



## Gender Equality Consultation

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## Contents

About Women with Disabilities Victoria .....	3
Q1. How do we address inequality among the most diverse and disadvantaged groups of women? .....	5
a) Develop and measure indicators of social and economic inclusion .....	5
b) Recognise women’s experience of disability as a social construct.....	6
c) Changing attitudes through Workforce Development .....	8
d) Addressing economic exclusion .....	9
e) Create accessible, Affordable and Safe Housing for women with disabilities.....	9
f) Address the Digital Divide .....	10
g) Service systems reform.....	11
Q.2 How do we encourage women and girls to take up leadership roles? .....	13
a) Support leadership programs .....	13
b) Inclusive Governance and Advisory arrangements: .....	13
Q3. What needs to be done to promote women’s health and wellbeing? .....	14
a) Support women’s safety and recovery from violence .....	14
b) Improve access to health services and health information .....	15
c) Support women with disabilities’ responsibilities as parents and carers.....	15
d) End discriminatory child protection practices .....	16
Q4. How do we ensure we meet our objectives over the long term?.....	16
Appendix A: Proven Programs .....	17

## About Women with Disabilities Victoria

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

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

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

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

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

Women with Disabilities Victoria receives philanthropic support to run an Empowerment Program for women with disabilities which includes the Enabling Women Leadership Program. WDV also piloted an Enabling Young Women Program in 2015.

In 2012 WDV began the Healthy Services, Healthy Women Program, producing a DVD with a focus on improving access to health care for women with disabilities. The DVD, will be used to complement training offered to health practitioners and students on working with women with disabilities. Stage two of this initiative is the provision of training for women with disabilities to impart the skills necessary to provide professional education to health workers when working with women with disabilities. The objective is to empower women with disabilities to develop job skills and to positively influence the way health services are delivered. Funding is currently being sought for this stage two of this initiative.

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

Cross sector partnerships are central to our work. By building gender awareness in disability services, and building capacity to respond to disability in women's services we seek to build deeper understanding of intersectional disadvantage and break down direct and indirect discrimination against women with disabilities. While the State of Victoria is taking action on Gender Equality, this is the ideal opportunity to create policy that encourages connection between these sectors.



IMAGE: Enabling Women Program participants with WDV staff.

## Q1. How do we address inequality among the most diverse and disadvantaged groups of women?

### a) Develop and measure indicators of social and economic inclusion

Like women in the general population, members of WDV are diverse in their roles, attitudes, values and motivations. We are every woman (all women): rural women, environmentalists, mothers, volunteers, professionals, newly arrived immigrants, lesbians, pensioners and politicians. We desire the same opportunities as any other citizen. Women with disabilities are amongst the most marginalised and excluded people in the Victorian population. We know from our consultations with members that women with disabilities are excluded from adequate educational resources, employment, the built environment, affordable and accessible housing and health and other mainstream services. We are excluded because of our disability and this exclusion from opportunities is exacerbated by our gender.

Overall, the national proportion of men with disability is smaller than women with disability (eighteen per cent compared with nineteen per cent). This gender difference increases markedly with age. Forty per cent of women with profound or severe core activity limitations are aged 75 years and over compared to twenty-six per cent for men.<sup>i</sup>

Barriers for women with disabilities are compounded due to other characteristics, such as being elderly, being in a cultural minority, one's sexual preference or living in a rural location. The intersection of **disadvantages must be considered to remedy inequality experienced by women with disabilities.**

Half of Australia's Aboriginal and Torres Strait Islander population aged 15 years and over were recorded as having a disability in the ABS' previous Survey of Disability, Aging and Carers, (SDAC). For those living in cities, rural and regional areas (i.e. not in remote communities) the Indigenous adult population was one and a half times more likely than non-Indigenous to have a disability and twice as likely to have profound or severe core-activity limitations. Indigenous children were twice as likely as non-Indigenous children to have a disability (14 per cent compared to 7 per cent).<sup>ii</sup>

Victoria's prevalence of disability mirrors national prevalence. In addition, the proportion of Victorians with a disability is higher in rural and regional Victoria than in the major cities (22 per cent compared to 17 per cent) and of those requiring assistance for a core activity, five per cent were residing in rural and regional Victoria compared to 4.3 per cent in metropolitan Melbourne.<sup>iii</sup>

We will only know if we have met our objective of social and economic equality if we know how to measure and monitor progress. At present, there is no consistent and inclusive national data available on the intersection of gender, disability, race and other disadvantaged populations to enable reliable ongoing trend analysis of social exclusion and inequality.

