



Inquiry into Domestic Violence in Australia

Submission to the Government of Australia,
Finance and Public Administration References Committee

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Women with Disabilities Victoria

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About this Women with Disabilities Victoria's submission

Women with Disabilities Victoria is pleased to present this submission outlining our experience of the issues that women with disabilities face with regard to violence. The submission draws on the recent research, *Voices Against Violence*, which we undertook in collaboration with the Office of the Public Advocate and Domestic Violence Resource Centre Victoria. Copies of the 7 research papers are attached for your further information. The research, and this submission, explore the particular issues that women with disabilities who experience violence face in Victoria and also highlights a number of promising areas of Victorian practice in preventing and responding to violence against women with disabilities.

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

We undertake research and consultation. We provide professional education, representation, information, and leadership programs for women with disabilities.

Our gender perspective allows us to focus on areas of particular inequity to women with disabilities; access to women's health services, gendered NDIS services, and safety from gender-based violence.

We have dedicated particular attention to the issue of men's violence against women with disabilities, due to its gravity and prevalence in our lives. Since 2009 we have had a Policy Officer, funded by the Victorian Government, to focus on violence against women with disabilities. This has been a valuable resource for the community sector (for the provision of information and advice) and for the Government (for consultation and input into key documents such as the Personal Safety Act (2010), the Victoria Police Code of Practice for the Investigation of Family Violence, and Victoria's Plan to Address Violence Against Women and Children.



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

About women with disabilities in Australia

Women with disabilities are a large a diverse population.

- 20.1% of Australian women are women with disabilities, 2 million.¹
- Almost 700,000 women and girls with a disability live in rural and remote Australia.²
- 51% of Indigenous women and girls have a disability.³
- There is not ready access to the proportion of culturally and Linguistically Diverse Australian women with disabilities.

Women with disabilities face additional inequalities to men with disabilities, eg. women are more likely to be unemployed, ^{have} primary caring responsibilities, and be affected by poverty.

About people who choose to use violence against women with disabilities

People who choose to use domestic violence are more often men, and people who experience domestic violence are more often women. Users of violence tend to believe in rigid-gender roles and stereotypes.⁴ They might be a partner, an ex-partner, a family member, or have a 'family like' relationship.⁵

People who use violence against people with disabilities abuse their power. They may be providers of personal care in a private setting (such as an intimate partner or a family member) or in a service setting (eg. staff, managers, volunteers).⁶ More needs to be learnt about who uses this violence.

¹ WWDA, 2009, 'Submission to the National Human Rights Consultation,' WWDA.

² ABS, 2009, 'All Persons, Disability rates by sex, state or territory, remoteness and country of birth: 2009.'

³ ABS, 2010, '2009 Disability, Ageing and Carers, Australia: Summary of Findings.'

⁴ Flood, Michael & Pease, Bob, 2006, 'Paper 3 of the Violence Against Women Community Attitudes Program,' VicHealth.

⁵ Family Violence Protection Act 2008, Definition of 'Family Like' relationship

⁶ Brownridge, D A, 2009, *Violence Against Women: Vulnerable Populations*, New York, Routledge.

Summary of recommendations

Women with Disabilities Victoria makes the following recommendations.

Recommendation 1: That the Australian Bureau of Statistics adopt appropriate methodologies to achieve a representative sample of women with disabilities in the Personal Safety Survey.

Recommendation 2: That the Specialist Homelessness Information Platform (SHIP database) used in specialist homelessness services must improve information collected on disability status and support. Asking a client if they have a disability, and informing clients about why they are being asked, should be mandatory (whether to disclose is a client's choice). Additionally, important support information should be recorded prominently beside client details (eg. wheelchair access, language interpreters, communication aids).

Recommendation 3: That the Australian Government and ANROWS support research into people who choose to use violence against women with disabilities across the range of domestic settings they live in, in particular with regard to residential care settings. Research can inform practice guidelines for services, violence responses and preventions.

Recommendation 4: That the findings and recommendations of the Voices Against Violence Research Project and the Stop the Violence Research Project be considered by the Australian Government for a whole of government response. It is recommended government 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.

Recommendation 5: That the National Disability Insurance Agency (NDIA) take action to raise the status of women with disabilities through creating employment and empowerment opportunities (such as Victoria's Metro Access program in Local Government, and WDV's Leadership and Empowerment Program in communities).

Recommendation 6: That the Government take action to raise the status of women with disabilities through social services that support autonomy, and leadership to reduce discrimination (such as the Disability Discrimination Commissioner).

Recommendation 7: That mainstream, nationally funded primary prevention initiatives ensure inclusion of men and women, boys and girls with disabilities. National school curriculum reviewers prioritise primary prevention. Girls and boys with disabilities must not be excluded from this curriculum in mainstream schools, and it must also be provided to children in Special Developmental Schools.

Recommendation 8: That Government fund establishment and Development of the Virtual Centre for the Prevention of Violence Against Women and Girls with Disabilities, as recommended in the Stop the Violence research project.

Recommendation 9: That the Attorney General reinstate a full time Disability Discrimination Commissioner to continue focused work providing leadership, coordinating efforts with the Sex

Discrimination Commissioner, inquiring into urgent areas of disability discrimination such barriers to justice and safety.

Recommendation 10: That the NDIA ensure mechanisms to support women and children to access domestic violence crisis services and accommodation (eg. transportability of support packages, flexible, timely planning, and safe, confidential processes). For a practice model, see the Victorian Department of Human Services Disability Family Violence Crisis Response Initiative.

Recommendation 11: That the NDIA, in implementing 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.

Recommendation 12: That Government ensure that women with disabilities are represented in domestic violence policy and policy development, nationally, and coordinating this approach across states and territories.

Recommendation 13: That Government re-commit to a further multi-year National Partnership Agreement on Homelessness to enable these and other critical homelessness prevention programs to continue.

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

Recommendation 15: That Government must drive universal design housing standards to ensure mainstream housing is accessible, safe and affordable.

Recommendation 16: That Government take action to raise the status of women with disabilities through social services that support autonomy (such as free Medicare and the National Rental Affordability Scheme).

Recommendation 17: That Government encourage a consistency of strong domestic violence laws across the country, laws which recognise the safety needs of women with disabilities, Aboriginal women, and other significant and high risk populations.

Recommendation 18: That Government consider legislative amendments regarding family law to uphold the rights of women and children to justice and safety from family violence.

Recommendation 19: That Government work with States and Territories to consider how Legal Aid can be equitably accessible to women with disabilities experiencing family violence through the National Partnership Agreement on Legal Assistance Services.

1. The prevalence and impact of domestic violence in Australia as it affects all Australians – particularly women with a disability

1.1 Prevalence of domestic violence against Australian women

Large population studies show that women experience high rates of violence, including domestic violence. The Australian 2012 Personal Safety Survey found that women were significantly more likely than men to have experienced domestic violence.

