



*W*omenwithdisabilitiesvictoria  
empowering women

**Submission to the Royal Commission into Violence, Abuse,  
Neglect and Exploitation of People with Disability Issues  
Paper on Group Homes**

**January 2020**





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## Acknowledgment of country

Women with Disabilities Victoria acknowledges Aboriginal and Torres Strait Islander peoples as the first inhabitants and traditional custodians of the lands on which we live and work. We acknowledge the traditional owners of the land on which this publication was produced, the lands of the Kulin Nations, and pay our respects to ancestors and Elders, past, present and emerging.

## 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. This language is reflected in this document.

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## Contents

<b>About Women with Disabilities Victoria</b> .....	4
<b>Introduction and summary</b> .....	5
<b>Understanding violence against women with disabilities</b> .....	6
Family violence.....	6
Disability-based violence .....	8
Sexual violence .....	8
The need for intersectionality.....	9
Our research – Voices Against Violence .....	10
<b>Institutional violence and violence in group homes</b> .....	11
What is institutional violence?.....	11
Recognising and responding to violence in institutional settings .....	12
Melissa’s story .....	14
<b>The causes of violence against women with disabilities</b> .....	14
Violence not the result of vulnerability .....	15
<b>Preventing violence against women with disabilities</b> .....	16
A strategic approach to preventing violence .....	16
Prevention example – The Enabling Women Leadership Program .....	18
Cross-sector collaboration .....	18
Improved data collection .....	19
The importance of alternative housing.....	<b>Error! Bookmark not defined.</b>
Good practice example – WDV’s ‘Our Right to Safety and Respect’ .....	17
<b>Working to change cultures in disability organisations</b> .....	22
<b>Our position on violence against women with disabilities</b> .....	23
<b>Our recommendations for action</b> .....	23



## About Women with Disabilities Victoria

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

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 and provide professional education, representation, information and leadership programs for women with disabilities.

We have dedicated particular attention to the issue of violence against women with disabilities, due to its gravity and prevalence in our lives. Since 2009, we have had a Senior 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.

WDV's representation at the Royal Commission into Family Violence in Victoria contributed to sixteen 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. Women with Disabilities Victoria's testimony and advocacy to the Victorian Parliamentary Inquiry into Abuse in Disability Services also contributed to significant change in attitudes to violence in disability services.

In 2014, we published 'Voices Against Violence'.<sup>i</sup> 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 (DVRCV). 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 to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability draws on findings and recommendations from these projects, alongside our previous projects, work with other organisations and consultations with women with disabilities.





## Introduction and summary

Women with Disabilities Victoria (WDV) welcomes this opportunity to respond to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability's issues paper on the topic of group homes.


We view this Royal Commission as a real opportunity to reassess the status of people with disability in Australia. It is also a critical opportunity for the many women with disabilities to have their voices heard and to start a national conversation around the high incidence of violence and abuse in the lives of women with disabilities and the way that systemic ableism and gender inequality intersect in Australian society.

There is a growing recognition in Australia of the distinct needs and experiences of women with disability in violence prevention and response efforts. Research demonstrates that women with disability are at significantly higher risk of experiencing multiple types of abuse and experiencing abuse by more than one perpetrator.<sup>ii</sup> Women with disability are also more likely than to experience violence and abuse than men with disability.

At state, territory and federal levels, we need to recognise women with disabilities as a priority group in violence prevention; provide targeted, accessible information to people with disabilities and promote cross-sector collaboration to address the violence and abuse.

**Our brief submission focuses on the issue of violence against women with disabilities in group homes.** We focus on violence due to its prevalence and the level of impact it so often has in our lives as women with disability. Our submission is structured around the following topics and issues which are frequently raised by our members:

- Providing a picture of women with disability and their lived experiences of violence in Victoria.
- Outlining the underlying drivers of violence against women with disability and the elevated risk of violence for women living in group homes, and similar institutional or congregate environments.
- Improving responses to violence and abuse in disability services aligned with best practice, trauma-informed approaches.
- The need for primary prevention approaches to inform response and to shift attitudes, behaviour and practices that can drive violence, aligned with national frameworks that aim to prevent violence against women and their children.
- The need for safe, secure and affordable housing alternatives for those wishing to transition from living in group homes, and the lack of accessible emergency and crisis accommodation for women with disability leaving violence.

- 
- The need for improved and consistent data collection across all levels of government and services.
  - The role of individual advocacy and peer support opportunities, like WDV's Enabling Women Leadership Program and their ability to empower women, develop confidence to protect their rights and role as valuable safeguards in preventing and reporting violence and abuse.

