

Royal Commission into violence, abuse, neglect and exploitation of people with

Submission by Women with Disabilities Victoria to the

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

In response to the Commission’s issues paper on Violence in the Home

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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.

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## **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 provide professional education and capacity building, systemic advocacy, and leadership programs for women with disabilities, and consultation with 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 significantly to the Committee’s understanding of the gendered nature of violence.

In 2014, we published ‘Voices Against Violence’. 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. This was achieved through 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 undertaken with other organisations and consultations with women with disabilities.

**Introduction**

Violence against people with disabilities is a serious violation of human rights set out in the 2006 UN Convention of the Rights of Persons with Disabilities. Due to the purpose of our organisation, our submission will focus on the rights of women with disabilities which are also relevant to 2017 recommendations of the 1979 UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). CEDAW declares ‘violence against women as a form and manifestation of gender-based discrimination used to subordinate and oppress women.’ CEDAW ‘unequivocally brought violence outside of the private sphere and into the realm of human rights.’[[1]](#footnote-1)

This submission is informed by experiences of violence shared by women with disabilities directly to us and through research, recently and over time. Their stories are important.

We thank them for guiding our work. WDV also works closely with organisations across various sectors. We thank these organisations for their partnership and their input into this submission.

We recognise that Queer, Trans and non-binary people are also disadvantaged by gender discrimination, and that gender inequity in fact reduces opportunities for all of us across the entire community.

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| **List of recommendations:** **Prevention of violence**Recommendation 1: That Commonwealth and State Governments support long-term, coordinated **violence prevention programs** designed and delivered by people with disabilities including: * Respectful Relationships programs in school communities, expanding the program to address forms of discrimination including ableism and sexism
* programs to increase safety for young people receiving disability services, informed by findings from the 2016 Southern Cross University report, ‘Feeling safe, being safe: what is important to children and young people with disabilities and high support needs about safety in institutional settings?’
* expansion of programs run by and for women with disabilities which build confidence, knowledge and networks to support safety
* initiatives to increase social inclusion for people with disabilities as this increases our safety.

**Safe disability and mental health services** Recommendation 2: That Commonwealth resource State Health Departments to take steps to increase safety from sexual violence in mental health inpatient facilities, such as the introduction of single-gender wards. Recommendation 3: That the Disability Royal Commission investigate avenues to **improve responses to violence in disability services** (including violence that is not Domestic Violence) which: * support the agency of victim / survivors of violence
* are trauma informed
* recognise the drivers, treatments and trends of gender based violence.

**Connected policies and services** Recommendation 4: That the Commonwealth Government develop, in collaboration with Domestic Violence and Sexual Assault Services and other suitable representatives, a **common national definition of Domestic Violence** to guide the work of the disability service system, to:* differentiate domestic violence from other forms of violence
* uphold the safety of people who experience violence in ‘family like relationships’, as the Victorian Family Violence Protection Act intends to (and that this aspect is well promoted to relevant stakeholders)
* guide identification, prevention and response policy and practice
* create a means for consultation and referral with Domestic Violence Services.

Recommendation 5: That the Commonwealth Government create **structures for policy coordination and collaboration** between all levels of government to strengthen responses to violence in the home. Key stakeholders include the NDIA, the Quality and Safeguarding Commission, Local Area Coordinators, the Domestic Violence and Sexual Assault services and people with disabilities. This would align national plans, codes and frameworks on disability and on violence against women to be:* inclusive of definitions of different forms of violence widely experienced by women with disabilities including Domestic Violence (as described in recommendation 4) and sexual assault
* take an intersectional approach
* ensure that a diversity of people with disabilities are funded to work on all aspects of the plans, with due attention for gender equity
* supportive of long-term, cross-sector capacity building described in Recommendation 6.

Recommendation 6: That the Commonwealth Government work with states and territories on a funded national stream of work that would **improve responses to domestic violence against people with disabilities** through:* regional disability domestic violence practice leader roles
* disability and domestic violence policy and practice development
* structures to support cross sector secondary consultation and referral
* risk assessment and safety planning capacity building programs
* a quality assured, national rollout of tailored sexual assault response services for people with disabilities (such as Making Rights Reality)
* accessible crisis accommodation development
* accessible outreach pathways for women with disabilities, wherever they live or stay
* disability-accessible victim/survivor support groups
* tailored interventions for people with disabilities who use violence, such as Men’s Behaviour Change Programs.

**Policing**Recommendation 7:That State Governments provide police with tools and support that encourages better communication with women with disabilities, including improved identification of and response to domestic violence and women’s communication support requirements.**Legal supports and preventions** Recommendation 8: That the Commonwealth raise efforts to support parents with disabilities which can prevent negative contact with the child protection system by: * Increasing State budgets to lift availability of positive parenting supports
* increasing parenting supports available through the NDIS to reach the people with disabilities who receive the NDIS.

Recommendation 9: That the Commonwealth Government review restrictive eligibility criteria to improve access to legal services for people experiencing violence in the home. Recommendation 10: That Commonwealth and State Governments resource practical guidance for legal workers and appropriate supports for people who use the legal system to give evidence and make decisions. **Accommodation** Recommendation 11: That national building codes and standards for private and public housing and accommodation are significantly improved for people with disabilities.**Crisis supports** Recommendation 12: That the Commonwealth Government establish a national funding stream for domestic violence and sexual assault services to provide brokerage for disability services and equipment to people with disabilities in domestic violence crisis.**Pandemic and disaster** Recommendation 13: That the Australian Government resource women with disabilities to meaningfully participate in design and implementation of **disaster and pandemic planning, response and recovery**. Activities would pay particular attention to the risks of violence for women with disabilities during disasters and pandemics. Recommendation 14: That Health and Human Service funders promoting steps towards **tele-health** continue to also provide face-to-face services understanding that these are necessary for domestic violence risk management. Practice advice should be developed and promoted to all tele-health providers on assessing privacy and safety during consultations. Recommendation 15: That the Commonwealth and State Governments resource people with disabilities (including people who are not NDIS participants) with **technology associated supports** for disaster readiness. This would include supporting access to data, technology and particularly providing opportunities to build experience with online information communication technology. Disabled Persons Organisations are well placed to deliver such programs. **Data** Recommendation 16: That the Commonwealth government resource the Australian Bureau of Statistics to pursue improvements to data collection on violence against Australians with disabilities, in consultation with Australians with disabilities, and that the data is gender disaggregated.  |

**Question 1: How do people with disability experience violence and abuse in the home? What are the impacts across their life?**

The experience of violence in the home for women with disabilities is prevalent. It includes domestic violence (including from partners, ex-partners, parents and children), violence from disability service providers, and violence from others such as neighbours. Violence includes abuse that is physical, sexual, emotional, economic, spiritual, threatening, coercive and medical.

Intimate partner violence is the leading contributor to death, disease and disability for Australian women aged 18 to 44. VicHealth found that violence against women has serious impacts on the health and well-being of those affected and exacts significant economic costs on communities and nations.[[2]](#footnote-2) ABS data shows that people with disabilities experience more violence than non disabled people, and that women with disabilities are more likely to experience sexual violence, domestic violence and stalking than disabled men.[[3]](#footnote-3)

The violence experienced by girls and women in the home may be sexual in nature. Research shows that individuals with severe mental illness, or those seeking mental health treatment have high rates of sexual victimisation in both childhood and adulthood. Literature demonstrates a strong relationship between women’s experiences of sexual victimisation and poor mental health outcomes, which suggests that child sexual abuse is a risk factor for the development of later mental health issues such as anxiety disorders, depression, substance use and suicidality.[[4]](#footnote-4)

The nature and impact of violence against women with disabilities in their home has been studied through some major pieces of work including the [Victorian Royal Commission into Family Violence,](http://rcfv.archive.royalcommission.vic.gov.au/) WWDA’s [Stop the Violence](https://wwda.org.au/publication/stop-the-violence-project/) and WDV’s [Voices Against Violence](https://www.wdv.org.au/our-work/building-the-knowledge/voices-against-violence/) project conducted with Office of the Public Advocate (OPA) and Domestic Violence Resource Centre Victoria (DVRCV), all of which included recommendations for action.

As noted above, an impact of violence may be acquisition of disability so for some women with disabilities, violence in the home causes their entry into the disability support system. Violence in the home can also be linked to disability in infancy and childhood.

Violence has significant long-term impacts on women. Violence can deplete women’s financial and emotional resources, their physical and mental health and social networks.[[5]](#footnote-5) It is the most common reason for requests to homelessness support services.[[6]](#footnote-6) The depletion of these protective factors can place women at risk of experiencing further incidents of violence.[[7]](#footnote-7)

Research interviews conducted by Thiara, Hague, Bashall, Ellis and Mullender (2012) with women with disabilities who had experienced domestic violence found that shame, guilt and self-blame were commonly experienced by the interviewees. This often made it difficult for them to seek help. Not only did they blame themselves, but also the abuser would reinforce that they were to blame for the violence.[[8]](#footnote-8)

While knowledge of the prevalence and impact of domestic violence experienced by Australian women with disabilities is growing over time through improved data collection and growing research, little evidence is reported by disability services and police on violence in the home in other relationship contexts. Some disability services are delivered in people’s private homes or other places where they find accommodation. Some disability services also provide accommodation and may be called ‘home.’

Much of the reporting of violence in disability services has been regular, formal reports delivered by state bodies such as Public Advocates and Disability Service Commissioners who tend to have less access to data on violence in the home. Victoria’s Office of the Public Advocate, however, do visit some Special Residential Services and have dedicated time and care to preparing reports to parliament and other publications such as [I’m too scared to come out of my room](https://www.publicadvocate.vic.gov.au/resources/submissions/royal-commission-into-violence-abuse-neglect-and-exploitation-in-disability-care/647-preventing-and-responding-to-violence-and-abuse-between-co-residents-in-group-homes/file) (2019). We understand from these reports that violence in all types of disability accommodation services may be perpetrated by staff, volunteers and co-residents.

The Quality and Safeguarding Commission may be one of the best placed bodies to be reporting on violence in the home related to the provision of disability support services, given its national status and reach into disability services across all environments. The Commission is currently not resourced to collaborate with Domestic Violence and Sexual Assault Services, or representative bodies for women with disabilities.

Strategies to support police and the justice system to collect and report disability-identifying data on violence in the home cannot be simplistic as there are a range of barriers to safely collecting this data. Work has been attempted in Victoria through some implementation of recommendations from the [Beyond Doubt](https://www.humanrights.vic.gov.au/resources/beyond-doubt-the-experiences-of-people-with-disabilities-reporting-crime-jul-2014/) report by the Victorian Equal Opportunity and Human Rights Commission.