The Victorian government is currently exploring ways to develop integrated cross-portfolio outcome measures of health and well-being. This is a critical opportunity to ensure integrated databases provide the basis for measuring inequality.

In concert with the development of outcome indicators and measures, mechanisms such as service agreements and standards could require and enable services to measure against target goals for engagement with people with disability and other marginalised groups.

**Research programs** must be required to be inclusive of groups such as women with disabilities who have traditionally excluded by restrictive research methodology. Organisations such as the Australian Bureau of Statistics (ABS) have been working on methods to collect appropriate and comprehensive data but there are significant methodological inadequacies associated with standard quantitative measures such as the Personal Safety Survey. These include:

- People with communication impairments who require an intermediary to assist with communicating with the interviewer are often excluded from research.<sup>iv</sup>
- People living in institutional settings are excluded from population-based research such as HILDA.
- Definitions of 'gender' and 'violence' that inform legislation and professional codes of practice or practice guidelines provide the bases for further exclusions. For example, people with disabilities who identify as transgender or intersexed may not be identified as experiencing violence. Types of violence, such as forced sterilisation, forced contraception, coerced psychiatric interventions, or lack of financial control may not be recognised as forms of violence in relation to a woman with a disability.

We have very limited public access to information about violence and abuse occurring in institutional settings involving people with disabilities.<sup>v</sup> This is also true for violence against women with disabilities in private settings. In the case of institutional settings, DHHS data does not consistently record:

- The gender of either perpetrator or victim.
- The relationship between perpetrator and victim (for example, if staff to resident violence or vice versa, or if between co-residents).
- The spatial location of where the violence and abuse occurs.
- The clear type of violence.

Recommendation 1: That the Victorian Government set targets for inclusion and adopt a consistent and comprehensive approach to the collection of data on women with disabilities and women in other disadvantaged groups to establish baseline measures of social and economic inequality. This approach should include the collection of data from relevant services.

#### b) Recognise women's experience of disability as a social construct

Inequality amongst women with disabilities should be viewed through a social model of disability. That is, 'disability' is the result of the interaction between living with an impairment and an environment filled with physical, attitudinal, communication and social barriers.

Social stereotypes and biases about women with disabilities can have the effect of dehumanising, infantilising, excluding or isolating. These stereotypes also reinforce behaviour that targets women with disabilities for sexual and other forms of violence. These attitudes and beliefs also put women with disabilities at greater risk of institutionalised violence.<sup>vi</sup>

Saying women with disabilities are *vulnerable* to disadvantages such as poverty, again, suggests this is an intrinsic trait. Women are at higher risk of poverty because of systemic discrimination contributing to lower incomes, higher rates of family violence, inadequate housing and being more likely to be a primary carer.

Fundamental culture change is needed at all levels of society to address discriminatory attitudes to women with disabilities. Current Gender Equality policy frameworks and initiatives (such as school programs) in most cases do not account for disability. This needs to change, programs need to represent girls and women with disabilities and be accessible for our participation.

Recommendation 2: That the Victorian Government takes a leadership role in changing community attitudes to 'gender' and 'disability' in a Human Rights Framework.

Recommendation 3: That the Victorian Government invests in generating evidence, data and evaluation to inform a comprehensive and sustained approach to changing attitudes about 'gender' and 'disability' by:

- Mapping and promoting existing evidence on effective methods to bring about attitudinal change.
- Ensuring that data collection in all services is disaggregated by gender and disability.
- Supporting the National Community Attitudes Survey on an ongoing basis.
- Ensuring contracts for prevention work require representation of people with disabilities in development and delivery, and are tailored to reach girls, boys, women and men with disabilities and evaluated for their effectiveness.
- Ensuring attitude change approaches are attuned to the need for genuine inclusivity and have universal reach.