## Understanding violence against women with disabilities

*Nearly one in every five Victorian women has a disability.<sup>iii</sup>*

Women with disability sit at the intersection of both disability and gender-based discrimination, which multiplies the risk of us experiencing violence.

Numerous studies show that women with disability in Australia face a higher risk of physical and sexual assault than women in the general community,<sup>iv</sup> with women and girls with disability twice as likely as women and girls without disability to experience violence throughout their lives.<sup>v</sup> We experience high levels of disability abuse, family violence and sexual violence.<sup>vi</sup> The high prevalence of violence against us in Australia has been well documented and has previously been the subject of multiple reports into human rights violations.<sup>vii</sup>

Women with disability, and particularly women with disability in institutional environments, are often invisible to wider society and in policymaking, as we experience the impacts of multiple and crosscutting forms of marginalisation because of our disability, gender and other factors, such as race, age, gender and sexual orientation.

We encounter discrimination on many levels, restricting our opportunities for equal participation in various forms of public life. On all measures of social and economic participation, housing security, income, employment and education, we are disadvantaged, compared not only to people without disability, but also to men with disability.

Evidence shows that women with disability, particularly those with intellectual disability, who face significant exclusion from social and economic participation, are at an especially high risk of experiencing violence.<sup>viii</sup>

### Family violence

We experience the same forms of violence as many women without disability in the general community, such as sexual violence and family and domestic violence. Overall, evidence shows that the most prevalent form of violence experienced by all Victorian women is family and domestic violence.



For women in Victoria aged 15-44 years, male intimate partner violence is found to be the leading contributor to death, disability and illness;<sup>x</sup> this means that our disabilities can often be caused by experiencing violence. We know that the underlying driver of family violence is deeply embedded, structural gender inequalities and power imbalances across all levels of Australian society, as is acknowledged in Our Watch's national framework for the prevention of violence against women.

Family violence encompasses a range of controlling behaviors, including financial abuse, isolation, continual humiliation, and psychological abuse, threats to harm children, injury and death. It most often takes place in the context of intimate relationships, with women at least three times more likely than men to experience violence from an intimate partner.<sup>x</sup> However, family violence can also occur in 'family-like arrangements' and communities.

Women with disabilities are at a particularly high risk of experiencing family violence. 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.<sup>xi</sup> As a result, there is a growing recognition in Australia of the distinct needs and experiences of women with disabilities in violence prevention and response efforts.

*Research shows that women with disabilities are at a higher risk of experiencing violence than women in the general community, including multiple types of violence, over longer periods and from multiple perpetrators over their lives.<sup>xii</sup>*

Although our family and carers bring their own valuable and important perspectives, we must acknowledge that family and carers can be a positive or negative support. WDV's *Voices Against Violence* research found that family members could be a strong source of support for women with disability experiencing violence. However, as women with disabilities, we often face very significant barriers to leaving violence when our principal carer and partner, for example, a male partner or close family member who we may depend on for support, is also the perpetrator of violence against us.

Our experience and research shows that often within disability and mental health service settings, family violence goes undetected because it is instead viewed as 'carer burnout.' The perception by partners and others in the community that women with disability cannot adequately perform their roles in a relationship because of their disability can be used as a justification for stress and violence.<sup>xiii</sup> Women in our research<sup>xiv</sup> have also spoken of social attitudes and persistent cultural messaging which has left them made to feel that they should be grateful to anyone providing care for them, even if they feel unsafe and are experiencing violence and abuse in the relationship.



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

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

## **Disability-based violence**

*Women with disabilities experience disability-based violence, as well as the kinds of violence and abuse that is common to all women.*

As women with disability, we experience multiple forms of violence, and often from a greater range of perpetrators and across a wider range of settings. Perpetrators of violence against us can be providers of personal care in a private setting, such as an intimate partner or a family member, or in a service setting, for example, staff, managers or volunteers.


We also experience disability-based violence, which involves a diverse range of behaviours including impairment-related violence and abuse, physical, sexual, emotional, economic, reproductive violence, neglect and the use of constraint or restrictive practices and institutional violence.<sup>xvii</sup>

However, when we hear what women with disabilities often say about their experiences, it can often be difficult to separate disability-based violence from family violence, or other forms of gender-based violence.<sup>xviii</sup> Disability-based violence is ultimately the choice of those who choose to use violence against people with disability and is driven by negative views about disability, ableist structural inequalities and stereotypes, and the social, cultural and economic devaluation of people with disability.

## **Sexual violence**

Sexual violence is also a stark reality for many women and girls with disability. For women with disabilities, sterilisation, forced abortion, forced contraception and reproductive coercion are all forms of sexual violence and are a violation of our human rights, including a violation of our right to freedom from torture and other cruel, inhuman or degrading treatment or punishment and dignity.