- physical assault by a male in their home during the last 20 years; 62% compared to 8.4%.
- emotional abuse by a partner since the age of 15; 25%: compared to 14%.⁷

The survey found high rates of violence against women, including domestic violence.

- an episode of stalking as an adult; 19% compared to 7.8%.
- sexual assault since the age of 15; 17% compared to 4%.

Unfortunately, to date, the Personal Safety Survey has not surveyed a representative sample of women with disabilities. In fact, women with disabilities are vastly under-represented in the study.

Recommendation 1: The Australian Bureau of Statistics adopt appropriate methodologies to achieve a representative sample of women with disabilities in the Personal Safety Survey.

⁷ ABS, 2012, 'Personal Safety Survey Australia: Summary.'

1.2 Prevalence of domestic violence against Australian women with disabilities

Research and data collection on the prevalence of violence against women with disabilities is extremely limited in Australia. Many services, such as specialist homelessness services, do not systematically ask women if they have a disability. Previous Victorian data showed that around 13% of family violence crisis support episodes were accessed by women with disabilities⁸ – since the change to a national data system this information is not reportable.

Recommendation 2: The Specialist Homelessness Information Platform (SHIP database) used in specialist homelessness services must improve information collected on disability status and support. Asking a client if they have a disability, and informing clients about why they are being asked, should be mandatory (whether to disclose is a client’s choice). Additionally, important support information should be recorded prominently beside client details (eg. wheelchair access, language interpreters, communication aids).

The limited current Australian research into violence against women with disabilities shows an alarmingly high prevalence. As stated in the ‘Second Action Plan: Moving Ahead 2013-2016,’ “Women with disability are more likely to experience violence and the violence can be more severe and last longer than for other women.”

The Stop the Violence project found that:

- Women and girls with disabilities are twice as likely as women and girls without disabilities to experience violence throughout their lives.¹⁰
- Over one-third of women with disabilities experience some form of intimate partner violence.⁹

⁸ Women’s Domestic Violence Crisis Service SAAP data, 2010 – 2011.

⁹ Women with Disabilities Australia, the University of New South Wales and People with Disabilities Australia, 2013, ‘Stop the Violence: Improving Service Delivery for Women and Girls with disabilities’.

The Voices Against Violence Project undertook an audit of 100 women with disabilities' files at the Office of the Public Advocate (OPA). The audit found that:

- 45 of the 100 women reported experiencing violence. See figure 1
- The 45 women experienced violence at the hands of a total of 89 perpetrators.¹⁰

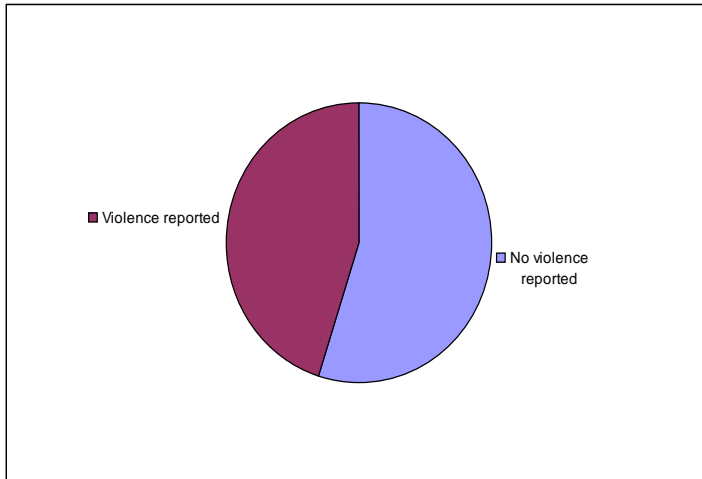


Figure 1: violence reported and no reported violence.¹¹

1.3 Perpetrators of violence

The Voices Against Violence OPA file audit found the most common perpetrators of violence were partners and family members. See figure 2, 'Perpetrators' identities.'¹² This was consistent with the diverse range of perpetrators reported by twenty women with disabilities interviewed for the research.¹³

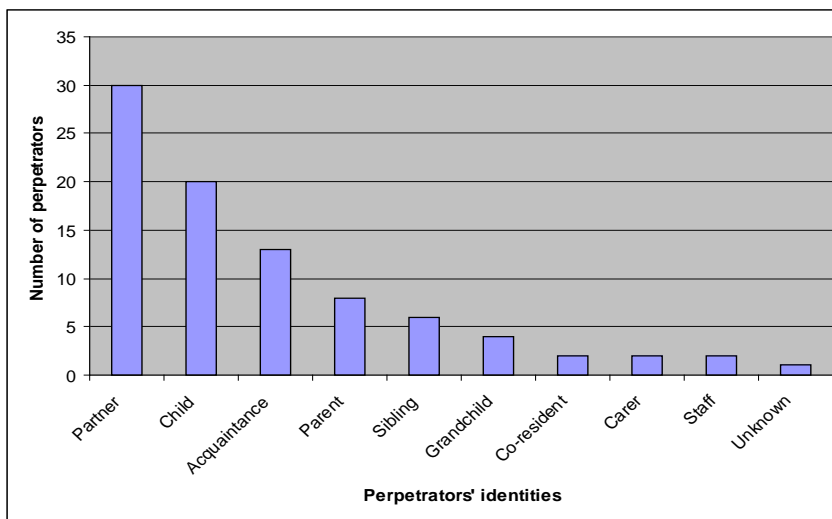


Fig 2: perpetrator identities.¹⁴

¹⁰ McGuire, Magdalena, 2014, 'Voices Against Violence Paper 4: A review of the Public Advocate's records on violence against women with disabilities,' WDV.

¹¹ McGuire, Magdalena, 2014, *ibid.*

¹² *Ibid.*

¹³ Woodlock, Delainie, Western, Deborah, Bailey, Philippa, 2014, 'Voices Against Violence Paper 6: raising our voices – hearing from women with disabilities,' WDV.

¹⁴ McGuire, Magdalena, 2014, *op cit.*

1.4 Women with disabilities experience additional forms of violence

The Voices Against Violence research examined the nature of the violence experienced, and found that women with disabilities experience the same kinds of violence as other women, and in addition, experience impairment related violence which includes denigration, restriction, withholding aids, and unethical practices in care service settings.

- The most common forms of violence reported were psychological, physical, controlling behaviour and economic abuse.
- Women reported impairment-related abuse including withholding medication and aids.
- Women were aged between 18 and 97. Some women had experienced violence for long periods, even since childhood.
- Many women experienced social isolation as both a risk factor for, and a consequence of, violence. Some perpetrators used social isolation as a form of violent behaviour in itself.
- Aboriginal women with disabilities experienced additional barriers to escaping violence and accessing appropriate supports¹⁵

“I’ve been locked up in the house, basically not allowed to talk to no-one, not allowed to go down the street, not allowed to do what I want to do. I wasn’t allowed to talk on the phone, I wasn’t allowed to go anywhere unless he was with me.” Katrina¹¹

Perpetrators may be providers of personal care in a private setting (such as an intimate partner or a family member) or in a service setting (eg. staff, managers, volunteers).¹⁶ More needs to be learnt about who uses this violence.