Some women with disabilities live in private homes, some experience homelessness or get by couch surfing, and some live in disability group homes. Others stay in prison, aged care or mental health facilities.

A recent RMIT study found, “Women who spend time in mental health inpatient facilities are not being protected from gender-based violence”.[[9]](#footnote-9) [Women’s Mental Health Network Victoria](https://wmhnv.org.au/publications/) has done research and advocacy for the safety of women in mental health facilities – especially for the introduction of single sex wards. [ANROWS](https://www.anrows.org.au/publication/preventing-gender-based-violence-in-mental-health-inpatient-units/) has also published on how to prevent violence in mental health inpatient services. WDV is a member of the Victorian [Women’s Mental Health Alliance](https://whv.org.au/our-focus/womens-mental-health-alliance) which works to progress recommendations from such work through State channels. More could also be done federally, as recommended by the Alliance in our [Submission to the Department of Health consultation on recommendations from the Productivity Commission’s Report on Mental Health](https://whv.org.au/resources/whv-publications/submission-department-health-consultation-recommendations-productivity). We would refer to the Alliance and VIMIAC for further advice.

Forced treatments and restrictive practices are used in mental health inpatient services. Data indicates that, amongst involuntary patients, women are three times more likely than men to be subject to the practice of electroconvulsive therapy.[[10]](#footnote-10) Research by Yvette Maker finds that “women’s experiences of seclusion and restraint are ‘profoundly different to men’s’, and that they resemble and replicate many women’s experiences of past abuse and traumas, including sexual violence. Maker recommends that any regulation changes to restraint and other forms of behaviour control must be ‘gender aware’ as “women’s experiences of trauma and re-traumatisation are gendered and require a response that avoids restraint and other potentially traumatising practices.”[[11]](#footnote-11)

Organisations like Seniors Rights Victoria seek to address elder abuse, family violence and institutional violence experienced by older Australians. In 2014 a landmark study on sexual violence in aged care was published.[[12]](#footnote-12) Given the high rates of disability among older Australians, this setting for violence is relevant. Aged Care residential services are also home to young people with disabilities. The Young People in Nursing Homes National Alliance report that, “approximately 6500 young Australians with disability presently occupy a not insignificant 5% of residential aged care beds.”[[13]](#footnote-13)

Women with disabilities are over-represented in Australian prisons with Quadara et al reporting, “In correctional systems, available Australian research indicates that between 57 per cent and 90 per cent of female offenders have experienced sexual victimisation, with a high number of those women also experiencing re-victimisation over their lives.”[[14]](#footnote-14) Safety and appropriate supports are often unavailable to women in prison. Aboriginal women are the fastest growing prison population in Australia. A significant proportion have cognitive impairment as well as an undiagnosed psychosocial disability.[[15]](#footnote-15)

**Question 2: What are the specific experiences of violence and abuse in the home for:**

1. **women and girls with disability?**
2. **First Nations people with disability?**
3. **culturally and linguistically diverse people with disability?**
4. **older people with disability?**
5. **LGBTIQ+ people with disability?**

The theory of Intersectional Feminism has developed to examine how multiple forms of power, privilege and oppression overlap, or intersect, in people’s lives in mutually reinforcing ways to produce power hierarchies, structural inequalities and systemic marginalisation.[[16]](#footnote-16)

Understanding violence in the home as an expression of gender inequity is helpful but it is not solely a gendered problem. Domestic Violence Victoria state that it is “also an intersectional problem, driven by complex hierarchies of power, privilege and oppression with far-reaching impacts that reinforce structural disadvantage and marginalisation. Research undertaken by the Australian Institute of Health and Welfare found that the populations most impacted by family violence are younger women, children, older people, people with disability, people from culturally and linguistically diverse backgrounds (including people with temporary residency status), LGBTIQ people, people in rural and remote communities, people with mental health issues and/or substance misuse problems, people from socio-economically disadvantaged areas and Aboriginal and Torres Strait Islander peoples. There are also high impacts of family violence perpetrated against women in the sex work industry and women who have been criminalised.[[17]](#footnote-17)

Experiences of violence in the home of women with disabilities are more frequent, longer lasting, involve more perpetrators, and occur in more additional environments than that experienced by the general population. This violence may occur in private homes, group homes, respite, hospitals, and a range of other settings. Perpetrators may be family, support workers, co-residents or other types of acquaintances.[[18]](#footnote-18)

Violence against women with disabilities includes the various, particular forms of violence experienced by people with disabilities generally, such as restraint, interference with aids and equipment and medication, abusive institutional regimes, denigration, and so on. Violence against women with disabilities also includes those forms of violence commonly perpetrated against all women generally – including physical, sexual, financial, reproductive coercion, coercive control, threats to harm the woman or her children or her pets, stalking, and so on.[[19]](#footnote-19)

Over decades women with disabilities have shared volumes of their specific experiences of violence in the places they live. They have also shared their experiences of disclosing about the violence, which were discredited or ignored, and also the significant barriers to support services they encountered. It is through them sharing their experiences that we know about this violence today. There is more than enough published material in the public realm for us to understand the nature of this violence and to know that this violence is prevalent and harmful.

The role of colonisation as part of the underlying context for violence against women with disabilities should not be overlooked. ABS data indicates that disability is twice as common among Aboriginal people compared to non Aboriginal people. Irrespective of where they live, Aboriginal women are one of the groups at highest risk of family violence in Victoria and across the nation.[[20]](#footnote-20)

Djirra report that this violence is more likely to be perpetrated by men who are not Aboriginal. Among people with disabilities, prevalence and experiences of violence in the home are shaped by gender and other factors. The combination of disability and cultural background often compounds the experience of violence for Aboriginal women. Aboriginal women with disabilities experience an intersection of discrimination when attempting to leave a violent partner. Support for Aboriginal women is not always available due to inadequate resourcing, particularly in rural areas. Aboriginal women reported that there were significant barriers to them seeking help for violence, including fear of having their children taken from them and feeling afraid of what might happen to the violent partner in police custody.[[21]](#footnote-21)

A study by Thiara et al. (2012) found that women with disabilities from black, minority, ethnic and refugee backgrounds experienced profound isolation, lack of understanding and inadequate support from housing and support services. Many of the women interviewed in their research had never spoken to anyone about the violence they had experienced, particularly due to their fear of involvement of government agencies.[[22]](#footnote-22)

Emerging evidence shows that the rates of intimate partner violence within same-sex relationships are as high as the rates experienced by cisgender women in heterosexual relationships, and possibly higher for bisexual, transgender and gender diverse people.”[[23]](#footnote-23) Drummond Street services have published research on the elevated risks of domestic violence for young people with disabilities who are LGBTIQ+.[[24]](#footnote-24) With funding from the Victorian government, in a separate project, Drummond Street Services teamed up with the Disability Advocacy Resource Unit to develop a training package on accessible inclusive service provision for disability advocacy services and LGBTIQA+ services. Thorn Harbour Health, Switchboard and Deakin University are among others who have considered tailored preventions and responses for LGBTIQA+ people with disabilities through short-term funded projects.

**Question 3: What drives violence and abuse in the home? What increases risk, and how do these ‘risk factors’ vary among people with disability?**

Research on the intersection between gender based and disability based violence has investigated why girls and women with disabilities are at higher risk of violence than those without disabilities. WDV’s Voices Against Violence report summarised, “While there is a widespread perception that perpetrators of sexual violence are ‘sick’, particularly those men who sexually abuse children there is evidence that shows that they are deliberate in their actions and are calculating about the victims they choose (Britton, 2011; Scully & Marolla, 1993). Men will often target victims who they perceive are less powerful, such as girls and women who may not be able to communicate to others what has happened to them, and those who may be restricted in their physical movement.”[[25]](#footnote-25) So we see people who choose to use violence take opportunities to abuse their power and do not imagine they will suffer any consequences.

Gender inequality, which is produced and maintained in social, political and economic structures, practices and systems creates the context in which violence against women occurs and is condoned. These same factors and systems perpetuate power imbalances further enabling violence against women [[26]](#footnote-26) While Australians are becoming used to conversations about the under-valuing of women’s paid and un-paid work and fair representation of women in leadership roles, work to shift these structures has been slow. There are still many instances and examples of the gender segregation and gendered power imbalances across society. While some positive change has occurred over previous decades, Australia is still ranked below the top 40 countries,[[27]](#footnote-27) and in fact is perceived to be falling backwards, on the global gender equality scale, based on measures such as pay, child care policies and political representation.[[28]](#footnote-28)

“Violence against women has been shown to be significantly and constantly lower in countries where women’s economic, social and political rights are better protected, and where power and resources are more equally distributed between men and women. Individuals (men and women) who do not believe men and women are equal, and/or see them as having specific roles or characteristics are more likely to condone tolerate or excuse violence against women.”[[29]](#footnote-29)

Just as structural inequalities create power imbalances that allow domestic violence against women and their children to be insidious and prevalent, there are significant structural inequalities causing power imbalances behind widespread violence against people with disabilities in the variety of places we live and stay. Australia ranks 26 out of 27 OECD countries for the percentage of people with disability living in poverty.[[30]](#footnote-30) Australia is 21st out of 29 OECD countries for employment participation of people with disability.[[31]](#footnote-31) In terms of outcomes for women with disabilities, women with disabilities (44.4%) are much less likely to be employed than men with disabilities (51.3%); women with disability have lower incomes, are more likely to experience gender and disability biases in labour markets; and are more concentrated than other women and men in precarious, informal, employment.[[32]](#footnote-32)

The Victorian Parliamentary Inquiry into Social Inclusion and Victorians with Disability found that experiences of exclusion from social, economic and cultural life remain persistently in the lives of people with disabilities.[[33]](#footnote-33) Through the eras of segregation, community based services, and now in a nationalised, individualised, market-based service system, the social, political and economic status of people with disabilities has not been shifted to a point where we can generally expect equity and safety.

Understanding of, and actions to address, the compounding drivers of violence against women and girls with disabilities could be further informed by work currently underway as a partnership between WDV and Our Watch. This builds on the ground breaking work of Our Watch which developed [Change the Story](https://www.ourwatch.org.au/change-the-story/) – a national framework for the primary prevention of violence against women and their children. In 2021 this partnership will be publishing a resource which aims to build and deepen understanding of violence against women with disabilities and its dynamics and impacts, offer a conceptual model to explain the underlying and intersecting drivers of this violence and outline some essential actions to prevent this violence. A literature review that brings together national and international research about what drives violence against women with disabilities will also be released. These resources were developed through a multi-year project with a cross-sector advisory group.