Women with Disabilities Victoria is aware that women with cognitive disabilities are often administered contraception regardless of their wishes in order to control fertility, to suppress menstruation and sexual expression.<sup>xix</sup>

Pervasive stereotypes about women with disabilities persist and decisions are regularly made based on assumptions about our intimate lives, relationships and sexuality, including assumptions that based on our disability, we are either inherently asexual or hypersexual. These ideas also put us at greater risk of not being believed when disclosing violence.<sup>xx</sup>

Our right to receive sexual and reproductive health information and education is frequently denied. We experience a lack of respect for our roles as parents and carers, a lack of accessible and adequate health care and other services for our children and ourselves, particularly when health centres fail to provide a welcoming and inclusive environment. We also continue to be subject to discriminatory child protection practices, with women with disability often speaking about their added fears of their children being removed if they report violence to police or authorities.

### **The need for intersectionality**

Despite this reality, women with disabilities are often absent in the national conversation about violence against women. Although women with disabilities sit at the intersection of both gender and disability inequality, there is a low level of awareness and understanding of this within the broader Australian community.

In the 2013 *National Community Attitudes towards Violence against Women Survey*, only 4 in 10 Australians reported they were aware of the greater risk of violence experienced by women with disabilities.<sup>xxi</sup> This demonstrates that there is a concerning, but widespread disbelief that women with disabilities are often the victims of violence. This is particularly concerning, as the evidence that women with disability are more likely to be targeted for violence continues to grow.

*Most government policy and decision making fails to apply a gendered lens to disability, often making assumptions that men and women with disability experience violence in the same way.*

Intersectionality shows us how a range of factors such as ethnicity, culture, disability, class, sexuality, migration status, etc. combine to create multiple, overlapping forms of inequality and disadvantage. Taking an intersectional approach includes acknowledging that inequalities and disadvantage are never the result of a single or separate factor such as race, class, disability or gender.<sup>xxii</sup>

A feminist understanding of 'intersectionality' is vital in allowing us to see and articulate the ways in which violence against women with disabilities is a result of both systemic gender-based discrimination against women and disability-based discrimination against

people with disabilities. We are firmly of the view that gender has significant implications for the way we understand, prevent and respond to the current situation of intolerable violence and abuse of people with disabilities.

This is why, in responding to the multiple layers of disadvantage experienced by people with disabilities, we recommend and support embedding an intersectional and human rights approach that both recognises and upholds rights under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Convention on the Elimination of all forms of Violence against Women (CEDAW). We stress the importance of taking such approaches in order to fully address the drivers of violence for women with disabilities.

### **Our research – Voices Against Violence**

In 2014, Women with Disabilities Victoria, in partnership with Domestic Violence Resource Centre and the Office of the Public Advocate, conducted research on the extent and nature of violence against women with disabilities in Victoria. The findings from *Voices Against Violence*, other research consultation with women informs much of this submission.

This project came about because our organisations were concerned about the lack of detailed data regarding men's violence against women with disabilities in Victoria.

The *Voices Against Violence* research papers include interviews with women with disabilities and the findings of a review of the files of 100 women with disabilities at OPA. This review found that:

- 45 of the 100 women reported experiencing violence at the hands of a total of 89 perpetrators;
- Perpetrators also included children, acquaintances and parents; most of the perpetrators were identified as male.
- The most common forms of violence reported were psychological, physical, controlling behaviour and economic abuse;
- Impairment-related abuse included the withholding of medication and disability aids.
- Many women experienced social isolation as both a risk factor for, and a consequence of, violence;
- Some perpetrators used social isolation as a form of violent behaviour in itself.

#### **Voices Against Violence**



Paper One:  
Summary Report and Recommendations



The numbers found in this review are particularly stark when we consider that violence against women is an under-reported crime.<sup>xxiii</sup>

## **Institutional violence and violence in group homes**

Over the past five years, news media has exposed evidence of the systemic violence and abuse experienced by people with disability. In 2015, a Senate Inquiry found widespread rates of violence and abuse against people with disability and recommended the establishment of a specific Royal Commission. However, Disabled Peoples Organisations (DPOs), people with disabilities and previous reports and inquiries have long recognised that institutional settings are some of the most dangerous places for us.

Despite successive policies of deinstitutionalisation across the different states and territories in Australia, many people with disability continue to reside in or work in settings with institutional characteristics, environments that are closed off from the rest of the wider community and society.