“I wanted to leave this house to just have time away and I got off my wheelchair to change... into my clothes and he came in to my room and took a wheel off my wheel chair so I couldn’t then leave.” Michelle¹⁷

1.5 Women with disabilities live in a range of domestic settings

It is important to note the range of domestic settings in which women with disabilities live. Not enough is known about the violence that occurs in isolated domestic settings, Supported Residential Services and aged care settings. However, available evidence indicates that domestic based violence is certainly no less common in these environments.

A recent study into the sexual assault of older Australian women found that, of 65 reported assaults, almost 50% were in the context of domestic violence.¹⁸

¹⁵ Woodlock Delanie, Healey Lucy, Howe Keran, McGuire Magdalena, Geddes Vig, Granek Sharon, 2014, ‘Voices Against Violence Paper One: Summary Report and Recommendations,’ WDV.

¹⁶ International Network of Women with Disabilities, 2010.

¹⁷ Woodlock, Delanie, Western, Deborah, Bailey, Philippa, 2014, op cit.

¹⁸ Catherine Barrett, Catherine, 2014, ‘Norma’s project: Preventing the sexual assault of older women,’ ARCHES and La Trobe University.

A Victorian Mental Illness Awareness Council study found that:

- 45% of women experienced sexual assault during a mental health service inpatient admission.
- 67% of women reported experiencing harassment during mental health hospitalisation.
- more than 80 % of participants lived in fear of being abused during hospitalisation.¹⁹

Recommendation 3: That the Australian Government and ANROWS support research into people who choose to use violence against women with disabilities across the range of domestic settings they live in, in particular with regard to residential care settings. Research can inform practice guidelines for services, violence responses and preventions.

1.6 Under reporting

The prevalence of violence found in the studies discussed are particularly stark when we consider that violence against women is an under-reported crime.²⁰ The many contributors to under reporting. These include:

- a multitude of barriers to women with disabilities reporting domestic violence (eg. lack of physical freedom to report, lack of access to communication assistance to report).
- lack of disability accessible information on women's right to safety and ways to report domestic violence.
- women with disabilities are often disbelieved when they disclose domestic violence.
- women have well-held fears of repercussions from the perpetrator (such as being moved into an institution) or from the system (eg. having children removed by Child Protection).
- disability, aged and mental health workforces are not equipped to recognise or respond to domestic violence.
- perpetrators and on-lookers (whether partners, family members, staff, managers, volunteers or co-residents) may block reporting and act as gate-keepers to protect their own interests.

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

Jane²¹

¹⁹ Victorian Mental Illness Awareness Council, 2013, 'Zero Tolerance for Sexual Assault: A safe admission for women', VMIAC.

²⁰ Chung, Donna, 2013, 'Understanding the Statistics About Male Violence Against Women', 5, *White Ribbon Research Series*, 1–11.

²¹ Woodlock, Delainie, Western, Deborah, Bailey, Philippa, 2014, 'Voices Against Violence Paper 6: raising our voices – hearing from women with disabilities,' WDV.

1.7 Impacts

Domestic violence is an insidious problem causing lack of control in day-to-day life. The impacts on women’s lives are far reaching.

Impacts intersect with other factors

The impacts of domestic violence can be experienced differently depending on factors such as disability (eg. impairment related abuse), age (eg. what can be known as elder abuse), culture (eg. lack of culturally appropriate support services), and location (eg. lack of available support in regional areas).ⁱ Furthermore, as noted above, the impact of reporting to disability, mental health, aged care or health settings can influence the outcome of the response received.

Psychological

Long periods of anxiety, insecurity, low self-esteem, social isolation and lack of control over home life result from domestic violence. Psychological impacts on children are compounded by disrupted education and parental relationships. Such psychosocial risks accumulate during life and increase the chances of poor mental health and premature death.²²

Health

VicHealth reported, “Intimate partner violence is responsible for more ill-health and premature death in Victorian women under the age of 45 than any other of the well-known preventable risk factors, including high blood pressure, obesity and smoking.”²³

Top eight risk factors contributing to the disease burden in women aged 15-44 years, Victoria, Australia, 2001

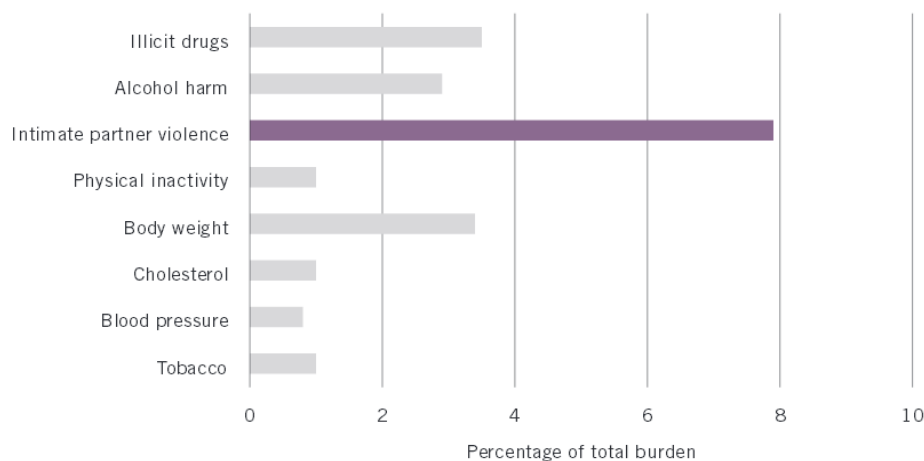


Figure 3: Top 8 risk factors contributing to the disease burden in women aged 15-44²⁴

²² World Health Organisation, Edited by Richard Wilkinson and Michael Marmot, 2009, ‘Social Determinants of Health: The Solid Facts (2nd edition)’

²³ VicHealth, 2004, The health costs of violence - measuring the burden of disease caused by intimate partner violence: a summary of findings. Victorian Health Promotion Foundation.

Housing

“When women and children have to leave the family home because of domestic violence their housing conditions deteriorate significantly in terms of affordability, length of stay, physical condition of the housing and neighbourhood, and safety.”²⁵

Women with disabilities face additional barriers to securing housing; there is an under supply of universal access buildings, a lack of affordable housing in activity areas near disability services and transport options.