Sometimes we try to answer the question of how to identify risk by looking at impairment types. The Centre of Research Excellence in Disability Health has taken available ABS Personal Safety Survey data and disaggregated it through the filter of ‘violence against people with disability by impairment.’ The Royal Commission will likely be accessing incident reporting data and information from the Quality and Safeguarding Commission disaggregated by impairment type.

Impairment types can certainly tell us something about risk. For example, people with little or no speech will experience additional barriers to reporting violence and therefore can be at greater risk of violence. What can cloud our investigation of this in data is that a person with no speech could be placed in a category such as ‘communication impairment’ with a group of people with mild hearing impairments or stutters. While good data on impairment types can tell us a great deal about tailoring responses, to understand risk there are additional places we need to look.

Clearly the circumstances of disability support service delivery in the home (or the place we are staying) may bring power imbalances into that environment. These can cultivate the full range of types of violence – physical, sexual, economic, neglect, etcetera. The nature of the type of support being provided is a factor which can tip power balances. It is often said by people receiving intimate supports, ‘my body is your workplace’, and this statement helps us think about the importance of understanding the risk of violence in relation to the intimacy of the type of disability service being provided.

Another risk which comes to light through various reports, such as prominent Fairfax and Four Corners stories on violence in group homes, is the amount of staffing and the amount of staff supervision.[[34]](#footnote-34) People such as Victoria’s Public Advocate have spoken extensively about another type of risk, when people are placed in group homes without regard for their compatibility or preferences.[[35]](#footnote-35) A further type of risk is a service culture where reports of safety concerns are ignored or supressed allowing violence to escalate. The risks of disrespectful, unsafe service cultures have been reported on extensively by state statutory bodies over decades, by for example, the Victorian Ombudsman.[[36]](#footnote-36) Victoria’s Disability Services Commissioner is one of many to identify the further risk of removing people’s agency by depriving them of opportunities to make meaningful choices about matters in their lives, including where and how they spend their time.[[37]](#footnote-37)

**Question 4: What are the gaps in safeguards for people with disability, including:**

1. **women and girls with disability?**
2. **First Nations people with disability?**
3. **culturally and linguistically diverse people with disability?**
4. **older people with disability?**
5. **LGBTIQ+ people with disability?**

The work of WDV has primarily focused on developmental and preventative safeguarding measures which we address in Question 5. How corrective safeguarding measures are implemented also plays an important role in our safety. We believe more can be done to make these gender-sensitive and trauma informed.

We refer the Commission to the Inter Agency Guideline for Addressing violence, Neglect and Abuse ([IGUANA](https://www.publicadvocate.vic.gov.au/resources/booklets/preventing-abuse)), developed by the Victorian Office of the Public Advocate with extensive consultation from the disability services, disability advocates and family violence services and a range of others back in 2013. Held beside the NDIS Code of Conduct, IGUANA may prompt some additional ideas around how services can work together and how the needs of the affected disability service user can be prioritised.

The process of collaboratively developing IGUANA was an excellent opportunity for different sectors to come together and discuss questions such as, should a group home resident have a right to choose to speak to a Sexual Assault Counsellor prior to speaking with Police. People during the consultations spoke about the need to keep the victim / survivor informed about matters relating to their case – for example, will the person who used violence be moved away, and have the police provided an update about whether the person will be charged – and to provide them every chance to make their own informed decisions through the process. People spoke about the need to offer counselling and support services which were external and independent of the disability service provider where the violence took place in the interests of privacy and safety.

Victoria’s [Disability Worker Commission](https://www.vdwc.vic.gov.au/) has also taken proactive steps to recognise and respond to family violence. The Commission has signed up to Victoria’s [Family Violence Information Sharing Scheme](https://www.vic.gov.au/family-violence-information-sharing-scheme), a number of staff have undergone risk assessment and referral training, and there has been genuine engagement with Family Violence services and Disabled Persons Organisations.

The Royal Commission into Institutional Responses to Childhood Sexual Abuse heard evidence about how an inappropriate first response to a disclosure of sexual violence can significantly hamper the victim / survivor’s recovery from the assault. Grounding our understanding and responses to trauma is important in any service that supports women, due to the links between poor mental health and experiences of gendered violence.[[38]](#footnote-38)

**Question 5: How do domestic and family violence services and disability services work to prevent and respond to violence and abuse of people with disability, including children, in their homes?**

**Please describe any gaps as well as promising practices, for example co-designed models or creating communities of practice.**

To answer this question, we will first focus on prevention and then move on to response.

**Prevention**

With support of the Victorian and Commonwealth Governments, WDV run programs which boost the local connections, knowledge, skills and employment of women with disabilities. In the disability sector these are called developmental and preventative measures, in the violence against women sector they are called primary prevention activities. Here we share some examples which are designed and delivered by women with disabilities. We work in partnership with a broad range of organisations to deliver these programs including local government, Victorian women’s health services and violence response services.

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| **Women’s Health Services Capacity Building Project**Through funding from the Victorian Office of Women, WDV has developed the Women’s Health Services Capacity Building Project. WDV has partnered with two women’s health services to ensure that their violence prevention initiatives include the needs and perspectives of women with disabilities.WDV is offering project partners suggestions of disability inclusive violence prevention action strategies, training and connections to local disability organisations to enable the participation of women with disabilities in local violence prevention activities. Women’s Health Service partners will share knowledge and skills gained from project participation with local governments and other community organisations, and the project learnings will be shared with other Victorian women’s health services via practice seminars.WDV and project partners have co-designed disability and violence prevention needs analysis and auditing tools for women’s health services to assess the disability inclusiveness of their current activities, partnerships, capacity, communications, operational practices and physical infrastructure, and to plan for greater disability inclusion in the longer-term. This project will lead to greater participation, safety and equity for women with disabilities and more inclusive regional activities to prevent violence against women. |

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| **Experts by Experience**WDV’s Experts by Experience Working Group is funded by the Victorian Government. The group is made up of 12 women with a diverse range of disabilities, backgrounds and experiences. This Working Group provides consultation on gender, disability and preventing violence against women with disabilities. The group has been consulted by organisations and government departments on many of the projects referred to in this submission. The Working Group is designed to increase the workforce of women with disabilities in prevention of violence, and increase leadership and representation opportunities for women with disabilities. To demonstrate ‘best practice’ WDV employs the Experts by Experience members on a casual basis providing several hours of work each month. The Self Advocacy Resource Centre runs a similar group called[**Voice at the Table**](https://voiceatthetable.com.au/) and shares a range of resources for running accessible consultations on their website.  |

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| **Enabling Women and Local Leadership Hubs** WDV’s Enabling Women Leadership Program empowers women with disabilities to speak up and have a voice about issues that relate to them and 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 and lasts six weeks. It is tailored for needs within each group. The program brings together a diverse range of women, helps to develop confidence, knowledge and insights about human rights, identity, advocacy and leadership. The program supports women to develop communication skills, to become more involved in the local community, and to understand more about NDIS. At the end of the Program, there is a Graduation ceremony. The Enabling Women Mentoring Program runs alongside the Enabling Women Leadership Program. Participants of the Leadership Program work on a leadership goal, and they are individually supported by a mentor. Each mentor is a woman with connections to the local area that the Program is running in. They may or may not identify with lived experience of disability.**Local Leadership Hubs across Victoria**Women who had undertaken WDV’s Enabling Women Leadership Program wanted to build on the local connections they had made and keep working to address ableism and sexism. They were the catalyst in establishing the WDV hubs. Together they created a sense of strength and unity. WDV hubs are in the local government areas of Moira, Barwon, Warrnambool, Knox City and the Yarra Ranges Shire. The Hubs facilitated monthly meetings bring women of all ages and with a diversity of disability to share experiences and to work together to challenge the ableist, sexist status quo and to work collaboratively to create systemic change. Projects to date have included education on health screenings (breast, bowel and cervical), IT literacy, voting accessibility, human rights, cyber protection and more. These programs have run with support from philanthropy, the Victorian Government, and now with Information Linkages and Capacity Building funding.  |

In relation to Question 3 we spoke about the drivers of violence against women and people with disabilities as derogatory attitudes which are shaped and perpetuated by ableist and sexist cultures and structures. While we strongly encourage activities to change attitudes, there is a gap in activities to change structures – both in the violence against women sphere[[39]](#footnote-39) and disability sphere considered by Victoria’s Parliament.[[40]](#footnote-40) Such considerations include access to education, employment, fair pay, safe transport and housing.

**Response**

Victoria’s Family Violence service responses come from a whole system involving a 24 hour crisis line, refuge and other crisis accommodation, outreach, sexual assault response services, legal services, homelessness and housing services, children’s services, police, courts, hospitals and more. These services share information and approaches to managing family violence risk, assessment, referral and response. Coordination within this system has been developing for 20 years, but it is not since the Victorian Royal Commission into Family Violence that the sector has received specific funding independent of the homelessness budget. Due to the broad history and breadth of this system, a vast array of observations and recommendations can be made across this submission.

Opportunities for collaboration between the family violence system and the disability sector are challenging to establish. There are no formal mechanisms for communication between the NDIA and the Quality and Safeguarding Commission with the State Departments who oversee family violence prevention and response programs.

The Victorian Government has funded development training for family violence and sexual assault workers to learn about the NDIS, and several delivery sessions during 2020 and early 2021. The project leads are Domestic Violence Victoria and the Centre for Excellence in Child and Family Welfare. Central to the project design is having design and delivery done with women with disabilities. WDV and Sexual Assault Services Victoria have contributed to training design and the project report on systemic issues that cannot be resolved through training to the Victorian Government.

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| Recommendation 1: That Commonwealth and State Governments support long-term, coordinated violence prevention programs designed and delivered by people with disabilities including: * Respectful Relationships programs in school communities, expanding the program to address forms of discrimination including ableism and sexism
* programs to increase safety for young people receiving disability services, informed by findings from the 2016 Southern Cross University report, ‘Feeling safe, being safe: what is important to children and young people with disabilities and high support needs about safety in institutional settings?’
* expansion of programs run by and for women with disabilities which build confidence, knowledge and networks to support safety
* initiatives to increase social inclusion for people with disabilities as this increases our safety.

Recommendation 4: That the Commonwealth Government develop, in collaboration with Domestic Violence and Sexual Assault Services and other suitable representatives, a **common national definition of Domestic Violence** to guide the work of the disability service system, to:* differentiate domestic violence from other forms of violence
* uphold the safety of people who experience violence in ‘family like relationships’, as the Victorian Family Violence Protection Act intends to (and that this aspect is well promoted to relevant stakeholders)
* guide identification, prevention and response policy and practice
* create a means for consultation and referral with Domestic Violence Services.