*Institutional violence can take place in a diverse range of settings and environments, such as across the education, justice, health and the aged care systems.*

### **What is institutional violence?**

Institutional violence takes place in institutions, such as in group homes, disability services, hospitals, residential aged care accommodation or other forms of institutional or residential care settings.<sup>xxiv</sup> Research shows that women with intellectual disabilities, psychosocial disabilities, severely limiting impairments and communication impairments, and those who are living in institutional settings are at a significant risk of sexual assault.<sup>xxv</sup>

Institutional violence is often experienced over long periods and can be perpetrated by multiple perpetrators, such as co-residents within an institution, or staff or volunteers providing support. As a form of violence, it often involves:

- The use of 'restrictive practices', such as chemical restraints, sedation and seclusion.
- Rigid regimes.
- Poor or sub-standard quality care.
- Medication mismanagement.
- Repeated requests for assistance not seen in a timely manner.
- Violence, including violence from co-residents, volunteers or staff.
- Ongoing neglect.



While institutional violence is well understood in literature looking at people with disabilities' experiences of violence, approaches to understanding institutional violence have often lacked a more sophisticated understanding of the gendered dynamics of this violence.

## **Recognising and responding to violence in institutional settings**

*In disability-settings, such as group homes, individual acts and systemic patterns of repeated violence, harassment and abuse can regularly go unaddressed – even when people with disabilities speak up about the violence they are experiencing.*

Research, reports and our lived experience consistently demonstrates that it is common for criminal activities or events, such as serious assaults and violence, to occur without a report, police response or a full and independent investigation in disability care settings.

Australian studies and reports indicate high levels of under-reporting violence to investigative bodies, such as police, within disability services. Reports, such as WDV's *Voices Against Violence*, Victorian Equal Opportunity and Human Rights Commission's *Beyond Doubt* report and the Victorian Office of the Public Advocates Community Visitor's program reports tells us that people with disability experience a lack of response to violence in residential and institutional care. Our disclosures are regularly not responded to, not recorded, with victims/survivors often left in abusive and violent situations. Organisational risks for services is often prioritised over the risks to the victim and their safety.

Instances are often under-recorded and under-investigated when it does come to the attention of managers within services. We regularly hear from women about the strength needed in making the decision to speak up in the first place and the harm that comes if they are not being believed.

*“To this day I say, “I was talking. Why wasn't anyone listening to me?”*

A recent report by the Victorian Ombudsman confirmed that Victorian disability-specific services had a culture of non-reporting, finding that:

- Workers feared reprisal or intimidation for making reports of violence.
- Workers felt uneasy or were unsure about the impact of reporting the violence on the victim.
- Workers felt deterred by the associated paperwork for reporting.
- Workers lacked the education, skill and training to allow them to identify abuse.<sup>xxvi</sup>

Whistleblowing and reporting improper practice and violence in institutional environments is particularly difficult when the workplace context consists of low remuneration, lack of proper supervision, job insecurity, understaffing and where staff management is authoritarian or hierarchical.



Women with disabilities also experience violence from other residents. Poorly managed services provide opportunities for other residents to abuse their power over others. Opportunities for male co-residents of mixed residential homes and psychiatric units to assault female residents is a significant issue often identified in Victorian Office of the Public Advocate's Community Visitor reports.<sup>xxvii</sup>

The severity and criminal nature of violence and abuse in the disability sector is regularly downplayed and minimised even through the language used, for example, terms like 'incidents', 'maltreatment', 'misconduct' and 'allegations' (as opposed disclosures of violence). Acts that would otherwise be considered criminal matters outside of a disability care setting, are not addressed in this way, but are reframed and minimised in these settings as 'incidents'. We want to see a change in this language and a move towards victim-focused language and measures that address power differentials for victims of abuse.

A significant barrier for women with disabilities in group homes (and similar settings) in recognising violence is that we often have less access to education and information on what constitutes violence against women.<sup>xxviii</sup> Women with disabilities in group homes (and other forms of residential care) are generally not provided with education and information on relationships, what constitutes violence or abuse and our human rights. Gatekeepers can prevent access to information; meaning there are fewer ways for women to learn about their human rights.

Even when women with disabilities report violence or abuse, there are many barriers to receiving help and redress, and our need for a timely and appropriate response, including supportive referral pathways, is often denied. Women with disabilities are often viewed as incompetent, compliant, voiceless, untrustworthy and inherently vulnerable; unreliable witnesses. We can be targeted because of low rates of detection for violence, we are easily isolated, and can be dependent on others for receiving assistance. Perpetrators of violence are often skilled in using fear to control and to intimidate women and are often aware of, and utilise power imbalances. These barriers are often overwhelming when women with disabilities do seek help and disclose violence.

### **Recognising violence and abuse – Our Right to Safety and Respect**

One way we as women with disability can be empowered is through providing us with peer-developed tools and information to help us recognise violence and abuse. To respond to this, WDV developed [Our Right to Safety and Respect](#), which includes a video resource and guide to help other women with disabilities recognise violence and abuse. It is a resource developed by and for women with disabilities, and is available in Easy English format.