Financial

The Voices Against Violence research found that forms of controlling behaviour often include economic abuse. Economic abuse can have a range of negative consequences for women, including material deprivation, debt, poor credit records, legal difficulties, health problems and social isolation.²⁶

Economic

Violence against women and their children was estimated to cost Australia \$14.7 USD billion for the year 2012. The cost of this violence is roughly 1.1% of Australia’s GDP per Australian, \$6500 USD per person.²⁷

These economic costs comprise health care, preparatory death, loss of productivity, damaged property, legal, administrative, child protection, and increased future use of government services.²⁸

Recommendation 4: That the findings and recommendations of the Voices Against Violence Research Project and the Stop the Violence Research Project be considered by the Australian Government for a whole of government response. It is recommended government 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.

²⁴ VicHealth, 2004, The health costs of violence - measuring the burden of disease caused by intimate partner violence: a summary of findings. Victorian Health Promotion Foundation.

²⁵ Champion et al. 2009 referenced in Barrett Meyering, Isobelle & Robyn Edward, 2012, ‘About Safe at Home Programs, Australian DV and FV Clearinghouse.

²⁶ McGuire, Magdalena, 2014, ‘Voices Against Violence Paper 4: A review of the Public Advocate’s records on violence against women with disabilities,’ WDV.

²⁷ KMPG, 2012, ‘The Costs of Violence Against Women,’ White Ribbon International Conference Presentation, Sydney, 15-13 May 2013.

²⁸ Access Economics, 2004, The Cost of Domestic Violence to the Australian Economy.

2 Factors contributing to the present levels of domestic violence against women with disabilities

2.1 Causes of violence against women

Causes of violence against women, including domestic violence, are understood to be attitudes about women. This violence is most commonly committed by men.²⁹ Men who use violence against women are likely to believe in rigid gender stereotypes and male entitlement.¹³

“Every week a woman is murdered by her partner or ex-partner. Our culture is filled with men who hold an indecent sense of entitlement towards women... if none of us are saying anything, then this feral atmosphere gets worse, until it becomes an endorsement of violence against women.” Ken Lay, Chief Commissioner, Victoria Police³⁰

2.2 Causes of violence against women with disabilities

Women with disabilities face some men’s devaluing attitudes to women, and in addition, face devaluing attitudes towards people with disabilities. Aboriginal women face even higher rates of violence than other women. So domestic violence against women with disabilities must be seen as interactions between gender, power, race, attitudes and marginalisation.³¹

Power

Men who use violence against women target victims who they perceive are less powerful.³² For example, men can target women with communication impairments – who are unable to report the crime, and those restricted in their physical movement – who are unable to escape.³³ For this reason, Women with Disabilities Victoria does not see women as vulnerable. Rather, that men choose their targets.

Attitudes

Denigrating attitudes towards women with disabilities are a feature of women’s experiences of domestic violence. Denigrating attitudes to women with disabilities reflect a broader another set of negative attitudes to women with disabilities both as women and as people with disability.

²⁹ Victorian Government, 2012, ‘Action Plan to Address Violence Against Women and Children.’

³⁰ Ken Lay, 2013, Victoria Police News.

³¹ Healey, Lucy, 2014, ‘Voices Against Violence Paper 2: Current issues in understanding and responding to violence against women with disabilities,’ WDV.

³² Brownridge, D A, 2009, *Violence Against Women: Vulnerable Populations*, New York, Routledge.

³³ Ibid.

Community attitudes towards people with disabilities exclude service access and community participation. The Scope 1 in 4 Poll of 761 Australians with a disability found the extent to which Australians with disabilities are marginalised.

- 94% of surveyed respondents do not have their need for meaningful participation in their community met.
- 90% do not have their need to feel valued and to belong met.
- 90% of respondents do not have their need for access to services met.
- 91% of surveyed respondents do not have their need for social contact and support met.
- The single biggest improvement required to increase social inclusion of people with a disability is the attitudes of others in their community.³⁴

With regard to women experiencing violence, denigration is part of the tactic of psychological abuse.

“My ex-husband was always playing mind games with me... and kept telling my children I was psychotic.” Emma¹¹

“It was a case of you know, ‘you can’t cook’, ‘you’ll never be able to look after yourself’, ‘you’re disabled’ and it was always an emphasis on the ‘dis’... To me it was just, well this is what it’s like in families.” Louise¹

Many women with disabilities can be seen as unreliable, attention seeking and crazy. When they disclose domestic violence they are frequently not believed. Furthermore, there is limited knowledge in the community about the reality of violence against women with disabilities. The National Survey on Community Attitudes toward Violence against Women explored attitudes and knowledge of violence against women with disabilities and found:

- 'Women with disabilities who report rape or sexual assault are less likely to be believed than other women;' 42% of women agree compared to 35 % of men.
- 'Women with disabilities who report rape or sexual assault are less likely to be believed than other women; the proportion of people agreeing with this statement rises consistently among older age groups.'³⁵

“...as my ‘carer’ they’d look to him oh, and he’d discredit me and then they’d not believe what I’d say. And ‘oh, she’s just making this up’. The whole community could not believe that this person could do this. It makes it so much harder for the victim to voice something ‘cause they know nobody’s going to believe them!” Michelle³⁶

³⁴ Scope & Deakin University, 2012, 1 in 4 Poll.

³⁵ VicHealth, 2009, National Survey on Community Attitudes to Violence Against Women.

³⁶ Woodlock, Delainie, 2014, op cit.

To effectively address violence against women with disabilities, opportunities for women with disabilities to challenge myths that cast them as passive, dependant and ineffectual must be provided. In particular, women with disabilities must be given opportunities to contribute effectively to community life.

Good practice in leadership

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



Participant's feedback:

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

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

Recommendation 5: The NDIA take action to raise the status of women with disabilities through creating employment and empowerment opportunities (such as Victoria's Metro Access program in Local Government, and WDV's Leadership and Empowerment Program in communities).

Recommendation 6: Government take action to raise the status of women with disabilities through social services that support autonomy, and leadership to reduce discrimination (such as the Disability Discrimination Commissioner).

3. The adequacy of community responses to domestic violence

Community responses to violence must and can be changed. We can do this through primary prevention, awareness raising, and services working together.

“Violence against women with disabilities is preventable.” Natasha Stott Despoja AM, Foundation to Prevent Violence against Women and their Children.³⁷

3.1 Primary prevention

Violence prevention providers and disability services must ensure general violence against women prevention programs are inclusive of people with disabilities, for adults in services and for children in schools.

Implementation of tailored prevention programs for women with disabilities is also required. This involves programs that shed light on the power imbalances between men and women, and between people with and without disabilities.

Good practice in primary prevention

Barwon Centre Against Sexual Assault and Nelson Park Special School (Geelong) collaborated to implement the [Sexual Assault Prevention Program in Secondary Schools](http://www.casa.org.au/barwon/).

<http://www.casa.org.au/barwon/>

Recommendation 7: Mainstream, nationally funded primary prevention initiatives ensure inclusion of men and women, boys and girls with disabilities. National school curriculum reviewers prioritise primary prevention. Girls and boys with disabilities must not be excluded from this curriculum in mainstream schools, and it must also be provided to children in Special Developmental Schools.

