

STOP THE VIOLENCE

# BACKGROUND PAPER

NATIONAL SYMPOSIUM ON  
VIOLENCE AGAINST WOMEN  
AND GIRLS WITH DISABILITIES

SYDNEY, AUSTRALIA  
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# CONTENTS

ACKNOWLEDGEMENTS	7
EXECUTIVE SUMMARY	8
1 PROJECT OVERVIEW	10
1.1 Project Context	11
1.2 Project Objectives	13
1.3 Project Focus and Scope	15
1.4 Project Governance and Implementation	16
2 BACKGROUND TO THE ISSUE	17
2.1 Context	17
2.2 Understanding Disability	18
2.3 Understanding Violence against Women	21
2.4 Understanding Violence against Women and Girls with Disabilities	25
3 INFORMATION GATHERING PROCESSES AND OUTCOMES	33
3.1 Desk-Based Research and Analysis of Legislation and Polices	34
3.2 Stakeholder Engagement and Consultations	34
3.3 National Survey	37
4 KEY EMERGING ISSUES	45
THEME 1 RECOGNISING VIOLENCE	46
1.1 Context	46
1.2 Evidence	47
1.3 Summary Implications	55
THEME 2 RESPONDING TO VIOLENCE	57
2.1 Context	57
2.2 Evidence	57
2.3 Summary Implications	66
THEME 3 INCLUSION AND PARTICIPATION	68
3.1 Context	68
3.2 Evidence	68
3.3 Summary Implications	74
THEME 4 SECTOR DEVELOPMENT	75
4.1 Context	75
4.2 Evidence	75
4.3 Summary Implications	77
THEME 5 CROSS-SECTOR COLLABORATION	79
5.1 Context	79
5.2 Evidence	79
5.3 Summary Implications	86
THEME 6 DATA CAPTURE AND USE	87
6.1 Context	87
6.2 Evidence	87
6.3 Implications	93
REFERENCES	94

## LIST OF FIGURES

Figure 1	Stakeholder group representation	38
Figure 2	Size of service provider respondents	40
Figure 3	Number of WGWD having accessed human services in the past year	47
Figure 4	Percentage of women service users with disabilities recorded by service providers as having experienced violence in the past year	48
Figure 5	Types of violence recorded by service providers	50
Figure 6	Types of Violence Recorded by Service Providers	51
Figure 7	Involvement in awareness campaigns and programs	53
Figure 8	Issues facing WGWD experiencing/at risk of violence	54
Figure 9	Organisation meets current demand	58
Figure 10	Staff require more training to meet demand	58
Figure 11	Organisation reallocates resources to meet demand	58
Figure 12	Organisation targets services more tightly or limit service levels to meet demand	58
Figure 13	Organisation is unaware of current level of demand	58
Figure 14	Waiting lists are growing for WGWD experiencing/at risk of violence	58
Figure 15	Service capacity is constrained by eligibility criteria	58
Figure 16	Service capacity is constrained by the level of available resources	58
Figure 17	Awareness of demand across sectors	59
Figure 18	Recognition of violence against women and girls with disabilities in organisational policies, protocols and procedures	60
Figure 19	Proportion of service providers with a procedure in place for women violence is suspected in the absence of formal disclosure	61
Figure 20	Priority measures for service capacity improvement	64
Figure 21	Participation of WGWD in service development and planning	69
Figure 22	Mechanisms used to promote the participation and inclusion of women with disabilities in service development and planning	70
Figure 23	Mechanisms used to obtain service user feedback from WGWD	70
Figure 24	Service evaluation targeted to the needs of WGWD	71
Figure 25	Facilities and services provided to ensure accessibility	72
Figure 26	Facilities and services offered by violence and disability services	72
Figure 27	Measures for participation of WGWD in activity planning and development	73

Figure 28	Violence and disability awareness training completed in the past five years	76
Figure 29	Reasons for any lack of staff training	76
Figure 30	Cross-agency collaboration on violence against women with disabilities	79
Figure 31	Inter-sector collaboration on violence against women with disabilities	80
Figure 32	Level of inter-agency collaboration on violence against women and girls with disabilities	81
Figure 33	Level of inter-sector collaboration on violence against women and girls with disabilities	81
Figure 34	Cross-agency collaboration on violence against women and girls with disabilities	82
Figure 35	Cross-sector collaboration with representative groups, peak bodies and advocacy agencies on violence against women and girls with disabilities	83
Figure 36	Level of cross-agency collaboration on issues of violence against women with disabilities	83
Figure 37	Level of cross-sector collaboration with representative groups, peak bodies and advocacy agencies on issues of violence against women with disabilities	84
Figure 38	Inter-sector collaboration on violence against women and girls with disabilities	85
Figure 39	Data collected by service providers	87
Figure 40	Data reporting patterns	88
Figure 41	Data on service users collected by policy development agencies	89
Figure 42	Patterns of disaggregation of data on people with disabilities	90
Figure 43	Patterns of disaggregation of data on women experiencing or at risk of violence	90
Figure 44	Data reported by representative organisations	92
Figure 45	Information captured by representative organisations about women and girls with disabilities experiencing or at risk of violence	92

## LIST OF TABLES

Table 1	Respondent jurisdiction and locational category	38
Table 2	Service providers across service sectors	39
Table 3	Areas of service provision	41
Table 4	Sectoral Spread of Policy Development Agencies	42
Table 5	Representative organisation target group	43
Table 6	Activities undertaken by Representative Organisations	44

## ABBREVIATIONS

<b>ABS</b>	<u>Australian Bureau of Statistics</u>
<b>ACOSS</b>	<u>Australian Council of Social Services</u>
<b>AHRC</b>	<u>Australian Human Rights Commission</u>
<b>ALRC</b>	<u>Australian Law Reform Commission</u>
<b>AWAVA</b>	<u>Australian Women Against Violence Alliance</u>
<b>CALC</b>	<u>Community Affairs Legislation Committee</u>
<b>CALD</b>	<u>Culturally and Linguistically Diverse</u>
<b>CDA</b>	<u>Children with Disability Australia</u>
<b>CEDAW</b>	<u>Committee on the Elimination of Discrimination Against Women</u>
<b>CESCR</b>	<u>Committee on Economic, Social and Cultural Rights</u>
<b>COAG</b>	<u>Council of Australian Governments</u>
<b>CROWD</b>	<u>Center for Research on Women with Disabilities</u>
<b>CRPD</b>	<u>Convention on the Rights of Persons with Disabilities</u>
<b>CSW</b>	<u>Committee on the Status of Women</u>
<b>DDA</b>	<u>Disability Discrimination Act</u>
<b>DRALHRO</b>	<u>Disability Representative, Advocacy, Legal and Human Rights Organisations</u>
<b>DS</b>	<u>Disability Services</u>
<b>DSA</b>	<u>Disability Services Act</u>
<b>ECG</b>	<u>Expert Consultative Group</u>
<b>FaHCSIA</b>	<u>Department of Families, Housing, Community Services and Indigenous Affairs</u>
<b>HACC</b>	<u>Home and Community Centre</u>
<b>HRC</b>	<u>UN Human Rights Council</u>
<b>INWWD</b>	<u>International Network of Women with Disabilities</u>
<b>LGBTQI</b>	<u>Lesbian, Gay, Bisexual, Transgendered, Queer and Inter-sex</u>
<b>MDS</b>	<u>Minimum Data Set</u>
<b>NDIS</b>	<u>National Disability Insurance Scheme</u>
<b>NDISRG</b>	<u>National Disability Insurance Scheme Reference Group</u>
<b>NDS</b>	<u>National Disability Strategy</u>
<b>NGO</b>	<u>Non-Government Organisation</u>
<b>NPIP</b>	<u>National Plan Implementation Plan</u>
<b>OHCHR</b>	<u>Office of the High Commissioner for Human Rights</u>
<b>PIC</b>	<u>Project Implementation Committee</u>
<b>PSG</b>	<u>Project Steering Group</u>
<b>PWDA</b>	<u>People with Disability Australia</u>
<b>SDAC</b>	<u>Survey of Disability, Ageing and Carers</u>
<b>STVP</b>	<u>Stop the Violence Project</u>
<b>UNFPA</b>	<u>United Nations Population Fund</u>
<b>UNGA</b>	<u>United Nations General Assembly</u>
<b>UNSW</b>	<u>University of New South Wales</u>
<b>WWDA</b>	<u>Women With Disabilities Australia</u>

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## EXECUTIVE SUMMARY

Women With Disabilities Australia (WWDA) is the peak non-government organisation (NGO) for women with all types of disabilities in Australia. WWDA is run by women with disabilities, for women with disabilities, and represents more than 2 million disabled women in Australia. WWDA's work is grounded in a rights-based framework which links gender and disability issues to a full range of civil, political, economic, social and cultural rights. Promoting the rights of women and girls with disabilities to freedom from violence, exploitation and abuse and to freedom from torture or cruel, inhuman or degrading treatment are key policy priorities of WWDA.

The Stop the Violence Project (STVP) emerges from WWDA's long standing commitment to addressing one of the most pressing issues for its membership: violence against women and girls with disabilities in Australia. Overseen by WWDA and conducted by a research team at the University of New South Wales (UNSW) in conjunction with a project team from People with Disabilities Australia (PWDA), the project is national in scope and is intended to lay the groundwork for improved service provision by building the evidence-base for future reforms so that the service system is more responsive to the needs of women and girls with disabilities. The immediate objective of the project is to investigate and promote ways to support better practice and evidence-based service system improvements to prevent violence and, improve access to, and responses of, governments and services for women and girls with disabilities experiencing, or at risk of violence.

This *Background Paper* presents outcomes of an evidence-building project, providing in-depth material to support the *Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia*. A further project document *Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia: Discussion Paper* which summarises the evidence emerging and

identifies principles and strategies to enhance good policy and practice has been prepared to inform deliberations at the National Symposium on Violence against Women and Girls with Disabilities conducted in Sydney in October 2013.

The National Symposium on Violence against Women and Girls with Disabilities aims to:

- Raise awareness of the issue of violence against women and girls with disabilities and foster an understanding of the issue within a human rights framework;
- Engage high-level stakeholders and decision-makers in moving forward to address violence against women and girls with disabilities;
- Foster collaborative approaches to policy development and service provision by strengthening cross-sector relationships and leadership for sustaining change in the identification and implementation of better practice models to prevent violence against women and girls with disabilities;
- Identify measures for the longer-term sustainability of addressing violence against women and girls with disabilities.

The proceedings and outcomes of the National Symposium will be collected and made available in a further document: *Report of the Proceedings and Outcomes of the National Symposium on Violence against Women and Girls with Disabilities*.

This background paper provides information on the project context, activities and outcomes, highlighting six key issues and their implications that are considered a priority in addressing reform in the area of violence against women and girls with disabilities. The paper is structured according to the following framework:

**SECTION 1 PROJECT OVERVIEW** sets out the relevant environment and context for the project in terms of its links with the *National Plan to Reduce Violence against Women and their Children 2010-2022* and gives an overview of its structure and aims.

**SECTION 2 BACKGROUND TO THE ISSUE** considers the international and national literature on violence against women and girls with disabilities by exploring current understandings of disability, of violence against women, and of the issues that emerge when these two intersect. The section identifies *definitions* of these experiences, develops a *human rights* perspective in relation to them, explores their *nature and prevalence*, and gives an overview of the relevant current *legislative and policy* environment.

**SECTION 3 INFORMATION GATHERING PROCESSES AND OUTCOMES** details the overall strategy utilised to gather the evidence-base for the project. This section includes a description of the processes utilised in the desk-based research and analysis of legislation and policies; approaches to stakeholder identification, engagement and to consultation with women with disabilities; and a national survey of human service and justice sector service providers, policy makers and representative organisations. Summary results emerging from these activities are presented.

**SECTION 4 KEY EMERGING ISSUES - CONTEXT, EVIDENCE AND IMPLICATIONS** sets out the six key issues emerging from survey findings, consultations with women with disabilities, research literature reviews and legislative and policy mapping.

This section brings into focus current challenges in addressing issues of violence for women and girls with disabilities experiencing or at risk of experiencing violence. It identifies the implications of these issues for reform to enable adequate, appropriate, and responsive support for this group. The six key themes are:

- THEME 1** RECOGNISING VIOLENCE
- THEME 2** RESPONDING TO VIOLENCE
- THEME 3** INCLUSION AND PARTICIPATION
- THEME 4** SECTOR DEVELOPMENT
- THEME 5** CROSS-SECTOR COLLABORATION
- THEME 6** DATA CAPTURE AND USE

# 1 PROJECT OVERVIEW

## SUMMARY POINTS

- One in three women experience physical violence and almost one in five women experience sexual violence. Of the women experiencing physical violence, 85 per cent are assaulted by a current or former partner, family, friend or other known male. Three-quarters of physical attacks occur in the woman's home. Women with disabilities make up 20 per cent of the population of women. It is believed that over a third of women and girls with disabilities
- Recognising that all forms of violence against women are unacceptable, the Commonwealth Government developed a national strategy of zero tolerance to violence against women, resulting in the twelve-year *National Plan to Reduce Violence Against Women and their Children 2010-2022* (The National Plan).
- Through four three-year Action Plans, the National Plan aims to drive necessary change to achieve significant and sustained reduction in violence against women. This will be done by making communities safe and free from violence, building respectful relationships, strengthening Indigenous communities, meeting the needs of women and children experiencing violence, providing effective justice responses, and by holding the perpetrators to account. Multiple projects have been funded by the Commonwealth Government to support this process in a range of priority areas.
- The Stop the Violence Project is one such project, implemented by Women With Disabilities Australia (WWDA). The STVP is a national project which aligns with the CRPD and the *National Disability Strategy 2010-2020*. The STVP seeks to identify structural issues to improve service responses to women and girls with disabilities experiencing or at risk of domestic and family violence.
- The long-term objective of the STVP is to contribute towards improving the overall quality of life for women and girls with disabilities in Australia in order to promote and protect their rights to freedom from violence, exploitation and abuse (Article 16, CRPD). The immediate objective of the project is to investigate and promote ways to support better practice and evidence-based service system improvements to prevent violence and, improve access to, and responses of, governments and services for women and girls with disabilities experiencing, or at risk of violence.
- Funded by the Department of Social Services, WWDA is implementing the project with support from UNSW and PWDA. The project encompasses high-level policy input through its project steering group (PSG) and a range of expert advice from its expert consultative group (ECG) members.

## 1.1 PROJECT CONTEXT

One in three women in Australia has experienced physical violence and almost one in five has experienced sexual violence (ABS 2006). Of those women experiencing physical assault, 85 per cent are assaulted by a current or former partner, family, friend or other known male; and three-quarters of these attacks occurred in the woman's home (ABS 2006). Recognising that all forms of violence against women is unacceptable, the Australian Government developed a national strategy of zero tolerance to violence against women, resulting in the twelve-year *National Plan to Reduce Violence Against Women and their Children 2010-2022*.

The National Plan, for the first time, brings together the efforts of all Australian Governments to reduce violence against women and their children. It provides a strategic agenda for leveraging and influencing related policies to ensure that responses take account of the needs of the victims and that programs implemented are effectively and appropriately targeted to both prevent and redress the issue (CEDAW 2012). The National Plan targets two main types of violence: domestic and family violence, and sexual assault (Commonwealth of Australia 2010). Over its twelve year period, it aims to achieve the following six outcomes:

- communities are safe and free from violence;
- relationships are respectful;
- Indigenous communities are strengthened;
- services meet the needs of women and children experiencing violence;
- justice responses are effective; and
- perpetrators stop their violence and are held to account.

The above outcomes are to be delivered through four three-year Action Plans, each underpinned by a key theme to drive necessary

change needed to achieve a significant and sustained reduction in violence against women (CEDAW 2012). The four three-year Action Plans and the themes they highlight are as follows:

- The first Action Plan (2010-2013) *Strong Foundation* focuses on building a strong foundation for the National Plan. It identifies key strategies and actions as well as the national initiatives to create a foundation for future work to be undertaken during the life of the National Plan. It outlines how the Commonwealth Government, along with all State and Territory Governments and the community, will work together to lay the groundwork for the future.
- The second Action Plan (2013-2016) *Moving Ahead* will take stock of what has worked well in the first three years and consolidate the evidence-base for the effectiveness of the strategies and actions implemented.
- The third Action Plan (2016-2019) *Promising Results* will deliver solid and continuing progress in best practices and policies.
- The fourth Action Plan (2019-2022) *Turning the Corner* is expected to see the delivery of tangible results in terms of reduced prevalence of domestic violence and sexual assault, reduced proportions of children witnessing violence, and an increased proportion of women who feel safe in their communities (CEDAW 2012: 4-5).

Under the National Plan, each State and Territory is expected to develop its own jurisdictional implementation plan outlining the actions being undertaken locally. These implementation plans are expected to reflect good practice reforms already underway in each jurisdiction or new initiatives being undertaken. It is expected that some States and Territories will use their existing family violence strategies and implementation frameworks to implement the National Plan.

The Commonwealth and State and Territory Governments have committed to implement better understanding and improving the quality of services and responses to women and their children who are experiencing, or at risk of domestic and family violence (CEDAW 2012: 12). Multiple projects have been funded to support this process in a range of priority areas. Although the approach for individual projects may differ, the common aim is to help build knowledge and understanding of what can work in key service delivery areas and to promote the adoption of good practice models or approaches (CEDAW 2012: 12).

A National Centre of Excellence bringing together all existing and new research under an agreed national agenda, and a National Foundation to Prevent Violence against Women and their Children to drive cultural and attitudinal change have been created under the National Plan (AHRC 2012a: 8, FaHCSIA 2013). The Plan's implementation and monitoring is overseen by a tripartite National Plan Implementation Panel (NPIP) consisting of Commonwealth and all State and Territory Governments and non-government representatives from domestic violence and sexual assault sectors, peak bodies, academia, justice and specific population groups such as Indigenous women, culturally and linguistically diverse women and women with disabilities (AHRC 2012a, CEDAW 2012).

The Stop the Violence Project is one such Commonwealth Government project which seeks to improve service responses to women and girls with disabilities experiencing or at risk of domestic and family violence (CEDAW 2012). The STVP, implemented by the Australian non-government organisation, Women With Disabilities Australia (WWDA), seeks to identify structural issues which may impact upon women and girls with disabilities who have experienced violence, in accessing services as well as addressing the capacity of services to respond effectively (CEDAW 2012: 12).

The STVP addresses two key immediate national initiatives specifically focussed on women and girls with disabilities. These include:

- support for better service delivery for women and girls with disabilities through the development of new evidence-based approaches where existing policy and service responses have proved to be inadequate; and
- investigation and promotion of ways to improve access and responses to services for women and girls with disabilities.

The STVP also aligns with the Convention on the Rights of Persons with Disabilities (CRPD) and the *National Disability Strategy 2010-2020*, in its future action '2.3: Develop strategies to reduce violence, abuse and neglect of people with disability'. A key action to achieve this is through the implementation of the National Plan. The *National Disability Strategy 2010-2020* will be delivered in three phases through the following implementation plans:

- The first implementation plan (2011-2014) *Laying the Groundwork* sets the foundation for each State and Territory Government to have its own disability plan to improve outcomes through mainstream policies, programs, services and infrastructure.
- The second implementation plan (2015-2018) *Driving Action* will, in consultation with people with disabilities and their representative organisations, outline new priority actions as well as ongoing commitments to consolidate actions that are driving improved outcomes and identify where more effort is needed.
- The third implementation plan (2019-2022) *Measuring Progress* will identify new and emerging outcomes to be implemented in order to ensure the objectives of the *National Disability Strategy 2010-2020* are met.

Each implementation plan will be underscored by the need for a change in attitudes towards disability by governments and the broader community that promotes dignity and human rights of people with disabilities, and supports participation in all aspects of community life. This is required to achieve lasting social change and to improve outcomes for people with disabilities beyond the life of the *National Disability Strategy 2010-2020* (NDSIRG 2012).

## 1.2 PROJECT OBJECTIVES

The long-term objective of the STVP is to contribute towards improving the overall quality of life for women and girls with disabilities in Australia in order to promote and protect their rights to freedom from violence, exploitation and abuse (Article 16 of the CRPD). The project is national in scope and is intended to lay the groundwork for improved service provision by building the evidence-base for future reforms so that the service system is more responsive to the needs of women and girls with disabilities (WWDA 2011).

The immediate objective of the project is to investigate and promote ways to support better practice and evidence-based service system improvements to prevent violence and, improve access to, and responses of, governments and services for women and girls with disabilities experiencing, or at risk of violence. System improvements include improving education and awareness about sexual, physical and verbal assault and, domestic and family violence for women and girls with disabilities.

The STVP addresses these objectives through:

- 1** Building the evidence-base by mapping and analysing good policy and practice models to prevent violence and improve access to, and responses of, services for women and girls with disabilities experiencing or at risk of violence through:
  - engaging and consulting with key stakeholders including representatives from governments and the domestic violence, sexual assault, disability, advocacy and homelessness sectors; and culturally and linguistically diverse and regional, rural and remote communities;
  - acknowledging and building on the existing evidence-base with regard to existing standards and requirements;

- examining the role of domestic violence/sexual assault and disability service providers (including online support services) in the context of cross-sector integrated service delivery;
  - analysing key gaps and service delivery barriers, fragmented service delivery or unnecessary duplication of programs and/or services;
  - improving understanding of the type, range and effectiveness of service system responses; and
  - identifying key areas where services could adopt new or promising practices.
- 2** Conducting and reporting on the proceedings and outcomes of a National Symposium which aims to:
- raise awareness of the issue of violence against women and girls with disabilities and to foster an understanding of the issues within a human rights framework;
  - engage high-level stakeholders and decision-makers in moving forward to address violence against women with disabilities;
  - foster collaborative approaches to policy development and service provision; and
  - identify measures for the longer term sustainability of addressing violence against women and girls with disabilities.
- 3** Developing a good policy and practice compendium to address violence against women and girls with disabilities including:
- practical information and resources to improve access to, and responses of, service systems with a particular focus on domestic violence/sexual assault and disability services for women and girls with disabilities experiencing or at risk of violence including general principles for application;
  - recommendation of models, responses and approaches to support engagement, participation, representation, information sharing and decision-making of women and girls with disabilities; and
  - identification and advice on structural and systemic issues (including though not limited to legislation, regulatory frameworks, policy and programs, data and monitoring).

### 1.3 PROJECT FOCUS AND SCOPE

The STVP focuses on reforming service provision for women and girls with disabilities who are experiencing or at risk of violence. It is recognised that although this project may be unable to address the myriad issues and complexities inherent in the multiple forms of violence perpetrated against women and girls with disabilities, it investigates and identifies gaps and good practice models for improvement of services. Through stakeholder engagement, consultations and survey, the project lays the groundwork for improved service provision by building an evidence-base for future reforms so that the service system is more responsive to the needs of women and girls with disabilities who are affected by violence. It includes particular emphasis on disability, women's, domestic and family violence, and sexual assault services, but where possible explores issues for other welfare services including for example housing, and issues relevant for justice sector services including for example legal services and law enforcement.

