

Inclusive Planning Guidelines for the Prevention of Violence Against Women With Disabilities



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empowering women

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Foreword



Violence against women is a scourge on our society. Only in the last decade have we seen the tide begin to turn on our community understanding of the size and impact of this violence. We have

also begun to see investment in the collection of evidence on the causes of this violence and how to prevent it. At a national level, Our Watch, ANROWS and Vichealth have partnered to produce *Change the Story*, a shared framework for the primary prevention of violence against women and their children in Australia.

There is still much to learn about the prevention of violence against people with disabilities, and women with disabilities in particular. The Victorian strategy on violence prevention, *Free from violence*, notes that while violence against women and family violence have their origins in gender inequality and discrimination, “inequalities resulting in racism, ageism, ableism and heterosexism can also on their own, or in combination, influence the patterns of violence perpetrated in society.”

It is critical that we focus our attention on the interaction of these inequalities with gender inequality to collect the evidence needed to address violence against women with disabilities in all their cultural, racial, age and sexual diversity. The practice wisdom of violence prevention work is a core aspect of this evidence.

This guideline seeks to resource violence prevention practitioners to reach out and work in partnership with disability and other community organisations and networks to prevent violence against women with disabilities. Women with Disabilities Victoria is committed to work in collaboration with violence prevention agencies and will continue to build on this initial guideline with the practical tools to support this vital work.

Keran Howe
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The Guidelines

The **Inclusive Planning Guidelines for the Prevention of Violence Against Women with Disabilities** (the Guidelines) have been developed to enable Women's Health Services (WHSs) and the partnerships that are at the core of regional action planning to have clear guidance about how to take considered and timely action that is inclusive, practical, evidence based and doable, to prevent violence against women with disabilities. Extensive consultations with stakeholders and a literature review were undertaken to identify the following six guidelines. The target audience for these Guidelines are WHSs and their partners in violence prevention.

How to use the guidelines

The Guidelines recognise that Regional Action Plans (RAPs) are at different stages of development and reflect different contextual factors that will influence choices about the actions that are most relevant and useful for a particular WHS and their region. In particular the starting point for action for each WHS and their partners will vary according to action already taken by the WHS in relation to women with disabilities and where the partnership is currently at.

The guidelines and their associated actions are therefore not intended as a set of prescriptions to be followed sequentially, rather they are options from which WHSs and their partners, can make choices about priorities and activities. To help guide this process, for each guideline, foundational and beginning actions are identified followed by other possible actions from which WHSs and their partners will make their choices about what is timely and appropriate. In practice, it is likely that attention to actions within one guideline area will also enable other actions to be addressed simultaneously in relation to other guidelines, so it is important to keep the whole in mind. The six guidelines are as follows:

- 1. Guideline One: Organisational Readiness through Planning and Development**
- 2. Guideline Two: Engaging Partners to Build Understandings and Capacity**
- 3. Guideline Three: Engaging the Community for Change**
- 4. Guideline Four: Workforce Development**
- 5. Guideline Five: Leadership and Advocacy**
- 6. Guideline Six: Research, Monitoring and Evaluation**



Guideline One

Organisational Readiness through Planning and Development

Objective: WHSs build their learning and organisational practices including their policies, systems and work plans so they are internally organised and ready to apply primary prevention approaches relevant and appropriate to women with disabilities.

Key activities:

- a) Assess what we know and need to learn
- b) Work out what to change and how to do it
- c) Promote a disability inclusive lens on primary prevention
- d) Monitor and evaluate our work



Guideline Two

Engaging Partners to Build Understandings and Capacity

Objective: WHSs engage partners including from the disability sector, in order to build understandings and the capacity to prevent violence against women with disabilities.

Key activities:

- a) Promote a disability inclusive lens on primary prevention
- b) Engage women with disabilities; and disability advocacy organisations, service providers and networks
- c) Work out what needs to change within the partnership and how to do it
- d) Collect and disseminate information about gender and disability and violence against women with disabilities
- e) Monitor and evaluate our work



Guideline Three

Engaging the Community for Change

Objective: Engage and educate the community about how to change societal structures, assumptions, perceptions and understandings that can be harmful to women with a disability.

Key activities:

- a) Promote education programs inclusive of girls and women with disabilities
- b) Conduct community based programs for women with disabilities
- c) Promote PVAW work in relation to women with disabilities across sectors
- d) Monitor and evaluate our work



Guideline Four

Workforce Development

Objective: WHSs and their partners develop their staff and volunteer's skills and understandings about the potential harms to women with disabilities and how to prevent violence against women with disabilities.

Key activities:

- a) Promote training on gender and disability and PVAW principles
- b) Monitor and evaluate our work



Guideline Five

Leadership and Advocacy

Objective: WHSs, their partners and women with disabilities lead social change to prevent violence against women with disabilities.

Key activities:

- a) Engage and support women with disabilities in leadership roles
- b) Support opportunities for women with disabilities to voice their lived experiences and expertise
- c) Advocate for the NDIS to embrace PVAW principles in service design
- d) Monitor and evaluate our work



Guideline Six

Research, Monitoring and Evaluation

Objective: WHSs and their partners undertake and/or promote evaluative activities to assess the impact and outcomes of primary prevention for women with disabilities who have experienced violence.

Key activities:

- a) Utilise methodologies suitable for PVAW work in relation to women with disabilities
- b) Develop data sets that can inform PVAW work about women with disabilities
- c) Advocate for research on prevention of violence against women with disabilities
- d) Develop a PVAW monitoring and evaluation framework and associated tools inclusive of women with disabilities
- e) Build monitoring and evaluation capacity

Introduction

Background to the guidelines

The 2015–16 Victorian State Budget allocated funding to Women’s Health Victoria on behalf of the Women’s Health Association of Victoria (WHA) to continue the *Regional Action Plans for the Prevention of Violence against Women and Children* project. This new project funding further supported the implementation of the regional plans, as well as supporting capability building across key prevention workforces. The scope of the overarching Regional Action Planning project included:

- contributing to the implementation of regional action plans
- developing capacity to engage with multicultural, disability and LGBTI organisations to strengthen inclusive approaches to PVAW and gender equity and
- strengthening the online guide and Community of Practice which support implementation of regional action plans

As part of this, project funding was distributed to Multicultural Centre for Women’s Health, Women with Disabilities Victoria, and Gay and Lesbian Health Victoria to begin to develop and distribute resources on best practice inclusive approaches to PVAW and gender equity and advise on strategic engagement of CALD, disability and LGBTI organisations.