Recommendation 6: That the Commonwealth Government work with states and territories on a funded national stream of work that would **improve responses to domestic violence against people with disabilities** through:* regional disability domestic violence practice leader roles
* disability and domestic violence policy and practice development
* structures to support cross sector secondary consultation and referral
* risk assessment and safety planning capacity building programs
* a quality assured, national rollout of tailored sexual assault response services for people with disabilities (such as Making Rights Reality)
* accessible crisis accommodation development
* accessible outreach pathways for women with disabilities, wherever they live or stay
* disability-accessible victim/survivor support groups
* tailored interventions for people with disabilities who use violence, such as Men’s Behaviour Change Programs.
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**Question 6: Should legal and policy definitions of domestic and family violence include violence and abuse by support workers, unpaid carers, housemates, co-residents and wider First Nations kinship networks?**

As the DRC’s issue paper notes, Victoria’s 2008 Family Violence Protection Act includes ‘family like’ relationships. The Act itself and its explanatory notes outline how this can include, but is not limited to, paid and unpaid carers (or ‘support workers’ as we are more likely to say now as language changes over time). A family violence system which responds to family like relationships is reasonable and necessary.

Alongside considerations of legal definitions sit some related questions. Here we explore some questions and ideas about the legal context to the safety of people with disabilities in the places we live.

**Are the current family violence legal protections being adequately used?**

In our contact with relevant people including Magistrates, lawyers and family violence workers, it is extremely rare to hear of instances where the diversity of relationships women with disabilities have, such as ‘family like relationships’ with disability support workers, are recognised. The Act creates a good foundation for recognition of family like relationships but requires more work to be put into practice.

**Does Family Law undermine Domestic Violence law?**

We often hear from women with disabilities and their legal support services that protections available to them through Victorian Family Violence legislation are undermined by Family Court orders. This is of serious concern.

**What other legal and protocol protections are relevant in the context of disability service provision in the places people live?**

A family like relationship can develop in many contexts, such as in disability group homes. In the environment of group homes we can also be aware of other legal frameworks, such as those overseen by the National Quality and Safeguarding Framework.

We could ask whether protections under the NDIS Code of Conduct are adequately promoted and adequately consequential to reasonably uphold the rights of people with disabilities in receipt of disability services wherever those services are delivered.

It appears that there is not a common definition of Domestic Violence to guide the work of the Quality and Safeguarding Commission, the NDIA, local area coordinators, statutory bodies that investigate disability services, disability advocacy services and disability service providers. This could potentially limit the sector’s capacity to recognise and respond to domestic violence and to distinguish it from other forms of violence.

**What practices are in place to support the safety of people in disability and mental health services?**

Family violence came to the forefront of attention through a 2013 Victorian Coronial Inquest into the death of Rebecca Lazarus. At the time, the Department of Health undertook to implement the associated recommendations by developing the requisite skills and knowledge within Supported Residential Services.[[41]](#footnote-41) We note this because while we can put focus on legal protections, we must also remember and resource capacity building activities, and hold all agencies accountable to commitments previously attributed to them.

It is questionable whether [Behavioural Support Plans](https://www.ndiscommission.gov.au/document/1441) are being used to suitable effect to mitigate violence from residents towards co-residents. If used to the best of their ability, and resourced accordingly, it is foreseeable that these could deescalate some violence.

Disability advocacy services were consulted about how Victorians living in [Supported Disability Accommodation](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/housing/specialist-disability-accommodation) could have their tenancy rights covered in the state’s Residential Tenancies Act (1997). Attention was given to providing support for people with disabilities to be informed about their options in situations where they are unsafe. It would be interesting to learn how well this is happening in practice.

As described in our response to Question 1, inpatient mental health services have continuously proven to be unsafe for women who experience sexual assault and harassment. For decades, women have called for single-gender wards and other steps to reduce the risks of harassment and sexual assault.

**Are there adequate accommodation options to enable safety?**

When a person in a disability residential service is using violence against a co-resident, what alternative accommodation options exist? From reports by Statutory Bodies on safety in residential settings, it can be understood that there is insufficient infrastructure and practice guidance to support many people to choose who they feel safe living with. Further, the lack of accessible, affordable housing options described above limits people with disabilities’ options for being safe at home.

**What more could be done to involve effected communities in developing approaches to domestic violence?**

There is no nationally agreed definition of Family and Domestic Violence. Without a shared understanding of the problem we are hindered to address it. With a definition in place, we could begin to look at ways to begin to bridge work across sectors.

## Above we note the role that Experts By Experience have played in consultations on domestic violence policy. Another approach is demonstrated by [Dhelk Dja](https://www.vic.gov.au/dhelk-dja-partnership-aboriginal-communities-address-family-violence), a partnership with Aboriginal communities to address family violence across the lifespan and across contexts including out of home care. Dhelk Dja commits Aboriginal services and government to work together and be accountable for ensuring Aboriginal people, families and communities are stronger, safer, thriving and free from family violence. The guiding principles are:

* self determination
* collaboration and partnerships
* strengths-based
* cultural and trauma informed resilience and healing approaches
* safety
* accountability, transparency and honesty of all parties.[[42]](#footnote-42)

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| Recommendation 2: That the Commonwealth resource State Health Departments to take steps to increase safety from sexual violence in mental health inpatient facilities, such as the introduction of single-gender wards. Recommendation 3: That the Disability Royal Commission investigate avenues to **improve responses to violence in disability services** (including violence that is not Domestic Violence) which: * support the agency of victim / survivors of violence
* are trauma informed
* recognise the drivers, treatments and trends of gender based violence.

Recommendation 4: That the Commonwealth Government develop, in collaboration with Domestic Violence and Sexual Assault Services and other suitable representatives, a **common national definition of Domestic Violence** to guide the work of the disability service system, to:* differentiate domestic violence from other forms of violence
* uphold the safety of people who experience violence in ‘family like relationships’, as in the Victorian Family Violence Protection Act intends to (and that this aspect is funded to be well promoted to relevant stakeholders with impact monitored)
* guide identification, prevention and response policy and practice
* create a means for consultation and referral with Domestic Violence Services.
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**Question 7: Can you tell us about the violence and abuse of children with disability in their homes, including out-of-home care:**

The DRC’s life-course approach to understanding violence against people with disabilities is consistent with thinking in the violence against women field of work. In this field, organisations such as OurWatch and VicHealth have built an understanding that rigid gender roles for boys and girls, and disrespect and violence towards girls and women experienced in early life, shapes behaviours and attitudes through life. As the DRC studies children’s various life circumstances and identities listed above, it is critical to remember how gender impacts Australian children with disabilities, and to take an holistic approach to this question that considers the intersection between these two issues.

As the DRC’s Issues Paper highlights, “Research conducted for the Royal Commission into Institutional Responses to Child Sexual Abuse found that ‘girls are more likely than boys to be sexually abused across all other settings such as in the family or community, where the majority of child sexual abuse occurs’.[[43]](#footnote-43) It also found that ‘girls are more likely to be the victims of child sexual abuse in contemporary institutional contexts.”

A key finding of the Voices Against Violence study was that women with disabilities experienced consequences of the disrespect and violence that started happening to them from a young age. “A lifetime of cumulative discrimination and demeaning experiences normalised experiences of violence for some women. This resulted in women feeling that what was happening to them was normal and that they simply had to live with the violence. Perpetrators would also reinforce that idea that the women deserved the violence they were experiencing.”[[44]](#footnote-44)

Several women interviewed for the Voices Against Violence research spoke of not knowing that what they were experiencing was abuse. It can take time for women with disabilities to access appropriate information to know that what they are experiencing is abuse and that they have a right not have to endure this kind of behaviour.[[45]](#footnote-45) Making such information about the right to safety and respect available to children only seems logical, and the most universal service system available to children is education. This information could be embedded into national curriculums for all children whether they be in special schools or mainstream schools. The program should be tailored to be accessible for each students’ learning requirements.

Similar themes come through in other studies. For example, a small set of interviews with Australian children by Southern Cross University reported, ‘Children and young people pointed out a number of ways it can be very hard to know what is safe or unsafe, especially for children and young people with higher support needs. They talked about complexity in relationships, when people were trustworthy on some occasions but not others. Few remembered learning about safety in school or anywhere else.’ The report goes on to say, ‘Families and professionals all viewed the children’s and young people’s understanding of safety as limited. They shared concerns about how the ways in which service systems operate make it very difficult for children and young people with high support needs to identify trustworthy and untrustworthy people in their lives.’[[46]](#footnote-46) The report makes a series of well founded conclusions including the need to limit segregation of children with disabilities, for active participation of young people in decisions about their supports, assistance for young people and their supporters to recognise relative risk of harm, strategic monitoring of support relationships, and evidence-based educational resources to improve young people’s capacity to respond to potential harm.[[47]](#footnote-47)

When consulted about what prevention activities are needed to address violence against women with disabilities, WDV members often speak to how important it is to work with children whose attitudes to gender and disability are being shaped. They reflect on their own experiences as school students, and also their experiences as mothers with disabilities of school children. Respectful Relationships programs such as those which have run throughout Victorian schools aim to address violence-accepting attitudes towards women. The program takes a whole of school approach and aims to tackle the gender inequality we understand through evidence such as the ANROWS [National Community Attitudes Survey](https://www.anrows.org.au/research-program/ncas/) (NCAS). [[48]](#footnote-48)

Researchers involved in community attitudes surveys on violence against women are increasingly working to understand more about community attitudes regarding violence against women with disabilities. Some of the key elements on attitudes of violence against people with disabilities found in the literature include infantilisation and hyper-sexualisation of disabled women, and demasculinisation of disabled men.

The next NCAS survey results will be published by ANROWS in 2022. NCAS was designed in consultation with a range of people. WDV were among those consulted, we provided advice on questions about attitudes towards people with disabilities. We also directed designers to services who could do user-testing of the survey for accessibility with screen readers to broaden opportunities for survey participation. This is a good approach to survey design.

WDV believe Respectful Relationships programs have value, and would provide greater benefit to people with disabilities if they were expanded to include other forms of inequality, such as ableism.

