionally NDIS Secretariat members, links to the National disability agenda, and new governance emerging from the Vulnerable Children's Enquiry.

6.10 Building the Evidence by Women with Disabilities Victoria makes these recommendations regarding governance:

- A diversity of organisations representative of client groups must be constantly represented in governance structures and consultations.

7. What are the potential barriers and risks to be managed and mitigated in delivery of the actions?

7.1 The draft consultation framework lists numerous projects funded and underway across Victoria. Some are pilots, some ongoing. Some are running in local government areas, some running in government regions. Some projects alluded to, like White Ribbon Day and the EVA Awards may aim for a statewide profile. While the projects are not named it is difficult to understand their reach and impact. Naming the projects/programs would assist with analysis and commentary regarding risk and barriers.

7.2 The plan lacks clarity regarding the scope, scale and duration of proposed activities.

Where there are statements which read as strategies, it is difficult to interpret how they will be implemented, for example, on,

- Support service delivery that responds to women with complex needs like disability [page 11](#)
- Protect and support women and children at greater risk [page 12](#), and
- Consider legislative reform

7.3 For examples of Policy and Programs that provide both strategic guidance and clarity of intended activities please refer to [A Right to Safety and Justice](#) or [A Right to Respect](#). It would be helpful to have priority action areas grouped according to these areas as they have already been broadly consulted on.

7.4 A risk with the current action areas is that they are too numerous and some too vague to be measured or achievable in 3 years. For example P1 “raise community awareness”, needs further research and there is no indication regarding who this might be targeted to, nor will the evidence to support that raising community awareness either change attitudes or behaviours.

Indicators, Evaluation and Generating Evidence

7.5 WDV is appreciative of the considerable work carried out to date to develop indicators for Prevention, Early Intervention and Response. However, WDV is of the view that this requires specialist advice based on intended investment in selected programs.

7.6 It would be helpful to gain advice from content specialists who have developed indicators based on learning’s from previous evaluations of the family violence reform, the sexual assault reform and other policies and plans such as the Victoria Police, Living Free From Violence Strategy. In particular indicators and targets for diverse groups of women should be developed, including women with disabilities.

Gender equity measure

7.7 It would be helpful for WDV to understand what standards will be used for measuring gender equity and how this will include women with disabilities. WDV would value further discussion with government regarding the development of a gender equity measure that reflects a diverse community.

Monitoring and Evaluation Framework

7.8 It would be helpful to develop a monitoring and evaluation framework to guide the evaluation of the action plan, either with the plan or as part of an implementation plan.

The Implementation plan could provide greater detail regarding

- who will perform the actions,
- how will they be done,
- when will the actions be completed,

- how the actions will be measured,

Without these factors defined, delivery and evaluation of actions will be limited.

8. What other issues need to be considered?

If you would like to provide comment on any specific action areas as set out in the Consultation Framework, please specify the number of the action area(s) on which you are commenting. For example P1, E12 or R29.

8.1 It is important that the Government finds way to collaborate with a range of organisations to generate evidence. In particular resource research, evidence generation, data collection and documentation regarding women with disabilities and their children affected by family violence and sexual assault.

8.2 This includes strengthening data sets collected by SHIP, Family Violence services, DOJ Family Violence Data Base, courts and police in relation to women with disabilities.

8.3 It is important that projects such as the [Victorian Family Violence Database](#) continue to be resourced with specific reference to disabilities as in previous Volumes.

8.4 This plan shows a level of commitment to addressing violence against women and we are pleased to acknowledge that it includes with disabilities.

We would like to see a commitment to making mainstream services accessible. While this is not a short term goal, we would like to see sustained support given to developing tailored measures which are informed by previous work undertaken as well as women with disabilities themselves. Accreditation of services should include disability access – in-keeping with the State Plan on Disability and the Disability Discrimination Act.

Follow up

Do you give permission for the Office of Women's Policy OWP to obtain further information from you or your organisation? **If so, please ensure you have provided relevant contact details on page 1 of this submission.**

Yes

Written submissions are required **no later than Friday 23 March 2012**. –Extension granted to WDV until Thursday 29th March

Please submit via email (in a Word.doc format) to submissions.owp@dhs.vic.gov.au.

The Minister for Women's Affairs **thanks you for taking the time to provide feedback** on the Action Plan Consultation Framework for addressing violence against women and their children.

Annex 1 – Recommendations to Minster for Women regarding Action Plan Consultation Framework from Women with Disabilities Victoria			
Issue	Recommendation	Department/Agency	Priority/Funding Required
<p>1. The Action Plan should invest to demonstrably improve the response to women with disabilities affected by family violence, sexual assault and gender based institutional violence across courts, police and community services.</p>	<ul style="list-style-type: none"> - Increasing funding for Office of Housing to invest in intensive case management, increased accessibility for Family Violence services (including refuge) for women with disabilities in every region, Disability and Family Violence Crisis response brokerage and evaluate outcomes 	<p>DHS, Office of Housing and family Violence Outreach Services</p>	
	<ul style="list-style-type: none"> - Initiate a collaborative program to investigate and respond to violence against women including sexual assault, and emotional and physical violence in institutional settings and establish adequate and safe environments through staff training, protocols development and a formal referral system to increase women with disabilities safety. 		
	<ul style="list-style-type: none"> - Implement recommendations from the WDV submission to the VLRC 	<p>Department of Justice</p>	