Although the project's predominant focus is on issues for women with disabilities who are or are at risk of experiencing violence, it does seek to include recognition of the circumstances of young women entering relationships or whose domestic circumstances are changing from the family home to other environments/ independence and the violence they may experience. The term 'women and girls with disabilities' utilised is consistent with this focus. It is recognised however that the unique experience of girls with disabilities requires different considerations in research, practice and response which are beyond the scope of the current project.

## BOX 1 DEFINITION OF VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES

### FOR THE PURPOSES OF THIS PROJECT

- The term 'violence against women' means: "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life" (United Nations Declaration on the Elimination of Violence against Women, 1993).
- The term 'family violence' is used in accordance with the Australian Law Reform Commission's suggestions on types of family violence experienced by people with disabilities, including domestic sexual or physical assault; stealing and financial exploitation including misappropriation of social security payments and other benefits and concessions; neglect and deprivation of things such as shelter, nutrition and essential medical treatment; specific types of abuse related to their disability such as withholding equipment, food and medication; and forced sterilisation and abortion (ALRC 2012).

A definition of 'violence' in line with the National Plan is utilised and usage of the term 'family violence' reflects the definition recommended by the 2012 Australian Law Reform Commission Report, *Family Violence and Commonwealth Laws – People with Disability*. These are captured in Box 1: Definition of Violence against Women and Girls with Disabilities.

## 1.4 PROJECT GOVERNANCE AND IMPLEMENTATION

The STVP is funded by the Department of Social Services and is overseen by WWDA who sub-contracted UNSW to undertake the research to provide the evidence-base of current policy and practice and PWDA to facilitate stakeholder engagement and consultations; public information management on the project; organise and hold the National Symposium; and prepare and finalise the *Good Policy and Practice Compendium* based on the evidence and information gathered throughout the evidence mapping process of the project. The Project Implementation Committee (PIC) led by WWDA, and comprised of staff from UNSW and PWDA, monitors implementation of the STVP to ensure that the project outputs are delivered in a timely and effective manner and remain in line with the contracted requirements.

The project is designed to ensure that the goals, objectives and outputs are met in line with the contracted deliverables and timeframes. Based on the understanding that the success of the STVP is dependent on cooperation between all levels of government and across different sectors, the project is structured so that there is continuous consultation and engagement with key stakeholders from all jurisdictions and relevant sectors. Advice on implementation is

provided by a Project Steering Group (PSG) consisting of high-level officials from each State and Territory Government agency with responsibility in the area, as well as key experts representing the non-government women's and disability sectors including National Disability Services (NDS), the Australian Council of Social Services (ACOSS), the Australian Women Against Violence Alliance (AWAVA) and Children with Disability Australia (CDA). The PSG is chaired by the Sex Discrimination Commissioner of the Australian Human Rights Commission, Ms Elizabeth Broderick. PSG meetings are held quarterly throughout the life of the project. The project is scheduled for completion at the end of December 2013.

The STVP also seeks individual expertise and advice from an Expert Consultative Group (ECG), consisting of a targeted group of experts in issues relating to violence prevention and responses for women and girls with disabilities. They provide voluntary expert advice and feedback on key outputs based on their knowledge of and expertise in the field. The group does not meet, but rather provides advice in electronic form.



## 2 BACKGROUND TO THE ISSUE

- Global studies suggest that women and girls with disabilities experience violence more intensely and frequently than either their male counterparts or women and girls without disabilities. It is believed that they are twice as likely to experience violence, their experiences last over a longer period of time, and more severe injuries result from the violence. In Australia, although there is anecdotal evidence to support this, there has been very little published research on the issue.
- The current situation in Australia is characterised by inadequate recognition and response to the needs of those women and girls with disabilities who have experienced or are at risk of experiencing violence. There is limited data and research available on the prevalence and nature of violence against women and girls with disabilities. Similarly little is known about the capacity of services to recognise and respond appropriately and effectively when such violence occurs.
- Approximately 20 per cent of the Australian population report a disability, with no significant differences in the prevalence of disabilities between males and females. Disability impacts Indigenous Australians more than non-Indigenous people.
- Negative stereotypes of disability have contributed to the marginalisation and discrimination of women and girls with disabilities, excluding their participation as full and equal citizens in the society.
- Understanding violence against women has been challenging in the Australian context as it was generally considered a 'hidden' problem confined to the private sphere, creating 'invisibility' around the issue.
- The entry into force of international human rights treaties such as CEDAW, CRC and CRPD marked the beginning of a new era in promoting respect for the inherent dignity of women and girls with disabilities and their full and equal participation in society.
- No uniform definition of violence against women exists across jurisdictions in Australia. For the definition utilised in this project see Box 1: Definition of Violence against Women and Girls with Disabilities.

### 2.1 CONTEXT

It is recognised that the nature of the experience of violence is intensified in frequency, extent and nature when gender and disability intersect. In Australia, women and girls with disabilities experience higher levels of violence compared to women and girls without disabilities, and they are more likely to experience violence in residential and institutional settings (AHRC 2012a). Violence against women and girls with disabilities has been identified as more extensive than violence amongst the general population and is also more diverse in nature than for women in general (Healey et al 2013). Research suggests that women and girls with disabilities are more likely to experience domestic violence and sexual assault than women without disabilities and are subjected to violence and abuse by a greater number of perpetrators than women without disabilities (WWDA 2007, CROWD 2009).

In common with women and girls who experience violence and abuse, women and girls with disabilities are likely to know the perpetrators of this violence, as a partner or family member (CROWD 2009). The presence of disability however means that women and girls with disabilities face a higher risk of

violence and abuse by others who are in their lives due to their support needs, such as health care providers or caregivers. Those who live in residential and institutional settings including for example disability, aged care and correctional settings are more likely to experience violence. The nature of this violence and abuse can include for instance withholding medicine and assistive devices, such as wheelchairs, or refusal to assist with daily needs like bathing, dressing, or eating (Women's Health 2011). Moreover, experiences of violence are compounded by the fact that many women with disabilities experience difficulties in obtaining help in situations of violence. For example, most women's crisis shelters are not accessible to women with disabilities and therefore, in many instances, women with disabilities are unable to leave violent environments (Healey et al 2008). Similarly, women with intellectual disabilities experience higher rates of sexual violence and abuse (Carlson 1997), financial exploitation, physical assault, and emotional abuse and have fewer, or are unaware of, pathways to safety and redress (Hague et al 2011).

Global studies suggest that, irrespective of their country, women and girls with disabilities are marginalised, neglected, violated, excluded and isolated at higher rates than their non-disabled counterparts (UNFPA 2005). Their silence is echoed in the lack of recognition of their specific risks and needs by legislators, policy makers and service providers. This is largely the case in contemporary Australia where there is an urgent need to make this issue of violence against women and girls with disabilities visible to policy makers and practitioners (Healey et al 2013). A particular challenge here is to understand the complex issues which emerge for women, for service systems and for policy makers and legislators when disability, gender and violence intersect. The following sections consider the areas of disability and violence against women then provide a synthesis of the challenges in bringing together these two separate spheres.

## 2.2 UNDERSTANDING DISABILITY

The ways in which disability is understood has implications for responses to women and girls with disabilities at risk of, or experiencing, violence. In recent decades focus has moved beyond simply considering an individual's body, intellect or behaviour to examine disability in the content of more complex set of social, political, material and cultural relationships (Meekosha & Dowse 2007) and to recognise the human rights of people with a disability.

### 2.2.1 DEFINITIONS OF DISABILITY

Traditionally, a focus on individual incapacity or the 'tragedy' of disability saw people with disabilities as dependent and in need of care and protection (Oliver 1983, Finkelstein 1993), resulting in their exclusion from participation in the wider community. Similarly, traditions of medicalising disability (Oliver 1990) placed emphasis on intervention by medical, rehabilitation, psychology and educational professionals whose aim is to diagnose, treat or cure a person's impairments, separate from their social context. Since the 1980s, understanding of the ways in which society is organised and structured to create and sustain disability has emerged. This suggests that it is not the individual characteristics that constrain full participation in society, but a range of barriers within society - such as misconceptions, discrimination, inaccessible environments/buildings, communications and information and lack of appropriate supports that prevent full participation by people with disabilities in all aspects of community life (Corker & Shakespeare 2002, Stein & Stein 2007).

Most recently, considerations have widened to encompass the idea that the disability experience is uniquely shaped by cultural conditions, social circumstances and personal experiences of different impairments. Importantly a feminist analysis of disability has

argued that simplistic bio-medical and social interpretations are particularly inadequate to understand the position of women with disabilities (Thomas 2004, Frohmader & Meekosha 2012). Informed by this work, the experience of disability is understood to be shaped by a complex range of intersecting factors including gender, race, ethnicity, geographic/geopolitical location, sexuality and socio-economic positioning. This brings into focus a fuller range of social, political, cultural, economic and individual aspects which intersect in complex and diverse ways to marginalise people with disabilities (Meekosha & Shuttleworth 2009).

This focus on marginalisation and discrimination is underpinned by an understanding of people with disabilities as the bearers of human rights. The human rights-based approach identifies people with disabilities as subjects of human rights law on an equal basis, recognises that disability is an issue of diversity, the same as race or gender, and, places the responsibility on society and governments for ensuring that political, legal, social, and physical environments support the full inclusion and participation of people with disabilities in making decisions that affect their lives (Lord et al 2007).

### 2.2.2 DISABILITY IN THE HUMAN RIGHTS CONTEXT

The entry into force of the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol in May 2008 marked the beginning of a new era in efforts “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” (Article 1 of the CRPD). Australia ratified the CRPD on 17 July 2008 and it entered into force for Australia on 16 August 2008. While technically, persons with disabilities have always been entitled to the full range of human rights, the CRPD marked the first time that their rights were set

out comprehensively in a binding international instrument.

The CRPD contains a specific article on women with disabilities that is cross-cutting, highlighting the importance it gives to recognising that the rights of women must be considered when interpreting and implementing every article of the CRPD (Article 6 of the CRPD). The CRPD also includes an article on freedom from exploitation, violence and abuse (Article 16 of the CRPD), which contains specific mention of age and gender-specific measures required to address the issue. Importantly, protecting and promoting the rights of people with disabilities is not simply about providing disability-related services, it also entails adopting measures to change attitudes and behaviours that stigmatise and marginalise persons with disabilities as well as putting in place the policies, laws and programs that remove barriers and guarantee the exercise of civil, cultural, economic, political and social rights by persons with disabilities (OHCHR 2010).

Although the CRPD does not include a definition of disability or persons with disabilities in the strict sense, it states that: “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Article 1, CRPD). This definition does not preclude the use of definitions in national legislation, which may be necessary in some sectors such as employment or social security. However, according to OHCHR (2010), it is important that such definitions reflect the social understanding of disability enshrined in the CRPD and focus on the prohibition of discrimination and the promotion of equality, rather than on the categorisation of various disabilities based on impairments.

### 2.2.3 PREVALENCE AND IMPACT OF DISABILITY

The Australian Bureau of Statistics (ABS) *Survey of Disability, Ageing and Carers* reports that 18.5 per cent of the Australian population has a disability, with 87 per cent of these people experiencing an impairment restricting core activity such as communication, mobility or self-care activities, or a restriction associated with schooling or employment (ABS 2010). The rate of disability increases with age with 88 per cent of people aged 90 years and over had a disability, compared with 7.2 per cent who are children aged 0-14 years (ABS 2010, ABS 2012). Physical conditions are most commonly associated with disability (84%), 11 per cent of disabilities are associated with mental or behavioural disorder, and 4.8 per cent with intellectual and developmental disorders (AHRC 2005).

Nationally, 50 per cent of Aboriginal and Torres Strait Islander people aged 15 years and over had a disability or long-term health condition in 2008, with around 8 per cent having a profound or severe core activity limitation (ABS 2010). In non-remote areas, Aboriginal and Torres Strait Islander adults are one and half times more likely than non-Indigenous people to have a disability or long-term health condition and more than twice as likely to have a profound/severe core activity limitation (ABS 2010). Across gender, 48 per cent of Indigenous males have a disability as do 51 per cent of Indigenous females, with rates of disability increasing with age, ranging from 35 per cent of those aged 15-24 years compared to 80 per cent of people aged 65 years (ABS 2010). Comparison of disability rates for children aged 0-14 years showed a much higher rate of disability among Aboriginal and Torres Strait Islander children at 14 per cent than for non-Indigenous children at 7 per cent (ABS 2012).

It is widely acknowledged that fewer people with disabilities participate in the workforce than those without disabilities. Figures from 2003 indicated that only 53 per cent of people with disabilities participated in the labour force as compared to 81 per cent of those without a disability (AHRC 2005). Although the overall

employment rates for women have been increasing, employment rates for women with disabilities have decreased and they are also less likely to be in the workforce than men with disabilities (AHRC 2005). When employed, people with disabilities earn lower wages, on average, than workers without disabilities (ABS 2003). Having a disability reduced the average gross weekly wages of females by 24 per cent and males by 17 per cent in 1998, compared with people without disabilities (AHRC 2005). A recent report by the Australian Council of Social Services suggests that 27 per cent of people with disabilities live below the poverty line (ACOSS 2013). This evidence taken together demonstrates that the nexus between disability and poverty is intensified for women with disabilities, exacerbating the susceptibility of such women to experiencing violence.

### 2.2.4 LEGISLATIVE AND POLICY FRAMEWORK ON DISABILITY

At the national level, the legislative framework on disability includes the *Disability Service Act 1986* (Cth), the *Disability Discrimination Act 1992* (Cth) and the newly created *National Disability Insurance Scheme Bill 2013* (Cth), known as the National Disability Insurance Scheme (NDIS). This legislation is largely gender-neutral and lacks an overall human rights framing, in relation to the international human rights treaties Australia has ratified.

The *Disability Discrimination Act (DDA) 1992* (Cth) predates the CRPD, and although incorporates in part some of the obligations contained in the CRPD, is not comprehensive in this regard. The DDA establishes the legal right for people with disabilities to be free from discrimination and to participate in the community in the same way as people without disabilities. The DDA prohibits discrimination against people with disabilities in public spheres including employment, education, the provision of goods, services and facilities, and access to premises. It also allows people with disabilities to seek redress for individual circumstances of discrimination.

Disability services legislation is present at the Commonwealth and State/Territory levels. The *Disability Services Act (DSA) 1986* (Cth) provides a legislative and funding framework for a range of disability services, to assist people with disabilities to receive services 'necessary to enable them to work towards full participation as members of the community' and to assist them to achieve 'positive outcomes, such as increased independence, employment opportunities and integration in the community'. The DSA makes provisions for a set of guiding standards for the delivery of quality services known as the Disability Services Standards. The DSA, however, does not take specific account of gender and makes no provision for the disability services standards to be developed in a human rights context. Disability standards developed in 2007 are largely aimed at employment services, with others from 2012 aimed at advocacy services. Both these standards have been amended from the 1993 versions to include a standard on the protection of human rights and freedom from abuse. Most State and Territory Disability Services Acts were enacted in the early 1990s to give effect to the Commonwealth *Disability Services Act 1986*. Several jurisdictions have identified the need to review and update their Disability Services Acts as part of their implementation of the *National Disability Strategy 2010-2020*.

The newly created *National Disability Insurance Scheme (NDIS) Bill 2013* (Cth) aims to provide reasonable and necessary supports, including early intervention supports, for those deemed eligible. Its objectives include to 'give effect to certain obligations' to six of the seven international human rights treaties to which Australia is a party, including CEDAW and the CRDP, yet its gendered focus is limited and not as strong as would be expected to give effect to these treaties.

The national policy framework on disability is provided by the *National Disability Strategy 2010-2020* described in Section 2.1.2. This will be implemented through three implementation plans that seek to promote change by

governments and the broader community so that people with disabilities are provided with the needed supports to participate in all aspects of community life as full and equal citizens of the Australian society. One of the key actions of the *National Disability Strategy 2010-2020* is to implement the National Plan. Each State and Territory through their jurisdictional implementation plans will seek to provide lasting social change for promoting and protecting the dignity and human rights of all people with disabilities to ensure better outcomes for them beyond the life of the *National Disability Strategy 2010-2020*.

## 2.3 UNDERSTANDING VIOLENCE AGAINST WOMEN

Violence against women is understood as an issue of global concern that has serious impacts on the health and well-being of those affected, as well as significant economic costs to communities and nations (Hague & Sardinha 2010, Commonwealth of Australia 2009b). A 2013 World Health Organisation (WHO) multi-country study showed that violence against women is a 'global health problem of epidemic proportions', with more than one woman in three around the globe experiencing domestic/family violence and sexual violence (WHO 2013). The study found that intimate partner violence is the most common type of violence against women, affecting 30 per cent of women worldwide. Violence against women is generally a 'hidden' problem that takes place within private spheres such as home and other domestic arrangements. This 'invisibility' makes the problem difficult to determine, as women who are affected are often emotionally involved with, or economically dependent on perpetrators, making it difficult for them to disclose their experiences or seek help (Castelino & Whitzman 2008).

### 2.3.1 DEFINITIONS OF VIOLENCE AGAINST WOMEN

In Australia, there is no uniform definition or consensus as to what constitutes violence against women (ABS 2006). It is generally understood in the context of 'domestic', 'spousal' or 'family' violence. There is no consistency across the varying jurisdictions, with the laws in each State and Territory containing different definitions (Frohman & Swift 2012). The National Plan adopts the following definition from the 1993 United Nations *Declaration on the Elimination of Violence Against Women* which defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life" (United Nations 1993).

According to the National Plan, 'domestic violence' refers to acts of violence that occur between people who have, or have had, an intimate relationship, with the central element of domestic violence being an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening (Commonwealth of Australia 2010). In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and non-criminal (Commonwealth of Australia 2010). The National Plan identifies forms of domestic violence to include physical, sexual, emotional, and psychological abuse. Such violence can include:

- physical violence which includes slaps, shoves, hits, pushes, being thrown down stairs or across the room, kicking, twisting of arms, choking, and being burnt or stabbed;
- sexual assault or sexual violence which includes rape, sexual assault with

implements, being forced to watch or engage in pornography, enforced prostitution, and being made to have sex with friends of the perpetrator; and

- psychological and emotional abuse which includes a range of controlling behaviours such as control of finances, isolation from family and friends, continual humiliation, threats against children or being threatened with injury or death (Commonwealth of Australia 2010: 2).

For the Indigenous community in Australia, the term 'family violence' has a broader and more encompassing definition than that used in the mainstream in order to encompass a wide range of physical, emotional, sexual, social, spiritual, cultural and economic abuses that occur within intimate relationships, families, extended families, kinship networks and communities (VicHealth 2011). According to the National Plan, 'family violence' refers to violence between family members, as well as violence between intimate partners. It involves the same sorts of behaviours as domestic violence, and as with domestic violence, only some aspects of family violence are criminal offences. However, according to the National Plan, "any behaviour that causes victims to live in fear is considered unacceptable" (Commonwealth of Australia 2010: 2).

### 2.3.2 VIOLENCE AGAINST WOMEN IN THE HUMAN RIGHTS CONTEXT

Violence against women is considered as one of the most widespread violations of human rights worldwide (UNGA 2012) and is now at the forefront of the international agenda as a human rights issue requiring national government and international action (CSW 2013). In December 1993, the UN General Assembly adopted the *Declaration for the Elimination of Violence against Women*, and in March 1994, the UN appointed a Special Rapporteur on Violence Against Women, with a mandate to investigate and report on all aspects of violence against women (CSW 2013).

According to the UN Human Rights Council, violence against women is a crime and a human rights violation that occurs, often repeatedly, in the lives of a great number of women around the world, and is rooted largely in the lack of equality between men and women (HRC 2011a). Although the forms of violence experienced may differ depending on cultural or socio-economic standing, there are aspects of such violence that are universal, with most acts of violence frequently taking place at home within the family circle (INWWD 2011). The privacy of such acts of violence when it takes place within the home and the societal tolerance for gender-based violence within the private sphere contributes towards making it difficult to detect or invisible (INWWD 2011).

The United Nations recognises violence against women as a violation of women's rights and fundamental freedoms as human beings. Violence affects women's entitlements to equality, security, liberty, integrity and dignity in political, economic, social, cultural and civil life (United Nations 1993). Despite these developments, the global discourse on women's human rights has been largely restricted to a framework of equality and non-discrimination against women versus men, leaving challenges in analysing intra-gender differences among women (HRC 2011b). This has meant that the specific circumstances of women with disabilities have not been well articulated or incorporated into the discussions/discourse on violence against women.

Australia was among the first countries to sign the *UN Convention on the Elimination of all forms of Discrimination Against Women* (CEDAW) on 17 July 1980, and it entered into force for Australia on 27 August 1983. Recognising Australia's obligations under CEDAW, and in an effort to combat persistently high levels of violence against women, the Australian Government established the National Council to Reduce Violence against Women in 2008 and formulated the 12-year strategy, the *National Plan to Reduce Violence against Women and their Children 2010-2022*, which are seen as

significant steps towards addressing violence against women and surrounding issues in Australia (CEDAW 2012). According to the then Minister for the Status of Women, the Hon Julie Collins, at the heart of the National Plan is the recognition that "only sustained, united action across generations, and jurisdictions, will achieve enduring change" (Collins 2013). The National Plan considers violence against women as a fundamental breach of human rights in Australia (Commonwealth of Australia 2010). It places strong emphasis on primary prevention and community engagement, and recognises the critical role of men and boys in eliminating violence against women and girls (Collins 2013).

### 2.3.3 PREVALENCE AND IMPACT OF VIOLENCE AGAINST WOMEN

In Australia there is no national mechanism for collection of data on violence against women (AHRC 2012b). Usually, the first to respond to individual incidents of violence against women are health care providers and the police. However, there appear to be no mechanisms in place for the collaborative collection or collation of data from these sectors to inform and direct effective policies on the issue. The available national data on the issue comes from a series of data sources including the International Crime Victims Surveys conducted in 1989 and 2004, the *1996 Women's Safety Survey*, the *2002-2003 International Violence Against Women Survey*, the *2005 Personal Safety Survey* and the *2009 National Community Attitudes Survey* (Posselt 2005, VicHealth 2011). Findings from these surveys suggest that the most pervasive forms of violence against women are sexual assault and domestic and family violence (Commonwealth of Australia 2009a).

A report by the UN Special Rapporteur on Violence against Women suggests that one in three women in Australia experience physical violence and almost one in five women experience sexual assault (HRC 2011b). Of

those women who experience physical violence, 85 per cent are assaulted by a current or former partner, family, friend or other known male; and three quarters of these physical assaults occur in the woman's home (HRC 2011b). Research also shows that domestic and family violence is the leading contributor to death, disability and illness in women aged 15 to 44 years. The effects of violence also cause significant losses to the Australian economy through absenteeism, lack of participation and lost productivity (VicHealth 2011, Commonwealth of Australia 2009b).

