

Submission to Australian Law Reform Commission review of the Family Law System

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**Contents**

[**About Women with Disabilities Victoria** 3](#_Toc529796895)

[**Introduction** 3](#_Toc529796896)

[**A note about language** 5](#_Toc529796897)

[**Commentary on proposals and responses to questions** 6](#_Toc529796898)

[Supported decision making 6](#_Toc529796899)

[Supporting people with a disability via the National Disability Insurance Scheme (NDIS) 8](#_Toc529796900)

[Specialist support to people with disability in the family law system 8](#_Toc529796901)

[Forced sterilisation 9](#_Toc529796902)

[Assessing a woman with a disability’s ability to parent 10](#_Toc529796903)

[**Recommendations** 12](#_Toc529796904)

[**References** 15](#_Toc529796905)

## **About Women with Disabilities Victoria**

Pictured: Women with Disabilities Victoria members, associate members, board, staff and supporters.

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.

Our gender perspective allows us to focus on areas of particular inequity to women with disabilities: access to women’s health services, gendered National Disability Insurance Scheme (NDIS) services and safety from gender-based violence. We undertake research and consultation. We provide professional education, representation, information and leadership programs for women with disabilities.

We have dedicated particular attention to the issue of men’s violence against women with disabilities, due to its gravity and prevalence in our lives. Since 2009 we have had a Policy Officer, funded by the Victorian Government, to focus on violence against women with disabilities. This has been a valuable resource for the community sector and government. Our representation at the Royal Commission into Family Violence in Victoria (RCFV) contributed to sixteen RCFV recommendations with specific disability content, and our representation to the Victorian Parliamentary Inquiry into Abuse in Disability Services resulted in a chapter on gender in the Committee’s final report.

Under Victoria’s Plan to Address Violence Against Women and Children we were funded to pilot a ground breaking workforce development 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 ‘Voices Against Violence’.[[1]](#footnote-1) This was the result of a two year 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, studying literature, OPA files, legislation, and interviewing OPA staff and women with disabilities.

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

**Introduction**

*“Despite the evolution of normative frameworks concerning both the human rights of women and of persons with disabilities, the impact of the combined effects of both gender and disability have not gained sufficient attention, and violence against women with disabilities remains largely unaddressed.”* - Rashida Manjoo, UN Special Rapporteur on Violence against Women, its Causes and Consequences.

Women with Disabilities Victoria welcomes the opportunity to contribute to the Australian Law Reform Commission’s (ALRC) Review of the Family Law System Discussion Paper. As an organisation run by and for women with disabilities, we strongly support the Discussion Paper making note of priority issues for people with disabilities in the family law system. The entire Australian legal system should provide an environment that all people with disabilities can access and fully participate in, in accordance with the *Disability Discrimination Act* 1992 (Cth) and the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD).

However, we wish to highlight some of the issues specific to women with disabilities as people who come into contact with the family law system. Recently, the Victorian Royal Commission into Family Violence found that women with disabilities experience all kinds of violence at higher rates, increased severity and for longer than other women.[[2]](#footnote-2) Research also suggests that women with disabilities experience violence over their lifetime at the hands of a greater number of perpetrators.[[3]](#footnote-3)

Violence against women with disabilities is a result not only of systemic gender-based discrimination against women, but also of disability-based discrimination against people with disabilities. These intersect with other sources of power inequalities, such as colonisation, ethnicity, citizenship status, sexuality, age and class. As a result, women with disabilities experience specific forms of violence that are often invisible to others, as well as experiencing the violence and abuse that is common to all women.