## Melissa's story

*"A disability support worker stalked me over a period of 6 months. I was living in a house managed by a large disability service provider. The service used to employ him to come to the house to support another woman who lived there. After he finished working with her, he kept coming back to visit her. Then he started visiting me.*

*He would come to my house many times, even after I had clearly told him not to. He learnt my schedule and the places I went to and he would follow me around. He left gifts for me, which I returned to him. I was scared.*

*I reported this to the service provider at least 3 times, to my house manager, my key worker and her manager. They did nothing. After 6 months there were a couple of times when my boyfriend and my mum both witnessed him coming to my house uninvited. My mum reported the problem to the service. It was only then that the service started to see it as a problem. But, the service did not offer me any support for the fear I had been feeling.*

*About a month after that the worker sexually assaulted a woman who is also a client of the service. She has a communication disability and had trouble reporting the assault. After this assault, the service stood the worker down. The service said I should have told them about the problem more clearly. They offered counselling from an in house counsellor. I felt like everything I told the councilor would go back to the service. Now he is working for another service. I am scared where he is and if he will turn up in my life. To this day I say, "I was talking. Why wasn't anyone listening to me?"<sup>xxix</sup>*

## The causes of violence against women with disabilities

Research suggests that heightened susceptibility to violence, harassment and abuse is the result of perpetrators targeting those they perceive to be more 'vulnerable'.<sup>xxx</sup> Internalised expectations and pervasive stereotypes mean that women with disabilities are often perceived to be 'powerless', physically helpless, inherently vulnerable, unreliable witnesses, compliant and either asexual or hypersexual. Social norms and stereotypes devalue us based on our status as women and people with disabilities. Violence is driven and reinforced by these derogatory attitudes and stereotypes.

Some women with particular kinds of impairment are more likely to be seen as less powerful, such as women with barriers to communicate to others what has happened to them and those restricted in their physical movement. Research has consistently demonstrated that people with disabilities, particularly people with an intellectual disability, cognitive, communication and/or sensory impairments, and those who have



high support needs, are much more likely to experience abuse and assault than the general population.<sup>xxxix</sup>

Men who use violence against women become skilled at targeting women who are more likely to be socially isolated and who are easier to discredit. Therefore, the risk arises from characteristics of perpetrators.<sup>xxxix</sup> There is also a growing awareness that perpetrators of violence against women, particularly sexual violence, target women with cognitive disabilities, because perpetrators perceive these women as people less likely to report what has happened, less likely to be believed or less likely to receive a full, independent investigation into the violence.<sup>xxxix</sup>

The *Voices Against Violence* research heard story after story demonstrating how women with disability can be disbelieved, discredited and have their rights ignored, or simply never be given the opportunity to be heard about what they have experienced. The *Voices Against Violence* research found that women 'not being believed' was a very significant factor in the lack of support given to women.<sup>xxxix</sup>

While there are a limited number of studies on the people who perpetrate violence and harassment against women with disabilities, the targeting of women with disabilities based on a perceived ability to act with impunity, or lower rate of detection, is evidenced in the literature around intellectual disability and gender.<sup>xxxix</sup>

### **Violence not the result of vulnerability**

We believe that we need to educate and send a strong message that violence against us is not the result of our perceived vulnerability.

While the word 'vulnerability' is often used to describe the risk women with disabilities experience, we caution against the use of the word 'vulnerable', as it can be a disempowering descriptor that leads to victim blaming.

The current stereotype of women with disabilities is that we are compliant and submissive. The use of the word 'vulnerable' to describe us can actually end up reinforcing negative stereotypes about women with disabilities, which socially and culturally devalues us.

At Women with Disabilities Victoria, we talk about women in group homes, or certain groups of women with disability as being "at risk" or "at an elevated risk" of violence than women in the general community, because evidence shows that perpetrators target those they perceive to be easy targets, as someone more isolated and less likely to report the violence.



## Preventing violence against women with disabilities

Violence and abuse of women with disability is a systemic issue. It is driven by negative attitudes and stereotypes, grounded in both discrimination against people with disabilities and women. However, gender-based violence and disability abuse are **preventable** – we can shift sexist, ableist attitudes and empower women with disabilities.

We all have a responsibility to act.

We recommend the use of an intersectional, gendered and human rights-informed approach and framework for understanding and responding to violence against women with disabilities, wherever they are and wherever they live, including women in group homes. We also stress the need for a public health informed response, linked to broader primary prevention of violence against women work. Below are what we consider essential strategic policy responses to ending violence against women with disability.