Studies show that although violence against women has no geographical, socio-economic, age, ability, cultural or religious boundaries, some groups of women are more at risk of violence than others (Commonwealth of Australia 2010). These studies have found that young women experience violence at higher rates than older women. Twelve per cent of women aged between 18 and 24 years have experienced at least one incident of violence, compared to 6.5 per cent of women aged 35-44 years and 1.7 per cent of women aged 55 years and over (ABS 2006). In Australia, despite representing just over 2 per cent of the total population, Aboriginal and Torres Strait Islander women are 45 times more likely than non-Aboriginal and Torres Strait Islander women to be victims of domestic and family violence and, 35 times more likely to be hospitalised as a result of family violence-related assaults than non-Indigenous women (HRC 2011b).

Research suggests that some of the contributing factors to violence against women in Australia include structural gender inequalities; the failure to acknowledge the culture of violence against women in Australia; the tendency to blame women for their experiences of violence; inadequate refuges and housing; insufficient resources and capacity to address violence; inadequate collaboration, integration and uniformity across government departments; lack of comprehensive collation and disaggregation of data; and a lack of understanding as to whether the increase in reporting of domestic violence suggests greater prevalence or greater awareness of the issue (HRC 2011b). Individual

level factors such as alcohol and drug use or childhood exposure to violence were found to be neither necessary nor sufficient conditions for violence against women to occur. However, these factors were seen to exacerbate the frequency or severity of violence, but only when they occur in conjunction with the key determinants related to gender norms, gender inequality and gender power disparities (VicHealth 2011).

### 2.3.4 LEGISLATIVE AND POLICY FRAMEWORK ON VIOLENCE AGAINST WOMEN

Australia does not have coordinated national family/domestic violence legislation. The National Plan however, provides a single, unified strategy that brings together government efforts to reduce violence against women. The legal framework is provided by the Family Law Act 1975 (Cth) which provides for the protection of children who are exposed or subjected to family violence. It is usually at the State and Territory level that protections are applied for women affected by violence. Commonwealth, State and Territory criminal laws and child protection laws also impact upon violence against women. As part of the preparatory activities for the development of the National Plan, the National Council to Reduce Violence against Women requested the Australian Law Reform Commission (ALRC) in 2010 to inquire into and report on the treatment of family violence in the *Family Law Act*. The ALRC was asked to consider the issues of:

- i) the interaction in practice of State and Territory family/domestic violence and child protection laws with the *Family Law Act* and relevant Commonwealth, State and Territory criminal laws and child protection laws; and
- ii) the impact of inconsistent interpretation or application of laws in cases of sexual assault occurring in a family/domestic violence context, including rules of evidence, on victims of such violence.

As a result, the ALRC recommended that the definition of family violence in domestic legislation should include:

- conduct that is violent, threatening, or coercive and controlling, or intended to cause a family member to be fearful; and
- a non-exhaustive list of examples of physical and non-physical conduct (WWDA 2012).

The ALRC also further recommended that in order for women affected by violence to receive adequate, appropriate and timely protection, a number of other legislation, including those on social security and child support, needed to be revised to include a consistent definition of family violence (Commonwealth of Australia 2011a: 11). In 2011, the *Family Law Legislation Amendment (Family Violence and Other Measures) Bill 2011* amended the *Family Law Act* to prioritise children's safety in parenting arrangements and to reduce any disincentives to disclosing family violence (ADFVC 2013).

Although gender equality and the prevention of violence against women is an obligation under a number of international human rights treaties ratified by Australia, the National Plan is only linked to CEDAW, and so is primarily focused on meeting human rights obligations in relation to gender discrimination. Whilst CEDAW is a critical part of the underlying human rights framework of the National Plan, prevention of violence against women is equally a key obligation relating to civil and political rights; economic, social and cultural rights; disability rights; child rights; as well as rights to be free from torture (and other cruel, inhuman or degrading treatment or punishment); and racial discrimination. This deficit was highlighted by the Committee on Economic, Social and Cultural Rights in 2009 in their Concluding Observations to Australia, which recommended that future Action Plans developed under the existing National Plan should be strengthened by clearly articulating them in a comprehensive human rights framework and policy context (CESCR 2009).

The implementation of the *Australian National Action Plan on Women, Peace and Security 2012-2018* is expected to significantly contribute towards reducing violence against women (AHRC 2012b). This Action Plan is guided by five key thematic areas for conceptualising and organising activities in the implementation of the Australian Government's Women, Peace and Security agenda: prevention; participation; protection; relief and recovery; and normative. It uses a whole of government approach to integrate a gender perspective into Australia's peace and security efforts, protect women and girls' human rights, and promote their participation in conflict prevention, management and resolution (AHRC 2012b).

## 2.4 UNDERSTANDING VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES

As the National Plan indicates, violence against women affects different groups of women and children differently, and women and girls with disabilities have been identified as a group that are at significantly higher risk of violence (Commonwealth of Australia 2010). Although women and girls with disabilities experience the same forms of violence as other women and girls, they also experience forms of violence that are particular to their situation of social disadvantage, cultural devaluation and increased dependency (Chenoweth 1997, Swift 2013). Research shows that women and girls with disabilities are also at greater risk of violence, exploitation and abuse than men with disabilities or other women (INWWD 2011).

In understanding violence against women and girls with disabilities, it is also important to consider the specific intersections that some women and girls with disabilities face due to the place and space they occupy in society. Poverty, race, ethnicity, religion, language and other identity status or life experiences can further

increase the risk of group or individual violence against women and girls with disabilities (Ortoleva and Lewis 2012). In the Australian context, women and girls with disabilities living in rural and remote communities are particularly disadvantaged as a result of the inaccessible environments and lack of services, information, awareness and education. While disability support and violence support services are much needed in such communities, these are often seen as secondary to more basic needs such as provision of nutritious food, shelter, and security; and often it is difficult to get outsiders to move to remote communities to provide these services (Commonwealth of Australia 2011b). As a result, women and girls with disabilities in such locations are more susceptible to violence, exploitation and abuse with few supports available to seek redress. Since rural and remote communities often have high proportions of Indigenous women and girls with disabilities this group is particularly at risk.

The criminal justice system is a space in which the connections between gender, disability, violence and social disadvantage are particularly evident. The majority of women in the criminal justice system have been diagnosed with mental ill health and/or trauma, and the majority have a history of childhood violence and/or adult domestic violence (Stathopoulos 2012). Therefore as a space, the criminal justice system and specifically the prison have concentrations of women with psychosocial disability and who have experienced violence. Empirical research on women with cognitive and psychosocial disability in the criminal justice system is limited, but that which is available suggests a number of key characteristics of this group and their experiences. One is the significance of violence and trauma, both as children and adults and in institutional and intimate relationships. Another is the significance of complex social marginalization, including childhood disadvantage and homelessness. Indigenous women with cognitive and psychosocial disability in the criminal justice system are known to be particularly disadvantaged (Baldry, McComish, and Clarence 2009; Baldry, Dowse,

and Clarence 2012). As well as the conditions of social disadvantage and histories of violence and abuse that are evident in the lives of women with disabilities who come into contact with the criminal justice system, the disabling impacts of incarceration itself are also significant (Dowse, Baldry and Snoyman 2009). Limited capacity for appropriate response by various actors in the criminal justice system to women with disabilities experiencing violence have also been identified as problematic. Poor recognition of disability and limited mechanisms for supporting women to access and participate in legal processes currently exists at multiple levels in the criminal justice system including front line policing, reporting and prosecution processes in legal and court proceedings (Dowse, Frohmader and Meekosha 2010).

Cultural attitudes are also known to impact certain groups of women and girls with disabilities from seeking help or being able to access existing services and supports. Women and girls from culturally and linguistically diverse (CALD) backgrounds may lack understanding of the issue in addition to experiencing language barriers which may prevent access to mainstream services. Few specialist services exist for CALD women and girls with disabilities across Australia. The attitudes of service providers also play a vital role for women and girls with disabilities who are lesbian, bisexual, transgendered or intersex (LGBTQI) and who are affected by violence. Similarly, power differentials in institutional settings may make women and girls with disabilities who are in health-related, disability-related, age-related, or criminal justice institutions more susceptible to violence, exploitation and abuse, which is further compounded by their reliance on both informal and formal supports and carers within these settings.

#### **2.4.1 DEFINITION OF VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES**

Women and girls with disabilities are subject to many forms of violence, including domestic and family violence, sexual assault, as well as

violence committed against them in institutional settings, and other forms of violence including forced sterilisations and abortions (Broderick 2012). They are particularly at risk of violence when perpetrators are carers who are in a position of control and power and when they are co-residents in accommodation services (VicHealth 2011). Women and girls with disabilities also experience violence that is specific to the nature of their disability. This can include, for example, denial of mobility and communication devices, withholding of food or medication, threats of institutionalisation, threats to, and/or abuse of support or assistive animals (Cockram 2003, WWDA 2007) or restraining a person in order to administer non-prescribed medications or exploiting a woman in order to access her service support (Dillon 2010). Global studies suggest that women and girls with disabilities are twice as likely to experience domestic violence and other forms of gender-based and sexual violence as women without disabilities, and are likely to experience violence over a longer period of time and to suffer more severe injuries as a result of the violence (Ortoleva & Lewis 2012).

There is no agreed definition of violence against women and girls with disabilities in Australia. Due to the pervasive nature of the types of violence and the injustices they experience, it has been difficult to narrow it down to a concise definition (WWDA 2004). However, violence against women and girls with disabilities include physical, sexual, and emotional violence and abuse as well as institutional violence, chemical restraint, drug use, forced or coerced sterilisation, forced contraception, forced or coerced psychiatric interventions, medical exploitation, violations of privacy, humiliation, and harassment (WWDA 2010, WWDA 2004, Chenoweth, 1997). In addition to physical, mental and sexual violence and abuse, women and girls with disabilities also face unnecessary institutionalisation, denial of control over their bodies, lack of financial control, denial of social contact, employment and community participation (INWWD 2011, WWDA 2010, Cattalini, 1993).

## 2.4.2 VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES IN THE HUMAN RIGHTS CONTEXT

Since Australia has ratified a number of human rights treaties including the CRPD, it is the responsibility of the Australian Government to ensure that people with disabilities are not subject to any form of violence, exploitation or abuse so that they enjoy all their human rights. This requires the Australian government to protect and fulfil the rights of women and girls with disabilities to ensure freedom from violence, exploitation and abuse in addition to freedom from torture and other cruel and inhuman or degrading treatment. This requires active strategies to both prevent human rights abuses and also guarantee these freedoms; not merely abstaining from taking measures that might have a negative impact. It also requires the government to take positive action to reduce structural disadvantages and to give appropriate preferential treatment to women and girls with disabilities so that they may enjoy their human rights (WWDA 2011).

Women and girls with disabilities are at high risk of gender-based and other forms of violence based on social stereotypes and biases that attempt to dehumanise or infantilise them, exclude or isolate them, target them for sexual and other forms of violence, and put them at greater risk of institutionalised violence (Ortoleva & Lewis 2012). A combination of factors at the societal and individual level, such as exclusion from participation in community life due to prejudices, stigma and discrimination, lack of access to quality education, employment and livelihood, as well as access to healthcare and other support services and resources, result in marginalisation, disempowerment, dehumanisation and the systemic denial of the rights of women and girls with disabilities (Nguyen 2012).

Women and girls with disabilities frequently do not report the violence they experience as institutions of justice are often not accessible and do not provide reasonable accommodation

for women with different types of impairments (Ortoleva & Lewis 2012). Women and girls with disabilities also lack access to legal protection and representation, and law enforcement officials and the legal community are generally ill-equipped to address the violence. The testimony of women and girls with disabilities may not be viewed as credible by the justice system. Furthermore, lack of access to information in appropriate formats leaves women and girls with disabilities marginalised within the justice system (Ortoleva & Lewis 2012). This in turn may heighten their risk of being seen by perpetrators as 'ideal victims' as they are either unable to report violence or not believed when they do so (Lund 2012).

#### 2.4.3 PREVALENCE AND IMPACT OF VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES

There is limited data and research available on the prevalence and nature of violence against women and girls with disabilities (AHRC 2012a). Readings of possible incidence may be taken against the incidence of violence in the broader population of women and combined with the known increased risk of violence to women and girls with disabilities. Women and girls with disabilities make up about 20 per cent of the population of Australian women, equating to about two million people, or 9.5 per cent of the total population (Broderick 2012, DRALHRO 2012). Although there is evidence that women and girls with disabilities are more likely to experience domestic violence, the full extent of violence experienced by them is unknown (Mitchell 2011). Due to their situation of social and cultural disadvantage and increased dependence, women and girls with disabilities are expected to be particularly vulnerable to physical, sexual and psychological violence (Mitchell 2011). PWDA (2013) reports that women and girls with disabilities were 37.3 per cent more likely than women and girls without disabilities to experience some form of intimate partner violence, with 19.7 per cent reporting a

history of unwanted sex compared to 8.2 per cent of women and girls without disabilities.

Thirty-one per cent of Australians live in rural areas, and it is believed that almost 700,000 women and girls with a disability live in rural and remote Australia (Broderick 2012). Only 16 per cent of all women with disabilities are likely to have any secondary education, and men with disabilities are twice as likely to be in paid employment as women with disabilities (PWDA 2013). According to the Australian Productivity Commission, disability affects Indigenous Australians at a rate that is 2.2 times higher than non-Indigenous Australians, affecting 26,000 people, a large majority of whom live in highly isolated remote communities (Commonwealth of Australia 2011b). These additional factors of social and geographic disadvantage compound the likelihood and effects of experiences of violence faced by many women and girls with disabilities in Australia (WWDA 2011).

The main indicators on incidence of violence against women in the Australian context come from the ABS *1996 Women's Safety Survey* and the *2005 Personal Safety Survey* (PSS) which collected information about both women's and men's experiences of violence (WWDA 2011). Both these surveys provide limited information about the extent of violence against women and girls with disabilities (Mulrone 2003, Flood 2006). Results of the 2012 PSS are expected to be released in late 2013. The lack of national studies or research conducted in this area makes it difficult to establish the true prevalence, extent, nature, causes and impact of violence against women and girls with disabilities in different settings. The lack of accurate data at all levels of government is one of the greatest difficulties in determining and substantiating the needs and human rights violations of women and girls with disabilities in Australia.

Most services in Australia do not routinely collect data on disability and violence. The Australian Institute of Health and Welfare collect a number of Minimum Data Sets (MDS), which is a regular national collection of information

about clients and the services they receive. There are three MDS data collections which are of relevance to women and girls with disabilities who are experiencing violence. They include the Home and Community Care Minimum Data Set (HACC MDS), the Disability Services Minimum Data Set (DS MDS), and the Specialist Homelessness Services National Minimum Data Set (SHS NMDS). The HACC MDS collects information such as age, living arrangements, and the amount and types of assistance being provided; the DS MDS gathers data centred on the service user and their experiences including the amounts and types of services they receive; and the SHS NMDS gathers information about people who are either homeless or at risk of homelessness and who are seeking services from specialist homelessness and emergency services. Potential sources of data on violence against women and girls with disabilities such as that collected through the National Disability Abuse and Neglect Hotline (WWDA 2011) are not publicly available for analysis. The failure to utilise these types of data constitutes a missed opportunity for the development of informed policy and programs related to violence against women and girls with disabilities.

The *2009 National Community Attitudes towards Violence against Women Survey* (NCAS), for the first time, included a limited number of questions on violence against women with disabilities. The findings from this survey suggest that community awareness of violence against women and girls with disabilities is very poor, with few respondents recognising the greater vulnerability of women and girls with disabilities to violence compared to other women (WWDA 2011). Preparations for the 2014 NCAS are currently underway, and it is expected that this survey would include better coverage of questions on violence against women and girls with disabilities.

The need for Governments to accelerate their efforts in research and data collection has been re-iterated by the United Nations Human Rights Council in its Resolution A/HRC/14/12 of 23 June 2010. This is also reflected in

the CEDAW Committee's 2010 Concluding Observations to Australia which stated that a comprehensive assessment of the situation of women with disabilities in Australia should be undertaken, and recommended that the Australian government, as a matter of priority, address the violence and abuse experienced by women with disabilities living in institutions or supported accommodation (CEDAW 2010). The National Council to Reduce Violence against Women in its plan, *Time for Action*, identified data collection as a key issue for women and girls with disabilities who experience violence and abuse (FaHCSIA 2009). To address this, the Australian Government plans to conduct two national surveys every four years: the *Personal Safety Survey* and the *National Community Attitudes Survey* (CEDAW 2012). These surveys have the potential to provide valuable data about experiences of, and attitudes towards, violence against women and girls with disabilities.

Data, research and information about women and girls with disabilities is necessary to develop and inform policy, direct resources, inform service development, and design and monitor specific programmes in the area. It is a critical tool for accountability, for enhancing the participation of women and girls with disabilities in the planning and implementation of effective services, and for monitoring progress towards the achievement of their economic, social, political and cultural rights.

#### **2.4.4 LEGISLATIVE AND POLICY FRAMEWORK ON VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES**

In Australia, there is no specific legal, administrative or policy framework for the prevention, protection, investigation and prosecution of violence, exploitation, and abuse of women with disabilities. No existing Commonwealth or State/Territory domestic and/or family violence legislation is framed in a human rights framework setting it in the context of Australia's obligations under

the international human rights treaties it has ratified. The Commonwealth *Family Law Act 1975*, amended in 2011 through the *Family Law Legislation Amendment (Family Violence and Other Measures) Bill 2011*, contains no overarching objects or principles, and is not set in a human rights framework. The only amendment made in 2011 relating to human rights was the inclusion of an object at sub-section 60B relating to children.

The 2010 ALRC *National Inquiry into Family Violence* recommended that Commonwealth, State and Territory family violence legislation should contain guiding principles and objects that clearly reference a human rights framework, in order to: give effect to Australia's international human rights obligations, serve as an educative function and, aid in the interpretation of the legislation drawing upon all applicable international human rights instruments. In addition, the ALRC recommended that human rights based family violence legislation should acknowledge the gendered nature of violence and recognise that family violence has a particular impact on marginalised and vulnerable groups, including people with disabilities, Indigenous persons; those from a CALD background, those from the LGBTQI communities, and older persons.

The ALRC recommendations suggest that State and Territory family violence legislation should address the following aims:

- to prevent or reduce family violence and the exposure of children to family violence;
- to ensure or maximise the safety and protection of persons who fear or experience family violence; and
- to ensure that persons who use family violence are made accountable for their conduct (ALRC 2010).

It is expected that a comprehensive legislative approach, based on a human rights framework, would encompass not only the criminalisation of all forms of violence against women and

the effective prosecution and punishment of perpetrators, but also the prevention of violence, and the empowerment, support and protection of survivors. Prioritising prevention in legislation would include provision for a range of measures including for example: awareness-raising campaigns, education and sensitisation of the media, information on human rights and violence against women and girls (including those from marginalised and vulnerable groups) at all levels of educational curricula, and through awareness and promotion of the safety of women in public spaces and in cyberspace (UN Women 2011).

Currently domestic and family violence legislation in different States and Territories provide different levels of protection and definitions of what constitutes 'family violence' and what constitutes a 'domestic relationship'. Broader definitions include residential settings, such as group homes and institutions, where women with disabilities often live and interact domestically with co-residents, support workers and service managers (DRALHRO 2012). However, even where there are broader definitions, domestic and family violence legislation is rarely utilised, largely because violence perpetrated against women and girls with disabilities in residential settings is rarely characterised as domestic/family violence and rarely are domestic violence related interventions deployed to deal with this type of violence (Frohman & Swift, 2012). Where narrower definitions apply, there is a high risk that women with disabilities who live in residential settings are excluded from these protections.

The greatest incidence of violence experienced by women with disabilities occurs within the private sphere. The DDA and other State and Territory anti-discrimination legislation has limited scope in relation to this violence. This is also the case for violence occurring within publicly funded institutions providing accommodation for women with disabilities such as group homes, institutions and boarding houses, as well as prisons, as these are largely conceptualised as being within the private sphere, that is, domestic arrangements which are publicly funded.

Moreover, many women with disabilities face significant barriers or disincentives to using the complaints processes available within disability specific legislation. For example, many women with disabilities lack an awareness of the DDA or find that the complexity and potential formality of the process is cumbersome and difficult to negotiate. Other factors such as the fear of victimisation; the onus on the complainant to prove their complaint; the abuser also acting as the primary carer while additional support is lacking; the unequal financial and legal resources of complainants and respondents; the financial and non-financial costs involved; and, the lack of support and assistance in preparing for, and going through the process, further deter women with disabilities who have experienced violence from participating in the system to seek redress for acts of violence perpetrated against them (APC 2004, WWDA 2009).

Similarly, the Disability Services Standards are limited as a mechanism to address violence against women and girls with disabilities. The Standards generally do not contain qualification relating to gender and focus on 'abuse and neglect' rather than identifying 'violence'. Furthermore, issues identified with the Standards include that they rely on service providers having a working knowledge of what constitutes violence against women and girls with disabilities; are essentially adult focused, and are concerned primarily with the collection of quantitative data rather than incorporating in-depth qualitative reporting methods for service recipients, which would be more likely to reveal experiences of violence (WWDA 2011).

National Disability Insurance Scheme, currently in development and early implementation, presents both risks and opportunities in relation to recognising and addressing violence against women with disabilities. A Senate Inquiry into the Draft NDIS Bill, which received more than 1,600 submissions and also included 11 public hearings, resulted in amendments to the Bill, which included significant strengthening of the objects in relation to Australia's human rights obligations under the international human rights

treaties Australia has ratified. Another significant amendment to the NDIS Bill, as a result of the Senate Inquiry, saw the inclusion of gender into its principles, reflecting that the CRPD specifically recognises the position of women and girls with disabilities and the multiple discrimination they face (CALC 2013).

Whilst the strengthening of the NDIS Bill 2013 to incorporate a stronger human rights framework is a positive development, there is concern with the omission of the term 'violence' from its principles Clause. The General Principles' guiding actions under the Bill include that "people with disability have the same right as other members of Australian society to respect for their worth and dignity and to live free from abuse, neglect and exploitation". Article 16 of the CRPD however, indicates that States Parties "shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, *violence* and abuse, including their gender-based aspects".

Omission of the word 'violence' from the principles of the NDIS Bill may seem, on face value, relatively inconsequential. However, it has been widely acknowledged that the use of the term 'abuse' instead of 'violence' can serve to minimise the severity of crimes perpetrated against people with disabilities and can be used to de-criminalise or trivialise serious offences (WWDA 2007). Using the terms 'abuse', 'neglect' and 'exploitation' instead of 'violence' can provide a rationale for reclassifying violence (particularly violence committed within services and institutions that are conceptualised as 'domestic/private sphere') into 'administrative infringements'. This risks making violence perpetrated against women and girls with disabilities invisible and can result in poor or service inappropriate responses.

Additionally, although the NDIS Bill presumes that participants in the NDIS are able to be involved in the decision-making themselves, it provides for the appointment of 'nominees' on

behalf of those participant unable to do so. This dependency on a 'plan' or 'correspondence' nominee raises issues of serious concern regarding exposure of individuals to risks of abuse from their 'nominees'. It is crucial for a scheme that aims to increase people with disabilities' individual choice and control to put in place quality control mechanisms with respect to service providers. In the absence of good peer referrals or advocacy, it is possible for abuses of freedom, neglect and other abusive practices to occur.