This work across MCWH, WDV and GLHV has involved:

- a needs analysis to identify the tools, resources and strategies needed to support intersectional approaches to PVAW and gender equity
- research into best practice and standards of practice for inclusion of people with disability and disability service providers into regional action plans and PVAW activities;

- development and dissemination of resources to support best practice PVAW activity with immigrant and refugee communities; and
- development of a strategy for future capacity-building on intersectional approaches to PVAW and gender equity

These guidelines are the result of the component of the project that focussed on research into best practice and standards of practice for inclusion of people with disability and disability service providers into regional action plans and PVAW activities.

These guidelines are complemented by WDV’s *Our Right to Safety and Respect: Guidelines for developing resources with women with disabilities about safety from violence and abuse*.

The purpose of the Guidelines is to provide direction and information that will help PVAW workers to include women with disabilities in PVAW Regional Action Plans. The Guidelines recognise that organisations and partnerships are already active in this space. They are actively testing various strategies to strengthen this work in light of the emerging understanding of what we know prevents violence against all women. However, it is clear from the needs analysis, consultations and literature review undertaken for this project that strategies for the prevention of violence against women with disabilities are not well understood, widely implemented or evaluated. There is much we don’t know about what works and why. Yet at the same time, practitioners in the field are developing strategies to address these needs. The Guidelines seek to capture this developing knowledge and experience, to extend work to date and to generate cross sectoral commitment to the prevention of violence against women with disabilities.

Working Definitions

Violence against women, as defined by the United Nations Declaration on the Elimination of Violence against Women (1993), is any act of gender-based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life. This definition encompasses all forms of violence that women experience (including physical, sexual, emotional, cultural/spiritual, financial and others) that are gender-based. For a woman with disabilities disability-based violence is a particular form of violence that targets her disability, for example, taking away equipment a woman depends on.

Intersectionality – Diversity within the Victorian population means that people’s lives are complex and not defined by any single factor. People’s experiences are shaped by the intersection of a number of social conditions such as gender, class, ethnicity, ability, sexuality, gender identity, religion and age. Each of these factors, or identity attributes, influences and has an impact on our lives and our experiences. Social structures and systems, and the way they intersect, play a large role in creating social conditions that result in power and privilege, or discrimination and oppression, thus shaping the ways in which people experience inequality, disadvantage and violence (*Free from violence: Victoria’s prevention strategy, 2017*).

Disability – Disability is a social construct and stems from the interaction of a person’s functional impairment with a disabling environment. Disabling environments create structural, attitudinal and behavioural barriers; for example, by preventing people with functional impairments from accessing housing, education, work opportunities and transport. A specific type of disability arises from the interaction of a specific impairment with an environment that creates barriers. For example, a physical or sensory or cognitive disability arises from the interaction of a physical, sensory or cognitive impairment with an environment that creates barriers for the particular impairment. In addition, some barriers develop regardless of the particular impairment; for example, negative stereotyping of ‘people with disabilities’ (*Voices against Violence, Paper 2, www.wdv.org.au*).

Environmental context

These Guidelines equally recognise that no one organisation on its own can make a significant difference to the cultural, community and structural/systemic change needed for prevention of violence against women with disabilities.

In addition, disability organisations are also facing challenges associated with the transition to the NDIS which is impacting their capacity to engage with PVAW work and to fund activities focused on systemic change and organisational development, including policy development and training in this area.

Across sectors

Integral to effective change is building connections with partners while at the same time working internally in our own organisations. In this context both tailored and universal guidelines and cross-sectoral approaches are needed with PVAW organisations, the disability sector and other organisations to build collective capacity.

A challenging reality in the development of robust partnerships is the ability to surface and navigate differences. The prevention of violence against women with disabilities in the context of regional partnerships will require all parties to search out their differences; for example, the expertise and language of women’s services in PVAW and gender equality; and the expertise and language of disability services. In this way, understanding that PVAW uses a gendered lens and the disability sector uses a disability lens, we can work towards a gendered disability lens.

The willingness to share, communicate and work through these differences will be important to successful outcomes. While focussing on women with disabilities, it is important to encourage an intersectional approach to this work that recognises the diversity of women’s lived experiences, noting ‘diversity in diversity’ and the fact that people have complex, intersecting identities.

Why we have developed the guidelines in the way we have

We know that to engage organisations to take action we need to invoke purpose, use language that is direct and accessible, help people connect to that purpose and provide a clear way forward. These guidelines do this by being personal, practical and action oriented. They also try to identify ways in which organisations and partners can take a manageable, staged and affordable approach in recognition of busy workloads, limited resources and in light of the enormity of the task.

It is crucial to access the voices of women with disabilities in order that their lived experience of violence and discrimination and its impact grounds violence prevention work. This must resonate throughout all aspects of prevention work and is relevant in every guideline category. In this way each of the guidelines are interrelated.

Also integral to each of the guideline is the role of monitoring and evaluation. Robust data about PVAW and women with disabilities, and especially what works and why, is scant. It is hard to argue for funding to implement and sustain prevention programs in this situation.

The establishment of a simple monitoring and evaluation framework that includes formative and summative information capture is central to learning from practice, improving strategies, developing better tools and assessing impacts. This should align with Victoria's Family Violence Outcomes Framework.

Any evaluation framework and strategy needs to use methodologies that are fit for purpose, i.e. appropriate to the task of assessing prevention impacts and effectiveness. These are by nature longer term, complex and multifaceted and lend themselves to qualitative methods of inquiry such as participatory action research (Kwok, n.d.).

The detailed thinking and strategies for each of the Guidelines summarised above, are outlined in the guidelines that follow.



Guideline One : Organisational Readiness through Planning and Development

Objective: WHSs build their learning and organisational practices including their policies, systems and work plans so they are internally organised and ready to apply primary prevention approaches relevant and appropriate to women with disabilities.

What does this mean?

This guideline is about WHSs planning to change their organisational cultures and practices so their people more confidently use a prevention lens that is inclusive of violence against girls and women with disabilities. Undertaking this work will also ensure that WHSs can encourage and support their partners to similarly undergo organisational reflection and change. In this way regional planning that is responsive to and inclusive of women with disabilities can be informed by the shared learning and experiences of WHSs and their partners.

Why does it matter?

Organisational planning is essential to identify what we pay attention to and guide action to address that. It enables WHSs and their partners to focus on what is most needed and doable so that key foundational activities are identified and prioritised. In addition, plans must access evidence from credible sources in order to transform organisational approaches and practices to be inclusive of women with disabilities. These sources include Our Watch, the Victorian Government's Free from Violence Prevention Strategy, the disability sector and WDV.