**Question 8: Have any national, state or territory government policies, plans or programs helped reduce the risk of violence and abuse in the home for people with disability?**

**If so, in what ways? How could these polices, plans and programs be strengthened?**

The Quality and Safeguarding Framework and the National Disability Strategy provide a backdrop for work to prevent violence against people with disabilities. If we think about prevention in the disability policy area, the first thing that probably comes to mind is preventative safeguarding measures such as requiring disability support workers to get police checks. We might think of developmental safeguards like community building and peer support groups. Some projects have demonstrated approaches to preventing violence against people with disabilities in disability services, for example the [Safe and Respectful Cultures](https://www.google.com/search?client=safari&rls=en&q=dsc+safe+and+respectful+cultures&ie=UTF-8&oe=UTF-8) project. State and Commonwealth Governments have conducted inquiries and developed recommendations on preventative, developmental and corrective safeguards which have on the whole not been implemented. While the Commonwealth has taken some responsibility for developmental and preventative safeguarding, we still see few opportunities arising[[49]](#footnote-49) and few actions taking place on the ground.

Broadly, disability policy generally perceives family as a ‘natural support.’ This framing hides the risks of family violence. The market based system’s design has not established incentives to address domestic violence. However, if we were to connect what we know about the financial costs of domestic violence[[50]](#footnote-50) with the disability insurance model which seeks to prevent expenditure, then we see a strong economic argument for specifically investing in prevention of violence against women with disabilities.

The National Plan on Violence Against Women and Their Children is a backdrop to work in this area, and largely it funds research.[[51]](#footnote-51) In the Prevention of Violence Against Women field, nearly 15 years ago Vic Health highlighted a link between sexist attitudes and violence, and the State Government claimed this as a priority in the Right to Safety and Respect framework. State and Local Government and community organisations now have over 10 years experience running community campaigns and funding site and population based prevention programs. These activities are informed by the drivers of violence against women and their children identified in Change the Story, the national prevention framework developed by Our Watch.

Victoria’s Royal Commission into Family Violence provided the first dedicated budget for family violence response. This was a great step for Victoria. During implementation there were attempts to ensure content regarding intersectionality in policy and practice guidelines.

Some policy and practice work in Victoria has drawn these two strands together. For example, Respectful Relationships programs have run in Special Developmental Schools; WDV has run workforce development and women’s leadership programs; the Disability State Plan gives a nod to prevention, Our Watch and WDV are investigating the intersecting drivers of violence and drafting a resource that sets out what actions are needed to prevent violence against women with disabilities. Along the way we have seen some good partnerships form. There are a few regional programs which are designed to respond to violence against people with disabilities. Some of these are wisely based on cross-sector capacity building. Because we know it takes a long time to turn knowledge into general practice, capacity building programs should be resourced and rolled out widely for long periods of time in order to be able to make change.

We have some challenges. For example, we know we have some national strategies, plans and codes which do not recognise violence against women and none which resource activities to address it in any tangible way. We do not have governance or coordination structures to make progress between Commonwealth, State and local government systems. We do not have any uniform infrastructure through the Commonwealth, State or Local Governments to implement change. While we can see challenges, they don’t prohibit us from doing more. We can see pockets of promising practice that challenge sexist ableist attitudes and can begin to shift structures. We can create the structures and infrastructures needed.

Women with disabilities have long called for programs which change community’s sexist and ableist aptitudes. In addition to that, we need to address the social, economic and political structures that propagate these attitudes.[[52]](#footnote-52)

Disabled People’s Organisations Australia report, “There are serious methodological restrictions in the main survey instruments used to capture data on violence against women, resulting in significant under-representation of women with disability in population-based studies on the prevalence of domestic and family violence and sexual assault.”[[53]](#footnote-53) Some of the data available and missing has been investigated in depth by the Centre of Research Excellence in Disability Health.[[54]](#footnote-54) Effort has been taken to represent people with disabilities in the National Community Attitudes Towards Violence Against Women survey. It is encouraging to see work being done to progress data linkages between sectors, and that the ABS is investigating ways to improve data. To continue work moving in the right direction, in consultation with people with disabilities, will require funding.

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| Recommendation 5: That the Commonwealth Government create **structures for policy coordination and collaboration** between all levels of government to strengthen responses to violence in the home. Key stakeholders include the NDIA, the Quality and Safeguarding Commission, Local Area Coordinators, Domestic Violence and Sexual Assault services and people with disabilities. This would align national plans, codes and frameworks on disability and on violence against women to be:* inclusive of definitions of different forms of violence widely experienced by women with disabilities including Domestic Violence (as described in recommendation 4) and sexual assault
* take an intersectional approach
* ensure that a diversity of people with disabilities are funded to work on all aspects of the plans, with due attention for gender equity
* supportive of long-term, cross-sector capacity building described in Recommendation 6.

Recommendation 16: That the Commonwealth government resource the Australian Bureau of Statistics to pursue improvements to **data collection** on violence against Australians with disabilities, in consultation with Australians with disabilities, and that the data is gender disaggregated.  |

**Question 9: What is the experience of people with disability when reporting violence and abuse at home to the police?**

Reports of violence in the home meet a mixed response from Police. Reports of violence made by the women interviewed in Voices Against Violence to police or other professionals were not always taken seriously. While there is a general trend of improvement, safety and equity concerns persisted.[[55]](#footnote-55)

In Victoria, where Police responses to Family Violence have become more refined, we still understand there are common instances of police dismissing violence against women with disabilities (for example, perceiving the reporting woman to be drunk rather than recognising a speech impairment), or mis-identifying women with disabilities as primary aggressors when they are in fact responding to a primary aggressor (this is a common experience, especially for women with mental health issues, and can have serious consequences).

The study, “Dis]Abled justice: Why reports of sexual assault made by adults with cognitive impairment fail to proceed through the justice system” considered why, despite increased prevalence of sexual assault perpetrated against adults with cognitive impairment, reports of sexual assault made by adults in this cohort to the police seldom progress beyond the investigation stage.[[56]](#footnote-56) The lack of police investigation into violence against women with disabilities is often found to be caused by discrediting attitudes towards women with disabilities (which may be combined with other attitudes such as racism towards Aboriginal women), and professional judgement that women’s victimisation would not be recognised in the justice system.[[57]](#footnote-57)

Some programs have sought to restore some balance in the inequity identified in these reports.

* Making Rights Reality is a tailored program for victims of sexual assault with disabilities run by the South Eastern Centre Against Sexual Assault in Melbourne which has seen one rare prosecution of a perpetrator of sexual violence against a victim with an intellectual disability (see practice example above).
* Multidisciplinary Centres (MDCs), located in some Victorian areas, are home to multiple agencies who work collaboratively to provide an integrated and holistic response to victims of sexual offences, family violence and child abuse. An internal evaluation of MDCs found them to be effective in integrating responses that support the safety of a range of victim/survivors of domestic and sexual violence offences.
* Much of the leading policing practice in response to child abuse of young people and people with disabilities is now attributed toSexual Offences and Child Abuse Investigation Teams (SOCITs). Police in SOCITs have undergone additional training in trauma informed responses and accessible communication styles.

It has been positive to see Victoria Police progress some recommendations from the Victorian Equal Opportunity report, [Beyond Doubt](https://www.humanrights.vic.gov.au/resources/beyond-doubt-the-experiences-of-people-with-disabilities-reporting-crime-jul-2014/), such as attaining Scope accreditation for communication access at least one station.[[58]](#footnote-58)

Victoria Police trials of new practices such as risk assessment and body worn cameras have not exposed any findings in relation to women with disabilities. Directing attention towards high risk population groups during police evaluations would help our understanding of how policing practices can uphold the safety of women with disabilities.

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| **Policing**Recommendation 7:That State Governments provide police with tools and support that encourages better communication with women with disabilities, including improved identification of and response to domestic violence and women’s communication access requirements. |

**Question 10: What is the experience of people with disability with legal systems or processes when they have been subject to violence and abuse at home?**

**Consider experiences with courts and tribunals, Apprehended or Domestic Violence Orders or parenting orders. How could legal systems and processes be improved for people with disability?**

There are many and varied disability access barriers to support services and justice systems for people with disabilities. Research suggests that resourcing for victim support services, such as Sexual Assault Counsellor Advocates, family violence outreach workers and Applicant Support Workers (in Victorian Courts) does make a positive impact.[[59]](#footnote-59) When given appropriate support periods, these workers can support informed decision making and system navigation which promotes recovery.[[60]](#footnote-60) We can consider such services as ‘reasonable adjustments’ which complement systemic improvements to increase service access.

**Legal supports**

Progressive limitations to legal aid restrict women’s access to legal representation. Studies have found this leads to further expenditure as court time is wasted, disputes are not resolved, and domestic violence is more likely to continue with its associated costs. This is a current reality for many women and children who are ineligible for Legal Aid.[[61]](#footnote-61) Additionally, there are few Community Legal Centres specialising in domestic violence, those who do are relying on philanthropic funding to address systemic legal access barriers.

**Legal protections**

Legal protections have been well examined. The Law Reform Committee’s [Inquiry into Access to and Interaction with the Justice System by People with a Disability and their Carers](https://www.parliament.vic.gov.au/file_uploads/Law_Reform_Committee_-_Access_to_and_interaction_with_the_justice_system_by_people_with_an_intellectual_disability_and_their_families_and_carers_-_Final_report_76JG2vK1.pdf) made a number of recommendations in 2013. The [Australian Human Rights Commission](https://humanrights.gov.au/our-work/disability-rights/publications/background-paper-access-justice-people-disability-criminal) and the [Victorian Equal Opportunity and Human Rights Commission](https://www.humanrights.vic.gov.au/static/eb518811156a82cf571ca51959454bf1/Resource-Beyond_Doubt-Research_findings-2014.pdf) made subsequent detailed inquiries into access to justice for people with disabilities. Victoria’s Office of the Public Advocate [reviewed the legislative protections](https://www.wdv.org.au/wp-content/uploads/2018/10/Voices-Against-Violence-Paper-Three-A-Review-of-the-Legislative-Protections-Available-to-Women-with-Disabilities-who-have-Experienced-Violence-in-Victoria.pdf) available to Victorian women with disabilities who have experienced violence. Common themes among these reports are to:

* better identify who needs supported access to information and decision making and to provide that support,
* change evidence acts so that they recognise ways people with disabilities give evidence, and
* recognise the prevalence, impact and gendered, ableist nature of violence against people with disabilities in legal systems.