Without appropriate and inclusive legislation, there are limited legal means to address violence against women and girls with disabilities. Legislation has the potential to

demonstrate that violence against women and girls with disabilities is a public issue, not a private concern. Definitions in family violence legislation are critical, because they set the scope for who is covered and under what circumstances. Causes, interventions and prevention strategies are contingent upon the validity of the definitions available (WWDA 2007). They also provide the benchmark for translation into relevant policy frameworks, policies and service responses. The lack of effective recognition across the legal system results in poorer protection for women and girls with disabilities and less likelihood of such women and girls benefiting from integrated and coordinated responses and prevention.

### 3 INFORMATION GATHERING PROCESSES AND OUTCOMES

#### SUMMARY POINTS

A range of strategies have been used to build the evidence-base for the Stop the Violence Project.

#### DESK-BASED REVIEWS

- A review of research literature nationally and internationally to identify key issues relevant to understanding and addressing violence against women and girls with disabilities.
- Analysis of existing legislation and policy to map structural and systemic issues in a rights-based approach to violence against women and girls with disabilities

#### STAKEHOLDER ENGAGEMENT AND CONSULTATIONS

- Regular consultations with the Project Steering Group consisting of high-level policy officials from each State and Territory Government agency with responsibility in the area, as well as key representatives of the non-government women's and disability sectors including National Disability Services (NDS), the Australian Council of Social Services (ACOSS), the Australian Women Against Violence Alliance (AWAVA) and Children with Disability Australia (CDA). The PSG is chaired by the Sex Discrimination Commissioner of the Australian Human Rights Commission.
- Advice from an Expert Consultative Group consisting of experts from relevant fields of research and advocacy with interest and experience in issues relating to violence prevention and responses for women and girls with disabilities.

- Two forums with women with disabilities to tap their experiences and expertise in identifying measures and strategies to enable women and girls with disabilities to be equal and active participants in violence prevention and response policy and practice. Key issues emerging from these forums include:
  - the need for States and Territories to develop and legislate on an agreed definition of domestic/family violence before a national strategy or solution is achieved;
  - a lack of representation of the needs of women with disabilities on violence prevention and response agendas;
  - agencies, including disability services, having the capacity to effectively respond to the presence of violence against women and girls with disabilities in its various forms and contexts;
  - lack of meaningful data collection around violence and women with disabilities;
  - unhelpful responses from police; and
  - better recognition of the 'credibility' of women with disabilities, especially in the law.

#### NATIONAL SURVEY

- Information was collected through an online survey targeted at service providers, representative organisations and policy makers across all jurisdictions regarding the work that they do, their knowledge and experiences of the policies and legislative frameworks that guide their work, and the challenges

they face in responding to the needs of women and girls with disabilities experiencing or at risk of violence.

- A total of 367 agencies responded to the survey; 279 of these were service providers, 34 were policy development agencies and 54 were representative organisations. The high rate of participation in the survey is suggestive that violence against women and girls with disabilities is recognised in the field as a significant issue warranting attention.
- The sample captures organisations operating in urban, regional and remote areas within all States and Territories, as well as organisations that operate federally.
- A high proportion of Australia's human services/welfare sector is represented by service provider respondents. With 122 domestic violence and sexual assault service providers and 102 disability service providers, the sample approaches saturation of these two populations. Other human service sectors such as housing/homelessness, health and mental health, youth welfare and family and relationship services are also represented.
- Service provider respondents were active in a range of areas including individual case management, community access, information, advice and referral services, violence prevention, counselling and mental health services, outreach, court support, in-home support, safe-at-home services and crisis accommodation.
- 82 per cent of these organisations provide services to women and girls with disabilities, therefore, the respondents were well placed to provide accurate and meaningful information about the challenges and complexities of meeting the needs of women and girls with disabilities experiencing or at risk of violence.

### 3.1 DESK-BASED RESEARCH AND ANALYSIS OF LEGISLATION AND POLICES

Review of current literature from Australia and internationally have been undertaken to draw out contemporary understandings of disability and of violence against women, and how these intersect and impact on women and girls with disabilities. The increased risks that women and girls with disabilities face due to the intersections of gender and disability and its location within legislative and service frameworks is highlighted. Analysis of the international human rights framework, particularly in terms of Australia's obligations and how they impact on women and girls with disabilities is combined with an analysis of the national and state and territory level legislation and policy context for preventing and addressing violence against women and girls with disabilities. The relationship between Australia's international obligations in the area and how these are, or not, embedded in domestic legislation has been examined. These materials are presented as the Background to the Issue in Section 2 of this paper.

### 3.2 STAKEHOLDER ENGAGEMENT AND CONSULTATIONS

A comprehensive range of stakeholders have been engaged in the project through a nationally distributed survey of service providers, policy makers and representative agencies, the constitution of an expert consultative group and targeted consultations with groups of women with disabilities.

#### 3.2.1 STAKEHOLDER MAPPING

Key informant scoping was carried out with extensive input and advice from the members

of the PSG (see Section 1.4 for description and composition) and through various networks in order to ensure inclusion and capture of data in the national survey from all relevant policy makers, representative organisations and service providers across all sectors and jurisdictions in Australia involved in providing services for women and girls with disabilities. Stakeholders relevant to the area were identified and mapped across service sectors including disability, domestic violence and sexual assault, child welfare, criminal justice, legal services, women's services, police, health and mental health, housing and homelessness, information, advice and referral services, Aboriginal and Torres Strait Islander support services, residential and non-residential aged care, and services for people from CALD backgrounds.

### 3.2.2 EXPERT CONSULTATIVE GROUP

The STVP has sought advice from a targeted group with expertise and interest in issues relating to violence prevention and responses for women and girls with disabilities. These experts come from a range of fields including, disability, violence against women and girls, criminal justice, health and mental health and child protection. They have provided input into the development, piloting and distribution of the national survey, assisted with consultative forums held for women with disabilities (see Section 3.2.3) and provided advice on the content of this Background Paper.

### 3.2.3 CONSULTATIONS WITH WOMEN WITH DISABILITIES

The inclusion and participation of women and girls with disabilities in directing their own lives is a strong underpinning principle of the STVP and has been enacted through targeted consultations with women with disabilities. Two forums were conducted with women with disabilities with the specific aim of harnessing experience and expertise in identifying measures and strategies

to enable women and girls with disabilities to be equal and active participants in violence prevention and response policy and practice.

## CONSULTATION PROCESS

The forums were hosted by two established State-based local networks of women with disabilities in Melbourne, (VIC) and Brisbane, (QLD) on the 11 and 12 April 2013 respectively. The two networks: Women with Disabilities Victoria (WDV) and Queenslanders with Disabilities Network (QDN) were selected on the basis of their expertise in the area of disabilities and gender, and because their executive officers were also members of the ECG, and therefore had an understanding of the current project. In addition, there are significant differences between the two networks and their current levels of engagement with policy-makers and service providers and it was hoped that this divergence would provide comparative information for analysis. WDV is a funded network with paid staff, and is relatively well-known to the government and the domestic violence sector for its expertise, advocacy, research and project work in relation to violence and women with disabilities. On the other hand, the QDN is an unfunded organisation that relies on the support of its network to engage in activities and project work, which as a result occur on a comparatively ad hoc basis.

Invitations were prepared in both Standard and easy English and distributed through organisational networks. Potential participants were provided background information on the STVP and its objectives. All participation and support requirements for attendees were canvassed at application and any identified support was provided during the forums. The participants included women with a range of disabilities and brought a range of perspectives and experiences, with representation from Indigenous, LGBTIQI and culturally diverse women with disabilities. Women from both urban and regional locations were represented.

The expertise assembled in the forums was evident by the organisational and activist affiliations of the participants which included women currently serving as board members in community, social, health and disability organisations, with others identifying as active campaigners for disability rights.

Discussion addressed how women with disabilities can engage and be active in:

- developing and implementing violence and response policies
- designing, delivering and evaluating services that aim to prevent and respond to violence
- defining the issues of concern, making decisions and taking action to achieve change.

## CONSULTATION OUTCOMES

A range of both common and localised issues were identified through the consultation forums. The participants in Victorian forum identified numerous pilots, initiatives, services, systems and practices that they felt worked well and the principles of which they suggested should be continued, extended or replicated. These included important amendments to the *Victorian Family Violence Protection Act* to encompass a broader more realistic definition of 'family like' relationships, protection of women via exclusion orders and recognition by Victorian Police of violence against to women with disabilities as more than simply a 'family matter'. Participants also identified the Common Risk Assessment Framework (CRAF) used by maternal and child health nurses, and a number of innovative pilots and projects in Victoria such as *Safe Futures*, *Making Rights Reality* and *Koori Women Mean Business* as promising models of good practice.

The women in Queensland had more difficulty generating examples of what currently worked well in their State but identified several positive developments including: Australia endorsing

the outcomes of the 2013 UN Committee on the Status of Women (CSW) which acknowledged the issue of violence and women with disabilities; the service Women Working alongside women with Intellectual and Learning Disabilities (WWILD) in Brisbane providing violence response and legal assistance for people with disabilities; specific examples of good practice by police and in some aspects of the justice system which were particularly responsive and effective for women with disabilities affected by violence.

Women from both jurisdictions identified a range of issues as needing further attention from governments. Commonly identified was the need for better integration of domestic violence and disability services, a lack of accessible violence response services; a lack of representation of the needs of women with disabilities on violence prevention and response agendas; lack of meaningful data collection around violence and women with disabilities; unmet needs of Indigenous women with disabilities; lack of understanding of the needs of children with parents who have disabilities, and often unhelpful responses from the police.

In addition the women in Queensland identified a further range of issues to be addressed that included better recognition of the 'credibility' of women with disabilities, especially in the law, the lack of violence response skills in disability services, and the need for States and Territories to develop and legislate on an agreed definition of domestic/family violence before a national strategy or solution is achieved. It is notable that the Queensland forum generated problematic issues such as more universal recognition, definitions and responses to violence that are similar to the objectives that the women from Victoria recognised as achievements in their state. The presence of a recurrently funded, resourced and recognised organisation of women with disabilities with the standing and credibility to advocate for issues of violence against women and provide a resource for other organisations to consult and utilise in their own sectors and

practices in addressing these issues is perhaps a significant difference between the outcomes and observations of the two forums.

Particularly notable here is that the issues identified as emerging from the forums with women with disabilities align closely with those identified through the findings emerging from the national survey. Broadly these are conceptualised as:

- having informed and commonly shared understandings of violence in the lives of women with disabilities;
- agencies having the capacity to effectively respond to the presence of violence in its various forms and contexts;
- arming the various relevant workforce groups with adequate and relevant skills in responding to and supporting women and girls with disabilities; and
- the need for women with disabilities to be integral to the process of planning, designing and evaluating policy and service measures and strategies to prevent and address violence against women and girls with disabilities.

### 3.3 NATIONAL SURVEY

Through an online survey conducted during April and May 2013, stakeholders in all jurisdictions and across the disability, violence, human service and justice sectors shared their knowledge and experiences, answering questions about the work they do, the policies and legislative frameworks that guide their work, and the challenges they face responding to the needs of women and girls with disabilities experiencing or at risk of violence. The survey targeted the following three stakeholder groups:

- Service Providers - organisations involved in direct service delivery to individual clients including individual advocacy;

- Policy Makers - government and non-government agencies who contribute to the planning, evaluation and/or funding of programs and services; and
- Representative Organisations - organisations that represent the interest of particular groups (such as, people with disabilities, women, people from culturally and linguistically diverse backgrounds) or service providers in a particular sector.

The invitation to participate (and to further distribute the survey through organisational networks) was distributed widely via email to over 460 stakeholder organisations mapped with the assistance of the PSG and the ECG members. A link to the survey and the project webpage was made available on appropriate websites and newsletters to assist with recruitment. PSG members and other project networks were utilised to target any stakeholders, sectors or jurisdictions which appeared to be under-represented in the sample as the survey progressed.

All data collected is in de-identified form and has been analysed by a team of researchers at UNSW. Descriptive and comparative statistical analysis utilising standardised computer software (SPSS) has been undertaken on the quantitative data while qualitative data gathered through open ended survey questions has been compiled and thematically coded in order to draw out common issues identified by respondents. A description of the survey respondents including their sector, size, location, and primary activities in relation to women and girls with disabilities who are experiencing or are at risk of experiencing violence is set out in the remainder of Section 3 below. Key issues emerging from the synthesis of the survey findings, consultations with women with disabilities, research literature and legislative and policy mapping are considered in Section 4.

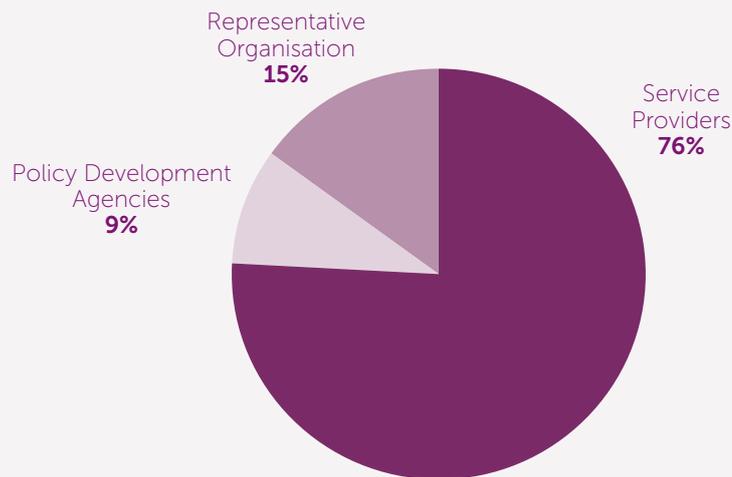
### 3.3.1 SURVEY RESPONDENTS

A total of 367 responses were obtained through the survey. As Figure 1 shows, over three quarters of respondent organisations (279) were involved in direct service provision, 34 in policy development and 54 in representative or advocacy work. This distribution appears reflective of the proportions of stakeholder organisational types across the field. The high rate of participation in the survey is suggestive that violence against women and girls with

disabilities is recognised in the field as a significant issue warranting attention.

All States and Territories are represented in the survey, as well as organisations that operate federally. There is also representation of organisations operating in urban, regional and remote locations, as outlined in Table 1. Note that agencies may operate within more than one jurisdiction and across urban, regional and/ or remote areas.

**Figure 1** Stakeholder group representation



**Table 1** Respondent jurisdiction and locational category

Locational Category	National	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Multiple states	Total
Urban	2	45	14	4	12	11	3	6	8	2	107
Urban, regional & remote	13	23	10	6	5	6	14	5	1	6	89
Regional	3	36	8	9	11	3	6	2	1	1	80
Urban & Regional	2	15	6	3	2	0	1	1	4	1	35
Regional & Remote	0	6	2	0	2	1	0	3	0	0	14
Remote	1	4	1	0	0	0	4	1	0	0	11
<i>Skipped question</i>											31
<b>Total</b>	<b>21</b>	<b>129</b>	<b>41</b>	<b>22</b>	<b>32</b>	<b>21</b>	<b>28</b>	<b>18</b>	<b>14</b>	<b>10</b>	<b>367</b>

### 3.3.2 SNAPSHOT OF SERVICE PROVIDER RESPONDENTS

The sample captures a significant proportion of Australia's human services/welfare sector. Table 2 sets out the distribution of service provider respondents across the entire sector. Note that the majority of service providers operate

across multiple sectors. With 122 domestic violence and sexual assault service providers and 102 disability service providers, the sample approaches saturation of these two populations. Other human service sectors such as housing/homelessness (48), health (57) and mental health (40), youth welfare (36) and family and relationship services (35) are also represented.

**Table 2** Service providers across service sectors

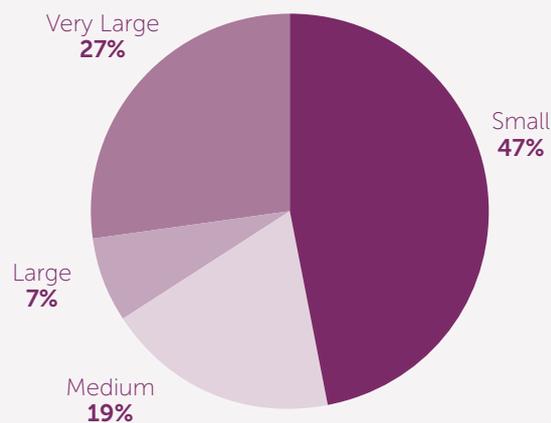
Sectors	Number of service providers
Domestic violence and sexual assault	122
Disability services (other than employment or mental health)	102
Other health services	57
Housing/homelessness services	48
Information, advice and referral services	42
mental health services	40
Youth services and youth welfare services	36
Family and relationship services	35
Legal services	33
Child welfare, child services and day care	32
Aboriginal and Torres Strait Islander support services	30
Employment/training services	23
Other	16
Services for the aged and elderly (other than residential)	14
Migrant, refugee and asylum seeker services	11
Individual Advocacy	8
Residential aged care and nursing homes	6
Police, correctional, investigation & prosecution	5
Victim support	3

Service providers varied in size, with the majority of responses coming from either small (47%) or very large (27%) organisations. Medium (50) and large (18) service providers together constituted just over a quarter of the overall sample of providers, as indicated in Figure 2.

Of the 165 providers who identified their service as addressing one or more specific client groups, the highest proportion (14%) offered services to people with disability, followed

by women (9%), victims of crime (3%), and people with mental illness (3%). There is also representation of services for Indigenous Australians (5), youth (3), children (3), and people with CALD backgrounds (3). Almost a third or 70 providers direct their services at more than one of these client groups, and over a third (96) do not target their services to any particular group. This suggests that clients have multiple overlapping and intersecting identity 'markers', which collectively bear on the issues for which clients seek services.

**Figure 2** Size of service provider respondents



As Table 3 indicates, all the respondents who provided information on their services (231) indicated that they provide more than one type of service, with 80 per cent identifying three or more services operating out of their organisation. Of these, 75 per cent engage in individual advocacy, 60 per cent are involved in individual case management, community access, and information, advice and referral

respectively, 60 per cent work in violence prevention, and 57 per cent provide counselling and mental health services. Intervention services such as outreach (55%), court support (52%), in-home support (40%), safe-at-home services (36%) and crisis accommodation (36%) account for a significantly smaller proportion of respondents, suggesting that overall service capacity in these areas is limited.

**Table 3** Areas of service provision

Areas of Service Provision	Number of service providers	Percentage (%)
Individual Advocacy	210	75
Individual case management	171	60
Information, advice & referral	171	61
Community access	171	61
Violence prevention	169	60
Counselling & mental health	158	57
Outreach (phone & online) services	153	55
Court support	145	52
Government lobbying	136	49
In-home support	112	40
Safe-at-home services	101	36
Crisis accommodation	100	36
Medical	89	32
Out-of-home respite	73	26
Legal Aid	72	26
Employment services	69	25
Long-term residential care	67	24
Homeless Shelter	64	23
<b>Total</b>	<b>279</b>	

### 3.3.3 SNAPSHOT OF POLICY DEVELOPMENT AGENCY RESPONDENTS

Thirty-four policy development agencies responded to the survey. At least one organisation from each State and Territory operating in urban, regional and remote areas contributed with the exception of the ACT.

Policy makers responding to the survey are drawn from both the government (23) and non-government (7) sectors, and include a diverse range of portfolio areas. The highest proportions of respondents are from the violence (17) and disability (10) sectors respectively. The remainder of respondents, although limited in number, span the range of human services shown in Table 4. Note that the majority of policy development agencies operate across a range of sectors.

The majority (62%) of respondents are not responsible for funding services. For the twelve that are, four allocate funds specifically for women and girls with disabilities, and eight allocate funds specifically for women and girls experiencing or at risk of violence.

### 3.3.4 SNAPSHOT OF REPRESENTATIVE ORGANISATION RESPONDENTS

Fifty-four representative organisations responded to the survey. Of those who indicated their jurisdiction, six operate at the Federal level and at least one representative organisation from all States and Territories has contributed. Most agencies operate within more than one jurisdiction and across urban, regional and/or remote areas.

**Table 4** Sectoral Spread of Policy Development Agencies

Sector	Number of policy development agencies	Percentage (%)
Domestic Violence and Sexual Assault	17	53
Disability	10	31
Child welfare	7	21
Information and referral	7	21
Youth services	6	18
Family and relationship services	6	18
Mental Health	5	15
Health	5	15
Legal services	5	15
Aboriginal and Torres Strait Islander services	5	15
Employment/training	4	12
Housing/Homelessness	4	12
Migrant, refugee and asylum seeker services	4	12
Services for the aged and elderly (other than residential)	4	12
Residential aged care and nursing homes	2	6
Other	2	6
Victims support	1	3
Police, correctional, investigation and prosecution	1	3

Representative organisations are distributed across the disability sector (18), the violence sector generally (9) and a range of other operational areas (27), including health, human rights, carer organisations and legal services. Representative organisations responding to the survey vary in size, with half of respondents being small agencies (up to 20 staff), almost one third (32%) being very large organisations (200+ staff), and the remainder either medium (up to 100 staff) (16%) or large (up to 200 staff) (2%).

In terms of their constituencies, 20 per cent of respondents (10) represent service providers, while 68 per cent (34) represent the interests of particular groups, with several representing multiple groups. Table 5 shows the diversity of representation. Seventy per cent of organisations

represent people with disability, almost two thirds represent women, almost one third represent both children and those who are homeless, 20 per cent represent both youth and Aboriginal and Torres Strait Islander people, and one organisation represents the interests of carers.

The majority of representative organisations in the survey receive their funding from governments, with those funded by their respective State and Territory government (33%) outweighing those receiving Commonwealth funding (16%). A further three organisations received their funding from private contributions, one from local government, and ten from multiple sources.