Women with disabilities are at a greater disadvantage in responding to violence. As we found in our research ‘Voices Against Violence’, this is often because women with disabilities may not perceive that what is occurring is violence. Even when women with disabilities do register complaints of violence, we are less likely to be believed.[[4]](#footnote-4) Assumptions and stereotypes about carers on the other hand, depict carers as generous, hardworking people taking on ‘burdens of care’, which does not always reflect the reality of violence and abuse that can be perpetrated against women with disabilities by those responsible for our care. As we found in our ‘Voices Against Violence’ research, many women with disabilities are made to feel that they should be grateful to anyone who was providing care for them.[[5]](#footnote-5)

Women with disabilities also do not enjoy the same levels of social and economic resources as the general community and are more likely to live in poverty.[[6]](#footnote-6) Because of negative community attitudes towards disability, ingrained cultural assumptions, systemic disadvantage and discrimination, we also experience high rates of removal of our children from our care, particularly through the child protection system or through parenting orders in the Family Court. Mothers with disability are up to ten times more likely than other parents to have a child removed from their care by authorities on the basis of the mother’s disability, rather than any evidence of child neglect.[[7]](#footnote-7) If a child is ultimately placed in permanent care as a result of formal removal or child protection intervention, the legal relationship between the child and the parents is effectively severed.

We specifically support taking a social model approach to understanding disability. This approach is reflected in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).[[8]](#footnote-8) The social model of disability provides a conceptual framework for social inclusion and does not see having an impairment itself as a barrier. A social model of disability views disability as the result of the interaction between living with impairments and an environment filled with physical, attitudinal, communication and social barriers. The social model of disability is a recognised way to view and address barriers to social inclusion[[9]](#footnote-9) and is the approach the ALRC should take towards disability in any review of the family law system and in making recommendations for law reform. A social model view of disability should also recognise the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

We also stress the need for an intersectional and human rights-based approach to the family law system which acknowledges the intersection of gender, disability, language, cultural background and other characteristics or identities that are associated with disadvantage. Such an approach should also acknowledge the rights of adults *and* children, including women’s rights to live free from violence and abuse as well as the disadvantage women face in the family law system, acknowledging that the family law system can be used by perpetrators to further victimise women and children.

A dominant fear for women with disabilities interviewed in our research is that their children would be removed if they told anyone about their experiences of family violence.[[10]](#footnote-10) Sadly, these fears are often realised. For interviewees in our research, children were sometimes placed in the custody of a violent partner without a disability. While we understand that one of the influences of the family law system is upholding the best interests of children, for women with disabilities, a child centred approach to post-separation parenting causes concern, as the child protection system and courts have been shown to significantly discriminate against women with disabilities as parents. Much of the perceived parenting difficulties experienced by parents with disabilities are most likely to be due to social and economic factors such as poverty, inadequate housing, and social isolation, rather than due to their disabilities.[[11]](#footnote-11) This is why we recommend that safety for women must be specifically recognised as a key pillar of the *Family Law Act 1975* (Cth) (‘Family Law Act’).

## **A note about language**

Many people with disabilities have come to refer to themselves as ‘targeted’ and ‘at risk’ rather than ‘vulnerable.’ This change of language shifts the focus away from a blaming tone towards the victim/survivor – and on to the people who choose to abuse people with disabilities and the social conditions that make this common. Where relevant, this language should be adopted over language which paints women with disabilities as powerless.

*“I found they [court workers] were as supportive as they could be… It was more the system that prevented them or myself accessing other things.*

*I found the actual physical accessibility to the courts… was horrible! I had to ride past Ethan [the man who raped her], nearly running over his feet because there wasn’t enough space between the chairs to get to the witness stand. It’s bad enough having to go to court as it is, without trying to meander through this and knocking that chair, knocking that chair and then you’re faced with steps, either that or you sit there, feeling naked because there’s nothing around you in your wheelchair. It disempowered me going in to that court. Steps up to the witness stand!*

*And that was the big beef I had with the court system. Given the amount of cases they must hear every day and the number of re-vamps they’ve done and renovations they’ve obviously not taken disability in to consideration within the court.”* - Janet. [[12]](#footnote-12)

**Commentary on proposals and responses to questions**

We base these responses and recommendations on our research, reports from stakeholders and consultation with members.

### **Supported decision making**

**Proposal 9 -1:** The Family Law Act 1975 (Cth) should include a supported decision making framework for people with disability to recognise they have the right to make choices for themselves. The provisions should be in a form consistent with the following recommendations of the ALRC Report 124, Equality, Capacity and Disability in Commonwealth Laws: Recommendations 3–1 to 3–4 on National Decision Making Principles and Guidelines; and Recommendations 4–3 to 4–5 on the appointment, recognition, functions and duties of a ‘supporter’.