Recommendation 8: That the Australian Government fund establishment and Development of the Virtual Centre for the Prevention of Violence Against Women and Girls with Disabilities, as recommended in the Stop the Violence research project.

3.2 Lack of community awareness limits responses

Women with disabilities experience higher rates of violence, yet community awareness of this problem is low. The Community Attitudes Survey to Violence Against Women found:

- only 9% of respondents in a general community sample agreed that women with intellectual disabilities are more likely to experience violence, while 69% disagreed.
- 16% percent agreed that women with physical disabilities are more likely to experience domestic violence, while 58% disagreed.
- 'few people know how often women with disabilities experience rape or sexual assault'; 76 % of respondents agreed.

³⁷ Natasha Stott Despoja AM, May 2014, speaking at the Voices Against Violence Project Launch.

Women with disabilities can experience additional forms of domestic violence, through impairment-based violence. Yet these elevated risk factors are often not seen, even by experienced workers in the disability / health sectors, as community and disability services are uninformed about their existence. Greater community awareness of domestic violence experienced by women with disabilities is critical to more effective interventions, supports and prevention.³⁸

Good practice in workforce development

Women with Disabilities Victoria's **Gender and Disability Workforce Development Program** is being delivered to disability workers across disability service organisations in metropolitan and regional Victoria. The program addresses violence against women, family violence and violence prevention. Feedback to date has been extremely positive, as services recognise the need for it.

A key aspect of the program is that it is co-delivered by women with disabilities and professional trainers. Trainers model equal power relationships.

The program also works with disability service clients through a peer education program. This program will allow women to share strategies for responding to and preventing violence.

Lack of community awareness limits women's access to information

A consequence of low community awareness is that important information about domestic violence is not available to many women with disabilities. Presently, women with disabilities do not have adequate access to information about:

- what constitutes family violence
- their rights
- the service system and how to seek support.³⁹

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.⁴⁰

"Disability Services need to provide information on our rights and support services. Unless you know the systems you don't know what to ask for and you don't have any power." Sam, WDV member⁴¹

³⁸ VicHealth, 2009, Community Attitudes to Violence Against Women.

³⁹ Healey, Lucy, 2014. Op cit.

⁴⁰ Woodlock Delanie, Healey Lucy, Howe Keran, McGuire Magdalena, Geddes Vig, Granek Sharon, 2014. Op cit.

⁴¹ Sam, 2014, Women with Disabilities Victoria's focus group discussion for the 'National Disability Services Zero Tolerance Project.'

Good Practice in information provision

The **Tell Someone website** provides family violence information for people with a mild intellectual disability and the community. <http://www.tellsomeone.org.au/>

Good Practice in communication accessibility

Communications access is demonstrated by the Sexual Assault Crisis Line Victoria website which invites people with disabilities to contact them via phone, TTY, the National Relay Service or email. <http://www.sacl.com.au/>

Lack of awareness limits responses to men who use violence

In order to respond to men who use violence against women with disabilities, it is important to raise service provider and broader community awareness of the additional ways in which perpetrators can choose to use power. For example:

- he might be her guardian,
- all the accounts might be in his name,
- he might have easy access to health records,
- he might have easy access to her disability service provider,
- he might find it easier to discredit her to doctors, police and courts.

“It is particularly important for disability services to be aware of the tendency to rely on ‘family caregivers’ as the service partners in providing service to people with disability. This over reliance and trust in the ‘good caregiver’ puts women who are experiencing violence from a family caregiver at particular risk.” Keran Howe, Executive Director, WDV.

These factors should be considered in activities such as:

- putting conditions on intervention orders,
- doing risk assessments with women,
- case planning
- and during interdisciplinary Risk Assessment and Risk Management (RAMP).

In responding to men with disabilities who use violence against women with disabilities,

- there may need to be tailored programs for men with cognitive disabilities (such as Acquired Brain Injuries)
- behavioural change programs could include men with disabilities
- disability, aged and mental health service providers need to be engaged in evidence based approaches to responding to men who choose to use violence (eg. case planners and service managers need to know when to do a case conference and when to do safety planning).

Case study A disability day service observed that a client was displaying physical injuries and signs of trauma. Suspecting family violence they called a case conference with the client’s mother. The mother, fearful for her own safety from the perpetrator of the violence who was her partner, withdrew her daughter from the service.

3.3 Identifying service gaps

Women with disabilities report a broad range of access barriers to police services, legal advice, courts, domestic violence services and accommodation. The Voices Against Violence Project found that help seeking can be a long, frustrating and dangerous experience for women.

“...justice should not be a matter of chance... But people with a disability are also victims of our system.” Ken Lay, Chief Commissioner, Victoria Police.⁴²

Some of these service barriers are caused by direct discrimination, for example, “We don’t take women with mental illness here.” However, many of the barriers are caused by indirect discrimination, for example, no wheelchair accessible accommodation is available.

This indirect discrimination extends beyond physical access and includes information access. Typical barriers include:

- services that can only be contacted by phone may be inaccessible to women with hearing and speech impairments
- services with poorly designed websites may be read by vision impaired women using screen-reading technology
- services with complicated phone and website systems may not be accessed by women with cognitive impairments.

All of these forms of discrimination expose domestic violence services to complaint under the Disability Discrimination Act. See Recommendation 9.

Recommendation 9: That the Attorney General reinstate a full time Disability Discrimination Commissioner to continue focused work providing leadership, coordinating efforts with the Sex Discrimination Commissioner, inquiring into urgent areas of disability discrimination, such barriers to justice and safety.

⁴² Key Lay speaking at the VEOHRC launch of Beyond Doubt, 21st July 2014.

When women can access services, often services do not coordinate well with other services in the woman's life. An episode of family violence can create a domino effect where any existing supports collapse through a lack of coordination.

Case study: services don't connect

About the client

The woman was living in a transitional property. Her father made threats to kill her in the presence of her support worker. She left the property for her safety.

She is a young adult. She received daily disability support from a provider. She has significant multiple physical disabilities, mental illness and trauma. She requires physical aids, planning and support.

Domestic Violence service

Domestic violence services supported her to put an intervention order in place, provided short-term periods of accommodation, and risk assessment. Family violence issues had been addressed.

Accommodation

She was moved to a 3-night-stay refuge where she stayed for 3 weeks due to no alternative accommodation. She was then moved to a 1-week-stay refuge. She was then moved to a 3-month stay refuge where she stayed for 4.5 months due to no alternative accommodation.

The transitional housing service advised that her name was on a list for a transfer and she should give up her property. That emerged to be an administration error and she had to make a new housing application.

To meet the client's health requirements she was moved to a hostel near a hospital. Here, other residents threatened her safety and she did not wish to stay.