**Table 5** Representative organisation target group

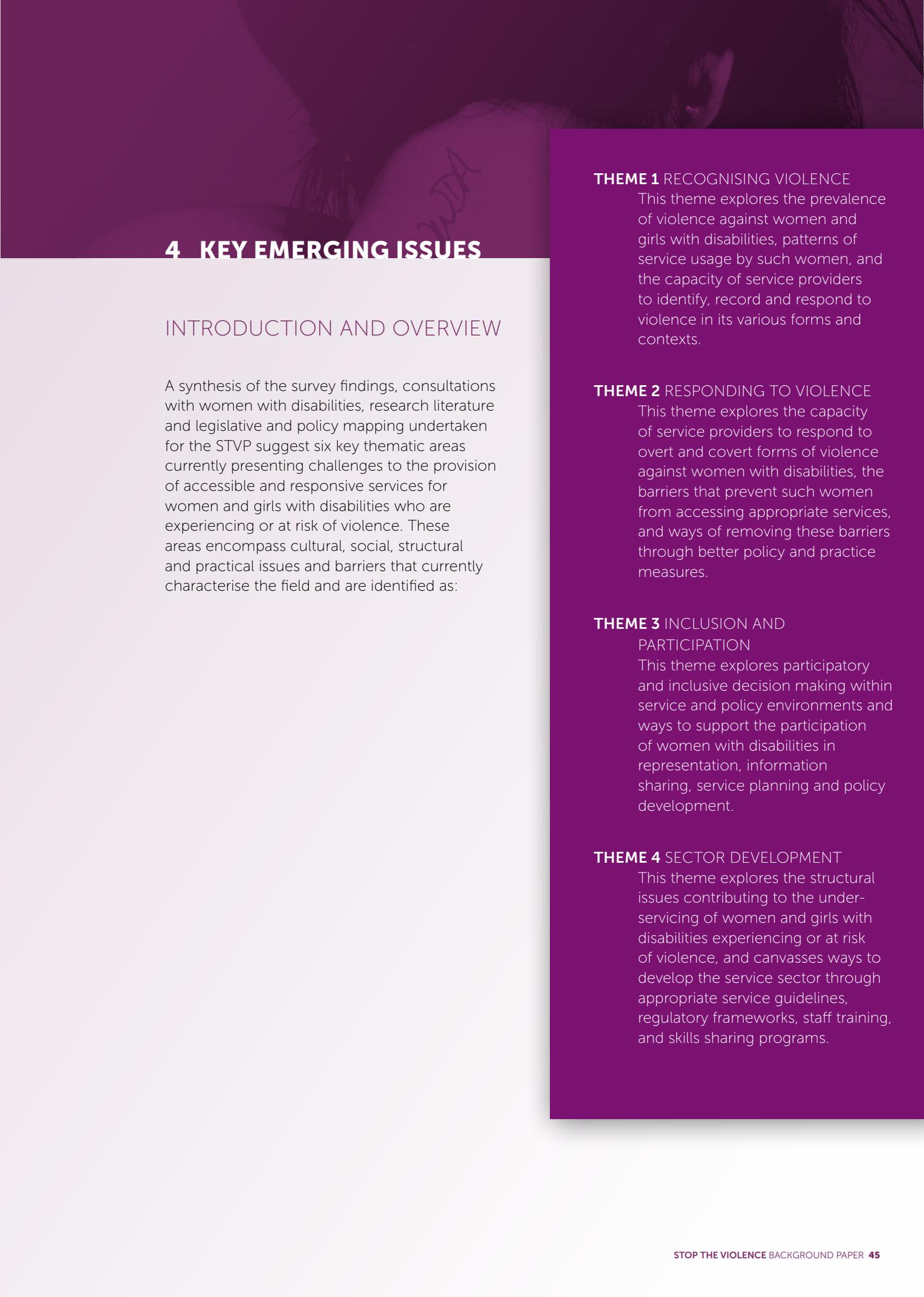
	Number	Percentage %
Women	19	63
People with disability	21	70
Homeless	9	30
Youth	6	20
Aboriginal and Torres Strait Islander	6	20
Children	9	30
Culturally and linguistically diverse communities	8	26
Other	1	3

As part of their representative work, these organisations are involved in a diverse range of engagement, with many indicating that they undertake multiple representational activities. Most commonly agencies undertake public education and awareness activities (73%), advocacy for policy change (66%) and input into policy development (61%). Consulting (50%), staff training and capacity building (47%), sector development (45%), research (42%) and

media campaigning (38%) are also commonly undertaken. As Table 6 indicates, half of the respondents (21) are also involved in direct service provision. The interests of women and girls experiencing or at risk of violence are encompassed within, although not necessarily the main focus of, the advocacy work of 81 per cent of the representative organisations responding to the survey.

**Table 6** Activities undertaken by Representative Organisations

Representational Activities	Responses	Percentage (%)
Public education & awareness	31	73
Advocacy for policy change	28	66
Input into policy development	26	61
Consulting & Advising	21	50
Direct service provision	21	50
Staff training & capacity building	20	47
Sector development	19	45
Research	18	42
Media campaigning	16	38
Other	5	11



## 4 KEY EMERGING ISSUES

### INTRODUCTION AND OVERVIEW

A synthesis of the survey findings, consultations with women with disabilities, research literature and legislative and policy mapping undertaken for the STVP suggest six key thematic areas currently presenting challenges to the provision of accessible and responsive services for women and girls with disabilities who are experiencing or at risk of violence. These areas encompass cultural, social, structural and practical issues and barriers that currently characterise the field and are identified as:

#### **THEME 1** RECOGNISING VIOLENCE

This theme explores the prevalence of violence against women and girls with disabilities, patterns of service usage by such women, and the capacity of service providers to identify, record and respond to violence in its various forms and contexts.

#### **THEME 2** RESPONDING TO VIOLENCE

This theme explores the capacity of service providers to respond to overt and covert forms of violence against women with disabilities, the barriers that prevent such women from accessing appropriate services, and ways of removing these barriers through better policy and practice measures.

#### **THEME 3** INCLUSION AND PARTICIPATION

This theme explores participatory and inclusive decision making within service and policy environments and ways to support the participation of women with disabilities in representation, information sharing, service planning and policy development.

#### **THEME 4** SECTOR DEVELOPMENT

This theme explores the structural issues contributing to the under-servicing of women and girls with disabilities experiencing or at risk of violence, and canvasses ways to develop the service sector through appropriate service guidelines, regulatory frameworks, staff training, and skills sharing programs.

## THEME 5 CROSS-SECTOR COLLABORATION

This theme explores the nature and extent of inter-agency and cross-sector collaboration between all three stakeholder groups: service providers, policy development agencies and representative groups. It also identifies the need for a clearer and more structured framework for cross-sector collaboration to provide pathways to safety and support for women and girls with disabilities experiencing or at risk of violence.

## THEME 6 DATA CAPTURE AND USE

This theme explores the ways that data on women and girls with disabilities experiencing or at risk of violence are currently collected, transmitted and used by stakeholder groups. It highlights the need for a more strategic approach to collecting this type of data to inform service policy, planning and delivery on the issue of violence against women and girls with disabilities.

For each of the above six thematic areas this section sets out detailed information related to the following key areas.

- Context of the issue
- Evidence emerging from stakeholder consultations, survey and other information gathering activities
- Implications

The additional STVP document *Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia. Discussion Paper* summarises this material and in addition identifies **Key Areas for Reform**.

# THEME 1 RECOGNISING VIOLENCE

## 1.1 CONTEXT

In order to address violence against women and girls with disabilities a key foundational capacity includes the ability to recognise the presence of violence in an individual's life. Acknowledgement that violence is occurring or is at risk of being perpetrated is required by both the individual experiencing/at risk of violence and those persons, organisations and service providers surrounding the individual. A range of issues may undermine the recognition of violence occurring within the lives of women and girls with disabilities, such as:

- women and girls with disabilities may not themselves be aware and recognise their own experiences as domestic and sexual violence. Community education regarding violence may not be accessible or applicable to women with disability;
- the difficulty accessing spaces where women and girls with disabilities may safely disclose such violence;
- the availability of appropriate supports, such as interpreters and other personal supports to assist this disclosure; and
- having a trusted individual to whom disclosure of violence can be made and taken seriously.

The survey sought information from service providers, policy makers and representative organisations to ascertain the capacity of organisations to effectively recognise when violence is occurring. Information was sought regarding service usage by women and girls with disabilities in order to establish that this pool of respondents in fact saw women and girls with disabilities as part of their service group and therefore could reasonably be

expected to have addressed the issue of recognition of violence in their service users. The survey also explored whether and how violence is perceived and identified by services and whether, once recognised, it is recorded in any systematic manner. Service providers were also asked to report the incidence and nature of any violence their service users had disclosed within the past year.

women with disabilities as current or previous clients, six identified up to 300, and fourteen identified more than 300. Since large numbers of women with disabilities access these services, the respondents were well placed to provide accurate and meaningful information about the challenges associated with recognising and meeting the service needs of this group.

## 1.2 EVIDENCE

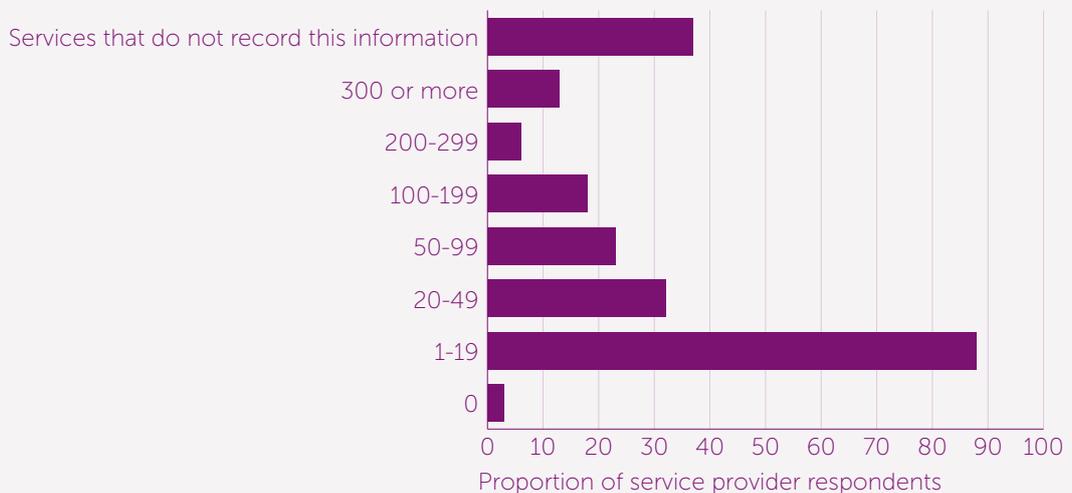
### 1.2.1 PROFILE OF SERVICE USERS

Of the total of 279 service provider respondents, 223 provided information about their client base. Of these 223 service providers, 183 reported that women with disabilities access their services. Notably, sixteen per cent or 37 service providers do not record the presence of disability at all when collecting client information. While levels of service usage by women with disabilities vary, as Figure 3 indicates, 56 per cent of respondents have provided up to 100 women with disabilities with a service in the past year. Almost 10 per cent or 18 service providers identified up to 200

### 1.2.2 INCIDENCE OF VIOLENCE

In order to establish a picture of the recognition of the presence of violence in the lives of those women and girls with disabilities who currently access services, respondents were asked whether they recorded whether women and girls with disabilities utilising their services had experienced violence in the past year. Of the 279 service provider respondents, 71 did not provide a response to this question and a further 37 services indicated that they do not attempt to record whether women and girls with disabilities presenting at their service have experienced violence in the past year. This means that 128 services were not able to report on their recognition of violence in the lives of their female clients with disabilities. Of the 151 services who did attempt some identification

**Figure 3** Number of WGWD having accessed human services in the past year



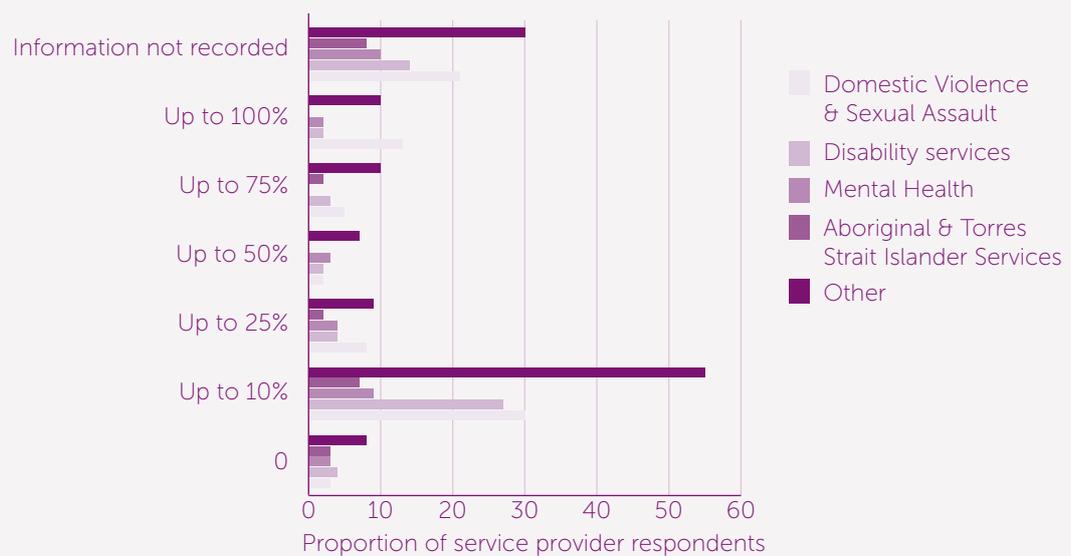
or recognition of the presence of violence in the lives of women and girl clients with disabilities, 92 per cent of a total of 139 services identified that women and girls accessing their services had experienced violence in the previous year.

A significant proportion of service provider respondents who attempted to recognise and record the presence of violence in the lives of their service users indicated generally high proportions of women and girls with disabilities presenting at their service having experienced violence in the past year. Twelve per cent of these services had recorded violence in the lives of up to 100 per cent of their female clients with disabilities. Eight per cent of services recorded a rate of up to 75 per cent, and 5 per cent of services a rate of up to 50 per cent. A total of 85 service providers or 56 per cent of respondents had identified violence in up to 10 per cent of their female disabled client base. Only eight per cent or 12 service providers had not had a

woman or girl with a disability present at their service having experienced violence in the past year.

A conservative aggregation of these rates shows that violence is present in the lives of approximately 22 per cent of women and girls with disabilities who, within the past year, have made contact with service provider respondents to this survey. Given the survey's high response rate, this figure likely reflects the prevalence of violence against women and girls with disabilities who are or have recently been in contact with service providers across the whole of Australia. While it is recognised that the type of service provided will determine the likelihood that clients will have experienced violence and therefore influence the likelihood of recognition, survey findings as set out in Figure 4 show that recognition occurs in varying patterns and rates across different service sectors.

**Figure 4** Percentage of women service users with disabilities recorded by service providers as having experienced violence in the past year



Of the 80 service provider respondents from the domestic violence and sexual assault sectors, 21 respondents or more than a quarter did not collect information on whether their women and girls with disabilities service users had experienced violence in the past year. Of the 56 services that did identify such experiences in their women clients with disabilities, 55 per cent or 39 services identified violence in up to 50 per cent of their female clients with disabilities. A further 21 per cent of respondents identified and recorded violence in the lives of 50 to 100 per cent of their female clients with disabilities.

For the 52 disability service providers who provided information about their recognition and identification of violence in the lives of their female service users, 27 per cent or 14 services do not record any information about the presence of violence for their clients with disability. Of the 38 services who do record such information, 89 per cent or 34 services had recognised and recorded the presence of violence against women and girls with disabilities within the past year, and 57 of these had recorded violence in the lives of up to 25 per cent of their female clients with disabilities.

Counselling and mental health services reported particularly poor recording rates, with over a third (37%) of the 10 respondents of these services lacking any mechanism with which to record the occurrence of violence against female service users with disabilities. Of the 17 mental health services that did record such information, over half or 14 services had identified violence in the lives of between 1 and 50 per cent of their female clients with disabilities. For one mental health service, up to 100 of women clients with disabilities had experienced violence in the year prior. That the overwhelming majority (88%) of the 15 mental health services providers with the capacity to identify and record violence had done so within the past year suggests that the mental health sector is where many women with disabilities first enter and seek help within the service system once violence has occurred.

Of the 17 Aboriginal and Torres Strait Islander services that provided information about their recognition and identification of violence in the lives of their female service users, almost half or 8 service providers identified and recorded violence against women and girls with disabilities as an issue facing its client base. Seven of the 17 Aboriginal and Torres Strait Islander services, however, do not keep records of whether or not violence is present in the lives of their women clients with a disability. Other services – including those from the housing/homelessness sector, the youth services sector, child welfare, employment and training, health, aged care and the justice sector – had recorded similarly high rates of violence amongst their female clients with disabilities. Of these, a further 129 other services, 23 per cent or 30 services do not seek to record whether violence is present or not in the lives of their female clients with disabilities. Of the 99 services that do identify and record such information, 91 services (91%) have done so in the past year.

These findings very likely under-represent the prevalence of violence against women with disabilities, given that ten per cent of service provider respondents do not record this information, and that many victims of violence do not, are unable to, or are prevented from disclosing the frequency or type of violence perpetrated against them. This is especially true for women and girls with disabilities, as the presence of disability often means the victim is particularly dependent on or emotionally attached to the perpetrator, making it difficult and/or dangerous for her to seek support, communicate effectively, and initiate a pathway to safety. This problem is likely to be especially acute for children and younger women, given their level of dependence on family members and carers who may be the perpetrators of violence towards them. The evidence presented here indicates that violence against women and girls with disabilities is a significant issue within all human service sectors. While some services have the capacity to identify and record the presence of violence but not necessarily to address or prevent it, a significant proportion of services do not record this information at all.

### 1.2.3 TYPES OF VIOLENCE

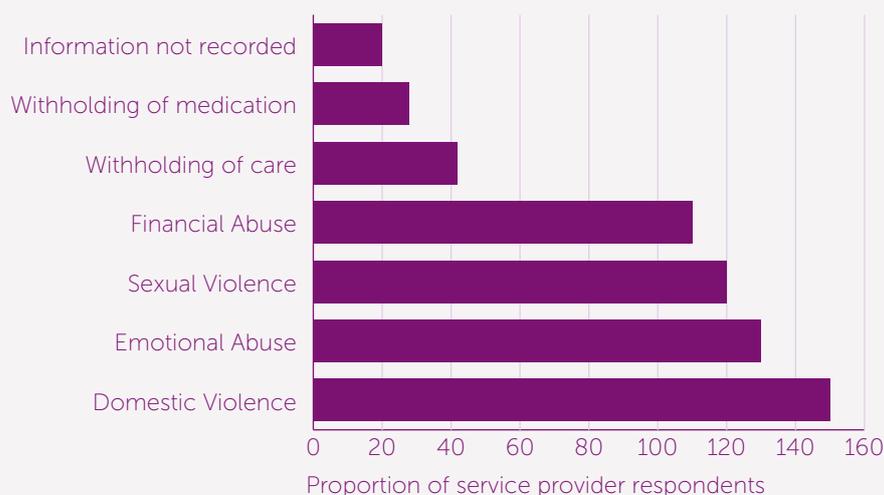
Services who take steps to recognise and identify the presence of violence were also asked about the types of violence most often disclosed by women and girls with disabilities who use their service. The incidence of the various types of violence as disclosed by these women and girls is set out in Figure 5.

Of the 191 service providers who responded to this question, 171 or 90 per cent record information about the type/s of violence perpetrated against women and girls with disabilities. Of the 20 service providers that do not record information at this level of detail, seven are from the disability sector and five are from the domestic violence and sexual assault sectors. Many service providers recorded multiple types of violence experienced by their female clients with disabilities. Eighty per cent or 151 of service providers identified their women clients with disabilities as having experienced domestic violence. Sixty-eight per cent or 130 recorded the presence of emotional abuse

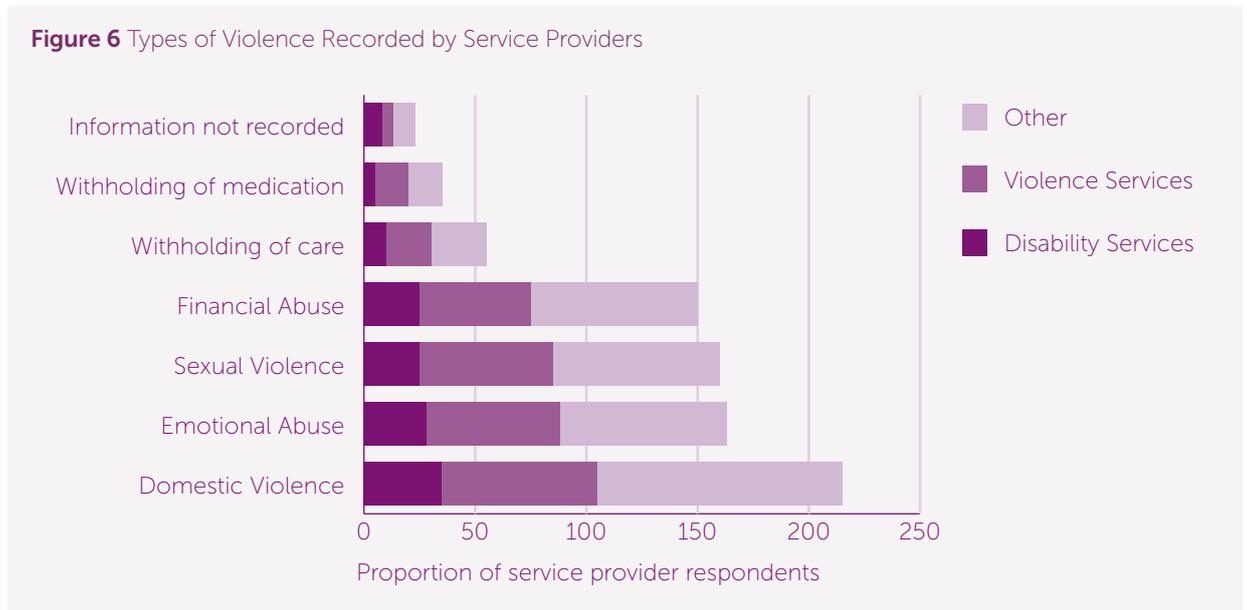
in the lives of their female service users with disability, 63 per cent or 120 recorded the presence of sexual abuse, 109 or 58 per cent recorded the presence of financial abuse, 23 per cent or 43 recorded the withholding of care, and fourteen per cent or 26 recorded the withholding of medication.

Violence services record more information about the types of violence perpetrated against women and girls with disabilities than disability services, as shown in Figure 6. This applies even with regards to disability-related violence such as the withholding of care and the withholding of medication. More detailed analysis of the types of violence recorded suggests that the amount and nature of information recorded by service providers varies between sectors. As might be expected, a relatively small minority (7%) or five of violence services fail to record the type of violence experienced by their female clients with disabilities. Of concern, however, is that sixteen per cent or seven disability services do not record this information.

**Figure 5** Types of violence recorded by service providers



**Figure 6** Types of Violence Recorded by Service Providers



Thirty two per cent (22) of violence services and 23 per cent (27) of other services have recorded care being withheld from their women clients with disabilities. Nineteen per cent (28) of disability services have identified this form of violence in their female client base. While 24 per cent of violence services (16) and thirteen per cent (15) of other services have recorded medication being withheld, only 11 per cent (5) of disability services have identified this as occurring in their female client group. Of concern is that eight per cent (12) of disability services make no attempt to record the type/s of violence experienced by their female clients.

### 1.2.4 SUPPORTING IDENTIFICATION AND DISCLOSURE

Service providers were asked to identify barriers, challenges and opportunities for increasing their capacity for recognising and identifying violence in the lives of women and girls with disabilities who may access their service. Several key concerns emerged. Firstly, as noted earlier, the need for women and girls with disabilities themselves to be aware of their rights and to be able to recognise and name violence occurring in their lives was commonly identified. Corollary to this is the need for all services to address

women and girls with disabilities without discrimination and with full respect for their human rights. As important as unrecognised or undisclosed violence were issues of unrecognised or undisclosed disability.