To support planning on primary prevention that is inclusive of women with disabilities, both within WHSs and in planning with their partners:

- Planning needs to be kept simple so that staff are not weighed down by overwhelming information and options and actions are not delayed too much – in many respects less is more.
- Plans need to be flexible and agile to allow for emergent events and information, the learning that occurs as programs and initiatives are undertaken and the results of evaluations that measure effectiveness and impacts.
- A compelling, shared purpose, active participation of engaged people especially women with disabilities in all planning phases and the exchange of quality information and ideas all guided by a change framework are important elements in successful, inclusive planning.
- Plans in a local government and other larger organisational contexts, e.g. Disability Access and Equity Plans and Health and Well-being Plans need to be cross referenced for coherence and integration so that the inclusion of PVAW for women with disabilities is seen as core business across the organisation.
- There must be opportunities for women with disabilities to actively shape prevention strategies based on their lived experience. Such involvements are empowering and build leadership and advocacy skill.

What can help us do this work?

The following actions and resources can help to initiate changes within WHSs and their partners toward primary prevention that is inclusive of women with disabilities. Each WHS must decide which actions are relevant and important to them and where to start. For WHS that have had little experience with the disability sector, actions 1 and 2 are good places to start to establish the foundation needed for this guideline to be activated. For WHSs that have considerable understandings of the NDIS and relationships with disability organisations, action 5 may be a better starting point. The questions provided for each action may help you to determine where to start.

Guideline One: Organisational Readiness through Planning and Development	
Action	Questions to help decide where to start
Assess what we know and need to learn within our organisation	
<p>1 WHSs become informed about the disability sector in their region including mapping of disability support providers, disability advocacy and networks operating in the region.</p>	<ul style="list-style-type: none"> • How much do we know about the disability sector in our region? • Are there some areas that we need more information about? • What can we do to become better informed about disability services in our region?
<p>2 Conduct a WHSs organisational system review for disability inclusiveness to identify possible gaps and improvements in policies and procedures, and organisational structures.</p>	<ul style="list-style-type: none"> • How inclusive is our organisation of women with disabilities? • Are there key areas in our structures, policies, procedures and practices that could be more inclusive of women with disabilities?
<p>3 WHSs undertake a disability access audit to become aware of access issues for women with disabilities including but not limited to physical access, effective communication and language, stereotypes and assumptions held about disability and gender and appropriate information dissemination. This should also include budgeting for access such as transport, producing information in a variety of formats etc.</p>	<ul style="list-style-type: none"> • Can we demonstrate what we know and do to ensure we are inclusive of women with disabilities? • What specific actions or initiatives demonstrate that we are inclusive of women with disabilities?
<p>4 WHSs become informed about the NDIS roll out in the region to understand the impact of the NDIS on primary prevention initiatives. Good places to begin are the regional office of the National Disability Insurance Agency (NDIA) and the Local Area Coordinators (LAC's) for the NDIS.</p>	<ul style="list-style-type: none"> • How much do we know about the NDIS and its scope in relation to the prevention of violence against women with disabilities? • What do we need to find out?

Guideline One: Organisational Readiness through Planning and Development

Action	Questions to help decide where to start
Work out what to change within your organisation and how to do it	
<p>5 WHSs adopt a Change Management Framework to guide the cultural and system changes needed otherwise sound plans are less likely to be well implemented and have the buy-in needed from all parties involved.</p>	<ul style="list-style-type: none"> • What steps will we take to identify changes required within our organisation to ensure we are inclusive of women with disabilities?
<p>6 Implement Awareness Raising and Training programs for WHSs staff about disability and the nexus between disability, discrimination, gender equality and prevention of violence.</p>	<ul style="list-style-type: none"> • How much do our staff know about women with disabilities' experiences of violence? • Are there some areas in which staff need additional development?
Promote a disability inclusive lens on primary prevention	
<p>7 WHSs ensure the voices of women with disability affected by violence are central to the planning process and cover all key planning phases.</p>	<ul style="list-style-type: none"> • How do we involve women with disabilities in planning activities?
Monitor and evaluate our work	
<p>8 WHSs consider how each of the RAP actions includes women with disabilities. WHSs embed monitoring and evaluation as key activities by developing and or adapting tools to capture and track the effectiveness and impact of interventions and changes.</p>	<ul style="list-style-type: none"> • How will we measure or assess the impact of actions on the prevention of violence against women with disabilities? • What do we need to do to make sure we always ask and answer the question 'what difference did our action make to the prevention of violence against women with disabilities'?
<p>9 Partner with researchers in universities and through Industry linked programs to evaluate initiatives and develop measures of inclusive practice and impact.</p>	<ul style="list-style-type: none"> • How will we know if our partnership activities have been effective in the prevention of violence against women with disabilities? • Who can help us to measure/assess the effectiveness of our activities?



Guideline Two Engaging Partners to Build Understandings and Capacity

Objective: WHSs engage partners including from the disability sector in order to build understandings and the capacity to prevent violence against women with disabilities.

What does this mean?

Engaging with partner organisations, including women with disabilities, disability and advocacy services and network groups, promotes an intersectional approach to the prevention of violence against women with disabilities. Mobilising and supporting partners to understand what is effective PVAW work in relation to women with disabilities is an important part of this work. It requires an appreciation of the social structures, organisational cultures and disability service systems, including the changing environment resulting from the NDIS.

Why does it matter?

Through collaborations with multiple stakeholders there is increased opportunity for coordinated PVAW efforts to more strongly increase awareness and create the impetus for change, thereby maximising the difference that PVAW work can make to the lives of girls and women with disabilities.

Understanding the lived experience of girls and women with disabilities and the environments within which they receive daily support and intimate personal care is very important for identifying the universal issues faced by all women as well as the specific norms and structures that can lead to violence against women with disabilities.

What can we do now and what can help us do this work?

The following actions and resources can help to initiate changes within WHSs and their partners toward primary prevention that is inclusive of women with disabilities.

Actions 1 and 3 are essential to all PVAW work for women and girls with disabilities and need to be embedded at the start and throughout. Action 2 is a good way to begin to make key connections, develop mutual understandings between the PVAW and Disability sectors and lay the foundation for other actions.