**Child protection**

Child protection is an integral part of the experience of women with disabilities considering seeking support and safety in relation to Domestic Violence. The involvement of Child Protection in the lives of women with disabilities was a potential negative consequence of reporting violence for some of the women in the Voices Against Violence study. The fear that their children would be removed from their care or placed in the custody of the perpetrator made women reluctant to contact support services. The decision not to report violence was made by a number of women, particularly Aboriginal women with disabilities. Several women had their children removed from their care, either through Child Protection, or the abusive father retained custody of the children.[[62]](#footnote-62)

Recommendations to improve parenting supports for people with disabilities to prevent child removal have been consistent from the Victorian Office of the Public Advocate,[[63]](#footnote-63) STAR Victoria, [Powerful Positive Parents Self Advocacy Group](https://positivepowerfulparents.com.au/about-ppp/), WDV and many more. Recent progress has been made by the NDIA which will now fund ‘Disability-specific supports needed because of the impact of a child or parent’s disability’ and ‘Disability-specific training programs for parents and carers who have a disability themselves, or a child with disability.’[[64]](#footnote-64) Monitoring NDIS participants’ equitable access to these services and supports over time would be worthwhile. Further, these supports must be equitably available to all people with disabilities beyond those in receipt of the NDIS and therefore must be available through health and parenting service systems. The organisations mentioned here have provided much in the way of previous recommendations, and would be ideal to engage in ongoing consultation.

**Family Law**

The Australian Law Reform Commission indicated serious contradictions between Commonwealth Family Laws and state Domestic Violence Laws, gaps that undermine intervention orders and risk the safety of women and children.[[65]](#footnote-65) The Voices Against Violence Legislative Review found that these contradictions had negative impacts on women with disabilities.[[66]](#footnote-66) A fuller analysis of these issues are documented in the Office of the Public Advocate Paper on Family Law and people with disability.[[67]](#footnote-67)

**Courts**

Demand is high for legal and family violence support services in Victoria’s Courts. When demand cannot be met, women with disabilities are particularly disadvantaged. Applicant and Respondent Workers can improve experiences for people in courts by providing personal support and information. While not available in all courts, it is extremely positive to see this program expanded further in Victoria through Specialist Family Violence Courts.

The Voices Against Violence research found there were numerous issues with the physical access and layout of courts. Women described the humiliation of having to get out of their wheelchair to climb steps up to the witness stand and having to negotiate their wheelchairs around where the perpetrator was sitting.[[68]](#footnote-68) Women with hearing impairments have had to have important conversations in noisy court environments, and there are reports that Auslan interpreters are not always provided when required. Further, proceedings can be undertaken with languages and processes that aren’t accessibly explained to women. Women with disabilities have explained how lack of accessibility decreases their feelings of safety and their actual safety when for example, a court building’s layout restricts her movement in such a way that her perpetrator can easily find her and corner her.

A 2015 WDV survey of court workers and users found that many Victorian regional courts did not physically have disability access. One survey participant described them as ‘unfit for purpose.’ Participants identified a link between lack of physical access and lack of safety, for example, a person who used violence against a woman who uses a wheelchair would find her easy to locate within the court building and could use that opportunity to intimidate her. Little funding is available to improve court buildings. Court Services Victoria do not have a Disability Action Plan.

Some positive steps have been made to improve court accessibility. Through implementation of the [Beyond Doubt](https://www.humanrights.vic.gov.au/resources/beyond-doubt-the-experiences-of-people-with-disabilities-reporting-crime-jul-2014/) report, the Judicial College of Victoria developed a [Disability Bench Book](https://www.judicialcollege.vic.edu.au/resources/disability-access-bench-book) to inform judges about their role in court access. We find judges are often not aware of this resource and have few opportunities to receive feedback about accessible processes in their courts. Short term funding was used by the College to provide family violence training, including disability awareness, to judges. Likewise, similar training receives a little funding for new Duty Lawyers. Unfortunately, such training does not receive ongoing support or integration into the court system. Family Law Courts do not seem to receive domestic violence or disability training.

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| Recommendation 8: That the Commonwealth raise efforts to support parents with disabilities which can prevent negative contact with the child protection system by: * increasing State budgets to lift availability of positive parenting supports
* increasing parenting supports available through the NDIS to reach people with disabilities who receive the NDIS.

Recommendation 9: That the Commonwealth Government review restrictive eligibility criteria to improve access to legal services for people experiencing violence in the home. Recommendation 10: That Commonwealth and State Governments resource practical guidance for legal workers and appropriate supports for people who use the legal system to give evidence and make decisions.  |

**Question 11: What crisis support and accommodation is available to people with disability, including children, when they experience violence and abuse?**

**Consider domestic and family violence crisis support, NDIS and disability or mental health service responses, homelessness services, or other types of crisis support and accommodation.**

**Tailored service responses**

Disability advocates have never called for separate domestic violence services the way some Aboriginal women and Migrant and Refugee women have, due to the different histories of our communities. Disability advocates have argued not to have segregated services but rather, to have accessible and, when necessary, tailored services.

Tailored responses to the domestic violence and sexual assault experienced by people with disabilities are few and far between in Australia. In Victoria there are a few often with short-term funding, which we would like to share with you throughout this section.

We differentiate these areas of practice as while sexual assault is often perpetrated by family members, it is also perpetrated by other acquaintances and strangers. Sexual assault can sit within different legal frameworks and supports can come from sexual assault response services rather than family violence services.

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| **Practice example** Making Rights Reality (MRR) is a program run through and self funded by South Eastern Centre Against Sexual Assault. The program began as a pilot, largely funded philanthropically. Sitting within the general sexual assault response service, this program is tailored to work with sexual assault victim survivors with communication and cognitive disabilities. In addition to their highly experienced sexual assault counselling practice, the practitioners have developed extensive skill and experience working with communication aids and assistants, supporting Victims of Crime Compensation applications in accessible ways, making links with legal support services, and much more. This is a similar model to the way the WWILD service works in Queensland, but MRR is possibly more embedded within the Sexual Assault service network. Making Rights Reality now has recurrent funding from Family Safety Victoria for a 1.0 EFT equivalent. It is run with two part time workers, a highly experienced 0.4 Program Lead and a 0.6 program worker – building capacity with a newer worker. The original pilot’s evaluation showed how much could be achieved through such a program, including cases making it to court which is rare in cases of crimes against people with cognitive and communication disabilities.[[69]](#footnote-69) This program demonstrates how much can be achieved by resourcing practice experience and capacity building. A survey of Victorian Sexual Assault Counsellor/Advocates found they identified many barriers to supporting people with complex communication needs.[[70]](#footnote-70) Further rollout of this program would support those practitioners to build their confidence and skill.   |

**Practice guidelines, disability discrimination and the building code**

Women with Disabilities Australia clearly defined how accessibility is [More than just a ramp](https://awava.org.au/wp-content/uploads/2015/06/More-Than-Just-A-Ramp.pdf) in their 2007 publication of that name, guiding refuges on how to make Disability Action Plans. People with Disabilities Australia has built on this work in their collaboration with DV NSW in their 2015 [guide for policy and practice](https://pwd.org.au/wp-content/uploads/2018/07/1.-A-Guide-for-Policy-and-Practice.pdf). In 2013 Women’s Domestic Violence Crisis Service Victoria registered their very own [Disability Action Plan](https://humanrights.gov.au/our-work/disability-rights/register-disability-discrimination-act-action-plans) with the Australian Human Rights Commission. The plan’s development was enabled through a philanthropic grant from the Victorian Women’s Trust. Unfortunately this happened at the time of change in management and restructuring meaning the plan was never implemented. In 2021, the rebranded organisation, Safe Steps, is gearing up to revitalise the project.

There are several other relevant resources. A few examples follow. ‘Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women with Disabilities’ was published in 2013 by the University of Melbourne.[[71]](#footnote-71) Implementing a recommendation from the Victorian Family Violence Royal Commission, the Victorian Equal Opportunity and Human Rights Commission developed an ‘intersectional’ resource for family violence services on how not to discriminate which provides some general information about disability discrimination. In 2020 Domestic Violence Victoria finalised a [Code of Practice](http://dvvic.org.au/members/practice-development/) for the sector which includes specific practice guidance related to disability access.

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| **Practice example** In 2021 the Victorian Government will be launching three Disability Family Violence Practice Leaders to support capacity building in family violence services in three geographic areas of the state. A national network of such roles could truly start to generate some positive change. Let us not imagine that capacity building is a one year project. Such roles require long term funding.  |

Despite publications in this catalogue, and more, we have not seen significant changes to the infrastructure which would structurally support implementation of all of their guidance. While Australia has a Disability Discrimination Act, it is not promoted, and services are not resourced to develop and implement Disability Action Plans. Building codes still allow inaccessible refuges to be built by governments. It could be considered that the lack of accessible accommodation and supported exit options from refuge could encourage discrimination against people with disabilities at the point of refuge intake.

**Risk assessment and management**

Domestic violence and risk assessment are specialist skills. With appropriate training, supervision, policy and service links, the disability service system can effectively do early identification and referral of domestic violence, and can play a role in risk management. Likewise, with the same things in place, domestic violence systems, courts and police around the country could be tailoring their risk assessments to better identify disability-based abuse, and also tailor safety plans and risk management strategies. Care has to be taken to work with the victim/survivor to hear their identified risk priorities for safety.

In Victoria there have been some efforts to improve risk assessment and safety planning with people with disabilities, and some practitioners have developed skills, experience and networks. Safety plans have been made in Easy English and languages other than English. various training packages have rolled out, the longest running being Getting Safe Against the Odds formerly run by Domestic Violence Resource Centre with philanthropic funding. Some disability workforce members received risk assessment training, but the sector’s interest in this training has reduced since the introduction of the NDIS. Victoria’s renewed risk assessment system has a few specific questions around disability.

Victoria also established a [family violence information sharing scheme](https://www.vic.gov.au/family-violence-information-sharing-scheme) to manage family violence risk. Disability services are not part of this scheme which indicates how disconnected the national disability service system is from the state’s family violence system. Bringing the disability sector into the scheme would be ideal provided that prior adequate, comprehensive ground work was done to build alignment between the sectors, through actions such as those in recommendation 8. Several years of thorough ground work would be required to build up shared definitions, understandings of risk management and referral pathways.

Structures for secondary consultation and referral between the disability sector and the family violence sector are not in place. As a national infrastructure across the country, NDIS Local Area Coordinators could potentially play a role in supporting connections, in conjunction with additional resourcing for a program such as a national network of disability and domestic violence practice leaders. It would make sense to put the practice leader roles in place prior to implementing new risk assessment initiatives to support their development and implementation.