Case Coordination

The refuge convened a case meeting with a housing worker and a Disability Case Manager. There was little understanding of each others' roles eg. disability workers understood the refuge was a housing service and asked why they had not secured housing. Two additional meetings were held but it was not established who was responsible for ongoing support.

Disability services

The client was notified that it was not possible to transfer her disability support funding to another region.

The outcome

The woman had been transitory for so long and with no support plan she was "over it". Her trust was broken and she disengaged. There are now no supports in place.

"I am concerned that after five months in the system there has been no outcome/s. This is a significant gap in the response - we need to ensure that services are working together to achieve expedient and positive outcomes. This depends on the agencies understanding and working together." Domestic Violence worker

3.4 Closing service gaps

3.4.1 Safe at home programs

“There is now growing local and international recognition that supporting women and children to stay in the home is one way to prevent homelessness and provide women with choices when ending a violent relationship. Additionally, removing the perpetrator from the home reinforces accountability and consequences for violence.”⁴³ Safe at Home programs receive funding through National Programs, and must be seen as essential into the future.

Case study: Disability service staff had just received domestic violence awareness training and, with new skills, identified signs that a long-term client was experiencing DV. The service called a local service that was able to provide outreach through their Safe At Home program. The worker was able to visit the client at a safe place as the woman did not have independent means of transport. The worker did a comprehensive risk assessment, and over several visits they built a trusting relationship, putting tailored, ongoing interventions and supports in place. This involved liaising with the disability service and the woman’s family. This result would not have been possible without a tailored response.⁴⁴

3.4.2 Disability crisis supports

Women with disabilities can be prevented from excluding or leaving men who use violence against them (who may provide disability support) due to lack of alternative or available disability supports. An evaluation of the Victorian DHS Disability Family Violence Crisis Response Initiative Pilot found it could play an important role in placing disability supports where and when they were needed for women and children escaping family violence.⁴⁵ The Initiative has continued past pilot phase, purchasing equipment and support hours for up to 13 weeks, and support links to ongoing services. It is currently funded within the Victorian Disability Service System by the Victorian Department of Human Services and will need to be picked up by NDIS in the transition of funding to NDIS.

Good practice in disability support provision in crisis The DHS Disability Family Violence Crisis Initiative assists women and children with a disability who require disability support to access a family violence crisis services <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/family-violence2/disability-and-family-violence-crisis-response>

Recommendation 10: The National Disability Insurance Agency ensure mechanisms to support women and children to access domestic violence crisis services and accommodation (eg. transportability of support packages, flexible, timely planning, and safe, confidential processes). For a practice model, see the Victorian Department of Human Services Disability Family Violence Crisis Response Initiative.

⁴³ Barrett Meyering, Isobelle & Robyn Edward, 2012, ‘About Safe at Home Programs, Australian DV and FV Clearinghouse.

⁴⁴ Case study courtesy of Safe Futures Foundation, 2014.

⁴⁵ Red Bee Consulting, 2012, ‘Evaluation of the DFVCR Pilot’, unpublished.

3.4.3 Services working together

A key finding from the Voices Against Violence Project was the benefits of cross sectoral collaboration. Connections between services allow referral, secondary consultation and information sharing. The expertise of all relevant sectors is critical in effectively responding to violence against women with disabilities. However services typically tend to work within their own sectors and do not readily understand the culture and practice of each others sectors.

The National Disability Services project to address neglect and abuse of people with disabilities, Zero Tolerance, is an example of an initiative that is well placed to benefit from collaboration with specialist violence response services.

Good practice in services working together

Making Rights Reality enhances existing services for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties. South East Centre Against Sexual Assault and Springvale Monash Community Legal Centre enhance existing services to maximise disability access

<http://www.secasa.com.au/services/making-rights-reality-for-sexual-assault-victims-with-a-disability/>

3.4.4 The National Disability Insurance Scheme and domestic violence

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.

All available evidence 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).⁴⁶

Recommendation 11: 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. The adequacy of policy responses to women

Policy development and service standards have a vital role in:

- providing leadership
- increasing community awareness
- closing service gaps
- coordinating cross sector collaboration.

4.1 Inclusive policy

For too long, women with disabilities were ignored in domestic violence policy. This is changing, and we congratulate the Australian Government on linking the National Plan to the evidence raised in the Stop the Violence Project and to the National Disability Strategy, reflecting the reality that women with disabilities are at higher risk of domestic violence.

Beyond developing this approach, the Australian Government has a role to play in coordinating other states and territories in their responses to the high rates of domestic violence against women with disabilities and in ensuring consistency of standards and legislative reform.

⁴⁶ Woodlock Delanie, Healey Lucy, Howe Keran, McGuire Magdalena, Geddes Vig, Granek Sharon, 'Voices Against Violence Paper One: Summary Report and Recommendations,' WDV, 2014.

Examples and guidelines regarding with women with disabilities are specifically discussed in key Victorian Government documents, such as; the Family Violence Protection Act, the Police Code of Practice for the Investigation of Family Violence, the family violence Risk Assessment Framework, and the Plan to address Violence Against Women and their Children.

4.2 Working with women with disabilities

Importantly, all the documents listed above were developed in genuine consultation with women with disabilities. This process grounds policy in communities' real needs, and increasing community awareness of them. This is the right way to develop policy.

Good practice on policy

The Victorian Government took a whole of government approach to developing the Disability State Plan. The Plan recognises the domestic violence experienced by women with disabilities is a critical responsibility across departments, and requires a collaborative response. There was also extensive consultation with people with disabilities. Plan evaluation will monitor progress on improved safety outcomes for women with disabilities.

Recommendation 12: The Australian Government ensure that women with disabilities are represented in domestic violence policy and policy development, nationally, and coordinating this approach across states and territories.

4.3 Service standards

A study of 8 domestic violence codes, standards and guidelines currently in use in Victoria were analysed regarding their response to women with disabilities. It was found that there were major gaps in knowledge, policy and practice that will need significant resourcing to improve services to women with disabilities.

- Only one of the 8 documents analysed acknowledged disability as a risk factor increasing the likelihood of experiencing domestic violence.
- Only one of the documents indicated that data about a client's disability status was to be collected
- None of the documents required the collection of data about the clients' support needs.

Good Practice in standards and guidelines 'Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women With Disabilities' identifies minimum standards to support the inclusion of women with disabilities in existing domestic violence sector standards⁴⁷.

http://www.victimsclearinghouse.nsw.gov.au/vocrc/victimsclearinghouse_researchdatabase_disability_healey_humphreys_howe.html

The Inter-agency Guideline for Addressing Violence, Neglect and Abuse (IGUANA) is a good practice guideline developed by the Victorian Office of the Public Advocate in collaboration with services across relevant sectors. <http://www.publicadvocate.vic.gov.au/publications/539/>

⁴⁷ Healey, L, Humphreys, C and Howe, K. Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women With Disabilities in *Violence and Victims*, 2013, Vol. 28, No., pp 50-68,

5. The effects of policy decisions regarding housing, legal services, and women's economic independence on the ability of women to escape domestic violence

The lack of affordable, accessible and safe housing for women with disabilities was a key finding of the Voices against Violence Research. This was so for both short term crisis accommodation and permanent housing.