Service providers identified the need for the development of capacity within services to build relationships with women and girls with disabilities in order to create trusting and responsive environments within which such women and girls would feel safe and encouraged to report incidences of violence. Service specific measures identified by service providers included both contextual and procedural matters.

Contextually, explicit recognition of the issue by service providers operating in this space included the following areas:

- acknowledgement that women and girls with disabilities were at heightened risk of violence;
- awareness that there was a high prevalence of violence among this population group; and therefore, generally required greater orientation and sensitisation to the possibility of violence occurring in the lives of their female service users with disabilities.

Moreover, other contextual factors also include community and social attitudes to violence against women and girls with disabilities. Service providers reported their perception that community attitudes largely normalises the potential risk and experience of violence among some families. Some service providers highlighted the issue of the definition of domestic violence not including violence by carers. Others indicated that as the issue of violence against women and girls with disabilities is not recognised as a core service delivery area by service providers in the violence sector, the true extent of the problem is very likely to be unrecognised. Leadership by organisational management personnel in bringing these issues to light as important in the service and beyond to policy makers was identified as a key process that can enhance awareness and recognition of violence and its impact on women and girls with disabilities.

Procedurally, having staff with the appropriate skills in recognising and understanding both disability and violence was identified as a challenge, including working with people with various types of disabilities and understanding their access and support needs. Some services indicated that they had addressed this by developing a list of indicators of both disability and violence to support their staff to be aware of, identify and respond to possible issues which may arise and are reported on as well as monitored and collated. Very specifically the lack of safe reporting opportunities was identified, including issues such as the carer/perpetrator attending appointments and difficulties in disclosure of violence by children with disabilities who may be in a similar situation.

Policy makers who provided information to the survey indicated awareness of many of these same issues as identified by service providers. Their observations included that many victims of domestic and family violence are reluctant to report the violence to police. Victims under report violence due to factors such as shame, fear, age, lack of support if disclosed and impact

of cultural factors that justify violent behaviour. This is compounded in many cases whereby a woman with disabilities is unaware that she has rights, that there are laws to protect her, or that the behaviour is abusive; when she lacks access to appropriate information; and has had previous negative experiences with police (particularly in cases involving women with psychosocial disability). In addition, community stigma can be entrenched in service provision and workers may sometimes not trust the victim to give an honest or accurate description in order to protect the family unit. In addition, some women and girls with disabilities lack knowledge on what to do if they are exposed to violence. Importantly policy makers highlighted that these issues are often brought to their attention by representative groups, peak bodies and advocacy agencies.

Representative organisations were particularly concerned at the lack of awareness by service providers and the community in general that women and girls with disabilities are victims of domestic violence and abuse. They feel that disability often overshadows issues of violence and some services found it 'too hard' to deal with clients who had cognitive disabilities. They observed that many women and girls with disabilities do not access services because they fear victimisation and stigma and sometimes because their past experiences of violence had not been recognised. Additionally, some representative organisations highlighted that often women and girls with disabilities lack information about domestic violence and abuse, and being dependent on others for daily support make it difficult for them to access support services.

Challenges facing advocacy work carried out by representative organisations in relation to gender, disability, violence were observed to be hampered by a lack of commitment to international human rights treaty obligations in government legislation and policy with human rights treaties not being integrated into domestic laws or because organisations were not educated to respond to challenges through a

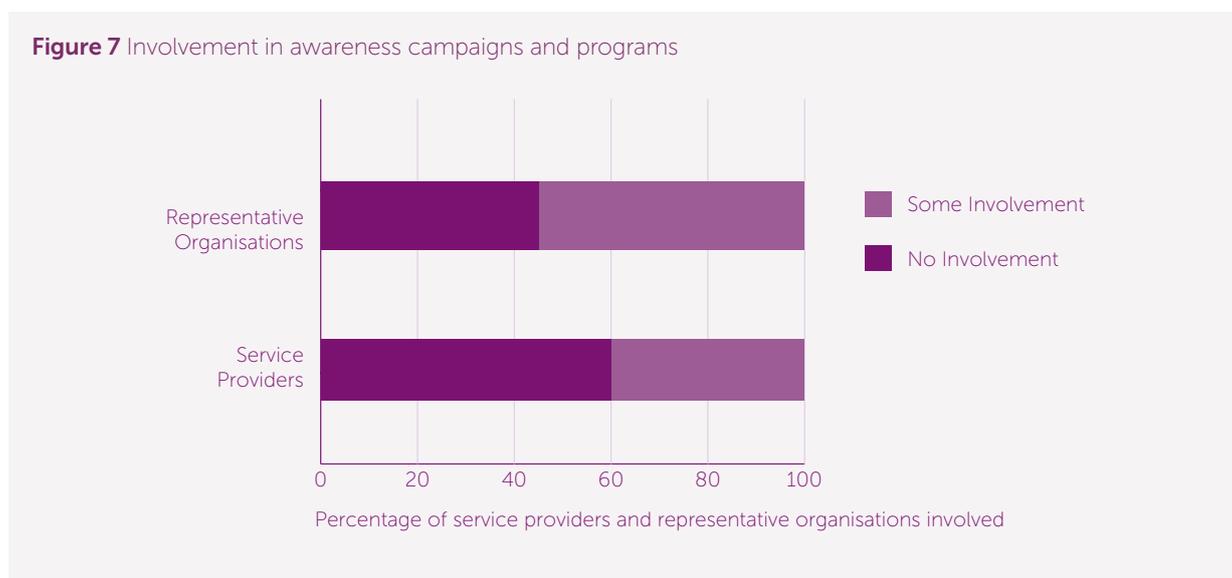
human rights framework. They suggest the need to develop comprehensive national, uniform, human rights based legislation and policy which explicitly recognises the impact of multiple discriminations caused by the intersection of gender and disability and the use of a gendered approach in National Disability Insurance Scheme.

### 1.2.5 AWARENESS AND PREVENTION OF VIOLENCE

In the area of awareness and prevention of violence, there were different levels of engagement across the three different stakeholder groups. Overall, service providers were the least engaged with awareness and prevention strategies and representative groups were the most engaged, with policy officials sitting between these two positions. A key finding

of concern in the survey responses is that the majority (106) or 76 per cent of service providers reported no involvement in any public or community oriented campaigns or programs aimed at preventing violence against women with disabilities.

Of the 34 service provider organisations that were engaged in some type of prevention work, only six were disability services. Of the 106 that did not, 20 per cent had identified violence in the lives of their female clients within the past year, and over a quarter did not record this information. Service providers also showed a relatively low level of involvement in awareness campaigns (39%). Just over half or 14 representative organisations respondents reported some level of involvement in campaigns and programs aimed at raising awareness around the issue of violence against women and girls with disabilities, as shown in Figure 7.

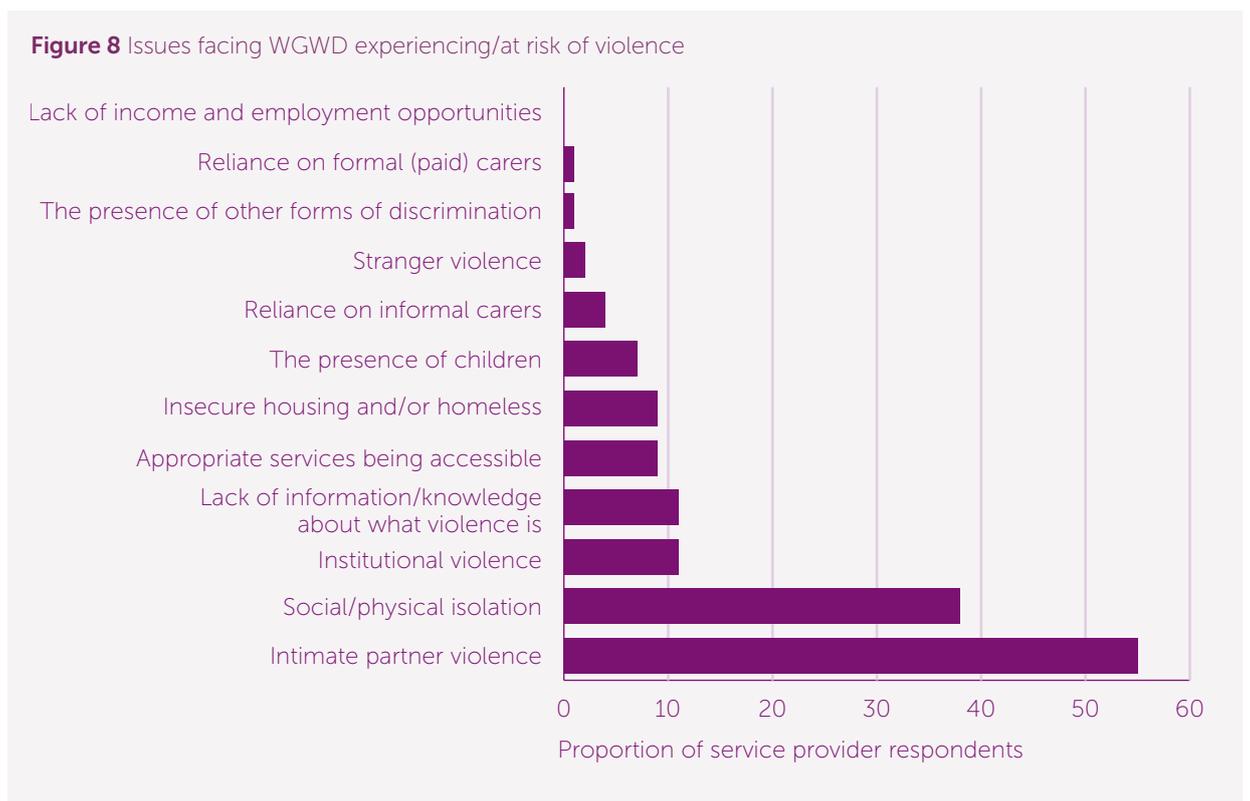


Service providers were also asked to rate the perceived importance of particular issues facing women and girls with disabilities experiencing or at risk of violence. As Figure 8 shows, the issues rated of most concern to respondents were intimate partner violence and social/physical isolation. Issues such as institutional violence (i.e., violence in institutional settings including residential care facilities, respite centres, etc.), lack of information/knowledge about what constitutes violence, including disability-specific forms of violence experienced by this group, inaccessibility of services, insecure housing and the presence of children were also ranked as important issues facing women with disabilities experiencing or at risk of violence.

All respondents to the survey stated that greater community awareness on issues of violence against women and girls with disabilities through community/public forums as well as promotion of available services was necessary to increase

awareness of the issue and, also to promote the prevention of violence for this group. All respondent groups, including public policy officials responding to the survey, reported that more resources were needed to carry out community awareness programs for prevention of violence, especially early intervention programs targeted at girls with disabilities.

Interestingly, service providers reported a general lack of awareness on the issue on their own part. Several services identified that responding to the survey was itself the first time that they had become aware of the issue, while others indicated that thinking through their responses to the survey had revealed the need for changes to be made to their organisational policies. By way of contrast one exemplary agency indicated that all workers within the service 'have awareness of violence as a possibility and safety plans provide the framework on how to deal with the issue, such as limiting or controlling exposure to suspected perpetrators'.



Some service providers also identified the need for more awareness and education for women and girls with disabilities to 'empower' them to recognise and disclose violence in their lives. Low self-esteem among women and girls with disabilities was also recognised as an issue. Lack of information on rights, expectations and supports available were another issue identified by service providers. In particular, lack of awareness and understanding of the issue among CALD clients, as well as lack of information and awareness among Indigenous women regarding eligibility for access for disability support were identified.

All respondents agreed that broad media coverage and promoting public awareness to de-stigmatise the issue were important areas for successful campaigns and programs aimed at preventing violence against women and girls with disabilities. Service providers suggested that using a holistic approach, educating carers and targeting specific problem areas would also contribute to the success of campaigns and programs. In some communities, it was felt that the local or kinship leadership needed to be targeted.

Respondents also provided a range of suggested strategies to design effective awareness and prevention strategies for the target group. For example, the use of simple messaging and multiple communication styles was seen as essential for a successful campaign/program. Use of personalised experience was also seen by some service providers as a key element of successful prevention campaigns and programs as was consistency of messaging, the use of evidence-based information and the use of social and multi-media.

Discriminatory attitudes within the broader community and the lack of community awareness on the particular vulnerability of women and girls with disabilities to violence and the need to ensure adequate protection for them in domestic and family violence legislation through the use of a gendered approach have been brought to the attention of policy

makers by representative groups, peak bodies and advocacy agencies. Ensuring mandatory reporting in instances where there is reasonable suspicion of abuse and neglect and the use of accessible information on preventive measures as well as disability specific advocacy on the web were some of the ways that policy makers felt would enable better service responses on issues of violence against women and girls with disabilities. The availability of accessible information regarding services was seen as a key measure to enhance access to services by women and girls with disabilities.

### 1.3 SUMMARY IMPLICATIONS

- Findings from the survey provide data only on women and girls with disabilities who access services. However, current literature and Australian Government reporting on the service use of people with disabilities suggests that many women and girls with disabilities do not use or access services. Given this broader picture of service usage amongst the population of women with disabilities, it is likely that significant numbers of women and girls with disabilities who are experiencing or at risk of violence do not access any type of service. This suggests that the prevalence of violence against women and girls with disabilities is likely to be even higher than the 22 per cent suggested by the current survey findings.
- Addressing violence against women and girls with disabilities is not currently a core service priority for many service provider respondents to the survey. This may have implications for non-responsiveness to violence when disclosed or for failure to respond appropriately to those in need. When responding to violence is outside the organisational mandate and contracted outputs, services do not have the capacity to effectively recognise, and hence respond to, violence. In many instances where violence is identified, the key service response is referral. Referring on does not necessarily guarantee a response

that ensures a *pathway to safety* which in contrast to referral provides service supports to protect the wellbeing of the individual concerned.

- The survey findings strongly suggest that, via their own admission, disability services generally do not have the capacity or expertise to recognise overt forms of violence. This has significant implications also for services capacity to identify 'covert' forms of violence. As noted in the literature, women and girls with disabilities are more likely to experience covert and subtle forms of violence rather than blatant overt violence and abuse. Therefore, if disability services, where much violence prevails against this population group, are unable to readily acknowledge and identify overt violence, it is possible to infer even less capacity to identify subtle, covert and disability specific forms of violence. Thus, the findings suggest that disability services may be unable to meet their legal duty of care obligations, as defined in both the relevant Commonwealth and State/Territory disability services legislation contractual obligations.
- One of the key findings from the survey suggests that practices of withholding medication as a form of violence readily occur and are recognised as such by a number of service providers as a type of violence against women and girls with disabilities. However, from the survey results we are unable to identify if this is a form of 'neglect' or an 'active' perpetration of violence against women

and girls with disabilities who are service users. Using medication as a control mechanism, on the other hand, is recognised as a restrictive practice and an 'active' perpetration of violence. This highlights a problem in how the issue of violence against women with disabilities is represented in public policy in Australia. Some Australian jurisdictions understand and legislate family violence/intimate partner violence in very narrow terms and do not recognise forms of care-related violence. The issue of care-related violence is recognised in the literature on violence against people with disabilities (Sobsey 1994; Fitzsimons 2009) but this literature does not specifically deal with the gendered nature of such violence. Similarly, there is a concern that the active/neglectful withholding of medication has been largely overlooked nationally and internationally as a potential area of violence.

- Findings from the survey suggest that there is poor identification and disclosure of violence against women and girls with disabilities among mental health services. However, it has been reported in the literature that a number of women and girls with disabilities experiencing, or who have experienced violence are likely to utilise mental health services as a result of this violence. This suggests the need for greater understanding, information, screening and reporting of issues specific to violence experienced by women and girls with disabilities in the mental health sector.

## THEME 2 RESPONDING TO VIOLENCE

### 2.1 CONTEXT

It is known that women and girls with disabilities are twice as likely to experience domestic violence and other forms of gender-based and sexual violence as women and girls without disabilities. Their experiences are also likely to last over a longer period of time, and they suffer more severe injuries as a result of the violence. As a result they have high levels of need in terms of service responses as well as requiring interventions that are more complex to ensure appropriate support and safety. Currently there is limited understanding of the ways the multiple systems of service delivery responds to this group. In order to explore the capacity, responsiveness and efficacy of the current service system, respondents to the survey were asked their views about the match between demand and capacity in current services and the ways in which they currently, or would in the future act to address any mismatch.

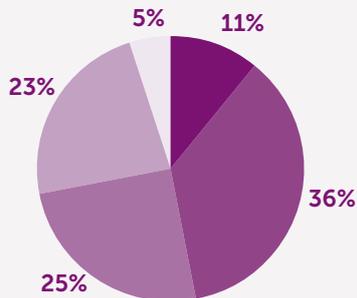
### 2.2 EVIDENCE

#### 2.2.1 SERVICE PROVIDER CAPACITY

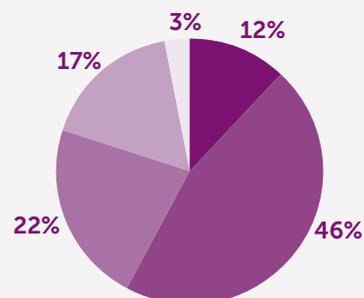
Service providers were asked to identify the capacity of their organisation to meet current levels of demand from women and girls with disabilities experiencing violence. Of the 201 respondents to this question, less than half or 92 service providers agreed that their organisation meets current levels of demand, while a quarter did not have a view either way, as Figure 9 indicates. The fact of such low levels of adequate servicing is of significant concern. Of further concern, 50 organisations noted that their waiting lists were growing, which commonly occurs when demand outstrips the level of available resources, as shown in Figure 14.

Where organisations lack service capacity, this was not attributed to the constraints or pressures of eligibility criteria, as Figure 15 shows. Instead, as Figure 16 shows, the majority (66%) of respondents pointed to the level of available resources as a key factor influencing their service capacity. Over a third or 72 service providers reported that in order to maximise their service capacity they reallocate resources and just under a third (63) stated they target services more tightly (see Figure 12). The majority (111) of organisations emphasised the need for staff training to be able to address the specific needs of women and girls with disabilities experiencing violence, as Figure 10 suggests.

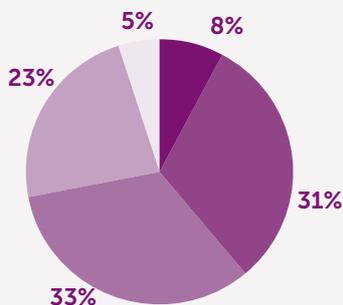
**Figure 9** Organisation meets current demand



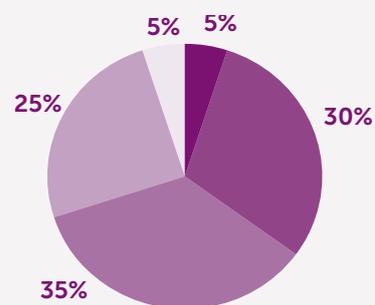
**Figure 10** Staff require more training to meet demand



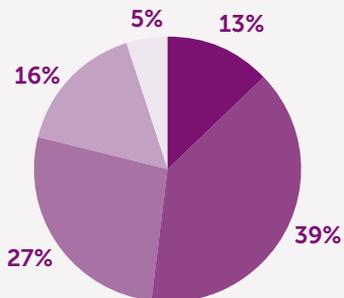
**Figure 11** Organisation reallocates resources to meet demand



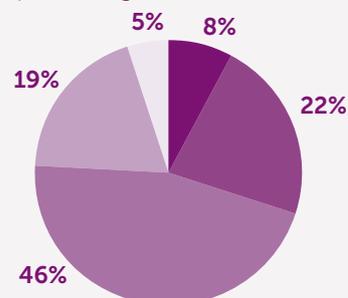
**Figure 12** Organisation targets services more tightly or limit service levels to meet demand



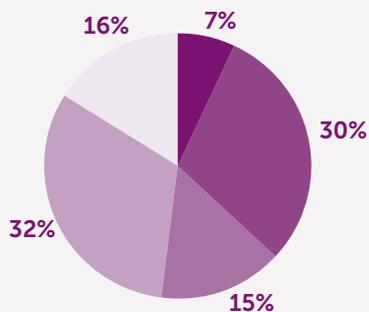
**Figure 13** Organisation is unaware of current level of demand



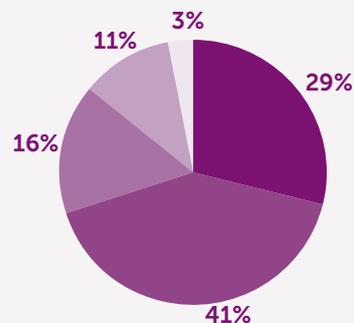
**Figure 14** Waiting lists are growing for WGWD experiencing/at risk of violence



**Figure 15** Service capacity is constrained by eligibility criteria



**Figure 16** Service capacity is constrained by the level of available resources



Considering these issues of under-servicing, also problematic is that the majority (51%) of service providers are unaware of what the level demand is from female victims of violence with disability, as shown in Figure 13. Levels of awareness appear particularly poor in the Aboriginal and Torres Strait Islander support service sector, with half of all Aboriginal and Torres Strait Islander services in agreement over their lack of awareness in this particular area. Fifty-three per cent of disability services and 52 per cent of domestic violence and sexual assault services also agree that they lack knowledge of demand from these women, as do 12 per cent of services from a range of other sectors (see Figure 17).

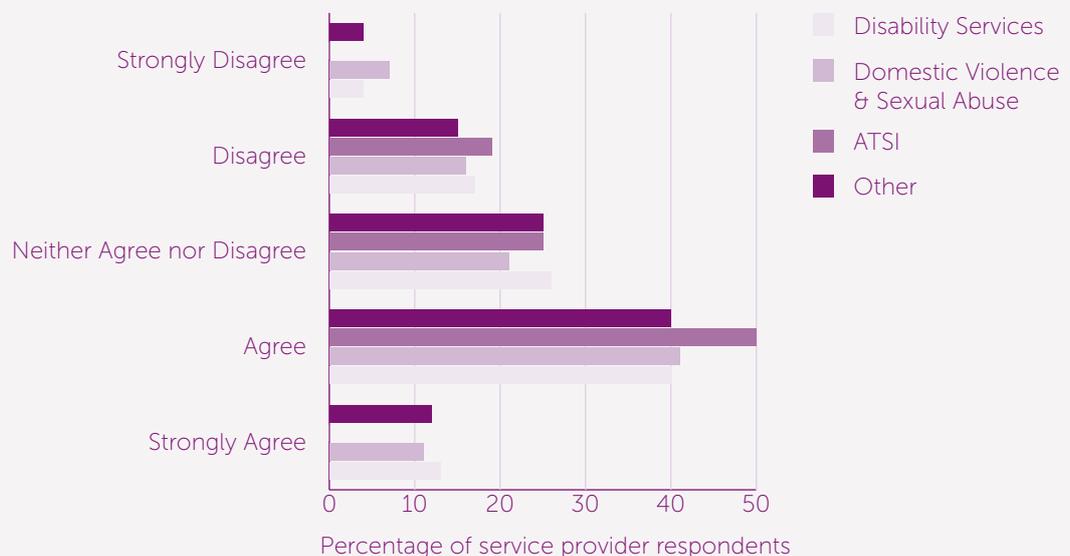
Survey findings suggest that while there is a relatively constant level of unmet need across all service types, there is some variation in the capacity of service providers to meet demand from women and girls with disabilities experiencing or at risk of violence. Managing demand pressures appears particularly

challenging for residential services, with only 43 per cent of long-term residential care services, 41 per cent of respite services, 44 per cent of crisis accommodation services, and 42 per cent of homeless services agreeing that they currently meet demand for services from this group. Over half of all medical (58%), legal aid (57%), court support (53), outreach (53%), safe-at-home (52%) and counselling and mental health (52%) services agreed that they meet demand from women and girls with disabilities experiencing or at risk of violence, however a number of respondents working in outreach (7%) and mental health (6%) were in strong disagreement.