Guideline Two: Engaging Partners to Build Understandings and Capacity

Action

Questions to help decide where to start

Promote a disability inclusive lens on primary prevention

<p>1 WHSs and its partners include the voices of women with disabilities in all initiatives and activities from planning through to implementation and evaluation. Seek input from women through local and regional networks and organisations that women and girls with disabilities are linked with; Women with Disabilities Victoria e-news, disability organisations, and local disability networks and organisations to directly access the voices of women with disabilities. Their involvement will help guide decisions about actions, the development of resources and enable them to inform, educate, develop and advocate.</p>	<ul style="list-style-type: none">• How will we include women with disabilities in all initiatives and activities and why is this important?
<p>2 WHSs initiate a formal dialogue with their partners for developing a shared and deeper understanding of key concepts and language. These aspects are often viewed differently or not well understood by different practitioners and sectors, e.g. the drivers of violence against women with disabilities, associated risk factors, the specifics of disability and violence, gender inequality, intersectionality and prevention and the understanding that women with disabilities are not a homogenous group, are all important talking points.</p>	<ul style="list-style-type: none">• What language and concepts do we use that our partners and disability organisations may not be familiar with or understand?• What language do our partners and disability organisations use that WHSs may not fully understand?• How can we create opportunities to learn about each other's use or language and meanings?
<p>3 Include the disability sector in stakeholder mapping and facilitate relationships and partnerships between disability networks, family violence services and mainstream services in the region and include partners in regional community engagement initiatives to build mutual capacity.</p>	<ul style="list-style-type: none">• Who are the disability organisations in our region and how can we engage with them?• What is the best way to bring together key organisations and initiate dialogue about the prevention of violence against women with disabilities?

Guideline Two: Engaging Partners to Build Understandings and Capacity

Action

Questions to help decide where to start

Engage women with disabilities; and disability organisations and networks

- 4 Useful places to begin include the Regional Advocacy Services through their Rural Linkages Program, Disability Planners in Local Government, Metro and Rural Access Officers, the National Disability Agency (NDIA), Local Area Coordinators (LACS).
- A useful resource is Women with Disabilities Victoria's *Our Right to Safety and Respect: Guidelines for developing resources with women with disabilities about safety from violence and abuse* for resources that help women with disabilities to recognise abuse, understand their rights and identify options for support <http://www.wdv.org.au>.

- What are the best ways to connect with women with disabilities and disability organisations?
- What resources are available to help us do this?

- 5 WHSs and their partners identify needs and gaps in the region to inform the focus of primary prevention for women with disabilities. Strategic choice is important; this involves deciding a few key priorities and actions that can be resourced rather than many initiatives that cannot be well supported. Decisions will need to be made as to which primary prevention initiative will be better undertaken by individual organisations and those better undertaken collaboratively and regionally.

- What are the needs and gaps in the region in relation to the prevention of violence against women with disabilities?
- What can we focus on ourselves and with our partners?

Work out what to change within the partnership and how to do it

- 6 Based on their Change Framework WHSs identify any changes needed in the partnership and how they can work with their partners to achieve change. A good way to begin is with a stocktake of current initiatives recognising that good work undertaken to date can be learnt from and built upon.

- What do we do already that is inclusive of women with disabilities?
- What else do we need to do in our organisation to be more inclusive of women with disabilities?
- Are there some actions that we can do with our partners so we can make changes together and reduce duplication, e.g. share policies?

Guideline Two: Engaging Partners to Build Understandings and Capacity

Action	Questions to help decide where to start
Collect and disseminate information about gender and disability and violence against women with disabilities	
<p>7 WHSs and its partners consider each of the actions outlined in Change the Story to identify how these actions could be implemented across the community including women with disabilities.</p>	<ul style="list-style-type: none"> • What can we do with our partners in the region, following the Change the Story approach?
<p>8 WHSs and its partners produce a set of principles for all partners (based on these Guidelines) for ensuring all PVAW work is disability inclusive and incorporates accessible format materials. See section on Resources.</p>	<ul style="list-style-type: none"> • How can we ensure that all PVAW work is inclusive of women with disabilities?
Monitor and evaluate our work	
<p>9 WHSs and its partners undertake formative and summative evaluation to assess the effectiveness and impact of organisational and partnership community engagement initiatives to improve and expand actions and programs.</p>	<ul style="list-style-type: none"> • How will we know the effectiveness of our work with our partners in the region?
<p>10 WHSs partner with researchers with disability expertise in universities and through Industry linked programs to evaluate community engagement initiatives and develop measures of good practice and impact.</p>	<ul style="list-style-type: none"> • Who can help us to measure and assess the impact of our initiatives with our partners in the region?
<p>11 Document case studies and a range of dissemination strategies including infographics and social media to support ongoing organisational and partnership development. A useful resource is Women with Disabilities Victoria's <i>Our Right to Safety and Respect: Guidelines for developing resources with women with disabilities about safety from violence and abuse</i> for resources that help women with disabilities to recognise abuse, understand their rights and identify options for support http://www.wdv.org.au</p>	<ul style="list-style-type: none"> • How can we collect the stories of women with disabilities to help us better understand how to prevent violence against women with disabilities? • How do we convey to our partners the experiences of women with disabilities?



Guideline Three Engaging the Community for Change

Objective: Engage and educate the community about how to change societal structures, assumptions, perceptions and understandings that can be harmful to women with a disability.

What does this mean?

PVAW work is premised on the understanding that structural, systemic and cultural societal change is required to eradicate violence against women and achieve zero tolerance for violence against all women including women with disabilities. Educating girls and women with disabilities, boys, men, their families and the broader community about the societal conditions that underpin violence against women with disabilities is important for identifying the drivers, heightened risk factors and the impact of violence against girls and women with disabilities. The early years and school-based programs, including programs in schools for students with disabilities, can be effective in building respectful relationships and lay the foundation for the development of more accurate and positive attitudes toward girls and women with disabilities in the broader community.

For women with disabilities who are supported with daily living, including personal care, it is important to educate their disability support providers as well as other organisations in the disability sector about the conditions that can prevent violence against women with disabilities.

The impact of family support is not uniformly beneficial for the recipient of support. Whilst it can be a resource for supporting and enabling girls and women with disabilities, family violence and constraint on choice and control are real for women with disabilities. Some women with disabilities have little or no understanding about what violence is, how it occurs in their particular circumstances

and their rights. Awareness, access to information and support services empowers women with disabilities and is essential for prevention and early intervention.

Why does it matter?

The evidence shows that community attitudes are key drivers of violence toward women. Gender inequality, gender stereotypes, disrespect toward women and men's control over decision making are embedded in these attitudes. Awareness of these drivers and how they lead to violence is essential to prevention.

Similar factors apply to women with disabilities compounded by cultural and social myths about disability such as being treated as if women with disabilities are asexual and genderless. These are further compounded by, amongst other things, dependence, isolation, limited education and poverty. Collectively these factors interact in harmful and discriminatory ways.

Effective prevention requires that attitudes and behaviours be acknowledged and changed through deliberate efforts such as respectful relationships and sexual and reproductive health programs. A peer led program in this area is the Safer Sexual Lives Program (Disability Connections Victoria, n.d.). See also Deakin University's research based Sexual lives and Respectful Relationships Program. (Deakin University, n.d.). The primary prevention evidence indicates that respectful relationships programs also need to target families and early years learning environments.