5.1 The National Partnership Agreement on Homelessness

Domestic Violence Victoria report that: "The NPAH has provided \$209.7 million in additional State and National Government funding in Victoria since 2009. In both homelessness and family violence services, this funding has been critical in establishing innovative programs that pave the way for the future reform required to meet the ambitious target of halving homelessness by 2020." Most significantly, the Safe At Home program which supports the safety of women and children to remain in their own homes – an essential option for women with disabilities who may rely on local infrastructure, services or house adaptations. There is uncertainty about the future of this critical funding.

Recommendation 13: The Australian Government re-commit to a further multi-year National Partnership Agreement on Homelessness to enable these and other critical homelessness prevention programs to continue.

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

5.2 Housing affordability

Secure, affordable housing is a challenge for many Australians, and more so for women (who earn less, have primary caring responsibilities, have less superannuation, etc.). For women experiencing domestic violence the problem is compounded as they may need to relocate at short notice, loose income and experience financial abuse.

The National Disability Insurance Agency describe the 'mainstream interface' that is being created for people with disabilities to have decent housing with NDIS supported living.⁴⁸ With increasing numbers of people with disability moving onto individualised support, demand for affordable accessible housing will increase significantly.

"Over the coming years there will be an increased role for community housing providers in providing appropriate housing for people with disability. This will present both opportunities and challenges for our sector." The Community Housing Federation of Australia (CHFA)

⁴⁸ National Disability Insurance Agency, 2014, 'Mainstream Interface: Housing and Independent Living.'

5.3 universal design housing

“Embedding design features into a house, such as reinforced bathroom walls, smart positioning of power points and wider corridors can make the world of difference and give disabled people a greater chance to live in their own homes and be independent.”⁴⁹

Reform to building regulations to increase supply of housing with ‘universal design features’ is urgently required to accommodate women with disabilities who are leaving their home due to domestic violence and women who acquire disabilities and injuries through domestic violence. For women with disabilities, having the option to move to a new home may prevent domestic violence or injury.

The residential development and property industry have agreed to a voluntary standard for universal housing. This optional code has set goals for housing types to achieve bronze / low level and silver / medium level universal design standards:

- 50 % of new homes to bronze level 2015
- 50 % to silver level by 2014⁵⁰

Reasons for having a ‘universal design’ housing supply include:

- Aging population – by 2050, the proportion of Australians over 60 years is likely to rise, from 17% to 26%. Aging is accompanied by age-related disabilities. A national survey conducted with older homeowners has found 78 % support Universal Housing Design principles in their own home and over 60 % support the widespread incorporation of Universal Housing Design principles in Australian housing. Further, qualitative focus group research with people including recent homebuyers, builders and renovators and people aged 60-plus has shown that Australians believe that Universal Housing Design features makes a home safer and more functional for all people.⁵¹
- Unmet need - it has been conservatively estimated that close to 3 million people, or 16%, of the Australian population have one or more physically disabling conditions. In 2010, one in 12 children aged between 0-14 years had a disability, representing 317,900 children.
- Changing need – while some Australians are born with disability, the most commonly reported cause of physical limitations and impairment for people of all ages is an accident or injury; 22%. Research undertaken in the United States estimates that there is a 60% probability that a new house will be occupied by at least one person with disability over its lifetime (assumed to be 40 years). The probability increases to 91% when you account for visits by friends and relatives who have a disability.

Recommendation 15: That Australian Government must drive universal design housing standards to ensure mainstream housing is accessible, safe and affordable.

⁴⁹ The Fifth Estate, 2010, ‘New standards to assist with disability housing.’

⁵⁰ The Fifth Estate, 2010, ‘New standards to assist with disability housing.’

⁵¹ The Fifth Estate, 2010, ‘New standards to assist with disability housing.’

5.4 Women's economic independence

Economic independence and housing are inextricably linked, as are family finances. The Voices Against Violence Research Project found that economic abuse was common form of control and exploitation used against women with disabilities.⁵²

“As a disability advocate I work with women with intellectual disabilities. Their support workers and family will tell you that they don't know how to handle money. I can tell you, often when you look into it, someone else is misusing her money. It's not that she can't handle money, it's that she is experiencing financial abuse, she's experiencing domestic violence.” Disability advocate

Economic abuse is one of the most common elements of domestic violence.⁵³ So for all women, particularly women with disabilities, policies and budget decisions that support women's autonomy are elemental to domestic violence prevention and responses, for example:

- National Rental Affordability Scheme
- Single parents' payments
- Disability support payments
- Self managed pensions
- Free Medicare services
- Access to free legal services

Knowing all we do about economic abuse and domestic violence, it would be unthinkable for the Australian government to further reduce women's financial autonomy and means to prevent and escape violence.

Recommendation 16: That Government take action to raise the status of women with disabilities through social services that support autonomy (such as free Medicare and the National Rental Affordability Scheme).

5.5 Domestic Violence Laws

Strong consistent Domestic Violence laws are needed across the country. In Victoria we have a Family Violence Protection Act which recognises the requirements of women with disabilities in two key ways. Firstly, the Act recognises 'family like' relationships which are had with support workers and co-residents. Secondly, the Act has provisions to exclude perpetrators so women with disabilities have more opportunities to be safe.⁵⁴

Recommendation 17: The Australian Government encourage a consistency of strong domestic violence laws across the country, laws which recognise the safety needs of women with disabilities, Aboriginal women, and other significant and high risk populations.

⁵² McGuire, Magdalena, 2013, *ibid*.

⁵³ Corrie, Tanya and McGuire, Magdalena, et al, 2013, 'A Spotlight on Economic Abuse Research Report,' Good Shepherd Youth & Family Service and Kildonan UnitingCare.

⁵⁴ Family Violence Protection Act, 2008.

5.6 Family Law

“Almost half of all marriages in Australia will end in divorce according to the Australian Bureau of Statistics. As such, family law is an area of law that affects many Australians. Outcomes in family law impact on their social and economic well-being, as well as that of their children. Relationship breakdown has a close nexus with family violence. Family violence against women and children is one of the most prevalent forms of violence in our community. The family law system has an important role to play in protecting children and minimizing the risk of family violence. Given this social context, it is particularly important that the family law system is accessible, effective and responsive.”⁵⁵

In 2012 The Australian Law Reform Commission indicated serious contradictions between Commonwealth Family Laws and state Domestic Violence Laws, gaps that undermine intervention orders and risk the safety of women and children.⁵⁶ The Voices Against Violence Legislative Review found that these contradictions had negative impacts on women with disabilities.⁵⁷ A fuller analysis of these issues are documented in the Office of the Public Advocate Paper on Family Law and people with disability⁵⁸

Case study

Three children are spending time with their father with orders from the Family Court. The eldest of the three girls is a young teenager with a significant intellectual disability. During access the father is abusing the children, using severe corporal punishment and grooming them sexually.