We agree that a renewed *Family Law Act* 1975 (Cth) should include a supported decision making (SDM) framework to ensure that people with disabilities have a right to make choices for themselves. We agree that these provisions should be consistent with the ALRC’s recommendations in ALRC Report 124, Equality, Capacity and Disability in Commonwealth Laws and the UNCRPD.

A supported decision-making framework within the *Family Law Act* 1975 (Cth) should ensure that the role of supporters is to assist people with disabilities to make their own decisions, where such support is needed or requested by the person. The will, preferences and rights of persons with disabilities should direct the decisions that affect their lives and this should guide decision making supporters. It should be clear within the framework that the role of supporters is to assist the person with disabilities to make decisions, and not their family members, carers or other people in their lives.

Under the decision making framework, a person who requires decision-making support should be able to choose to be assisted by a supporter, and to cease being supported at any time. It is important to recognise that there are many different forms of disability, and provisions around supported decision making needs to be applied accordingly. One woman with a disability may want access to a supporter, another woman with a disability may not. The use of supporters should be sensitive to what is wanted by a woman with a disability on a case by case basis and what is appropriate in the circumstances. People with disabilities should also be able to have a choice in who their supporter is, or able to express their preference in the gender of their supporter.

**Proposal 9-2:** The Australian Government should ensure that people who require decision making support in family law matters, and their supporters, are provided with information and guidance to enable them to understand their functions and duties.

All Australian courts have a duty under the *Disability Discrimination Act* 1992 (Cth) to ensure that the buildings, information and services it provides are accessible. Accessible information and guidance on the functions and role of a person requiring decision making support, and their supporter(s), must be made readily available. To be accessible to all people with disabilities, this information and guidance must be provided in a range of accessible digital and non-digital formats, including through Auslan interpreting, braille and Plain and Easy English versions. The family law system information package (Proposal 2-7) should also be accessible in a range of languages and formats and materials, and should be designed and user-tested for accessibility by women with disabilities. Discussion of materials in court should be in Plain English, where possible, and court staff must undertake disability awareness training.

To this proposal, we would add that it is crucial that accessible legal information and legal assistance is genuinely accessible to all parties in the Family Court. We support efforts to improve the clarity and accessibility of the law generally, as this is also part of the meaning of ‘accessibility’.

Additionally, adversarial court environments can often be intimidating, and there are still courts which do not provide sufficient physical access for people with disabilities. A recent disability access survey report by Women with Disabilities Victoria identified a wide range of practical obstacles experienced by women with disabilities attending courts. Issues included an inability to access private interview rooms in a wheelchair; women with impaired hearing missing their matter being called over the public announcement (PA) system; and stairs, heavy doors and other impediments which made the court premises difficult or impossible to access.[[13]](#footnote-13) The survey also found that the inaccessible condition of court facilities made women with disabilities feel unsafe. This was further exacerbated as perpetrators of violence could also be present in the environment. Women in the survey reported that experiencing restricted freedom of movement in courts made it easier for perpetrators to know where they would be in the building and made it harder for them to escape. While no acts of physical violence occurred to the women survey in court buildings, we must acknowledge the trauma this causes, and the potential for controlling forms of violence to occur.

As a result, the accessibility of courts where family law matters are heard needs to be improved as a matter of priority. We also argue that there must be adequate provisions of separate waiting areas for applicants and respondents, safe entrances and exits, improved disability access and private spaces. Courts where family law matters are heard need to also create an environment that is comfortable and accessible for all affected persons, regardless of whether they require decision making support.

**Proposal 9-3:** The Family Law Act 1975 (Cth) should include provisions for the appointment of a litigation representative where a person with disability, who is involved in family law proceedings, is unable to be supported to make their own decisions. The Act should set out the circumstances for a person to have a litigation representative and the functions of the litigation representative. These provisions should be in a form consistent with recommendations 7–3 to 7–4 recommendations of ALRC Report 124, Equality, Capacity and Disability in Commonwealth Laws.