The prevalence of violence for women with disabilities', specific risk factors, the dynamics of disability, gender, discrimination and violence, how these manifest and their impacts on all aspects of women's lives need to be understood for targeted and effective prevention.

Media narratives often portray people with disabilities as in some way deviant, sad or not worthwhile. Community education offers an opportunity to highlight the impact of depictions of women with disabilities in our cultural narratives.

What can we do now and what can help us do this work?

The following actions and resources can help to initiate changes primary prevention that is inclusive of women with disabilities.

Action 8 and 9 provide useful places to begin by bringing together women with disabilities, PVAW workers in WHS's, and mainstream and disability organisations to strengthen links, build understanding and develop a coordinated strategy.

Action 3 offers a useful beginning opportunity to build on an existing program and adapt it to have a stronger intersectional lens and be inclusive of women and girls with disabilities.

Guideline Three: Engaging the Community for Change	
Action	Questions to help decide where to start
Promote education programs inclusive of girls and women with disabilities	
<p>1 WHSs support schools implementing the Respectful Relationships Program to have an intersectional lens in relation to girls and women with disabilities.</p>	<ul style="list-style-type: none"> • How can we support schools to have an intersectional lens in relation to girls and women with disabilities?
<p>2 WHSs and their partners support schools specifically for people with disability to implement the Respectful Relationships Program.</p>	<ul style="list-style-type: none"> • How can we support schools specifically for people with disability to implement the Respectful Relationships Program?
<p>3 WHSs advocate for the inclusion of a focus on girls with disabilities in the respectful relationships school curriculum.</p>	<ul style="list-style-type: none"> • How can we advocate for RR curriculum to include girls with disabilities?
<p>4 WHSs develop with interested partners a program for educators in early years settings to include PVAW awareness for girls and women with disabilities.</p>	<ul style="list-style-type: none"> • How can we work with early years educators to include PVAW awareness for girls and women with disabilities?
<p>5 WHSs develop or adapt sexual and reproductive health programs to highlight factors that makes women generally and particularly girls and women with disabilities more at risk of violence.</p>	<ul style="list-style-type: none"> • How can we change sexual reproductive health programs to reduce the drivers of violence against women with disabilities?

Guideline Three: Engaging the Community for Change

Action	Questions to help decide where to start
Promote education programs inclusive of girls and women with disabilities	
<p>6 Develop and adapt a community engagement framework to guide strategy in this area drawing on relevant frameworks developed in local government and health settings.</p>	<ul style="list-style-type: none"> • How can we develop an appropriate framework for engaging with women with disabilities in our community?
<p>7 WHSs with Women with Disabilities Victoria develop a community education curriculum, program design and evaluation resource kit for partners or adapt existing programs where developed in other regions.</p>	<ul style="list-style-type: none"> • How can we develop a community education program?
<p>8 WHSs bring women with disabilities together for information, awareness raising, social connection, support, capacity building, leadership and self-advocacy – all key factors for prevention.</p>	<ul style="list-style-type: none"> • How do we bring women with disabilities together to support the prevention of violence against women with disabilities?
<p>9 WHSs and their partners implement community based programs for women with disabilities to address risk factors such as limited awareness about gendered violence, social isolation, lack of information about services and supports and limited life skills.</p>	<ul style="list-style-type: none"> • How can we implement the community based programs we need on the prevention of violence against women with disabilities?
<p>10 WHSs and their partners conduct community forums engaging women with disabilities and develop a community education campaign/action plan. Identify the most productive and accessible forms of media to support this action and disseminate outcomes including social media.</p>	<ul style="list-style-type: none"> • How can we conduct community education on the prevention of violence against women with disabilities?

Guideline Three: Engaging the Community for Change

Action	Questions to help decide where to start
Promote PVAW work in relation to women with disabilities across settings	
<p>11 WHSs build key relationships with maternal and child health services, GP's, early learning services and primary and secondary educational settings to promote PVAW work in relation to female babies and children, girls and women with disabilities.</p>	<ul style="list-style-type: none"> • How can we link with early years service providers to promote PVAW work in relation to female babies, children, girls and women with disabilities?
<p>12 WHSs make links with carers and their organisations to identify ways to raise awareness of the intersection of gender and disability and the additional risk this represents for girls and women.</p>	<ul style="list-style-type: none"> • How can we link with carers and carer organisations to develop dialogue on the prevention of violence against women with disabilities?
<p>13 WHSs promote stories and narratives that encourage a transformative view of gender and disability. E.g. include women with disabilities in images and case studies and ensure accessible materials and venues, speakers etc. within existing budgets for all mainstream activities. Partner with educators, women with disabilities and others to capture and promote transformative narratives. Provide materials in fully accessible ways including online resources and communications.</p>	<ul style="list-style-type: none"> • How do we make sure that women with disabilities are reflected in the PVAW narratives?
Monitor and evaluate our work	
<p>14 Assess the effectiveness and impact of organisational and partnership community education initiatives to improve and expand actions and programs.</p>	<ul style="list-style-type: none"> • How will we know the effectiveness of our community education activities in the region?
<p>15 Partner with researchers with expertise in disability to evaluate community education initiatives and develop measures of good practice and impact.</p>	<ul style="list-style-type: none"> • Who can help us to measure and assess the impact of our community education activities?



Guideline Four Workforce Development

Objective: WHSs and their partners develop their staff and volunteers' skills and understandings about the potential harms to women with disabilities and practices for preventing violence against women with disabilities.

What does this mean?

This is about ensuring that the WHSs and partners' workforces have opportunities to build their knowledge and skills of women with disabilities. This requires appreciation of the specific environments within which girls and women with disabilities interact and receive supports, i.e. at home, at work, at school, in disability programs and in social activities.

This involves educating workers about community attitudes and beliefs about women with disabilities, including stereotypes about expected behaviours and capacities, and disability as a social construct, the social model of disability. By using a gender lens and the social model of disability, workers can develop more sophisticated understandings about violence against women with disabilities and how to prevent it.

The disability service environment is changing with the roll out of the NDIS. This has required disability organisations to transition to new ways of working with people with disability. To this end disability organisations have been providing staff training to orientate staff to the NDIS. This is an important opportunity to integrate PVAW principles with training programs in order for disability workers to build their knowledge on PVAW in relation to women with disabilities.

Why does it matter?

Workforces need to have well-developed understandings about how the layers of misinformed and negative community understandings and attitudes towards people with a disability can lead to violence against women with disabilities.