Some of these services reported that they were already over stretched and lacked the capacity to respond to current levels of demand from women and girls with disabilities experiencing or at risk of violence. Other services were affected by the lack of accessible transport and the need to make structural changes to existing buildings so that they are more accessible for women and girls with disabilities.

**Figure 17** Awareness of demand across sectors

**STATEMENT** ORGANISATION IS UNAWARE OF CURRENT LEVEL OF DEMAND



Regional and remote areas appear underserved and this was particularly felt by service providers in Western Australia and Queensland. Additionally, both South Australia and Queensland suggested that increased funding was required to enable outreach services targeted at women and girls with disabilities.

### 2.2.2 POLICY MAKING FOR SERVICE RESPONSE

Two thirds (8) of policy agency respondents believe that demand from women and girls with disabilities experiencing or at risk of violence is not being met by service providers. More than two thirds of policy agency respondents also indicated that they lack knowledge about the size and nature of this demand at the policy level, indicating a disconnect between knowledge of the problem and policy response. There was strong emphasis placed by policy agency respondents on the need for further staff training in disability and violence awareness, with nine out of twelve respondents agreeing this is a necessary measure. In general, policy agency respondents agreed that service providers respond to demand pressures by reallocating resources and/or more rightly targeting their services. Policy makers on the whole were not clear about whether service capacity is constrained by eligibility criteria but eight out of twelve did agree that service capacity is currently constrained by the level of available resources.

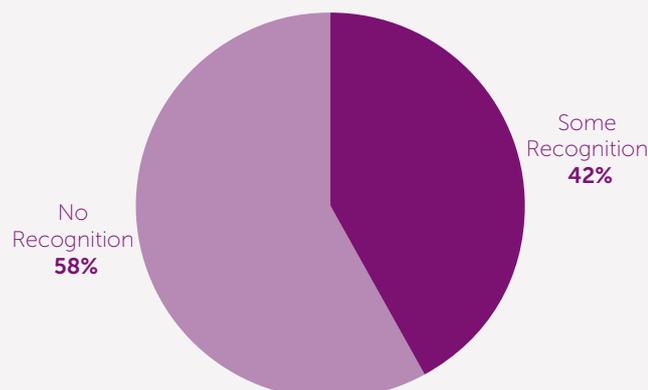
### 2.2.3 REPRESENTATIVE ORGANISATIONS VIEWS ON RESPONSE

Almost two thirds (14) of representative organisations believe that service providers were unable to meet current levels of demand, with over two thirds (73%) agreeing that there is a general lack of understanding of the level of demand from this group. Fifty-five per cent of representative organisation respondents agreed that for service providers, demand pressures are constrained by eligibility criteria, while 77 per cent agreed that under-resourcing constrains service capacity. In light of this, 68 per cent (15) of respondents within the representative organisations group placed strong emphasis on the need for further capacity building and staff training within the service sector.

### 2.2.4 MECHANISMS FOR RESPONDING TO VIOLENCE

A key measure of the capacity of organisations to respond to violence in the lives of their disabled women clients is the presence of an organisational policy, protocol or procedure that specifically recognises the issue of violence against women and girls with disabilities. The majority of service providers (58%) do not recognise this issue in their organisational policies. Of those that do (42%), 57 per cent belong to the domestic violence and sexual assault sector and 20 per cent belong to the disability sector, as Figure 18 shows.

**Figure 18** Recognition of violence against women and girls with disabilities in organisational policies, protocols and procedures



Some service providers emphasised that they do not discriminate in favour or against women and girls with disabilities by identifying or prioritising them in any organisational policies, protocols and procedures. Some services, particularly in the disability system, provide a gender-neutral response, while some exclude women with psychosocial disability. Most procedures and policies are neither gender, disability, nor age-specific. Other service providers noted that they had standard operating procedures for recognising violence that also apply to women and girls with disabilities. Some service providers suggested that agency policies, protocols and procedures need to explicitly recognise that women and girls with disabilities are more vulnerable and that there was a high prevalence of violence among them.

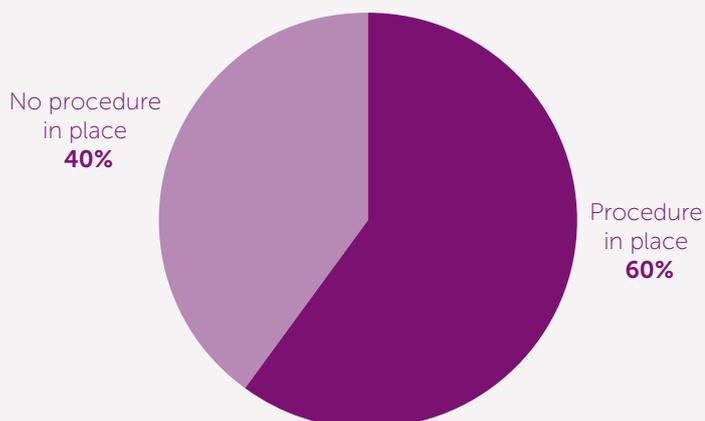
Another key measure of the capacity of services to respond to violence experienced by their female clients with disabilities is the presence of an organisational policy, protocol or procedure for addressing the disclosure of violence or, in the absence of disclosure, a procedure for when their staff suspect that a woman or girl with disabilities is experiencing or is at risk of violence. A significant proportion of service provider respondents to the survey (40%) had no such procedure in place, as Figure 19 indicates.

support services lack formal protocols for staff to follow post-disclosure, as do 43 per cent of legal aid services, 42 per cent of individual advocacy services, and 41 per cent of information and referral services, violence prevention services, government lobbying services and, of particular concern, medical services. Sixty-two per cent of crisis accommodation services and 63 per cent of counselling and mental health services have a procedure in place for when the presence of violence is suspected but not disclosed.

Several service providers identified the need for established protocols in responding to violence against women and girls with disabilities. Health service providers in particular stressed the importance of appropriate screening procedures for detecting violence in the lives of women and girls with disabilities presenting at hospitals and health clinics. Overall, NSW health service providers felt that there was a need for more commitment at the managerial and ministerial level for increasing service capacity for women and girls with disabilities.

In responding to violence against women and girls with disabilities, service providers reported multiple overlapping issues. The lack of education and awareness on what constitutes family and domestic violence is a significant challenge which impacts on the capacity of service providers to substantiate the violence

**Figure 19** Proportion of service providers with a procedure in place for women violence is suspected in the absence of formal disclosure



and intervene in domestic/residential settings. Where substantiating violence is an issue, it was suggested that targeted information be offered to clients and questions asked directly. Some service providers use advocacy agencies for support to disclose. Additional issues identified by some service providers in responding to violence included the lack of basic services in rural and remote areas, particularly public transport for rural communities.

Inadequate police response, a general lack of access to justice for victims and low prosecution rates were identified by some service providers as important issues. Others questioned the prioritising of retribution and punishment over prevention and restorative justice. Overall, service providers agreed on the need for increased legal aid and support for women and girls with disabilities who need access to the criminal justice system. It was felt that better prosecution services and state intervention in child protection as well as family violence orders and assistance in dealing with property issues would benefit them greatly. This was confirmed by a number of representative organisations who suggested that funding the wider use of assistive technology especially in the judicial setting would help address some of the challenges in dealing with perpetrator accountability and inadequate service delivery for victims. People with cognitive disability also require specific supports to assist them in judicial settings.

The use of a one-size-fits all approach by some service providers as well as the under-regulation of service providers particularly in South Australia were seen as important additional issues.

Service providers exhibiting good practice in responding to violence reported that once violence has been disclosed, all evidence is documented, management is alerted, and mandatory reporting is carried out. In these cases, a rapport is built with the victim and a safety action plan is developed in dialogue with them. If the client has an intellectual disability, consent is sought for the process

to be implemented. If support is required from other services, they are resourced and the victim referred. Referrals may be made to social worker, psychologist, or other community service. In cases where providers do not offer the required service, individual advocacy is carried out on behalf of the woman experiencing violence, often in coordination with specific disability services. If medical assistance is required, clients are referred to health services. Where legal intervention is required, this help is sought and the incident is reported to the police. Based on the perceived vulnerability of the client, they are admitted to safe accommodation or hospital. Some services reported carrying out home visits and observations. Others reported providing support for family and inquiring about care and finances. In addition, some service providers reported that they provided information/training on rights, responsibilities and assertiveness for the woman experiencing violence.

Some service providers, particularly those in NT, identified the importance of mandatory reporting requirements when violence is suspected but not disclosed. Other service providers reported that they carried out a risk assessment and if an unsafe environment is observed, the case manager would discuss with the client whether to refer to other services. For young persons, some service providers used a decision making tree to determine the level of risk. Some services reported that they asked the client or the next of kin specific questions especially if medical services reported sexual assault. This is done with the informed consent of the client.

Some violence services, particularly those in Victoria, reported comprehensive procedures for ensuring the safety of clients. Some violence service providers reported that they did not have specific policies for women with disabilities instead they would be treated same as any other women or person who experiences violence. Some suggested the need for mandatory reporting to police and removal of the perpetrator, while other agencies identified their priorities in having staff trained and understand

their duty of care to report such suspicions to concerned authorities.

Service providers were asked to describe any successful anti-violence programs or campaigns they have undertaken to improve services for women and girls with disabilities. Successful programs included support groups run in partnership with women disabilities, in addition to accessible services that are adequately resourced and which adhere to national standards for primary prevention. Taking steps to identify the needs of clients on a case-by-case basis and reduce systemic and personal isolation for women and girls with disabilities are also central to the success of campaigns and programs targeted at preventing violence against women and girls with disabilities.

### 2.2.5 SERVICE ELIGIBILITY AND SERVICE REQUIRED

Almost all (97%) service providers indicated that women and girls with disabilities are eligible to receive their services. Women and girls with disabilities are eligible for 98 per cent of the medical services, community access services, violence prevention services, and safe-at-home services provided by the respondents to the survey. Five per cent of employment services and four per cent of outreach, court support, crisis accommodation and legal aid services reported that women with disabilities are ineligible to receive their services. Almost all (98%) service provider respondents had provided women and girls with disabilities with a service within the past year, although many organisations assisted these women in relatively small numbers. Almost a third (88) had provided less than 19 women and girls with disabilities with a service. Only seventeen per cent of respondents had provided more than 100 women and girls with disabilities with a service in the past year.

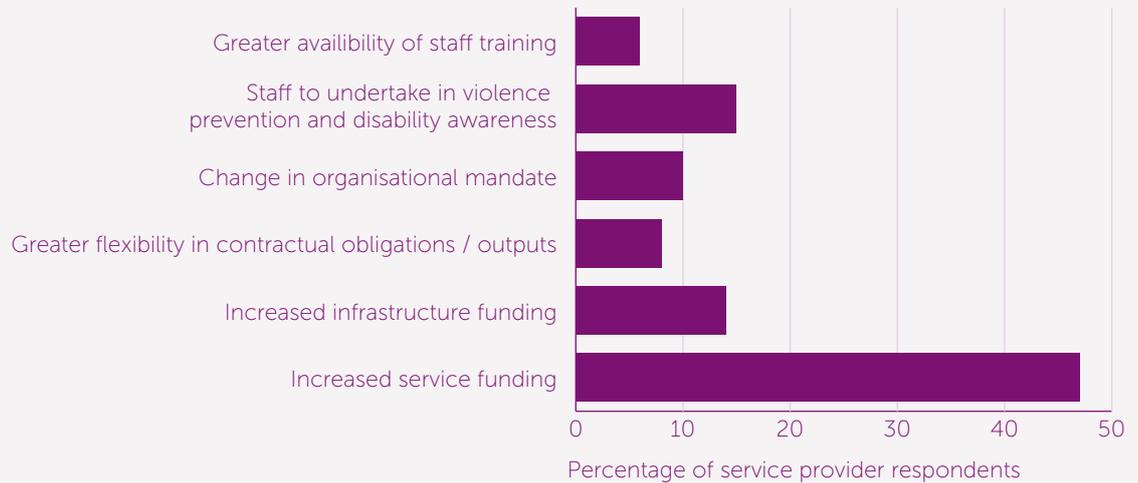
## 2.2.6 IMPROVING SERVICE CAPACITY

### SERVICE PROVIDER VIEWS

Service providers were asked to nominate measures they believe would be most effective in assisting them to improve their capacity to improve service delivery for women and girls with disabilities experiencing or at risk of violence. As seen in Figure 20, of the 172 service providers who responded to this question, almost half identified increased service funding as the measure that would most benefit their service capacity and delivery. Many service providers also prioritised accommodation options, suggesting that more women's shelters and medium-term accommodation which can provide for the support needs of women and girls with disabilities are needed. There was also a felt need for specialist facilities for women who have experienced trauma, especially in NSW, particularly as facilities shared with other women and children may not be suitable for women with cognitive or psychosocial disabilities.

There was also a strong emphasis on workforce capacity building, with staff training in violence prevention and disability awareness identified by 15 per cent as the most beneficial measure overall, as shown in Figure 20. The reported need for new forms of training was highest in the housing/homelessness sector, with 80 per cent identifying this as a priority improvement measure, followed by services in domestic violence and sexual assault (59%) and disability service sectors (53%) also identifying training as a high priority. Related to this issue of the need for up-skilling staff, the under-availability of staff training was identified by ten service providers (6%) as the most pressing measure in terms of their ability to respond to the needs of women and girls with disabilities experiencing violence. Fourteen per cent (25) of service providers identified increased infrastructure funding as their priority improvement measure, seventeen of these operate in regional areas.

**Figure 20** Priority measures for service capacity improvement



Seventeen respondents prioritised changes in their organisational mandate over increased funding and further training. Greater flexibility in contractual obligations/outputs was identified by thirteen service providers as their priority measure, twelve of whom provide information and make referrals, eleven of whom provide individual advocacy services, nine of whom provide mental health services, and nine of whom undertake outreach work. As services are often funding driven, some services felt that greater flexibility in funding/contractual obligations such as flexibility to work with non-targeted groups (e.g. women with children) was necessary in order to respond to violence against women and girls with disabilities. Greater flexibility in eligibility criteria and in extending hours of operation was also suggested as a means of improving service capacity to all victims of violence, including women and girls with disabilities.

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POLICY DEVELOPMENT AGENCY  
VIEWS ON SERVICE CAPACITY

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Some policy makers suggested that even though there were specific policies and programs aimed at preventing violence against women, there were no specific policies or programs aimed at preventing violence against

women and girls with disabilities. However, in some states like Queensland, the domestic and family violence policy and program development includes consideration of the needs of women and girls with disabilities within mainstream policy and programs. The use of risk assessment and family and domestic violence management programs as well as the use of advocacy on issues of particular relevance to women and girls with disabilities such as forced sterilisation was also used by some policy makers to prevent violence against women and girls with disabilities. Other violence prevention mechanisms identified included court attendance, referral to support agencies, behaviour support services, 'feelsafe' interventions and home visits. One policy maker also identified the overarching need for anti-discrimination and equal opportunity regulations as a necessary mechanism for prevention of violence against women and girls with disabilities.

Issues of accessibility to services and accommodation as well as lack of services in some areas and the need for development of referral pathways to family support services have been brought to the attention of policy makers by representative groups, peak bodies and advocacy agencies. Policy makers were also aware that communication barriers between

victims and services are sometimes exacerbated by issues of privacy and confidentiality, especially in relation to carers or family members perpetrating violence.

Policy development agencies recognised specific issues related to legal and justice processes, such as that police have difficulty in obtaining statements from victims with cognitive impairments. Concerns over the admissibility of victim statements in court and implications of this for prosecution have been brought to the attention of policy makers by representative groups, peak bodies and advocacy agencies and as being priorities for incorporation into policy and legislation development. Further priorities identified by policy makers include the development of operational guidelines detailing duty of care, and the current lack of a workable framework for reporting, confidentiality, consent, guardianship and protection of victims.

When asked about the policy changes that would be required to enable better service responses to issues of violence against women and girls with disabilities, some policy makers identified the need for firmer political commitment. Others highlighted the pressing issue of availability of accessible housing and accommodation as crucial to enabling better service responses for women and girls with disabilities who are affected by violence. The reversal of policies on removal of victims rather than the perpetrator was a suggested priority as was the need for reducing the burden of proof for victims to enable more appropriate and effective service response.

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#### REPRESENTATIVE ORGANISATION VIEWS ON SERVICE CAPACITY

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Representative organisations were asked about the efficacy of service system responses to violence against women and girls with disabilities. The overall perception amongst these respondents was that neither the violence sector nor the disability sector responds adequately to the needs of this group. Service responses within the disability sector appear

particularly poor when violence against women and girls with disabilities has been perpetrated but not disclosed, which reflects that sector's need for further training in recognising and responding to violence.

Eighty-two per cent of representative organisations perceive there to be no clear, well-defined pathways to safety and support for women and girls with disabilities experiencing or at risk of violence. Establishing a more structured and more appropriate referral pathway that addresses housing/accommodation needs was seen by service providers as a means of increasing service capacity for women and girls with disabilities. All but one respondent agreed that gaps in the service system prevent this group from accessing appropriate services, and that duplication of services is not a realistic concern. There was also strong consensus that successful inter-agency violence prevention work aimed at women and girls with disabilities will require additional resources from government and a clearer framework for collaboration between service sectors.

Representative organisations unanimously indicated that they believe that adopting a human rights approach to service delivery and policy development would benefit women and girls with disabilities experiencing or at risk of violence, with one noting that "at present, the gaps in the service system as they relate to this group demonstrate a lack of commitment to the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of All Forms of Discrimination (CEDAW), both of which Australia has ratified but not effectively legislated".

From a representative standpoint, there is some concern around workforce capacity and the ability of staff to identify and respond to the breadth and depth of issues that may be present when dealing with the intersection of gender, disability and violence. Of particular concern to representative organisations is the lack of understanding at the service provider level of

issues around intersectional discrimination, that is, discrimination based on some mix of gender, race, class, ethnicity, sexual orientation, ability, age, language group, and/or religious beliefs.

There is also some concern from representative organisations over the low rates of sexual assault prosecution where victims have cognitive/communication disabilities, who often face a number of evidential barriers, including police stereotypes about 'good witnesses'. Some representative organisations suggested the need for consistent laws across jurisdictions. Others emphasised the need for policy and legislation changes to build access and gender into accreditation and funding arrangements, while some organisations felt the need for a funded and well-coordinated response to violence against women that is not about just homelessness or perpetrators, but which recognises the significant flow on impacts on the health, mental health and justice/child protection systems in a way that it recognises financial costs and disincentives to women escaping violence. Such a response should make it easier for women and girls with disabilities escaping violence to stay in their own homes and the perpetrator of violence to be removed.

## 2.3 SUMMARY IMPLICATIONS

- The survey findings indicate that the mental health sector is a key primary site that women and girls with disabilities utilise and disclose their experiences of violence, both current and past. Mental health services reported overall that they are responding to demand appropriately. It appears that they may be better equipped to respond appropriately and effectively to this group because they are able to recognise violence as a key determining factor in shaping service demand by user groups. Thus, mental health services appear to be one of the few services that can readily support women and girls with disabilities to an effective pathway to safety.
- The issue of resources, including adequate targeting of resources to address the specific issue for the particular client group has a range of implications to responding in a timely, effective and appropriate manner. Nearly all services indicated that they do not have adequate resources to effectively respond. Resources here were contextual, environmental and organisational. For example, many services suggested that responding appropriately to identified violence within informal care arrangements would have implications for their services as it would place the responsibility of disability support onto their services, which in most instances, they were unable to pick up due to organisational resource or funding constraints.
- Managing the demands for residential services of any kind is particularly challenging, resulting in women and girls with disabilities either having to remain where they are (in violent situations); or be forced to move to another potentially violent situation in emergency accommodation. Respondents to case scenarios in the survey identified common experiences for women with disabilities in which police were reluctant to get involved with violence cases against women and girls with disabilities, in both formal and informal arrangements, as the police could not readily identify and access safe accommodation options for women and girls with disabilities who are affected by violence with whom they had contact. This problem is known to be particularly acute for people with an abusive attendant carer (where the primary carer is also the abuser).
- The current division of services as administered under discrete domains of gender, violence, or disability and so on, places women and girls with disabilities who are at risk of or are experiencing violence outside the service system, as they often have needs placed outside the prescribed 'norm' within each of these

systems. A key implication of this is that services are not required to respond to the broader issues that may surround the person outside their single 'contractual' tag and in turn, placing them outside the remit of the service.

- It appears that one of the few responses currently available for services is to 'refer on' to other services. However, this does not mean that those individuals referred will receive a service response as required that is appropriate and timely. There is a concern that services may be 'referring' women and girls with disabilities to inappropriate services or that this service response is repeated to the extent that women with disabilities become caught in a cycle of successive referral, without ever receiving appropriate or timely interventions that ensure their pathway to safety or supports their wellbeing. In many instances, it is known that the frustration with this ineffective service response results in women no longer making contact with the service system and remaining in situations of violence. This highlights the need to resource agencies to develop greater reciprocal linkages or partnerships across the disability, family violence and sexual assault sectors, using local networks and encouraging local preventative and intervention initiatives that support women and girls with disabilities.
- Representative organisations had a strong consensus on the need for inter-agency collaboration and establishing a framework for violence intervention and prevention to move forward to explore potential new avenues in which partnerships can be built for effective response systems.
- One of the primary systemic issues identified is that definitions of domestic violence within existing domestic legislation do not cover the specific domestic situations and relationships that women with disability are often in. The issue here is that if there is no legal recognition of the problem as a cross-sectional issue, then it is unlikely to be given priority within a service environment, where services are largely governed by a range of specific legislative frameworks specifically designed to ensure effective but separate service delivery.

## THEME 3 INCLUSION AND PARTICIPATION

### 3.1 CONTEXT

The issue of inclusion and participation of women and girls with disabilities in directing their own lives is a strong underpinning principle of the STVP and has been canvassed through both the survey and through the stakeholder consultations with women with disabilities. Participation by women and girls with disabilities in the planning and implementation of services is necessary if the services are to be effective in addressing issues of violence against them.