### A strategic approach to preventing violence

Addressing the violence we experience as women with disability must involve acknowledging that it is a gendered issue and a form of violence against women. Community attitudes that see women with disability as dependent, passive, ignorant or in need of protection must be challenged. Gender equity campaigns with a focus on the combined forces of sexism, gender inequality and ableism, are needed to address and change social and cultural attitudinal behaviors and beliefs, which drive the way that women with disability are treated.

Approaches in the disability sector should build upon the learnings from violence response services efforts and prevention of violence against women work. This means going beyond responding to violence after it has occurred and using a broader primary prevention of violence framework that aims to prevent violence before it occurs by addressing the drivers of violence.

We want to see women with disabilities included in responses to violence, linked to broader primary prevention of violence against women work. Appropriate action to prevent violence includes well-funded specialised primary prevention programs to shift attitudes, behaviour and practices that will help to prevent violence before it occurs.

Primary prevention requires changing the social conditions, such as gender inequality, that excuse, justify or even promote violence against women and children.<sup>xxxvi</sup> The need for violence prevention programs that are tailored for people with disabilities and the disability sector is well supported. It is essential that such programs work with women with disability and the disability workforce, due to the significance these workers and services have in our lives.





Primary prevention of violence strategies, campaigns and programs that educate and address the common cultural conceptions and stereotypes about gender and disability, aligned with the National Plan to Reduce Violence against Women and their Children 2010 – 2020 and Our Watch’s national framework for prevention of violence against women, *Change the Story* need to be supported.

A comprehensive approach to responding to violence must account for the entire continuum of addressing violence and abuse – from primary through to tertiary prevention, to help achieve better outcomes for people with disability.<sup>xxxvii</sup> We still need effective response or tertiary system is a fundamental building block for primary violence prevention efforts to be effective and they should be supported to improve their work with women with disability seeking a response to violence.

### **Good practice example – WDV’s ‘Our Right to Safety and Respect’**


As part of WDV’s ‘Our Right to Safety and Respect’, we developed guidelines for developing resources with women with disabilities about safety from violence and abuse. The Victorian Department of Health and Human Services (DHHS) funded the project.

The guideline contains six good practice guidelines organisations can follow to create quality resources. The guidelines are for all Australian organisations that support women with disabilities who may have experienced, or are at risk of experiencing, violence and abuse, are developing a resource on violence and abuse for women with disabilities and/or wish to enhance existing resources on violence and abuse to make sure they are relevant and accessible to women with disabilities.

Australian and international research confirms that women with disabilities are at significant risk of experiencing violence and abuse, yet the evidence base on guidelines and interventions to prevent and respond to this abuse is notably lacking. A scan of existing Australian violence prevention resources identified few resources developed specifically for women with disabilities.

WDV’s guidelines drafted in consultation with women with disabilities agreed on several aspects of ‘good practice’:

- Women with disabilities are involved in resource design, development and delivery;
- The resource draws available evidence and makes a link between its purposes, content and expected outcomes;
- Articulate women’s rights and acknowledge the intersecting factors that contribute to different experiences of violence and abuse for women with disabilities;
- The resource is accessible and respects and responds to diversity of experience;

- 
- The resource promotes personal empowerment and offers multiple options and strategies.

### **Cross-sector collaboration**

In many instances, disability services are not able or willing to respond to violence against women with disability, and violence response services are not able or willing to support people with disabilities. Many women in the *Voices Against Violence* research spoke of being referred from one agency to another in times of crisis and the effort required of the woman herself in order to seek out the right referral and a positive, safe outcome. Many of the women who call WDV for referral information share this experience.


The impact this has on women seeking help and fleeing violence needs to be systematically addressed. Structural change and high-level leadership is needed to create an interface and collaboration between both family violence and disability service systems at state and national levels.

The most beneficial responses to women with disability experiencing violence involves strong collaborative partnerships where expertise is shared between the disability and family violence and sexual assault response (and other) service sectors.<sup>xxxviii</sup> This work is needed across portfolios including aged care, disability, mental health, home and community care, family violence and sexual assault services, housing services, legal services and police and courts. Family violence and disability services can benefit from more sustained collaboration with each other involving specialist advice, secondary consultation and education about women with disabilities experiencing violence, receiving education from women with disabilities.<sup>xxxix</sup>

*“I initially called a housing service but they couldn’t help me... it was like domestic violence ones couldn’t help me ‘cause of this, and disability couldn’t help me with that, so then I’d go to refuges and caravan parks and I was going through everything you know, hotels, motels anything, trying to find [help] and nothing just seemed to be working. I mean I’ve got an exercise book just full of all these organisations and that I approached.” Louise<sup>xl</sup>*

### **Primary prevention example – The *Enabling Women Leadership Program***

*The Enabling Women Leadership Program* is WDV’s main primary prevention of violence program. *Enabling Women* is a community leadership program that aims to empower women with disabilities to learn about their human rights, to have a voice about issues



that relate to them and other women with disabilities and to meet with other women with disabilities.