Noting that the restriction of legal capacity has a serious impact, we believe further consultation is needed around any provisions in the *Family Law Act* 1975 (Cth) around litigation representatives in family law proceedings (including Proposal 9-4; Proposal 9-5). More detail needs to be provided as to what provisions for appointment are being proposed and the research it is based on. Consideration should be given to the ALRC Report 124, Equality, Capacity and Disability in Commonwealth Laws, the UNCRPD and user-led experiences, acknowledging that the legal and decision making capacity of a person with disabilities must always be presumed and their right to legal representation and right to equality before the law be respected.[[14]](#footnote-14)

Additional considerations at this stage include: the role of an appeal process for decisions that a litigation representative be appointed, how the process should be explained to the person with disabilities and safeguards to ensure that the wishes of the person with disabilities, and not their family members, carers or other people in their lives are heard. Representatives could be appointed in circumstances where a person with disabilities could in fact be supported to make their own decisions, especially if court staff and family law professionals do not have contemporary understanding and awareness of disability.

**Supporting people with a disability via the National Disability Insurance Scheme (NDIS)**

**Proposal 9-6:** The Australian Government should work with the National Disability Insurance Agency (NDIA) to consider how referrals can be made to the NDIA by family law professionals, and how the National Disability Insurance Scheme (NDIS) could be used to fund appropriate supports for eligible people with disability to: build parenting abilities; access early intervention parenting supports; carry out their parenting responsibilities; access family support services and alternative dispute resolution processes; and navigate the family law system.

It is the role of the National Disability Insurance Agency (NDIA) to fund people's daily disability support requirements. Women with Disabilities Victoria supports the family law system building links with the NDIA, specifically supporting the NDIA to better understand family violence, and family and parenting issues for people with disabilities. However, this does not diminish the court system’s responsibilities under the *Disability Discrimination Act* 1992 (Cth) to provide accessible services and information for people with disabilities, whether they are an NDIS participant, or among the majority of Australians with disabilities, who will not receive NDIS funding.[[15]](#footnote-15)

Referrals to the NDIA, or any other service or government body, should only be made with the fully informed consent of the woman with in question. Access to parenting for women with disabilities, through parenting orders, should not be contingent upon accepting a referral to the NDIS for individual support. If a judge determines that parenting supports are required, these must be provided in a way which the woman with a disability is given a choice about – including whether these supports are obtained through mainstream or community services or the NDIS, and the nature, frequency and type of these supports.

Family law professionals, including judges, must be provided with adequate training to understand parenting for people with disabilities, particularly women with disabilities, if they are allowed to make these referrals. Any discussion between family law professionals, the Australian Government and the NDIA need to include the person in question – while women with disabilities should be supported to stay in their parenting or caring roles, including accessing family support services, this must be done in a way that respects their autonomy, their goals, preferences and wishes.

It is important to remember that most people with disabilities, indeed most women with disabilities, will not access the NDIS as participants with individual NDIS plans. We would also point out that there is an underlying assumption in the way this question is framed which suggests that being a parent or a mother with a disability is a barrier to parenting – which is not the case.

### **Specialist support to people with disability in the family law system**

**Proposal 9-7:** The Australian Government should ensure that the family law system has specialist professionals and services to support people with disability to engage with the family law system.

We broadly endorse this proposal. However, any specialist professionals and services to support people with disability to engage with the family law system must have sufficient training in family violence. It is our observation that there is a lack of understanding of family violence, trauma and risk among judges, report writers and court staff and trained family violence specialists professionals would be beneficial. Professionals should also be recruited in a way that encourages people with disability to apply for these roles and roles should also be reserved for women. It is important that diverse women are represented in these roles, for example Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander women with disabilities should be prioritised in these specialist and support roles.

**Forced sterilisation**

**Question 9-1:** In relation to the welfare jurisdiction: should authorisation by a court, tribunal, or other regulatory body be required for procedures such as sterilisation of children with disability or intersex medical procedures? What body would be most appropriate to undertake this function? In what circumstances should it be possible for this body to authorise sterilisation procedures or intersex medical procedures before a child is legally able to personally make these decisions? What additional legislative, procedural or other safeguards, if any, should be put in place to ensure that the human rights of children are protected in these cases?