What can we do now and what can help us do this work?

The following actions and resources can help to initiate changes within WHSs and their partners toward primary prevention that is inclusive of women with disabilities.

Actions 1 and 2 provide an important foundation for the other actions suggested for this Guideline by facilitating understanding, connection, learning and exchange about PVAW, women with disabilities and the organisations that work with them. It also enables WHS's to extend and adapt existing professional development activities already in place.

Guideline Four: Workforce Development

Action	Questions to help decide where to start
Promote training on gender and disability and PVAW principles	
<p>1 WHSs advocate for the development and implementation of professional education and learning programs on gender and disability beginning with settings where links exist and a level of interest is evident, including disability organisations.</p>	<ul style="list-style-type: none"> • What professional development programs are available in the region on gender and disability? • Who is involved in designing and delivering these programs? • Are these programs sufficient or do they need to be further improved?
<p>2 WHSs work with disability organisations to prioritise PVAW training within organisational training programs, including training on transitioning to the NDIS. The examination of systems that can cause harm to women with disabilities should be central to the training.</p>	<ul style="list-style-type: none"> • Who are the key disability organisations in the region? • How do they address PVAW with disabilities within the NDIS service framework? • What more can be done to prioritise PVAW with disabilities training?
<p>3 WHSs work with women with disabilities, disability workers, managers and learning and development staff to design programs that are well anchored in all key aspects of prevention of violence against women with disabilities.</p>	<ul style="list-style-type: none"> • How can we link up with women with disabilities and disability organisations? • How can women with disabilities and disability organisations help us to design PVAW learning and development programs inclusive of women with disabilities?
<p>4 WHSs strengthen the links and communication between the disability and PVAW sectors to ensure a better understanding of the interaction between disability and gender for prevention.</p>	<ul style="list-style-type: none"> • What are our current links with the disability sector? • How can we strengthen these links to exchange information?
<p>5 Embed information about violence against women with disabilities in disability and PVAW workforce plans.</p>	<ul style="list-style-type: none"> • What can we include in PVAW workforce plans to make sure they are inclusive of women with disabilities?
<p>6 WHSs develop or use/adapt available, quality professional education programs for initial training, induction and ongoing professional development for managers, staff and workers.</p>	<ul style="list-style-type: none"> • What are appropriate professional education programs in relation to PVAW with disabilities? • Do existing programs need to be further developed, how?

Guideline Four: Workforce Development

Action

Questions to help decide where to start

Monitor and evaluate our work

7 WHSs undertake a Gender Equality and Prevention Audit to identify staff understanding of the interaction of gender, disability, discrimination and its impact on women with disabilities in the organisation and their community; and develop interventions to address the most pressing needs revealed in the audit.

- What questions do we need to ask staff to identify their understanding of gender, disability, discrimination and its impact on women with disabilities?
- What actions can further improve staff understandings?



Guideline Five Leadership and Advocacy

Objective: WHSs, their partners and women with disabilities lead social change to prevent violence against women with disabilities.

What does this mean?

This is about the promotion, resourcing and supporting of women with disabilities to voice their lived experiences to inform PVAW work.

It is also about the generation of opportunities for women with disabilities to take up formal and informal leadership roles in WHSs and other organisations; and in the community as advocates, trainers and workers.

Why does it matter?

Organisations and community systems recognise and take note of those in leadership roles both formal and informal. Leadership roles have influence and power and can mobilise others and systems to pay attention to particular issues and to change. The voices of women with disabilities are essential for leading prevention strategies and for inclusive and respectful PVAW work.

What can we do now and what can help us do this work?

The following actions and resources can help to initiate changes within WHSs and their partners toward primary prevention that is inclusive of women with disabilities.

Action 1 is essential to inclusive PVAW practice for women with disabilities. Action 7 may be a good place to begin taking action as it takes advantage of an existing and successful program already available.

Guideline Five: Leadership and Advocacy

Action	Questions to help decide where to start
Engage and support women with disabilities in leadership roles	
<p>1 WHSs engage women with disabilities, especially those who have experienced violence to have a leadership and advocacy role in community and organisational prevention forums from planning and governance through to implementation and evaluation.</p> <p>This involves ensuring budgets take account of transport, auslan, support workers and sitting/consultation fees for women with disabilities to be involved.</p>	<ul style="list-style-type: none"> • Who are the women with disabilities in the community that can have a leadership role? • How can we work with these women across all areas of PVAW work?
<p>2 WHSs and their partners develop initiatives to support and mentor women with disabilities to take up leadership and advocacy roles in organisations and the community using individual and group based strategies.</p>	<ul style="list-style-type: none"> • How can we identify women with disabilities to mentor? • How will we mentor women with disabilities?
Support opportunities for women with disabilities to voice their lived experiences and expertise	
<p>3 WHSs provide opportunities for women with disabilities to have their views as central in all prevention planning and activities.</p>	<ul style="list-style-type: none"> • How will we involve women with disabilities in planning activities?
<p>4 WHSs and their partners advocate for opportunities and pathways for women with disabilities to participate on Community Boards, Local Government committees, advisory groups and Councils and government bodies</p>	<ul style="list-style-type: none"> • What activities can we undertake to help women with disabilities to participate on key boards and committees?
<p>5 WHSs support leadership development work by women with disabilities to the private sector. This is increasingly important as NDIS rolls out and competitive arrangements extend to the wider social services system including aged care.</p>	<ul style="list-style-type: none"> • What activities can we undertake to support women with disabilities to have a leadership role in the for profit sector?

Guideline Five: Leadership and Advocacy

Action	Questions to help decide where to start
<p>6 WHSs equip women with disabilities with advocacy and leadership skills including young women to develop the next generation of leaders and advocates.</p>	<ul style="list-style-type: none">• What activities or programs can we implement to equip young women with disabilities with advocacy and leadership skills?
<p>7 Promote and extend the implementation of the WDV Enabling Women Leadership program in individual organisations and throughout the regional partnership. This program, designed specifically for women with disabilities, builds leadership skills, increases understanding of rights and how to advocate for them, expands community networks, connects participants with other women and builds self confidence</p>	<ul style="list-style-type: none">• How can we promote the leadership development work of WDV?
Advocate for the NDIS to embrace PVAW principles in service design	
<p>8 WHSs liaise with regional NDIA offices to advocate the inclusion of PVAW principles in disability services design.</p>	<ul style="list-style-type: none">• How can we link with NDIA to advocate for PVAW in service design?
Monitor and evaluate our work	
<p>9 WHSs formally encourage and provide pathways for the engagement of women with disabilities in the design, conduct and evaluation of PVAW leadership and advocacy programs and activities.</p>	<ul style="list-style-type: none">• How will women with disabilities be involved in the evaluation of PVAW leadership and advocacy programs?