The Program builds on, and expands the knowledge, skills, tools, and networks of women with disabilities, so that they are confident to take on advocacy and leadership roles within their communities. The Program runs for six one-day sessions with content delivered in a variety of ways, such as through role-play, video and craft. The Program works to prevent violence against women with disability using empowerment, building confidence and providing information on our rights.

### **Good practice in responding to sexual assault - '*Making Rights Reality*'**

The *Making Rights Reality* program enhances existing services for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties. It provides extra help to adults and children with a disability who have experienced sexual assault or family violence. The South East Centre Against Sexual Assault (SECASA) and Springvale Monash Community Legal Centre enhance existing services to maximise disability access. The [project website](#) shares Easy English materials for victims and was positively evaluated in 2014.<sup>xii</sup>

### **Improved data collection**

Data collection plays an important role in revealing the prevalence, severity, nature and trends in the experiences people with disability have of sexual assault, family violence and gender-based violence.

Gender disaggregated records of violence are necessary to for there to be any focus on addressing them, yet very rarely is this form of disaggregation publicly made available or reported. Most services do not routinely collect disaggregated data on disability and family violence, including our national data collection, hospitals, courts, and police. For disability services, information reporting requirements will be further relaxed under the NDIS.

Many forms of government data collection do not take into account people with disabilities living in institutional environments. We require better data at state, territory and national levels to get a more accurate picture of the help-seeking experiences of women with disabilities experiencing violence in group homes, including the nature and frequency of violence and abuse experienced and the characteristics of perpetrators.



## **Exclusion of people with disability from national data sets – the Personal Safety Survey**


Many people with disabilities, especially those in institutional environments and in rural areas, are actually not represented in national data sets on violence due to methodological restrictions which exclude them and a failure to incorporate inclusive research practices.

For example, the Personal Safety Survey (PSS), a national survey conducted by the Australian Bureau of Statistics (ABS), collects detailed information from men and women about the nature of violence experienced since the age of 15. The survey's methodological restrictions provide that when respondents who need assistance through use of an interpreter, the interview is not conducted. This means that the PSS excludes a very significant proportion of people with disability who require an interpreter or who experience barriers to communication, but it also means that reported data from the survey relating to women with disability is inherently misleading.<sup>xliii</sup> The Personal Safety Survey is just one example of government data collection in which the experiences of people with disability are not captured.

## **Provide opportunities for peer support, social connection and community participation**

Women with disabilities often reiterate to us the value they find in opportunities to develop social connection. Peer support groups can develop natural safeguards and supports. Women in a recent focus group held by Women with Disabilities Victoria reiterated how important peer connections and support are for reducing social isolation and building confidence. These views were also shared by many of the women interviewed for the *Voices Against Violence* research, who found that having more 'informal supports' could be helpful.<sup>xliiii</sup> We often hear from member who talk about how important peer connections and support are for reducing their social isolation and building confidence.

Community participation can help prevent social exclusion and isolation, and is a critical means of ensuring people are informed and empowered. More initiatives to involve people with disabilities in local community life should continue to be supported, due to the positive effects on the social connectedness of people with disabilities and their empowerment and in violence prevention. Peer support is also an important mechanism for sharing information on available services, getting to know your rights and corrective measures (or 'safeguards'). Violence prevention efforts for women with disabilities should



recognise the value of peer support and include more recognition and resourcing peer groups.

## **Advocacy**

Independent advocacy and self-advocacy are all essential safeguards and needed to support and empower people with disability. Women with disability that we speak with highly value access to independent advocacy as a critical aspect of a disability service system. Victoria has a rich history of disability rights and advocacy. Victoria's Self Advocacy Resource Unit (SARU) have demonstrated the power of supporting self-advocacy. SARU support a range of groups, which are run by, for example, people with Acquired Brain Injury, people with intellectual disabilities, and people with intellectual disabilities who have lost their children through child protection. Members of these groups work together, setting goals, running forums, sharing information, meeting with government representatives, and making change.


Increased access to independent advocacy for people with disability living in group homes is needed, especially for those who do not have family or other supports in their life and for those who require support navigating the NDIS.

The growing demand for assistance with navigating the NDIS appeals and review process is also having an impact on the disability advocacy sector through the vastly increased demand for services and an increase in the complexity of caseloads. Need for assistance with NDIS issues is high in the community and Victorian disability advocacy organisations currently have waiting lists for independent advocacy and assistance that are completely full. This means that many people in Victoria who need disability advocacy support are not receiving it. In Victoria, the advocacy sector does not have funding security beyond June 2020.