### c) Changing attitudes through Workforce Development

Women with Disabilities Victoria has been funded by the Victorian Government. Continued funding of the Gender and Disability Workforce Development Program is critical to engaging disability services in gender sensitive practice, as well as providing education programs to women with disabilities. This program must form part of a comprehensive spread of programs that challenge community attitudes about gender and other forms of inequality.

Recommendation 4: That the Victorian Government invests in sustained and comprehensive workforce development and quality assurance processes to require services including disability services to:

- have core competencies in recognising and appropriately responding to violence, neglect and abuse, and advocate for these at a national level.

support paid professional development on gender equitable service provision.

provide specialist family violence and sexual assault face-to-face education and resources to disability, mental health and aged care workforces.

Resource clients with accessible information on recognising violence and referral to support services, thereby increasing contact and information sharing between sectors.



#### d) Addressing economic exclusion

In the 2013 book, *“Destroying the Joint”* Stella Young noted that labour force participation rates amongst women with disabilities are lower than those of men. She wrote, “When they are employed, women with disabilities experience the same kinds of gender discrimination as nondisabled women; they earn less, they spend more on health care, and they are more likely to live in poverty.”<sup>vii</sup> In addition, women are more likely to be in parenting roles and face difficulty securing affordable childcare and parenting supports. To effectively address gender inequality for the most disadvantaged women specific employment targets are essential.

Recommendation 5: That the Victorian Government should advance in its own policy agenda as well as advocate nationally for full and fair employment and decent work for people with disabilities.

Recommendation 6: That the Victorian Government should ensure that social protection systems extend to include those who are in precarious work, including informal work and household or care work.<sup>viii</sup>

Recommendation 7: That the Victorian Government should develop a statewide strategy to increase equitable economic participation by:

- Establishing gender employment targets that require representation of women with disabilities and women from Aboriginal and other cultural backgrounds.
- Ensure that gender representation is equitable when setting and measuring disability employment targets.
- Adopting and reporting on recruitment and promotion practices that ensure representation of genders, disabilities, ethnicities, sexualities and geographic locations.
- Disseminating research and creating incentives for business to employ for diversity, for example creating incentives to employ women with disabilities.
- Educating business about the access requirements of women and specific groups to increase confidence in employment and workplace arrangements.

#### e) Create accessible, Affordable and Safe Housing for women with disabilities

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

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

These features are:

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

Recommendation 8: That the Victorian Government support the creation of a National Affordable Housing Plan which includes targets to increase Universal Access (disability access) housing stock.

Recommendation 9: That the Victorian Government legislate reform to the Building Regulations to establish minimum access features for all new and extensively modified housing.

#### f) Address the Digital Divide

The ability to access and use Information and Communications Technologies (ICT), including the internet are a critical part of contemporary society. The right to digital inclusion is founded in both international treaty obligations and state legislation.

Through a research project conducted by WDV, the Self Advocacy Resource Unit (SARU) and women with disabilities, we learned that many women with disabilities experience a "digital divide." We learnt that the divide is formed by following components:

- cyber-safety concerns are more likely to be held by women than men
- stereotyped perceptions about ICT as a male domain
- cost of equipment and technical support
- lack of disability access and learning support.
- many women with disabilities are unaware of the opportunities it can offer.
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There has been an impressive drive in Australia to promote ICT to older people. A similar drive is needed to increase participation of women with disabilities.<sup>ix</sup> Additionally, WIRE Women's Information Referral Exchange runs programs which are inclusive to marginalised women, as highlighted in the practice examples at the end of this submission.

Online communities can be particularly empowering for people with specific types of disability (including sensory impairments and autism spectrum conditions) as they side step the usual barriers of face to face contact. People with disabilities also value the internet for enabling interaction with others through a medium where some types of disability are irrelevant.<sup>x</sup>

Reviewing a range of local and international sources, we learnt that women predominantly use the Internet for social networking, contacting family and friends, and searching for health and community information. Women’s life satisfaction is improved by being online.<sup>xi</sup> So it is vital that all women with disabilities have access to social digital inclusion in this digital age.

Recommendation 10: That the Victorian Government explore opportunities to increase access to information technology and communications for marginalised women.