Women with Disabilities Victoria raises concerns about this question and the way in which it is framed. Forced or coerced sterilisation in the absence of the free and informed consent of an individual, including where sterilisation has been authorised by a third party, is a human rights violation. It is internationally recognised as a form of torture and is a form of violence against women.[[16]](#footnote-16) Forced and coerced sterilisation has long-lasting physical, psychological and social effects and causes severe mental pain and suffering, extreme psychological trauma, including depression and grief.[[17]](#footnote-17) Laws which allow for the forced and coerced sterilisation of women and girls with disabilities and performance of medical procedures for those born with intersex characteristics before they are legally able to make such decisions should be abolished, unless in circumstances where there is a serious threat to life.

Women with Disabilities Australia, our sister organisation, has previously provided numerous submissions and reports to successive Australian Governments on this issue. Since 2005, six out of the seven United Nations committees tasked with monitoring implementation of treaties to which Australia is a party have called on successive Australian Governments to legislate to end forced and coerced sterilisation.[[18]](#footnote-18) The Family Law Act should be amended to remove all provisions which allow it to provide authorisation for such procedures, except where there is a serious threat to life. As an immediate action, we recommend that national legislation be enacted prohibiting, except where there is a serious threat to life, the use of sterilisation of girls, regardless of whether they have a disability, and of adult women with disabilities in the absence of their fully informed and free consent. We also advocate for an apology to victim/survivors and the establishment of a redress scheme.

### **Assessing a woman with a disability’s ability to parent**

**Proposal 10-13:** The Family Law Act 1975 (Cth) should provide that, where concerns are raised about the parenting ability of a person with disability in proceedings for parenting orders, a report writer with requisite skills should: prepare a report for the court about the person’s parenting ability, including what supports could be provided to improve their parenting; and make recommendations about how that person’s disability may, or may not, affect their parenting.

We support the principles behind this proposal. We are supportive of the family law system and family law professionals working in a supportive capacity with women with disabilities to maintain and develop their parenting skills and connect them with mainstream and/or community supports, where this is helpful. However, there is an underlying assumption in the broader community that having a disability is a barrier to parenting – this is not the case. Where there are concerns about a woman with disability’s parenting abilities, connecting the mother with support options that assist her and her children to remain in the home safely is the best approach. Women with disability should be able to be receive encouragement and assistance from the community and other service systems in order to parent successfully.

Because of negative community attitudes towards disability, ingrained cultural assumptions, systemic disadvantage and discrimination, parents with disabilities, but particularly women with disabilities, experience high rates of removal of our children from our care, particularly through the operation of the child protection system across the states and territories and the courts. Because of this, we caution that the use of report writers could be utilised by perpetrators abusing the family law system in order to further victimise women and children; this is particularly a concern for proceedings for parenting orders and in situations where family violence and abuse has been disclosed. The potential for perpetrators to successfully convince the court and/or family law professionals that a woman’s disabilities are a barrier to parenting is likely to heighten and facilitate disability-abuse against women with disabilities in family law matters. We stress that the rights of all children to be raised by their natural parents wherever possible, whether or not they or their parents have a disability, needs to be respected.

Laws which permit the writing of reports, particularly from those without specified requirements to have disability awareness or understanding of the dynamics of family violence, to assess a parent’s parenting abilities in the Family Court process are likely to perpetuate discriminatory practices. If employed by the courts, report writers must be informed by the significance of responses to women and children with disability and should address the support needs of women with disabilities only. Report writers must ideally represent the wishes of the person with a disability, have an understanding of disability and of family violence.