	<p>Inquiry including witness services for victims of sexual assault, family violence and gender based institutional violence.</p>		
	<ul style="list-style-type: none"> - Continue support for the expansion of Multi Disciplinary Centre's and associated initiatives such as the Making Rights a Reality program to establish state-wide coverage. 	Victoria Police, DHS Child Protection, CASA, FCLC	
<p>2. Integrate women with disabilities rights and needs into all policy and law reform. Ensure that women with disability and their children's rights and needs are incorporated into all aspects of the Action Plan and that this links to related Victorian government governance, policy and programs.</p>	<ul style="list-style-type: none"> - Resource and align the proposed DHS Disability Services Violence against Women and their Children Action Plan with the VAW Action Plan.²³ 	DHS Disability Services	
	<ul style="list-style-type: none"> - The Action Plan and its governance should include the NDIS Secretariat and relevant Ministers to ensure the 	DPC and DHS	

²³ A number of actions have already been identified for suggested inclusion in this strategy or action plan including; inclusion of family violence and sexual assault as a risk and service need factor for women with disabilities accessing disability services, ongoing PD on family violence and sexual assault for all disability services staff and management, protocol (information sharing, referral, case coordination development between family violence, sexual assault, disability services and police be developed and trialed).

	<p>NDIS links to the VAW Action plan and incorporates response and prevention of VAW with Disabilities into the Victorian NDIS trial.</p>		
	<ul style="list-style-type: none"> - Ensure the VAW Action plan addresses the needs of women with disabilities and cross references these needs and rights by ensuring the proposed VAW Action Plan references and links with National and State policy and disability standards such as the proposed Victorian State Disability Plan. 	DHS, FACHSIA,	
<p>3. Ensure that Primary Prevention receives separate, evidence based multi-year investment and programming includes specific women, men, girls and boys with disabilities and in disability specific settings such as Education, Workplaces, Local Government and Community Services, Media.</p>	<ul style="list-style-type: none"> - Fund a multi-year state-wide roll out of Living Safer Sexual Lives: Respectful Relationships and evaluation, commencing in 3 rural and 3 metropolitan locations in 2012/2013 	Funding through DHS – Prevention Funding for identified community groups and collaborative partnerships to roll-out program in 6 locations.	Provide \$350,000 over 3 years to trial the state-wide roll out of Living Safer Sexual Lives: Respectful Relationships
	<ul style="list-style-type: none"> - Explore the implementation of a Respectful relationships Program within specialist disability-specific 	DEECD, Specialist Schools, DHS	

	<p>schools utilising the DEECD curriculum materials, and the recommended whole-of-school approaches, including an accessible, age appropriate version of the “No Means No” show.</p>		
	<ul style="list-style-type: none"> - Continue support for establishment, implementation and evaluation of the disability and gender professional development program. 	<p>DHS Disability Services and Women with Disabilities Victoria</p>	
	<ul style="list-style-type: none"> - Continue support for Primary Prevention initiatives such as the Women’s Media Advocacy Project, the EVA’s, PVAW Short Course, Baby Makes 3, Partners in Prevention, expand PVAW in Our Community Clusters, develop workplace and sports programs, ensuring that these programs have resources to include women with disabilities and disability issues. 	<p>DHS, Office of Women’s, Vic Health</p>	
<p>4. Resource research, evidence generation, Data Collection and Documentation regarding women with disabilities and their children affected by family</p>	<ul style="list-style-type: none"> - Strengthen data sets collected by SHIP, Family Violence services, DOJ Family Violence Data Base, courts and police in relation to women with disabilities. 	<p>DHS, DOJ, Victoria Police, Courts,</p>	

violence and sexual assault.			
	<ul style="list-style-type: none"> - Ensure continued research is resourced to document and evaluate approaches to increasing access to services and justice for women with disabilities and their children. 	Universities, State and Commonwealth	
5. Ensure a representative and rights based approach to inclusion of women with disabilities.	<p>It is crucial to have the expertise of women with disabilities informing service sector reform, violence prevention programs, research and data collection. In any governance mechanisms developed to gain stakeholder input a rights based participatory approach is important.</p> <p>In order to ensure that women with disabilities' unique perspectives are informing planning, policy and service delivery, the following action areas should be prioritised:</p> <ul style="list-style-type: none"> • Women with Disabilities Victoria should be resourced to organise women to attend meetings and consultations and to strengthen members' advocacy skills. • All organisations working with women with disabilities should allocate resources to overcome barriers to consumer 	<p>Whole-of-government governance involving Ministers, Interdepartmental Committee, a stakeholder advisory committee for family violence, sexual assault and prevention, preferably separate, but with opportunities to share learning's and information.</p> <p>DHS, DPCD, DPC, DOJ, Police, Courts, Corrections, current membership of FVSAC, SA Advisory Committee, FACHSIA, AAV.</p>	

	<p>participation, in relation to transport, childcare, access and interpreting/communication and personal care requirements.</p> <ul style="list-style-type: none">• Regional integrated family violence committees, and their member organisations, should be resourced to develop Disability Action Plans, and identify mechanisms to ensure the participation of women with disabilities in decision-making forums.		
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