### g) Service systems reform

The World Health Organisation called on policy makers at all levels – ‘in government, public and private institutions, workplaces and the community’ – to take proper account of evidence suggesting a wider responsibility for reducing social exclusion.<sup>xii</sup> This necessitates service agreements and standards requiring all services to be accessible to women with disabilities. For example, the current Court Services Victoria safety audit of Magistrates’ Courts has given no consideration to the safety requirements of women with disabilities. Through a survey of court staff and users we found there are many barriers which reduce disability access and women’s safety in the Courts.

We are concerned that gender is not explicitly mentioned as part of the overall framing and implementation of the NDIS and other disability services. The impact of gender is relevant to the entire population of people with disabilities. It is incumbent on the Victorian government to ensure that gender equality is at the forefront of policy as the responsibility for disability services is devolved to the Commonwealth.

Systemic advocacy and representation is able to achieve things which service providers, individuals and individual’s advocates cannot. Systemic advocacy creates change so that there is integration of / access for people with disabilities in mainstream services (such as housing, family violence, police, education, legal and health).

While the NDIS Charter of Service claims to be “designed to enhance the quality of life and increase economic and social participation for people with disability,”<sup>xiii</sup> it does not yet articulate how this will be achieved.

The NDIS Act does not empower the NDIA to engage in addressing structural, systemic barriers to social inclusion. These barriers include addressing prejudiced attitudes, political and civic representation, advocacy, integrated policy development, accessible housing, workforce development in mainstream services, data and research development, creating local networks, and so on. The proposed Information, Linkages and Capacity Building (ILC) Framework provides a structure for the NDIS to encourage mainstream services to respond effectively to people with disabilities.

Australia’s history of disability rights has shown funded advocacy and self-advocacy supports to be an essential to building capacity amongst people with disabilities and service providers. WDV strongly support funded advocacy and self-advocacy programs.

The Victorian Government policy must align with capacity building across all service areas to ensure that mainstream services provide both tailored and accessible integrated services for women with disabilities. This requires a range of mechanisms including legislation, policy, standards, outcome targets and indicators to achieve this integration. The Disability State Plan provides a framework for increasing access to the community and human services but has not traditionally been adequately resourced to implement the drivers of change across all portfolios. Securing funding streams for work to build an integrated and systematised approach to disability and advocacy must be prioritised.

Recommendation 11: That the Victorian government recognise and resource systemic advocacy for disadvantaged population groups including women with disabilities, Aboriginal people, young people and people from different ethnic groups.

Recommendation 12: That through service agreements the Victorian Government ensures women with disabilities have equitable access to mainstream services and supports.

Recommendation 13: That the Victorian Government supports sustained and comprehensive implementation of tailored prevention programs for women with disabilities.

Recommendation 14: That the Victorian Government advocate for all national frameworks (including Safeguarding and Advocacy) to be gender equitable.

## Q.2 How do we encourage women and girls to take up leadership roles?

### a) Support leadership programs

Women with disabilities must be encouraged to take up leadership roles through involvement in both specialist and community leadership training. Furthermore, measures to ensure women can access these opportunities must be implemented.

There are a range of tried and tested programs that have made a positive difference to the lives of women with disabilities. These are described in Appendix A. In particular WDV has utilised an Empowerment program for women with disabilities funded by Portland House Foundation over the past 8 years. This program has demonstrated the powerful effect of bringing women with disabilities together to challenge myths about women with disabilities and to raise their confidence in their leadership skills. This program has been piloted with young women with disabilities in their final school years and has been greeted with huge enthusiasm for these young women. However, it cannot be further implemented without funding.

Recommendation 14: The Victorian Government invest in sustained, systemic implementation of proven programs that support women with disabilities' empowerment and inclusion. All programs should be tailored to inclusivity of the diversity of women with disabilities and focus on employment, leadership, housing, systemic and individual advocacy, group support and local community capacity building. These include:

- Resourcing leadership programs that include or target women with disabilities.
- Women's peer support groups and resource programs, including programs for women with disabilities, and invest in their sustained implementation.
- Individual disability advocacy administered separately from service provision, complaints handling and advocacy provision.
- Advocacy programs which continue to respond to demand geographically, across high risk cohorts and through independent, self, systemic and resourcing advocacy models.
- Mechanisms for engaging people with disabilities in community life such as ensuring the Rural, Metro and Deaf Access Program is maintained and resourced.