**Housing, homelessness, accommodation and more about the building code**

Domestic and family violence is [the most common reason given for homelessness](https://urldefense.com/v3/__https%3A/www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness%2A20in%2A20Australiav2.pdf__;JSU!!MiK4Rck!EXcgJFMFM18iusBc3P3zd7yiKHiPKQkLeYUFvFxqqEwN7JOGJlrSCueIYThhLgPmDV2W$) from people seeking help from specialist support services.[[72]](#footnote-72) A Homelessness Australia [paper](https://urldefense.com/v3/__https%3A/www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-10/HA%2A20Position%2A20Paper%2A20-%2A20FINAL_0.pdf__;JSUlJQ!!MiK4Rck!EXcgJFMFM18iusBc3P3zd7yiKHiPKQkLeYUFvFxqqEwN7JOGJlrSCueIYThhLtjl1Z0n$), published in 2017, states that: “For women and their children escaping domestic and family violence, access to housing that is secure, affordable and immediately available is the most critical factor in their support pathway.”[[73]](#footnote-73) ‘Women experiencing homelessness often stay with friends or family, live in severely crowded dwellings, under the threat of violence or are physically hiding.[[74]](#footnote-74) In contrast, men often sleep rough, or live in improvised dwellings or boarding houses. Women additionally look to ‘self-manage’ their homelessness through strategies such as partnering up, moving between family and friends, and looking to take on jobs that provide housing.[[75]](#footnote-75)

While Australia does not have a building code committing to accessible homes, this housing problem continues to be massively exacerbated for people with disabilities. This lack of accessible housing could be seen as a contributing factor to the disproportionately high rates of violence against women with disabilities, as well as a factor prohibiting their safety and limiting their recovery.

The [Building Better Homes campaign](https://www.change.org/p/join-the-campaign-to-make-housing-accessible-for-all-australians?signed=true) is one of many attempting to bring about a national building code that recognises Australians with disabilities. Summer Foundation and the Australian Network on Universal Housing Design have done much to promote the changes needed.

Alongside the call for accessible housing, the call for accessible domestic violence crisis accommodation has been long and consistent from Australian women with disabilities. The Victorian Royal Commission into Family Violence injected money into the system for refuge rebuilds.

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| **Practice example**The Victorian Government made an unprecedented funding commitment to the family violence system, investing in a new refuge for each state area. The developments, when all completed, will allow less pressure on old communal style refuges. In each new Core and Cluster site there will be at least one unit with a Silver or Bronze level of accessibility. The dispersed accommodation in itself is often more accessible for people with for a range of reasons, including that it is more suitable for disability support workers to work in them than in a communal refuge. Unfortunately the units which are not built to Bronze or Silver standards may be built with steps or other inaccessible features. Monitoring these details sits with the building contract managers.  |

The lack of appropriate housing exit options from crisis situations and from refuge is not only limited by disability-accessible housing stock. Affordable, available, safe housing is known to be in short supply in Australia, especially for women on lower incomes. Supported Residential Services too often become the next stop for women with disabilities leaving family violence crisis. These cannot be expected to be safe or suitable for recovery from trauma.

**Crisis funding and supports**

People in family violence crisis with disability support requirements face barriers to purchasing and arranging those services quickly. Here we explore some of those barriers and identify some solutions.

The NDIS only provides services for [just over 10 per cent of people with disabilities](https://www.ndis.gov.au/understanding/what-ndis) in Australia. People with disabilities who are not NDIS participants are no less at risk of violence in the home. People who require establishment of an NDIS plan during a family violence crisis (for example due to acquiring a disability during the violence or through the removal of their perpetrator who provided supports) will find they cannot get an NDIS plan quickly. Availability of disability support providers for people who do not have NDIS funding is variable.

To date, the National Disability Insurance Agency has been consistently clear that crisis responses to people in family violence are not in their purview – that the costs of disability supports in family violence crisis sit with family violence services.[[76]](#footnote-76) Also relevant to people with disability support requirements in family violence crisis is that NDIS plans may not be changed quickly.

Women may have to re-negotiate disability service agreements to find safety. We have heard mixed reports about how well NDIS planners assist with this. If the planner is trusted and understands the issues they can be assistive.

A potential alternative disability support funding source is domestic violence crisis brokerage. This funding is often intended to increase safety, for example, home moving costs, or security camera installation costs. In instances where funding may be increased, this could require advocacy from domestic violence workers beyond the crisis time period. Some funds may be spent more flexibly, for example on new work clothes or on school fees. This funding is often capped. Disability supports and equipment may be highly expensive, for example, when a support worker is required 6 hours a day, or when a wheelchair purchase is required. Whether domestic violence brokerage funding reaches people with dishabilles fairly is not possible to track through data for a range of reasons. For example, administration time for brokerage is not always well funded for domestic violence services, and for example, funders don’t readily report such data.

To purchase disability supports does not just require funding. It also requires knowledge of providers of disability goods and services and which ones would be appropriate. The disability service provider space can be complex and require experience to navigate which domestic violence services have not been designed to develop. Further, no structural conduits exist between the sectors.

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| **Practice example**Funded by the Victorian Government, the[**Disability Family Violence Crisis Response Initiative**](https://www.safesteps.org.au/our-services/services-for-women-children/disability-support/) pays for disability services and equipment for women and children in family violence crisis. Other family violence system packages cover family violence costs, and the DFVCR can reduce barriers to covering expensive disability support and equipment costs. The fund is accessed through Safe Steps, Victoria’s 24 hour family violence crisis response service. A Disability Liaison Officer is funded to administer the brokerage and provide secondary consultation about purchasing disability goods and services. Systemic advocacy for such a fund was going for decades prior to it being granted around 2011. When State disability funding moved to the Commonwealth the fund was threatened as it has been through subsequent state budgets. With the DFVCRI now in place until 2024, Victoria is creating safe pathways from violence for women and children with disabilities. A national equivalent of the disability family violence crisis is required, as the DRC heard in evidence from Nicole Lee during the COVID-19 hearings. This matter was also brought to the attention of Victoria’s Royal Commission into Family Violence who made the following finding and connected recommendation. *“The Commission emphasises that in recommending expansion of Flexible Family Violence Packages this expansion should be in addition to the support available under the Disability and Family Violence Crisis Response Initiative...The Commission supports the continued funding of the Disability and Family Violence Crisis Response Initiative.”[[77]](#footnote-77)***Victorian Royal Commission into Family Violence Recommendation 1739:** Victorian Government encourage the NDIA, in the transition to the NDIS, to provide flexible packages that are responsive to people with disabilities experiencing family violence. These packages should incorporate crisis supports & assistance for rebuilding and recovering from Family Violence [within two years].[[78]](#footnote-78)Locating disability domestic violence crisis brokerage packages within the domestic violence service system, with an ease of referrals from disability and other services, is a sound approach. Managing privacy, risk and crisis timeframes are core business for domestic violence services.  |

### **Crisis lines**

### 1800respect has worked extensively with Women with Disabilities Australia to build up family violence web resources for community members with disabilities and to inform their referrals and communication styles. 1800respect (for counselling, information and referral) and Safe Steps (for crisis referral) in Victoria have set up webchat which is a good option for those who find telephones inaccessible or unsafe. 1800respect’s Sunny App and WWDA’s webpage are also sources for people seeking directions to crisis supports. Accessible online chat and telephone crisis lines are an important way to enter the domestic violence support system, alongside outreach.

### **Outreach and Safe at Home programs**

The National Partnership Agreement on Homelessness (NPAH) has been critical to providing outreach and supports to keep women safe at home and safe in the community. In both homelessness and family violence services, this funding has been a source of support for women and children to remain safely in their own homes – an essential option for women with disabilities who may rely on local infrastructure, services or house adaptations. For women without housing, such as those on the Disability Support Pension who are couch surfing or sleeping in a car, this service type can help keep them safe. There is continuous uncertainty about the future of this critical funding. Reliable resourcing for outreach and safe at home /safe in the community programs is of the highest priority for women with disabilities who have extreme barriers to ‘going to’ the system. These services are ideal as they come to the woman.

**Support groups and counselling for women who have experienced violence**

Support groups are a vital support option for and community connection for women who have experienced violence.[[79]](#footnote-79) These programs should be accessible to women with disabilities to share their experiences with each other in a safe and supportive setting.

Extended access to peer support groups has been seen as beneficial for women with disabilities.[[80]](#footnote-80) Likewise, funded extended periods for counselling and support are seen as beneficial for women with disabilities. WDV reported, “Current support periods are not long enough for a person with a communication disability or a person from a migrant or refugee background, especially from non-English speaking countries. If they’re abused, it’s difficult when there’s maybe not enough interpreting services for them.”[[81]](#footnote-81)

**Men’s behaviour change groups**

More work can be done to work with men with disabilities who use violence. Behaviour support plans can often be done in a rush without time taken to understand individuals’ triggers and calming strategies. Interventions such as Men’s Behaviour Change Programs may not be accessible to men with disabilities. They may not be geared to identify risks of disability-based violence, for example, unreasonable breaches of privacy by a man who is in a relationship with a woman with a cognitive disability, because he says he is helping her with her doctor’s appointments and banking.

In Victoria, two services received state funding to pilot tailoring Men’s Behaviour Change services tailored for men with disabilities. Bethany Community Support were funded to run a program for people with a cognitive impairment who use violence, and Peninsula Health were funded to run group and one-on-one interventions for men with cognitive impairment and/or learning difficulties. The trials support referrals to other specialist services. Evaluations and resources from the pilots are expected. The services found that it was not rare for the men they worked with to use intimate partner violence on women with disabilities. From the services reflections, it sounds like these two projects were a great opportunity to begin to form ideas and practices around approaches to the work, and that there is a great deal more that could be discovered in this area of service provision.

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| Recommendation 11: That national building codes and standards for private and public housing and accommodation are significantly improved for people with disabilities.Recommendation 12: That the Commonwealth Government establish a national funding stream for domestic violence and sexual assault services to provide brokerage for disability services and equipment to people with disabilities in domestic violence crisis. |

**Question 12: How has the COVID-19 pandemic, the recent bushfires and other emergencies affected people with disability experiencing violence and abuse at home?**

**What would help people with disability experiencing violence and abuse in their homes who are impacted by emergency situations?**

As the COVID-19 pandemic hit Australia, policy was made quickly and proficiently. People with disabilities noticed that disability issues were not considered. WDV members were among the many Australians with disabilities to report fear. Fear of acquiring the virus from a support worker or unpaid carer such as a family member while they could not access Personal Protective Equipment, fear of running out of food and supplies, and economic fear related to employment pressures or increasing costs unreflected in the Disability Support Pension rate. At the beginning, women with disabilities could see they were not included in recovery policy development. Some improvements are evident as our leaders develop recovery and planning policies through State and Commonwealth panels. This issue is of high importance to our members, who recognise that we are statistically likely to experience inequities in the economic, social and health recovery.