Guideline Six | **Research, Monitoring and Evaluation**

Objective: WHSs and their partners undertake and/or promote evaluative activities to assess the impact and outcomes of primary prevention for women with disabilities who have experienced violence.

What does this mean?

This is about monitoring, evaluating and building evidence of the effectiveness and impact of primary prevention strategies for women with disabilities. It involves developing theoretical and practice-based research projects that assess the impact and outcomes of primary prevention strategies; as well as collecting data on PVAW activities that can contribute to the story of the value of PVAW work in relation to women with disabilities.

Why does it matter?

Population, health and community issues research critically underrepresents the presence and impact of violence against women with disabilities. Through academic and practice-based research and evaluation we can build empirical data that can inform primary prevention strategies.

Robust evaluation data enables us to direct our efforts to strategies that are most effective, have the greatest impact and can improve and strengthen programs. They also enable us to use our limited resources wisely. Data on prevention, especially that generated on a partnership/regional basis, helps support the case for funding.

What can we do now and what can help us do this work?

The following actions and resources can help to initiate changes within WHSs and their partners toward primary prevention that is inclusive of women with disabilities. Action 2 establishes the foundation for monitoring, evaluation and research by capturing disaggregated data to allow information to be gathered and analysed for PVAW and women with disabilities. Action 5 provides an appropriate framework necessary to capture the data.

Guideline Six: Research, Monitoring and Evaluation

Action

Questions to help decide where to start

Utilise methodologies suitable for PVAW work in relation to women with disabilities

- 1 WHSs determine methodologies, such as participatory action research, that are fit for purpose to investigate prevention activities. Central to such approaches are reflective practice and learning strategies that lead to program improvement and capacity development. See Vic Health's paper on methodological approaches relevant for PVAW (Victorian Health Promotion Foundation Resource Papers 3 and 4, n.d.) and for tools to support reflective practice.

- What methods can we use to investigate the effectiveness and outcomes of PVAW activities?
- Who can help us with this work?

Develop data sets that can inform PVAW work with women with disabilities

- 2 WHSs collect program data that disaggregates information for women with disabilities in conjunction with other data normally collected to inform PVAW initiatives. Broader Data about PVAW and women with disabilities can be obtained from the Literature Review that informed this Project (available on the WDV website) and the Resource List at the end of this document.

- What type of data do we need to collect in relation to women with disabilities?
- How can we collect this data?

Advocate for research on violence against women with disabilities

- 3 WHSs identify and include research projects as part of regional planning including partnering with university researchers.

- In what areas of PVAW with disabilities work do we want more research?
- What are the questions that we want the research to answer?

- 4 WHSs advocate for PVAW research projects and funding for women with disabilities by generating evidence to demonstrate impact and effectiveness of prevention of violence programs for women with disabilities.

- How can we provide evidence for the need to do more research in PVAW with disabilities?

Guideline Six: Research, Monitoring and Evaluation

Action

Questions to help decide where to start

Develop a PVAW monitoring and evaluation framework and associated tools inclusive of women with disabilities

- 5** WHSs develop and or adapt a simple monitoring and evaluation framework that can be used by all WHSs across all regional planning activities to capture key information about disability inclusiveness, monitor progress and outcomes/impacts.
- What are the key areas that we can monitor and evaluate in relation to the inclusion of women with disabilities in our work?
 - How can we develop a framework that all WHSs can use?

- 6** WHSs develop and refine workable tools and strategies for disability inclusiveness based on monitoring and evaluation data for use in the partnership and beyond.
- See Women with Disabilities Victoria's *Our Right to Safety and Respect: Guidelines for developing resources with women with disabilities about safety from violence and abuse* for resources that help women with disabilities to recognise abuse, understand their rights and identify options for support <http://www.wdv.org.au>.
- What tools and strategies do we need to include women with disabilities?

Build monitoring and evaluation capacity

- 7** WHSs equip managers and staff to undertake monitoring and evaluation activities on disability inclusiveness and contribute to research projects.
- What do managers and staff need to learn about how to monitor and evaluate the inclusion of women with disabilities?
- 8** Engage women with disabilities in evaluation and research activities.
- How will we include women with disabilities in evaluation and research activities?

Resources

Association for Children with a disability

Information about girls with disability
<http://acd.org.au/>

Better Evaluation

Frameworks, methodologies and resources for conducting evaluations
<http://www.betterevaluation.org/>

Carers Victoria

To raise awareness of the intersection of gender and disability
<http://www.carersvictoria.org.au/>

Deakin University

Safer Sexual Lives Program – Peer led. (Disability Connections Victoria, n.d.). See also Deakin University's research based Sexual lives and Respectful Relationships Program. (Deakin University, n.d.)

Kotter International

Change management approaches
<https://www.kotterinternational.com/8-steps-process-for-leading-change/>

Local Government

- Local Council metro/rural disability access workers have information about disability organisations in your region
 - Most local councils have a Disability Advisory Committee comprising people with disability
 - Disability Action Plans developed by Local Councils
 - Australian Local Government Association (ALGA) Disability Inclusion Planning – A Guide for Local Government provides information and tools to help councils update, develop and implement inclusive policies and practices to ensure people with disabilities have equal access to services and facilities in their municipalities
<http://alga.asn.au/?ID=14814&Menu=50%2c601>
 - Municipal Association of Victoria – Creating a more inclusive community for people with a disability framework
<http://www.mav.asn.au/policy-services/social-community/ageing-disability/disability/Pages/default.aspx>
 - Municipal Association of Victoria (MAV) has a number of resources and reported initiatives on violence prevention and disability
<http://www.mav.asn.au/search/Results.aspx?k=violence%20disability>
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National Disability Insurance Scheme – NDIS

<https://www.ndis.gov.au/>

Our Watch

- Policy Brief 2
<https://www.ourwatch.org.au/Media-Resources?p=9>
 - Change the Story
<https://www.ourwatch.org.au/What-We-Do/National-Primary-Prevention-Framework>
 - Respectful relationships toolkit includes a ‘How to do a gender audit’ It would need to be adapted to women with disabilities.
<https://www.ourwatch.org.au/What-We-Do/Respectful-relationships-education/Whole-School-Approach-Toolkit>
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SCOPE

Easy English Writing Style Guide – Communication Resource Centre SCOPE
<http://www.scopeaust.org.au/easy-english-resources/>

South West Carer & Respite Network’s

Engaging women with disabilities and developing a community campaign/action plan to focus and coordinate community education
<http://www.respitebarwonsouthwest.org.au>