### b) Inclusive Governance and Advisory arrangements:

Governments have a responsibility to ensure the conditions for the participation of all citizens are in place. This critically, requires listening to women. However there is currently no avenue for women with disabilities to be adequately resourced to take up leadership roles around the issues that are central to their best interests. Government, human services and community organisations must provide accessible and safe avenues for women with disabilities to participate actively in decision-making and planning individually and systemically. Representation must be resourced so that

women are reimbursed for their contribution and supported in ways that provide accessible and safe ways for women with disabilities to participate

Recommendation 15: The Victorian Government should ensure that all gender and disability based needs are explicitly considered in government policies and plans and that women with disabilities participate in government advisory structures.

Recommendation 16: That the Victorian Government consider targets in relation to diversity of women on boards.

### Q3. What needs to be done to promote women's health and wellbeing?

Women with Disabilities Victoria endorses the submission made to the Gender Equality Strategy by the Women's Health Association of Victoria

#### a) Support women's safety and recovery from violence

Women's health and well-being is contingent on freedom from violence. There is much evidence that women with disabilities experience higher rates of sexual assault than other women, and that systemically, more needs to be done for these women to receive support, safety and justice.<sup>xiv</sup>

WDV has given great attention to ways of addressing violence against women with disabilities in [our submission to the Royal Commission into Family Violence](#).

Victoria needs a Gender Equality Framework which can prevent discriminatory practice in the violence prevention and response service system. This is particularly pertinent as the Royal Commission recommendations are considered across Police, Justice and Human Services.

Recommendation 17: That the Victorian Government develops and integrates evidence-based violence against women prevention and response strategies that include disability services in development and implementation.

Recommendation 18: That the Victorian Government continues to fund and expand women's support groups which are inclusive of women with disabilities.

Recommendation 19: That the Victorian Government take account of findings from the Inquiry into Abuse of People with Disabilities in Disability Care, linking them to work in Gender Equality.

Recommendation 20: That findings from the Royal Commission into Family Violence inform the development of the next Disability State Plan, and the State of Victoria's input into the roll out of the NDIS - placing a gender lens over all of Victoria's inputs.

Recommendation 21: That the Victorian Government establish an independent and specialist disability-specific violence program independent of disability services. This program would be victim focused (like the Making Rights Reality Program), referring to and working with existing specialist justice, violence and rights programs. All disability organisations should be mandated to provide information about the victim response service and to provide a referral whenever a disclosure is made.

## b) Improve access to health services and health information

Public health policies should remove barriers to social disadvantage. Health policy must also address the current inadequacy of access to health services.

Recommendation 22: That the Victorian Government require Health services to meet minimum standards including:

- **Provision of accessible health information utilising** multiple formats.
- **Provision of physical access**, clear signage and accessible facilities.
- **Adequate time and resources**, such as longer and multiple appointments, to meet the health needs of all women, particularly those with intellectual and communication disabilities.
- A holistic approach to health care for women with disabilities recognising women's total health needs and right to live full sexual and reproductive lives.

## c) Support women with disabilities' responsibilities as parents and carers

Negative attitudes towards mothers with disabilities are so pervasive that women are even deprived of the opportunity to be mothers. The forced sterilisation of women and girls with disabilities is not a rare practice, and is a breach of Australia's commitment to international treaties.<sup>xv</sup>

Women with disabilities who do have children are not currently served well by parenting-related services, including maternity/obstetric services such as mother/baby unit for a newborn and family support services. There is a lack of enabling equipment that supports mothers with disabilities, for example, visual alerts for a child's cry for the mother who is deaf; or a modified cot which assists a mother with poor balance to lift and cuddle her child."<sup>xvi</sup>

Access to meaningful child and family support services is critical for parents with a disability. WDV is aware that women with disabilities experience as mothers can support their social inclusion. However, women with disabilities can also have negative experiences as mothers.

As Women with Disabilities Australia and Women with Disabilities Victoria submitted to the Productivity Commission "Mothers with disabilities have often reported that their "disability support" (such as attendant carer, home help) does not extend to provide any assistance with a baby/child.