*“... [A]s my ‘carer’ they’d look to him, oh, and he’d discredit me and then they’d not believe what I’d say. And ‘oh, she’s just making this up’. The whole community could not believe that this person could do this. It makes it so much harder for the victim to voice something ‘cause they know nobody’s going to believe them!”* – Michelle.[[19]](#footnote-19)

**Recommendations**

Women with Disabilities Victoria make a number of submissions in relation to ALRC’s review of the family law system. These include:

1. That the ALRC takes a social model approach to understanding disability and inclusion.
2. That the family law system take an intersectional and human rights-based approach which acknowledges the intersection of gender, disability, language, cultural background and other characteristics or identities that are associated with disadvantage.
3. The ALRC and courts which hear family law matters, make a commitment to fulfil their obligations under the *Disability Discrimination Act* 1992 (Cth).
4. That the *Family Law Act* 1975 and the Family Law Rules are amended to include recognition and an understanding of intersectional discrimination.
5. That the ALRC takes an approach that acknowledges the human rights of adults *and* children, including the rights as enshrined in the Convention on the Rights of Persons with Disabilities (CRPD), Convention on the Rights of Children (CRC) and Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).
6. That the review of the family law system recognise the evolving capacities of children with disabilities and respect the rights of children with disabilities to preserve their identities.
7. That family court proceedings be made accessible and emphasise ease of use of the family law system, by simplifying language and the use of Plain English in communications.
8. That any provision of materials in the family law system are provided in a range of digital and non-digital accessible formats, including in Plain and Easy English, including information on family violence and family violence services.
9. That staff at all levels of the family law system (including judicial officers, family consultants, family dispute resolution practitioners, family law advisers and lawyers) undertake comprehensive and ongoing disability awareness and family violence training.
10. That every effort should be made to provide screens and install appropriate CCTV facilities in all family courts where family violence matters are held.
11. That courts hearing family law matters improve their physical accessibility as a matter of priority – by upgrading court services and facilitates to ensure safe and accessible courts.
12. That the ALRC, or other relevant statutory body, undertake an independent review of the Australian child protection system, 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, from Culturally and Linguistically Diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander women, and that an investigation be performed into discrimination against parents with disability in the family law system.
13. That the family law system provide support services for people with disabilities to navigate the family law system – for example, that the Family Court resources a Court Disability Quality Portfolio which develops systemic policies, processes and protocols to make court buildings, information and communications accessible to people with disabilities.
14. That there be a standard family violence risk assessment tool (which also includes disability risk factors) to be used by all staff in the family law system - common risk assessment frameworks, tools and procedures assist support staff and decision makers to recognise ‘red flags’ and take action to enhance safety.
15. Remove disincentives to disclosing violence in the Family Law Act, including thefriendly parent provision and false allegations – costs provisions, as these act as a barrier to disclosure for many women experiencing family violence.[[20]](#footnote-20)
16. That the Family Court develops and implements a Disability Action Plan, which it must report against.
17. Remove references to protecting the institution of marriage from the Family Law Act - this type of attitude prevents people experiencing harm to get help, it is outdated and does not assist those experiencing violence.
18. Amend the definition of family violence within the Family Law Act to specifically include violence in settings and relationships of particular relevance to people with disability, such as in residential and institutional settings, and carers of people with disabilities where that carer is in a ‘family-like’ relationship with the person.
19. That the Family Law Act actively recognise the rights of women, as well as children, to be free from abuse and violence, recognising that harm perpetrated against an adult is also perpetrated against a child.
20. Definition of family violence in the *Family Law Act* 1975 (Cth) be amended to include misuse of legal and other systems and processes in the list of examples of acts that can constitute family violence in s 4AB(2) by inserting a new subsection referring to the ‘use of systems or processes to cause harm, distress or financial loss’.
21. That additional funding be made available to community legal centres and Legal Aid commissions to ensure appropriate, accessible and affordable legal support is available to people with disability interacting with the family law system.

WDV thanks the Australian Law Reform Commission for the opportunity to contribute to this Discussion Paper, and we would welcome further consultation on any of the matters raised in this submission.