GPs and dentists[[82]](#footnote-82) are common practitioners to first identify domestic violence. During COVID-19 face to face contact with trusted health professionals was drastically reduced to only crisis situations, as was in person contact with other likely receivers of disclosures such as Maternal Child Health Nurses, family support services, social workers and mental health workers. Often appointments were moved into the tele-health environment, just like counselling services for this Royal Commission were.

The shift toward tele-health improved accessibility for many people with disabilities, reducing travel and a range of other obstacles, which is fantastic. However, tele-health obviously presents some clear risks in terms of practitioners assessing who else is in the environment with their client and in terms of the clients being sure they have privacy from other people in their environment. This limits safe opportunities for clients to disclose violence and for practitioners to conduct risk assessments and safety planning.

Courts adapted quickly to the pandemic and were able to move many hearings online. Unfortunately, this reduced availability of court supports. There is anecdotal evidence that this reduced opportunities for people with support requirements to engage with the process, understand proceedings, and cope with the stress of court.

People who require communication supports to access sexual assault and domestic violence counselling and support services may also find telehealth appointments increase access barriers. For example, telehealth appointments may require additional support workers to be present for a counselling session to aid computer use and communication, thus reducing confidentiality in the appointment. In such appointments, the importance of being with trusted people is paramount, however, available support workers will not necessarily have their ‘client’s’ trust.[[83]](#footnote-83)

Despite its benefits, tele-health presents potential other issues making it inappropriate for universal use. Mobile phone and broadband coverage is reasonable in many areas of our cities, but across Australia there are spots with little or no coverage. It may not be a comfortable platform for people to build required trust with a professional to disclose. It may provide additional communication barriers for people with speech and other communication difficulties.

Health and human service funders promoting steps towards tele-health should plan to continue to provide face-to-face services understanding that these are necessary for domestic violence risk management. Practice advice should be developed and promoted to all tele-health providers on assessing privacy and safety during consultations.

Australian Domestic Violence Crisis Services have reported impacts on COVID-19 on women with disabilities’ contact with their services. At the beginning of the pandemic, some services reported a concerning downturn in contact. Over time, generally, services reported an increase in contacts. This data has not always been publicly available, but the Commission may refer to 1800Respect and Family Safety Victoria.

A month into the pandemic, the New South Wales Attorney-General reported that Google searches by the general population on domestic violence are up by 75 per cent since the first recorded COVID-19 cases in the state.[[84]](#footnote-84) As the Commission heard during the COVID-19 hearings, the [live web chat](https://www.safesteps.org.au/our-services/services-for-women-children/family-violence-webchat-support/) service available through Safe Steps family violence crisis response service has been appreciated by some women. Other crisis response services have similar chat portals.

As women across Australia turned online to investigate safety options amid rising domestic violence rates, those experiencing a digital divide were clearly disadvantaged. This divide was identified in a short time period by the Victorian Magistrates Court, which moved many family violence hearings online, noticing that some people had old technology or lack of access to any technology.

Women with disabilities experience a digital divide, the causes of which are well described in the ‘Your say, your rights’ report by the Self Advocacy Resource Unit and WDV. The divide stems from:

* economic barriers (eg. having money to buy a phone and purchase data),
* safety concerns (eg. women with disabilities are often discouraged from situations that expose them to ‘stranger danger’, thereby restricting our opportunities to build experience of risk and safety online as much as in the community),
* stereotypes of technology and gender (eg. girls in school are discouraged from engaging with computer classes), and,
* lack of access and support to the internet (eg. requiring another person to pass you your tablet, turn on your phone or operate your computer thereby reducing access but also privacy and consequently safety). [[85]](#footnote-85)

The ‘Your say, your rights’ report theoretically and practically explored the many benefits of increasing internet access for women with disabilities. A key recommendation from the report is “Seek funding to provide educational opportunities for women with disabilities to learn about safe use of the internet.”[[86]](#footnote-86) This recommendation is something that the Self Advocacy Resource unit put into action in 2020. After successfully winning a government grant, SARU supplied self advocates with tablets and support to use them. The impacts were stark, as self advocates stayed connected during lockdown, somewhat maintaining critical aspects of their lives to support their wellbeing and safety.

SARU’s approach to creating opportunities to access technology and information about being safe online is a positive way of mitigating the effects of technology assisted abuse which can be experienced in the home. It is also positive to see the eSafety Commissioner undertaking research with experienced researchers on safety online, with particular attention to Domestic Violence and to women with disabilities.

The use of technology to facilitate stalking, economic abuse and other forms of violence can be expressions of gender based violence and family violence. Walter DeKeseredy et al wrote, “Technology was used to create a sense of the perpetrator’s omnipresence, and to isolate, punish, and humiliate domestic violence victims. Perpetrators also threatened to share sexualized content online to humiliate victims. Technology-facilitated stalking needs to be treated as a serious offense, and effective practice, policy, and legal responses must be developed.”[[87]](#footnote-87) One recent publications identified population groups who face higher rates of technology facilitated gender based violence as women, girls and transgender, non-binary and gender-nonconforming people with intersecting inequality factors such as race, disability, sexual orientation, caste and gender expression; victim-survivors of intimate partner violence; and women in leadership roles such as politicians, journalists and advocates.[[88]](#footnote-88)

The UN report, “Individuals with disabilities are disproportionately affected in disaster, emergency, and conflict situations due to inaccessible evacuation, response (including shelters, camps, and food distribution), and recovery efforts.”[[89]](#footnote-89) Victoria’s Disability Advocacy Resource Unit held an outstanding conference highlighting barriers and enablers of safety for people with disabilities in disaster, and they have published associated resources online. An emphasis of the event was involving people with disabilities in disaster planning.

Australian and international research points towards a rapid decay in gender equality during disasters such as bushfires, heatwaves and cyclones. Australian leaders in this study are the Gender & Disaster Pod. The Pod report that in the time period directly after a bushfire, women’s rights go back 50 years, and domestic violence risk increases starkly.[[90]](#footnote-90)

Bodies such as the City of Melbourne, the Municipal Association of Victoria, the Victorian Council of Social Services and the Victorian Fire Authority are now starting to lead thinking on how to combine what we know about women in disasters and people with disabilities in disasters, and go on to inform practice. This work is in its early days, and has some way to go. A common current strategy is to ask people with disabilities to register themselves as vulnerable people. We note here that ‘vulnerable’ is not a word many women with disabilities identify with or would gladly register as being.

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| Recommendation 13: That the Australian Government resource women with disabilities to meaningfully participate in design and implementation of **disaster and pandemic planning, response and recovery**. Activities would pay particular attention to the risks of violence for women with disabilities during disasters and pandemics. Recommendation 14: That Health and Human Service funders promoting steps towards **tele-health** continue to also provide face-to-face services understanding that these are necessary for domestic violence risk management. Practice advice should be developed and promoted to all tele-health providers on assessing privacy and safety during consultations. Recommendation 15: That the Commonwealth and State Governments resource people with disabilities (including people who are not NDIS participants) with **technology associated supports** for disaster readiness. This would include supporting access to data, technology and particularly providing opportunities to build experience with online information communication technology. Disabled Persons Organisations are well placed to deliver such programs.  |

**WDV publications and resources**

WDV has a range of [resources on preventing and responding to violence](https://www.wdv.org.au/our-work/our-work-with-organisations/familyviolenceanddisabilityfilms/) against women with disabilities including fact sheets and guides.

The [Our Right to Safety and Respect Resources](https://www.wdv.org.au/our-work/our-work-with-organisations/safeguards-project/) include a video for women with disabilities where women with disabilities speak about how they found ways to speak up and get support to be free from violence. The video includes captions, Auslan, and an audio description option. There is a video guide with extra information and discussion questions which is available in various formats.

WDV’s research and other publications include:

* Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria, 2008 [link](https://www.wdv.org.au/about-us/building-the-evidence/)
* Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women With Disabilities, with the University of Melbourne, 2013 [link](https://www.researchgate.net/publication/236072722_Inclusive_Domestic_Violence_Standards_Strategies_to_Improve_Interventions_for_Women_With_Disabilities)
* Voices Against Violence research report with Office of the Public Advocate and Domestic Violence Resource Centre, 2014 [link](https://www.wdv.org.au/our-work/building-the-knowledge/voices-against-violence/)
* Royal Commission sends NDIS a message on violence, 2016 [link](https://www.croakey.org/royal-commission-sends-ndis-a-message-on-violence/)
* Family Violence and Disability forum, with Domestic Violence Victoria, 2017 [link](http://dvvic.org.au/members/member-resources/)
* What does the NDIS mean for women and girls, Power to Persuade, 2020 [link](http://www.powertopersuade.org.au/blog/what-does-the-ndis-mean-for-women-and-girls-considering-the-implications-of-our-market-based-system-for-gender-equality/10/3/2020)

WDV’s past [submissions](https://www.wdv.org.au/our-work/our-work-with-government/submissions-2/) include:

* Australian inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings**,** submission to the Senate Community Affairs References Committee, 2015 [link](https://www.wdv.org.au/our-work/our-work-with-government/submissions-2/)
* Inquiry into a NDIS Quality Safeguards Framework Submission to DSS on behalf of the Disability Reform Council and COAG, 2015, [link](https://www.wdv.org.au/documents/NDIS_Safeguards_2015_WDV.pdf)
* Victorian Royal Commission into Family Violence submission, 2015 [link](https://www.wdv.org.au/documents/FV_RC_submission_Women_with_Disabilities_Victoria_2015.pdf)
* Victorian Royal Commission into Family Violence hearing transcript, 2015 [link](https://www.wdv.org.au/documents/Transcript-RCFV_Day-017_11-Aug-2015_Public.pdf)
* Submission to Australian Law Reform Commission review of the Family Law System, 2018 [link](https://www.wdv.org.au/our-work/our-work-with-government/submissions-2/)
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2. Victorian Health Promotion Foundation, Violence against women in Australia. An overview of research and approaches to primary prevention, 2017. [↑](#footnote-ref-2)
3. ##  Centre of Research Excellence in Disability and Health, Prevalence of violence and abuse of people with disability in Australia, 2020.

 [↑](#footnote-ref-3)
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6. Homelessness Australia, A National Homelessness Strategy: why we need it: Strengthening the service response to people who are homeless or at risk of homelessness. 2017. [↑](#footnote-ref-6)
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9. Slattery, Claire, Women are not safe from violence in mental health facilities, RMIT, 2020. [↑](#footnote-ref-9)
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11. Maker, Yvette, Gender, Trauma and the Regulation of the Use of Restraint on Women in Australian Mental Health Services, Journal of Law and Medicine, 2020. 68-74. [↑](#footnote-ref-11)
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