#### d) End discriminatory child protection practices

Prejudicial societal attitudes towards women with disabilities (discussed above) are upheld by justice and child protection systems, where women with disabilities receive unfair treatment. Parents with a disability are up to 10 times more likely to have a child removed from their care in the child protection system.<sup>xvii</sup>

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

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

Recommendation 23: That the Victorian Government, as a matter of high priority, commission an independent review of child protection, to form actions for due recognition of family violence, perpetrator accountability, and practices which do not discriminate against high risk women, such as women with disabilities, CALD and Aboriginal women.

Recommendation 24: That the Victorian Ombudsman investigate discriminatory child protection practices towards women with disabilities.

#### Q4. How do we ensure we meet our objectives over the long term?

##### a) Making a long term, sustained commitment

Long term sustained commitment is needed to meet objectives. Women with Disabilities Victoria supports the WHAV submission in its recognition that,

“Long term work demands long term commitment. Given the long-term nature of the work to achieve gender equality, we believe that what could have the biggest positive impact on such work going forward is *assured government commitment for the long haul.*”

Recommendation 25: That bi-partisan commitment is achieved so that successive governments can build and consolidate work to achieve gender equality objectives, with adequate long-term funding commensurate to the scale and scope of its implementation needed to achieve universal gender equality.



## Appendix A: Proven Programs

### Social equality and participation programs

Across Victoria, [Deaf / Rural and Metro Access Officers](#) work locally to support and create social inclusion. These local government based positions are a lynch pin for engaging people with disabilities in many aspects of community life. They also play an important role in building locally based programs such as the Enabling Women Leadership Program (described below). The State program's future is uncertain in the transition to the NDIS.

*"Belonging is about building your local networks. If you have people around you feel safer."* WDV Member

[WDV's Enabling Women](#) is a leadership program for women with disabilities funded through a philanthropic trust, the Portland House Foundation. The training program was developed with the assistance of community representatives and women with disabilities. The program aims to provide training, networks and skills to 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. Program modules cover topics including the social model of disability, self-identity, human rights and advocacy. Content has been converted to Easy English to ensure it is accessible to as many women with disabilities as possible.

The program has run in various locations around Victoria (including Barwon, Gippsland, Melbourne, South Morang and Warnambool) with some exciting results. Many participants have gone on to represent disability access and gender equality in their communities.

An important part of the program's success is the community development approach it takes. Steering committees are comprised of women with disabilities and representatives from committed local organisations. Rural and Metro access workers have played a major role on these committees - promoting, recruiting participants, offering participants mentoring and support during and on completion of the program.

[The Self Advocacy Resource Unit](#) (SARU) is currently funded through Victoria's Office for Disability. This program is unique to Victoria, if not nationally, and takes a truly empowering approach to facilitating self run groups on themes such as parenting, Acquired Brain Injury and Intellectual Disability. Advocates have been a rich resource for our state, speaking at parliamentary inquiries, delivering training on disability access and building up a ready workforce of people with disabilities. The future of State based disability advocacy is uncertain with the NDIS rollout.

WIRE Women's Information Referral Exchange runs a [Computer Skills for Women](#) program to increase women's digital inclusion (which is virtually essential for contemporary workforce, financial and social participation). WIRE has demonstrated a welcoming and adaptive approach for women with disabilities in this program.

### Health programs

[The Enhanced Maternal Child Health Nursing Programs](#) are a rare support option for new mothers

with and without disabilities, offering up to 17 hours of face-to-face contact. As this support is offered through home visits, it is very accessible for women with disabilities. While no central data is collected on the proportion of program clients who have disabilities, ECMHNs say that over half their clients have mental illness or intellectual disability. All CMHNs are trained in the Family Violence Common Risk Assessment Framework, so they are perfectly placed to identify the high rates of family violence experienced by women with disabilities.

*“Rather than being negative and punishing, we should be positive and supportive. Rather than referring women to child protection, refer them to Child Maternal Health Nurses.” Jacqui, WDV member.*

The **‘Healthy Services: Healthy Women: Making Health Care Accessible to Women with Disabilities’** training package aims to enhance the knowledge, confidence and capacity of health professionals to deliver quality health care to women with disabilities. In 2014, WDV received funding from the Ian Potter Foundation to develop this professional educational program.

In partnership with the Royal Women’s Hospital, WDV piloted the training package over 4 consecutive weeks in April 2015.