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2. State of Victoria, Department of Health and Human Services, (May 2016), A discussion paper of the Victorian State Disability Plan 2017-2020, p. 9. [↑](#footnote-ref-2)
3. K. Hughes, M.A. Bellis et al, 2012, ‘[Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61851-5/abstract),’ Lancet; R. B. Hughes, E. M. Lund et al, 2011, ‘Prevalence of Interpersonal Violence Against Community-living Adults with Disabilities: A Literature Review’, *Rehabilitation Psychology*, 56, 4: 302-319; H. Khalifeh, L. Howard et al, 2013, ‘Violence Against People With Disability in England and Wales: findings from a National Cross-Sectional Survey’, *PLOS ONE*, 8,2; S-B. Plummer and P. Findley, 2012, ‘Women with Disabilities’ Experience with Physical and Sexual Abuse: Review of the Literature and Implications for the Field, *Trauma, Violence and Abuse*, 13, 1: 15-29; D. A. Brownridge, 2009, *Violence Against Women: Vulnerable Populations*, Routledge, New York. [↑](#footnote-ref-3)
4. For example, the Victorian Equal Opportunity and Human Rights Commission noted in its *Beyond Doubt* report that it had received reports of police members failing to take family violence reports from victims with disabilities, see: Victorian Equal Opportunity and Human Rights Commission, ‘Beyond Doubt: The Experiences of People with Disabilities Reporting Crime— Summary Report’ (July 2014) 24. [↑](#footnote-ref-4)
5. D. Woodlock Delanie, L. Healey, K. Howe, M. McGuire, et al. 2014, ‘Voices Against Violence Paper One: Summary Report and Recommendations.’ Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014. [↑](#footnote-ref-5)
6. Recent data shows that in Victoria, 774,000 Victorians live in poverty (13.2%), with regional Victoria having a higher poverty rate than Melbourne. Women comprise the majority of adults living in poverty (54.1% or 311,800 women) and more than one third of adults living in poverty have a disability (34.3% or 197,600 people) in Victoria. Tanton, R., Peel, D. and Vidyattama, Y., (2018), ‘Poverty in Victoria’, NATSEM, Institute for Governance and Policy Analysis (IGPA), University of Canberra. Report commissioned by VCOSS, p. 6. [↑](#footnote-ref-6)
7. See: Victorian Office of the Public Advocate (OPA) (2012) OPA Position Statement: The removal of children from their parent with a disability. <http://www.publicadvocate.vic.gov.au/research/302/> and Women with Disabilities Australia (WWDA), 2018. The Status of Women and Girls with Disability in Australia (2018). WWDA: Hobart, Tasmania. [↑](#footnote-ref-7)
8. United Nations Convention on the Rights of Persons with Disabilities, (CRPD), preamble para. (e). [↑](#footnote-ref-8)
9. Howe, K., and Hargrave, J. (2014), Women with Disabilities Victoria, ‘Written submission to provide comment to the Victorian Parliament’s Family and Community Development Committee – Inquiry into Social Inclusion and Victorians with a Disability’. [↑](#footnote-ref-9)
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13. Howe, K., Hargrave, J. (2015), Women with Disabilities Victoria, Royal Commission into Family Violence. [↑](#footnote-ref-13)
14. Convention on the Rights of Persons with Disabilities (CRPD), Article 12. [↑](#footnote-ref-14)
15. When the NDIS is fully implemented, up to 10% of people with a disability nationally – about 460,000 people – are expected to become NDIS participants. Brophy, L., Bruxner, A. & Wilson, E., (2014), ‘Consumer choices about mental health support services’, *New Paradigm*, No. Summer 2014, pp. 2729. [↑](#footnote-ref-15)
16. Frohmader, C. ‘Dehumanised: the Forced Sterilisation of Women and Girls with Disabilities in Australia’, Women with Disabilities Victoria (WWDA), Submission to the Senate Inquiry into the involuntary or coerced sterilisation of people with disabilities in Australia, p. 8. [↑](#footnote-ref-16)
17. Frohmader, C. ‘Dehumanised: the Forced Sterilisation of Women and Girls with Disabilities in Australia’, Women with Disabilities Victoria (WWDA), Submission to the Senate Inquiry into the involuntary or coerced sterilisation of people with disabilities in Australia, p. 11. [↑](#footnote-ref-17)
18. CEDAW Concluding Observations 2018 (July 2018), <<https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/AUS/CO/8&Lang=En>> [↑](#footnote-ref-18)
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