## **Assistance to find safe, alternative housing**

Support from the advocacy sector can also assist people with disability to find alternative housing. Accessing appropriate and affordable housing is an ongoing challenge for many people with disability, especially women with disability. While we have recognised rights to live free of violence and fear, and rights to independent living and freedom of choice are recognised in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), there are exceedingly limited housing options for women in crises in order to assist them in leaving violence. For all women with disability experiencing a violent and unsafe situation, there is a dire lack of suitable alternative emergency and secure, permanent, accessible and affordable housing options.

It is well documented in research and the available evidence that family violence is a major factor in homelessness and poverty. Sadly, women with disabilities are over-



represented in the main factors that increase our risk of homelessness: unemployment, inadequate income and superannuation, and exposure to high rates of family violence.<sup>xliv</sup>

Since the beginnings of movements toward deinstitutionalisation, group homes have been an option for people moving out of institutions and for people with disability who require support for daily living. There are a lack of options for women with disability, including a lack of safe, affordable and accessible housing as alternatives and supported and independent housing and for women wishing to leave their housing situation, due to violence or for other reasons.

In Women with Disabilities Victoria's *Building the Evidence* research paper, family violence refuge workers spoke of having no 'exit points' to help women with disability to move out of crisis accommodation. There are insufficient supported accommodation services in the crisis and post-crisis accommodation system that is accessible and appropriate for women and children with disabilities.


For women with disability, our options available in longer-term housing is more restricted due to:

- A lack of accessible housing stock in the public, social, private and rental markets.
- Discrimination towards women with disability in the private rental market, which is not covered under the *Disability Discrimination Act 1992 (Cth)*, from real estate agents and landlords
- The lack of supported accommodation options for people requiring home support.
- Rental unaffordability across many areas of both regional and metropolitan Victoria. Additional concerns include those payment rates of the Disability Support Pension and Newstart, which do not cover most rental properties or mortgage repayments. Anglicare's Rental Affordability Snapshot in 2015 showed less than two per-cent of Australian rental properties are affordable for people with disability.<sup>xlv</sup>

### **Working to change cultures in disability organisations**

Women with Disabilities Victoria's work to continually change cultures within and across disability organisations occurs through WDV's *Workforce Development Program on Gender and Disability*.

The Program helps service providers' work in a way that is more sensitive, responsive and empowering for women with disabilities. It works with women with disability, disability support workers, managers and executives to increase awareness of how to deliver gender equitable and responsive services. The Program is one of our major strategies for improving women's well-being and status and for reducing gender-based violence.



Through our Responsive Access Project, Women with Disabilities Victoria has also developed training and resources for services in the family violence system and the disability system to better understand and respond to women with disabilities experiencing violence.

## **Our position on violence against women with disabilities**


We recognise that:

1. Violence is not acceptable. Living free from violence is fundamental to quality of life.
2. Active participation of women with disabilities is critical in the development, implementation and evaluation of violence prevention and response policies and services.
3. Violence against women with disabilities must be understood in the context of the intersections between gender and disability.
4. We need the family violence and disability sectors to better understand and respond to women with disabilities experiencing violence and work together.
5. Violence is preventable. Due to the high rates of violence against women with disability, there is an urgent need to undertake prevention programs.
6. There must be concerted action to address discriminatory attitudes and practices. Disability is not just a person's condition, but the result of disabling social structures.
7. We all have a responsibility to act. The prevalence of violence in the lives of women with disabilities is a whole of community concern.

## **Our recommendations for action**

### **1. Violence is not acceptable.**

The Department of Health and Human Services (DHHS) and the National Disability Insurance Agency (NDIA) standards of practice must recognise dynamics of power and control. Their workforces must be trained in upholding the safety of women with disabilities, which includes training on risk assessment and violence against women with disabilities.





## **2. Listen to women with disabilities.**

Government, human services and community organisations must provide avenues for women with disabilities to participate actively in decision-making and planning. It is important to recognise the strength and resilience of women with disabilities.

## **3. Understand the causes.**

Further research and improved data collection is needed to prevent and respond better to violence.

## **4. Primary prevention of violence.**

Violence prevention and disability abuse prevention programs services must be inclusive of women with disabilities. Implementation of tailored prevention programs for women with disabilities is required.

## **5. Access to justice.**

Governments must continue to implement legislative reforms to legal responses to family violence.

## **6. We all have a responsibility.**


Levels of government and relevant departments need to collaborate and coordinate systems so that services are there for women with disabilities who experience violence.

## **7. Working together.**

With disability and family violence system reforms, we all need to find new ways to work together to prevent and respond to violence against women with disabilities.





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