In the future, a further roll out is planned with a train the trainer program for women with disabilities to be developed. This will allow for the program to be co-facilitated by women with disabilities, and rolled out to other hospitals and primary health services. Funding will be sought to facilitate this important program.

#### Violence Against Women prevention programs

The Gender and Disability Workforce Development Program commenced in 2013 with funding from the Victorian Government. This organisational change program piloted in 2 disability services delivering a training package and communities of practice and a peer lead program for women with disabilities. Training is co-facilitated by women with disabilities alongside from workers in violence response and prevention. The program aims to improve the quality of gender sensitive practice amongst disability service managers and workers as a strategy for violence prevention and improving the status of women with disabilities. The pilot [evaluation](#) was completed in August 2015, and the project received a funding renewal for further rollout in 2016.

*“Now when we have conversations, we introduce concepts of gender; it’s actually discussed as a point in decision making. There has been a shift in our conversations since the training.” Disability Support Worker who participated in the program*

Since late 2012, Barwon Centres Against Sexual Assault (CASA) has been working with Nelson Park Special School in Geelong to modify and implement **Sexual Assault Prevention Program in Secondary Schools (SAPPSS)** within their school. SAPPSS focuses on creating partnerships between Barwon CASA and secondary schools to work towards positive change within school communities and incorporate sexual assault prevention into curriculum. This collaboration stands out as an example of prevention work in special schools.

#### Violence Against Women response programs

**The DHHS Disability Family Violence Crisis Initiative** aims to assist women and children with a disability who require immediate disability support to access a family violence crisis accommodation response. Supports can include attendant care, equipment hire and transport support for up to 12

weeks while the woman engages with family violence workers to develop a plan for longer term arrangements. However, the program should assume a broader definition of disability and is insecure in the move to national disability funding.

**Making Rights Reality** is designed to improve access to justice for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties, by enhancing existing services to help overcome barriers to justice. The program enhances existing services provided by South Eastern Centre Against Sexual Assault and Family Violence and Springvale Monash Legal Service. The program received a positive **pilot evaluation** (finding a high demand for the program amongst women with disabilities) and the model is ideally designed for statewide rollout.

“In at least 16% of cases the alleged offender is in contact with the client in a place or relationship that is associated with the person having a disability (carer, disability support worker, fellow resident/student). People with a disability were more at risk of abuse ‘at home’ where this included family homes, residential services and by people they knew.” Pilot evaluation

**Family Violence Applicant Support Workers** are social workers located at specialist family violence courts in Victoria. They can provide information, emotional support, assistance completing forms, and links to support services. ASWs prioritise women with disabilities, and can be seen to improve court accessibility and women’s safety.

**The Tell Someone website** was designed with input from people with disabilities and family violence services to provide family violence information to people with a mild intellectual disability, their family and community. It provides short videos featuring actors with disabilities. Plain English information on support options is also available. The site is an initiative of the Southern Metropolitan Region’s Integrated Family Violence Executive.

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<sup>i</sup> Australian Bureau of Statistics, 2013, *Survey of Disability, Ageing and Carers, Australia: Summary of Findings, 2012*, Commonwealth of Australia, Canberra, No. 4430.0. <http://www.abs.gov.au/ausstats/abs@.nsf...>

<sup>ii</sup> Australian Bureau of Statistics, 2010, *Survey of Disability, Ageing and Carers, Australia: Summary of Findings, 2009*, Australian Bureau of Statistics, Canberra, Cat. No. 4430.0.

<sup>iii</sup> State of Victoria, 2012, *Victorian State Disability Plan 2013-2016 Companion document*, Victorian Government Department of Human Services, Melbourne, Victoria.,

<sup>iv</sup> It would be possible but expensive (and therefore unlikely) to train survey interviewers to fulfil the role of such an intermediary.

<sup>v</sup> See discussion of this in relation to the sexual assault of women with disabilities in different institutional settings (psychiatric units, detention centres, correctional facilities, disability residential care, and aged care facilities in H. Clark and B. Fileborn, 2011, ‘Responding to women’s experiences of sexual assault in institutional and care settings’, *ACSSA wrap*, No. 10.

<sup>vi</sup> L. Dowse, K. Soldatic, A. Didi, and G. van Toorn, (2013), *Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia*, Women with Disabilities Australia.

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