Vic Health

Vic Health Guide to evaluating prevention programs (Victorian Health Promotion Foundation Concise Guide to Evaluation)
<https://www.vichealth.vic.gov.au>

Victorian Equal Opportunity and Human Rights Commission

Has a number of guidelines and resources relevant to improving the inclusion of people with disability in relation to, e.g. people’s rights, workforce issues, organisational structures and culture etc.
<http://www.humanrightscommission.vic.gov.au/>

Victorian Government

- Department of Health and Human Services – Access and facilities checklist
<http://www.dhhs.vic.gov.au/for-business-and-community/community-involvement/people-with-a-disability-in-the-community/accessible-goods,-services,-facilities-and-events/accessible-facilities-and-events/accessible-facilities-checklist>
- Office for Disability Victorian Department of Health and Human Services
<http://www.dhhs.vic.gov.au/about-the-department/our-organisation/organisational-structure/office-for-disability>
- The Departments of Premier and Cabinet and Health and Human Services offer policy and planning frameworks and strategies relevant to the Prevention of violence against women and in the case of DHHS, Disability
<http://www.dpc.vic.gov.au/> – Department of Premier and cabinet (DPC)
- Department of Health and Human Services
<https://dhhs.vic.gov.au/>
- State Disability Plan – Links to support services and tools
<https://dhhs.vic.gov.au/disability>
- Department of Education and Training – PVAW awareness for girls in early years settings
<http://www.education.vic.gov.au>
- Regional Advocacy Services
<http://www.dhs.vic.gov.au/for-service-providers/disability/protecting-rights/disability-advocacy/disability-advocacy-organisations>

Victorian Women's Register

Encouraging women with disabilities to 'Get on a Board'
<http://getonboard.vic.gov.au/>

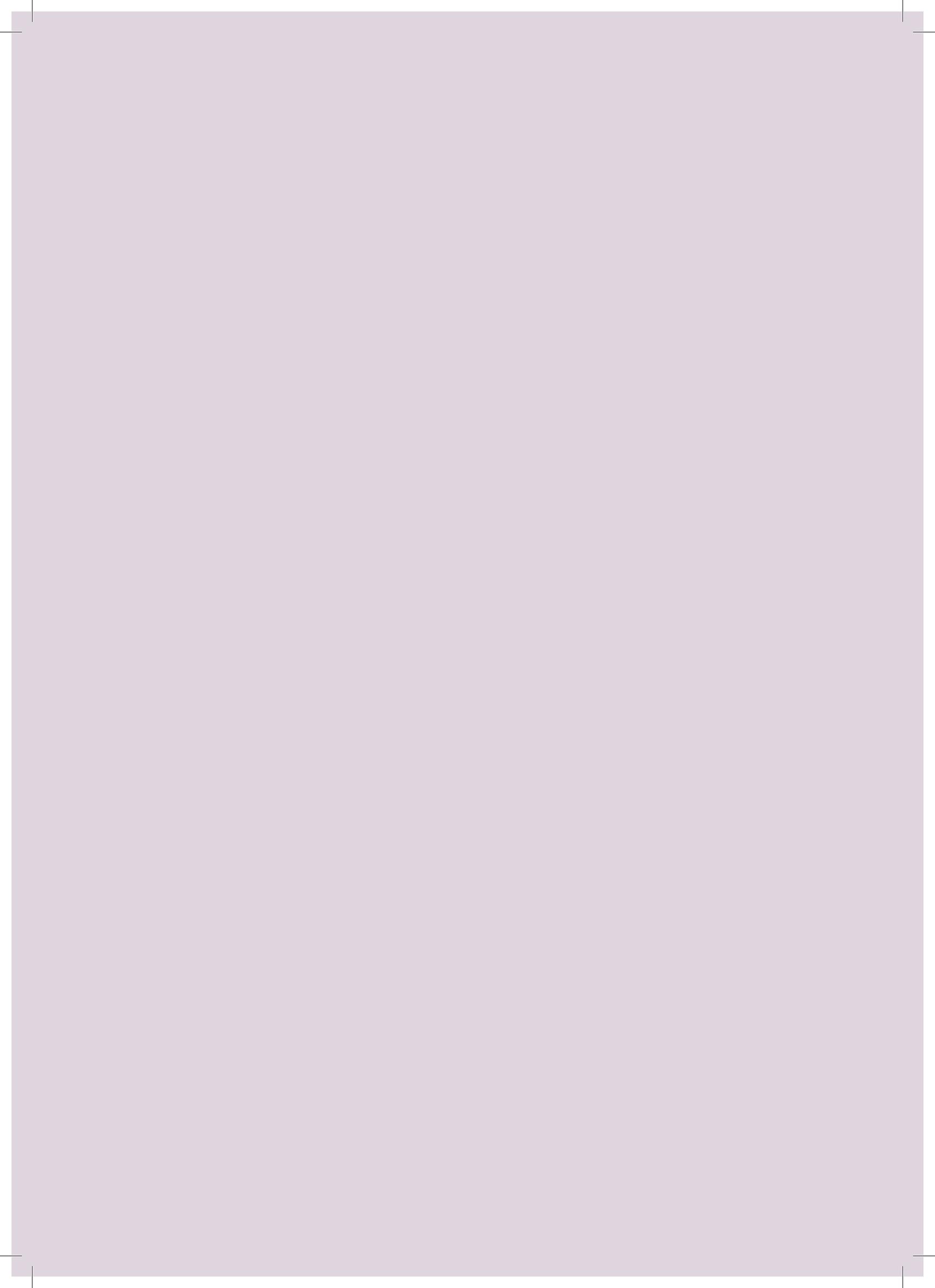
Women with Disabilities Victoria

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

- Violence Against Women with Disabilities information and resources – see particularly the Fact Sheet on Violence Against Women with Disabilities and links to research such as Voices Against Violence (WDV, Office of the Public Advocate and Domestic Violence Resource Centre). Includes recommendations about primary prevention via addressing gender norms and stereotypes and implementing/evaluating prevention strategies
- WDV e-news and social media
- Voices Against Violence
- WDV (2016), Industry Demand Analysis of the Workforce Development Program on Gender and Disability
- Gender and Disability Workforce Development Program
http://wdv.org.au/our_work.htm#workforcedevelopment
- Enabling women leadership program
http://wdv.org.au/our_work.htm#leadership
- *Our Right to Safety and Respect: Guidelines for developing resources with women with disabilities about safety from violence and abuse*
www.wdv.org.au

Women's Health West

The Sunrise Women's Program offered by Women's Health West is an example of a regional group supporting women with disabilities
<http://whwest.org.au/>



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