The eldest daughter was interviewed by police alone, without an independent or support person. She disclosed the escalating violence to police, but was not believed due to her disability. Police did not take any action.

A 3 week intervention order was taken out against the father. The Magistrate says they cannot do anything more long term to override the family court order.

The mother has a pending application for legal aid funding.

At a higher response case conference DHS agreed for a sexual assault centre to do a specialist assessment to support the child’s disclosure then closed the case, advising no criminal action would be taken as the daughter will not be a credible witness.⁵⁹

⁵⁵ Women’s Legal Service Victoria, 2013, ‘Submission to the Productivity Commission: Access to Justice Arrangements.’

⁵⁶ Australian Law Reform Commission, 2012, ‘Family Violence - Improving Legal Frameworks: Final Report.’

⁵⁷ Dimopoulos, Georgina, 2014, Voices Against Violence paper 3: A review of the Legislative Protections available to Women with disabilities who have experienced violence in Victoria,’ WDV.

⁵⁸ Office of the Public Advocate: *Whatever happened to the village? The removal of children from parents with a disability* Report 1: Family law – the hidden issues. Dec 2013. Available as a PDF at www.opa.vic.gov.au/research/reports

⁵⁹ Case study provided by EDVOS, 2013.

Recommendation 18: That the Government consider legislative amendments regarding family law to uphold the rights of women and children to justice and safety from family violence.

5.7 Legal Services

“A legal aid framework exists to allow all Australians an elementary right of access to legal advice and services, so as to satisfy the premise that all are equal before the law.”⁶⁰ However, the cost of private legal representation (which can be between \$300 and \$600 per hour, omitting administration fees) is prohibitive for low to middle income earners. For women with disabilities experiencing violence (on low incomes, who are mothers, who are living on pensions), Legal Aid funded representation is an essential option to escaping violence.

Recent policy decisions to limit eligibility for legal aid drastically restrict women’s access to legal representation and lead to further expenditure as court time is wasted, disputes are not resolved, and domestic violence is more likely to continue with its associated costs. This is a current reality for many women and children who are ineligible for Legal Aid. Additionally, there are few Community Legal Centres specialising in domestic violence, those who do are relying on philanthropic funding to address systemic legal access barriers.⁶¹

Recommendation 19: That the Government work with States and Territories to consider how Legal Aid can be equitably accessible to women with disabilities experiencing family violence through the National Partnership Agreement on Legal Assistance Services.

⁶⁰ Parliament of Australia, 2013, ‘Budget Review: Index.’

⁶¹ Women’s Legal Service Victoria, 2013, ‘ACCESS TO JUSTICE ARRANGEMENTS’ submission to the Australian Productivity Commission Inquiry.

6. How the Federal Government can best support, contribute to and drive the social, cultural and behavioural shifts required to eliminate violence against women and their children

We congratulate the Australian Government on taking the step to investigate its role in eliminating violence against women, as there is no better body to lead this systemic change.

The National Plan lays the path for the changes that are needed. The Australian Government can promote a whole of government approach to take strong action on domestic violence across the states and territories, and through the National Disability Insurance Scheme.

This submission identifies good practice to address service gaps, particularly in relation to women with disabilities. However, these programs are piecemeal in their isolated geographic pockets.

The summary of recommendations on at the beginning of this submission highlight what we know from our research is needed to address violence against women with disabilities and their children.

The evidence of what works in preventing and addressing violence is documented. The reform of the service systems (domestic violence and disability) to deliver comprehensive violence responses to all Australian women and children is a sound investment, not just for individual Australians, but for all sectors of the economy and for our social fabric.

But without a clear political will to drive this investment, at all levels of government, the intolerable levels of violence against women and children will continue to plague our nation for generations to come. We commend the Senate Committees efforts to put an end to this modern plague.

Summary of good practice examples

Good practice in leadership

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

Good practice in primary prevention

Barwon Centre Against Sexual Assault and Nelson Park Special School (Geelong) collaborated to implement the **Sexual Assault Prevention Program in Secondary Schools**.
<http://www.casa.org.au/barwon/>

Good practice in workforce development

Women with Disabilities Victoria's **Gender and Disability Workforce Development Program** is being delivered to disability workers across disability service organisations in metropolitan and regional Victoria. The program addresses violence against women, family violence and violence prevention. Feedback to date has been extremely positive, as services recognise the need for it.

A key aspect of the program is that it is co-delivered by women with disabilities and professional trainers. Trainers model equal power relationships.

The program also works with disability service clients through a peer education program. This program will allow women to share strategies for responding to and preventing violence.

Good Practice in information provision

The **Tell Someone website** provides family violence information for people with a mild intellectual disability and the community. <http://www.tellsomeone.org.au/>

Good Practice in communication accessibility

Communications access is demonstrated by the Sexual Assault Crisis Line Victoria website which invites people with disabilities to contact them via phone, TTY, the National Relay Service or email. <http://www.sacl.com.au/>

Good practice in disability support provision in crisis The DHS **Disability Family Violence Crisis Initiative** assists women and children with a disability who require disability support to access a family violence crisis services <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/family-violence2/disability-and-family-violence-crisis-response>

Good practice in services working together

Making Rights Reality enhances existing services for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties. South East Centre Against Sexual Assault and Springvale Monash Community Legal Centre enhance existing services to maximise disability access

<http://www.secasa.com.au/services/making-rights-reality-for-sexual-assault-victims-with-a-disability/>

Good practice on policy

The Victorian Government took a whole of government approach to developing the Disability State Plan. The Disability State Plan recognises the domestic violence experienced by women with disabilities is a critical responsibility across departments (including Justice, Human Services, Police and Health), and requires a collaborative response. There was also extensive consultation with people with disabilities. Plan evaluation will monitor progress on improved safety outcomes for women with disabilities.

Good Practice in standards

'Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women With Disabilities' identifies minimum standards to support the inclusion of women with disabilities in existing domestic violence sector standards¹.

http://www.victimsclearinghouse.nsw.gov.au/vocrc/victimsclearinghouse_researchdatabase_disability_healey_humphreys_howe.html

Good Practice in standards and guidelines

The Inter-agency Guideline for Addressing Violence, Neglect and Abuse (**IGUANA**) is a good practice guideline developed by the Victorian Office of the Public Advocate in collaboration with services across relevant sectors.

<http://www.publicadvocate.vic.gov.au/publications/539/>

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