Both gender and disability based assumptions, stereotypes and prejudice generally place women and girls with disability at a disadvantage with respect to substantive enjoyment of basic human rights. In the context of violence prevention and response policies and programs, such stereotypes and assumptions can result in women and girls with disabilities being viewed as 'victims in need of protection' rather than as equal, active partners in the development of solutions. Women with disabilities are often denied or limited in their freedom to act and be recognised as autonomous, fully capable adults, to participate fully in economic, social and political development, and to make decisions concerning their circumstances and conditions. Girls with disability are often denied or limited in expressing their views in line with their evolving capacities, and are perceived as 'fixed' in their capacities to understand or participate in decision-making affecting their lives.

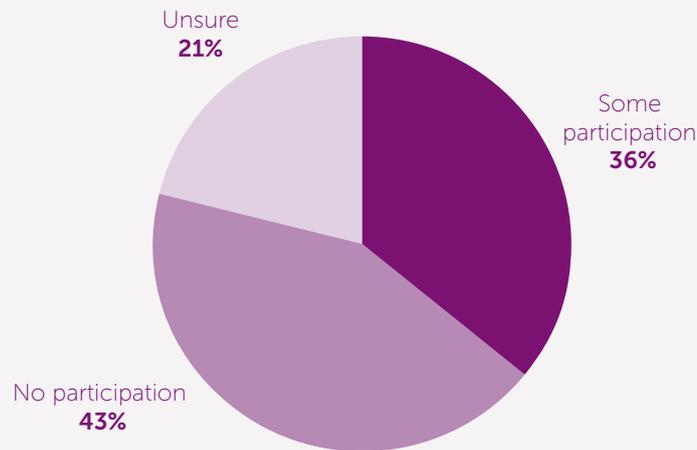
The need for women and girls with disabilities to be meaningfully involved in the design, implementation, monitoring and evaluation of targeted measures to address violence is critical to realising their human rights. Australia's obligations under several international human rights treaties, including the CRPD, CEDAW and the Convention on the Rights of the Child (CRC), also recognise participation of marginalised groups, such as women and girls with disabilities, in the conduct of public affairs and policy development as a human right.

### 3.2 EVIDENCE

#### 3.2.1 INCLUSION IN SERVICE PROVISION

In reflecting on the mechanisms currently in place within the service domain, service providers were asked about how they include women and girls with disabilities in the planning and development of their services. Of the 165 service provider respondents who addressed this question, 57 or just over one third of these (36%) indicated that there was some participation by women and girls with disabilities in service development and planning in their organisations, as Figure 21 illustrates. Of these service providers, 37 per cent or 22 were disability services and 29 per cent or 17 were domestic violence and sexual assault services. Of concern is that in just under half (44%) of the organisations there was no participation and a further third (34%) were unsure whether there was any such participation.

**Figure 21** Participation of WGWD in service development and planning



This is particularly concerning given that women and girls with disabilities are a significant and a recurrent service user group amongst the survey respondents. Ninety-seven per cent or 217 of the respondents provide services for which women and girls with disabilities are eligible, and the overwhelming majority (98%) or 220 of the service provider respondents had provided women and girls with disabilities with a service within the past year.

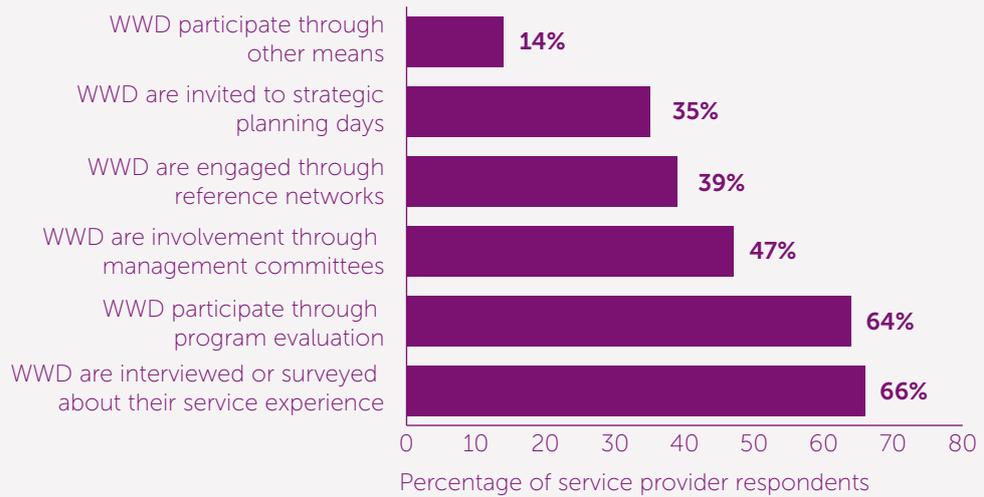
For the 59 organisations that did facilitate participation and inclusion (see Figure 22) two thirds (66%) or 39 organisations interviewed or surveyed women and girls with disabilities about their service experience. Roughly the same proportion (64%) or 38 organisations involved them in program evaluations and almost half (47%) or 28 organisations engaged women and girls with disabilities through management committees or advisory boards.

Half of the 28 organisations that engage women with disabilities in a management or advisory capacity are disability service providers. Only 20 organisations involved women and girls with disabilities in strategic planning and only one of these was a violence service provider. Eleven per cent or 17 service providers had women and girls with disabilities in advisory positions, seven of whom were disability services and only three of whom were domestic violence and sexual assault services. It appears then that some service providers prioritise inclusion and participation of women with disabilities through a range of mechanisms, and this is generally better done by disability service providers. Overall, inclusion and participation in the planning and development of services to meet their needs appears to occur at relatively low levels across the range of services which are accessed by women and girls with disabilities.

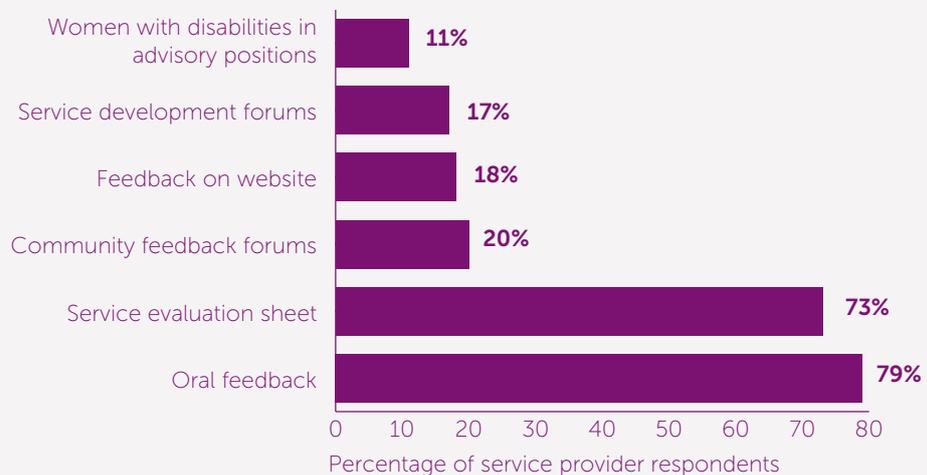
In the specific domain of service evaluation the survey explored the presence and nature of mechanisms in place for women and girls with disabilities to provide feedback on their experiences of the service system. Findings show that the overwhelming majority (93%) of service providers reported having feedback mechanisms in place for women service users with disabilities. The most common mechanisms used were oral feedback (79%) and service evaluation sheets (73%). Findings suggest

that those who use oral feedback and service evaluation sheets tend to offer and apply them on a universal basis, but do not have in place a mechanism specifically designed to capture the experiences or opinions of women and girls with disabilities. This is of particular concern in light of the potential access and support needs of women with disabilities who may require alternative formats or have difficulties communicating verbally.

**Figure 22** Mechanisms used to promote the participation and inclusion of women with disabilities in service development and planning

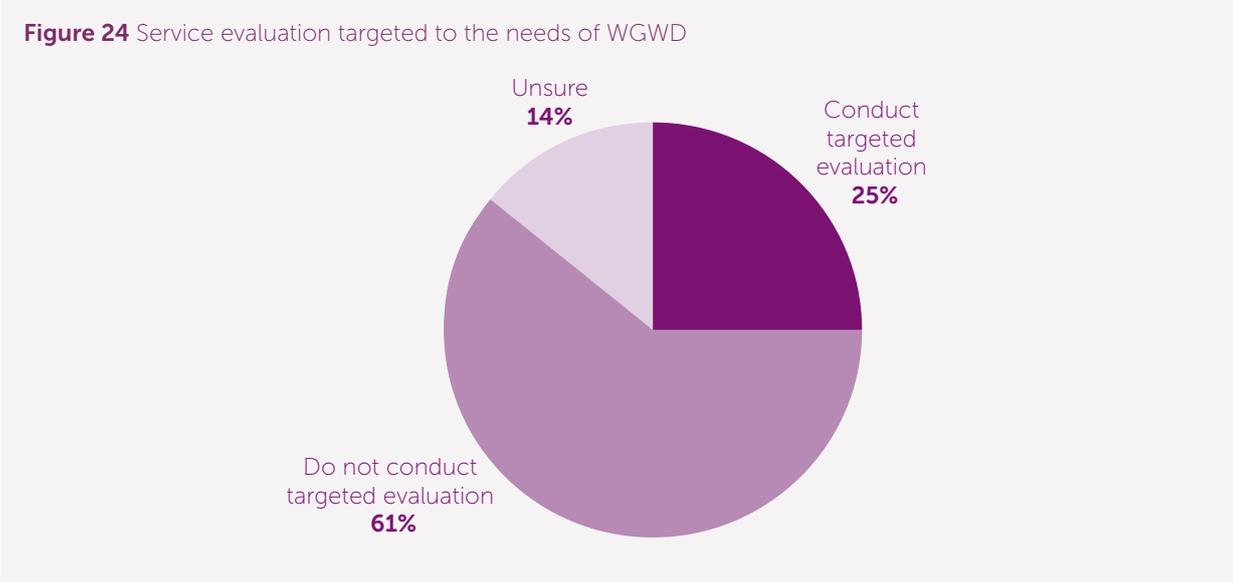


**Figure 23** Mechanisms used to obtain service user feedback from WGWD



Service providers were also asked whether and how they evaluate the performance of their services with respect to the specific needs of women and girls with disabilities. Of the 161 organisations (58%) who responded to this question, a quarter reported that they do conduct targeted evaluation. As Figure 23 suggests, however, the majority of these organisations pursue a 'one-size-fits-all' feedback strategy, given that a more targeted and resource intensive evaluation process is not a legislative requirement of their service. This is reflected in the fact that the majority (61%) or 98 organisations do not tailor their service evaluation in any way to the needs of women and girls with disabilities, and 14 per cent or 23 organisations are unsure if any such evaluation occurs at all, as shown in Figure 24.

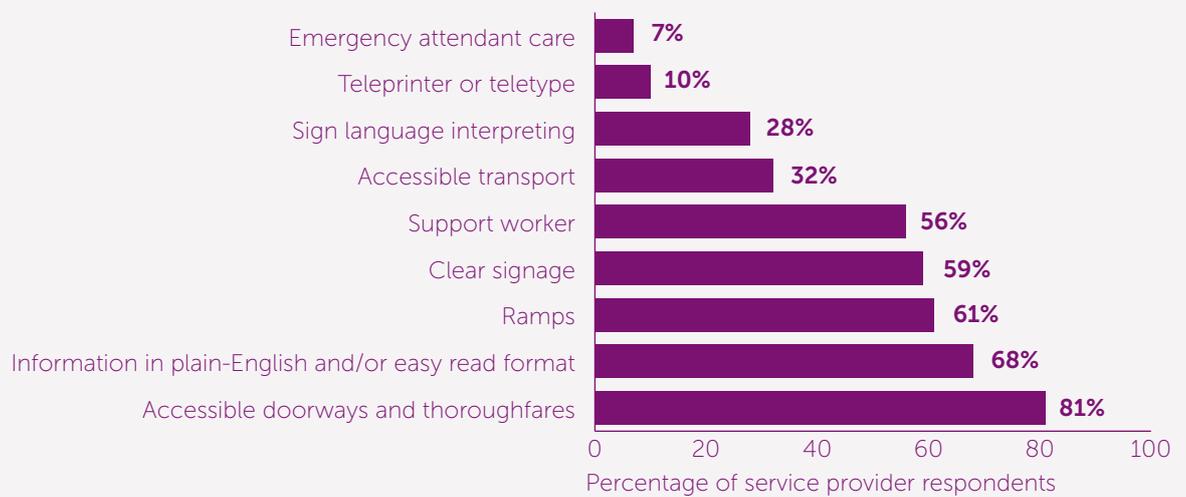
The survey also sought information from service providers on the physical environments in which services and programs operate and whether these are appropriate and accessible to women and girls with disabilities. As Figure 25 shows, of the 165 service providers that provided this information, the overwhelming majority (81%) reported that the building in which they operate has accessible doorways and thoroughfares. Sixty eight per cent of organisations provide information in plain-English and/or easy read format, 61 per cent provide ramps, 59 per cent provide clear signage and 56 per cent support workers on hand. A minority of organisations provide accessible transport (32%), sign language interpreting (28%), teleprinter or teletype facilities (10%) and emergency attendant care (7%).



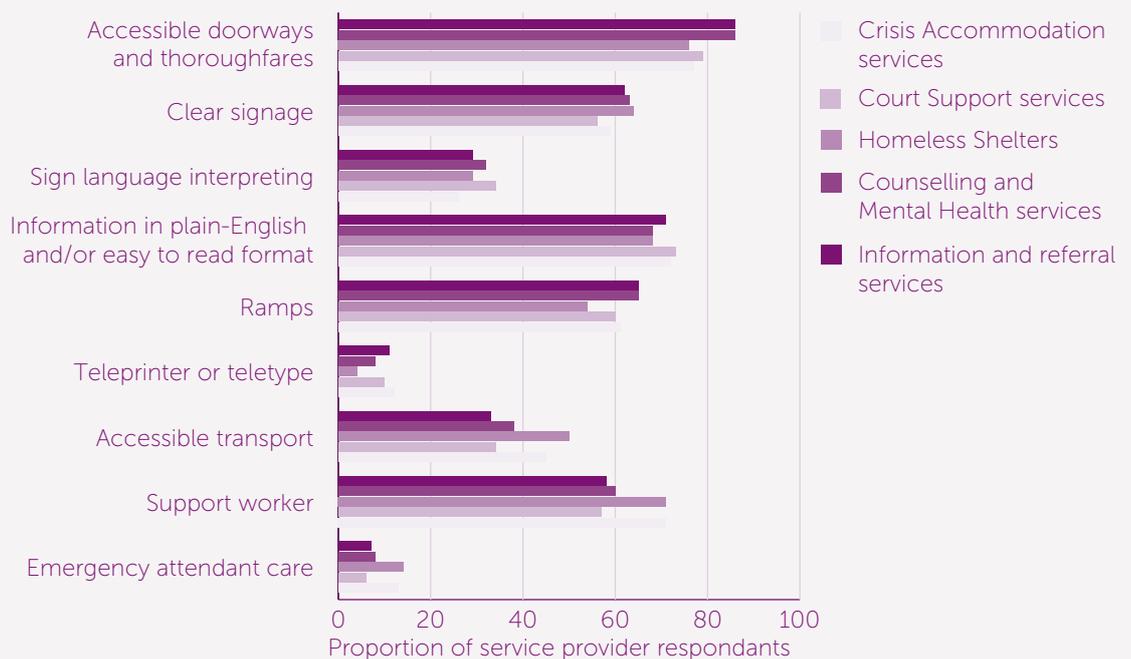
As Figure 26 indicates, more resource intensive supports such as emergency attendant care and accessible transport are lacking, and this is particularly so for housing services such as crisis accommodation and homeless shelters. Other necessary victim support services such as court support, counselling and mental health

services, and information and referral services are also lacking for this group. Further, less than 12 per cent of these services offer teleprinter or teletype facilities, as a basic accessibility measure for women with hearing impairment or who are deaf.

**Figure 25** Facilities and services provided to ensure accessibility



**Figure 26** Facilities and services offered by violence and disability services



The findings generally support the proposition that including women and girls with disabilities in planning services assists in increasing service capacity for those affected by violence. Service providers felt that interaction and inclusion of women and girls with disabilities in planning campaigns and programs were essential for the successful implementation of such campaigns and programs aimed at preventing violence against women and girls with disabilities. Ensuring that their voices were heard and respecting and considering differences was also identified as essential by some service providers. Additionally, a number of service providers felt that women and girls with disabilities should be involved in training sessions for staff and in program delivery in order to contribute to the success of campaigns and programs aimed at preventing violence by service providers.

### 3.2.2 INCLUSION IN REPRESENTATIVE ORGANISATIONS

Representative organisations identified whether and how they facilitate the participation of women and girls with disabilities in the development and planning of their activities.

The majority (73%) or 19 organisations report some level of participation. Of these, fifteen organisations include women with disabilities in strategic planning, and twelve engage them through reference networks and/or have women with disabilities in advisory or management roles. Of the eleven representative organisations that involve women with disabilities in an advisory or management capacity, six belong to the disability sector, three to the domestic violence and sexual assault sectors and one to the legal and health sectors respectively. Of the fourteen representative organisations that involve women with disabilities in strategic planning, eight belong to the disability sector, three to the domestic violence and sexual assault sectors, two to the health sector, one to the legal sector and one to the welfare sector.

As Figure 27 suggests, fewer (9) organisations harness the skills and experiences of women and girls with disabilities by involving them in leadership/mentor programs (41%) and only 8 (38%) organisations directly consult or survey women with disabilities about their organisation's activities.



A number of representative organisations who responded were involved in raising awareness on domestic violence and abuse of women and girls with disabilities to service providers through consultancies or through conducting research and training projects directed at preventing violence, or by conducting workshops for women and girls with disabilities to explore and express their own experiences of violence. Other representative organisations represented the interests of women and girls with disabilities by advocating for a gendered analysis in legislation, policy and practice reform at all levels of government using a CRPD framework.

### 3.2.3 INCLUSION IN POLICY MAKING

Involvement of women and girls with disabilities in the planning and development of policies and programs were seen by most policy makers as necessary to enable better service responses to issues of violence against women and girls with disabilities. An example of this type of inclusion could be seen in efforts to create greater community awareness on issues of violence against women and girls with disabilities through community/public forums. All respondent groups reported that women with disabilities had a significant role to play in contributing to the development these approaches and in general that more resources were needed to realise this goal both in terms of supporting women's involvement and in funding awareness and prevention programs and campaigns themselves. These various engagements in policy making were also highlighted as an important need by the participants of the stakeholder engagement forums conducted by the STVP. Lack of inclusion of women and girls with disabilities in policy development, service design and delivery as well as the lack of opportunity to hold governments' accountable were some of the reasons suggested as causing fragmentation and/or duplication of services for women and girls experiencing or at risk of violence.

## 3.3 SUMMARY IMPLICATIONS

- It is clear from the survey findings that all respondent groups struggle with fully realising the goal of participation and inclusion of women with disabilities in their practice. How to operationalise the notion of participatory and inclusive decision-making in service and policy contexts remains unclear for most respondents. This is further compounded once issues located at the intersection of gender, disability and violence are viewed in terms of the violation of human rights. Organisations do not necessarily understand violence against women with disabilities as a human rights issue and have difficulty incorporating this understanding into their organisational frameworks and practices. As suggested by the survey findings, for example, many services do not view inclusive and participatory decision-making with women and girls with disabilities as a critical component of their service mandate.
- The lack of participation within the service system around key aspects of design, evaluation and implementation, and the lack of understanding about inclusive participatory decision making roles in ensuring gendered-disability inclusive service design, may explain the significantly low rates of gendered-disability violence recognition and response.
- Participation for women and girls with disabilities is not just about participation in planning at the service level, but it also includes the need for an affirmative approach to participation in policy making and decision making across all levels. Such an approach would require special measures and initiatives to be instituted at the policy level, as provided for under CEDAW and the *Sexual Discrimination Act 1984* (Cth). Currently participation at the policy level is inclusive of mainly representative organisations rather than broad range inclusion of women and girls

with disabilities within decision-making processes of relevance.

- There appears to be a lack of understanding by some service providers of the need for a gendered disability framework. Some service providers appear to see people with disability as a homogenous group and feel that applying a gender-based 'lens' to issues of disability and violence may be a discriminatory practice. It appears that the scene is not set within the policy environment for services to incorporate these issues into their operational frameworks.
- Inclusion and participation of women and girls with disabilities in policy and program development as well as development of legislation is an important obligation under international human rights commitments made by the Australian Government under CEDAW, CRC and CRPD. It appears limited attention is paid to issues located at the intersection of gender and disability in enacting these treaties in the realms of policy and service planning and delivery. Particularly relevant here is the design, implementation and governance of NDIS.

## THEME 4 SECTOR DEVELOPMENT

### 4.1 CONTEXT

The need for the overall development of service sectors dealing with the intersection of gender, disability and violence was one of the key common needs identified by all respondent groups across the survey. Issues emerged around workforce capacity and the ability of staff to identify and respond to the breadth and depth of issues that may be present when addressing these intersectional issues. The survey explored the types and extent of training undertaken by the range of service providers, particularly in violence awareness, violence prevention and disability awareness.

### 4.2 EVIDENCE

#### 4.2.1 LEVELS OF STAFF TRAINING

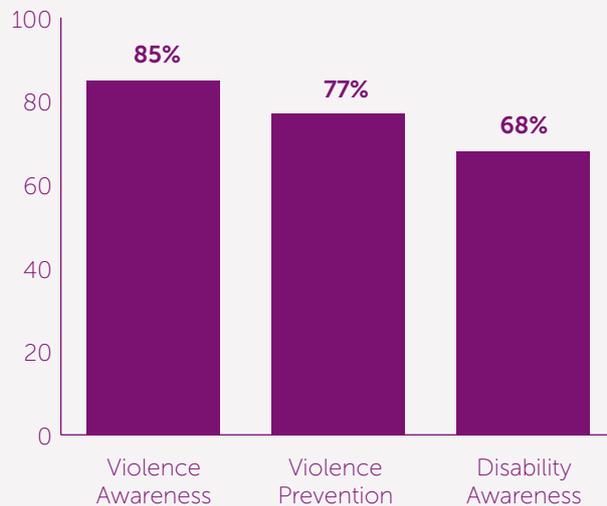
Around half of the service provider respondents to the survey (142) provided information on staff training, while half did not provide this information. Of the 121 who did, 85 per cent had undertaken some level of *violence awareness* training within the past five years, as Figure 28 indicates. Forty-five per cent (55) of domestic violence and sexual assault services had undertaken this type of training, as had thirty-seven per cent (26) of disability services. Routine *violence prevention* training was less widespread amongst service providers; 28 (20%) organisations reported no training in this area, 10 of whom provide disability services, and twelve of whom are small organisations with less than 20 staff. Sixty-eight per cent (96) of all service providers had undertaken some level of *disability awareness training*. Of the 41 organisations who reported that they had not

undertaken any training in disability awareness, over half were small organisations, more than half provided counselling and mental health services, and almost half belong to the violence sector. Less than a third (89) of all service providers had undertaken both disability and violence awareness training.

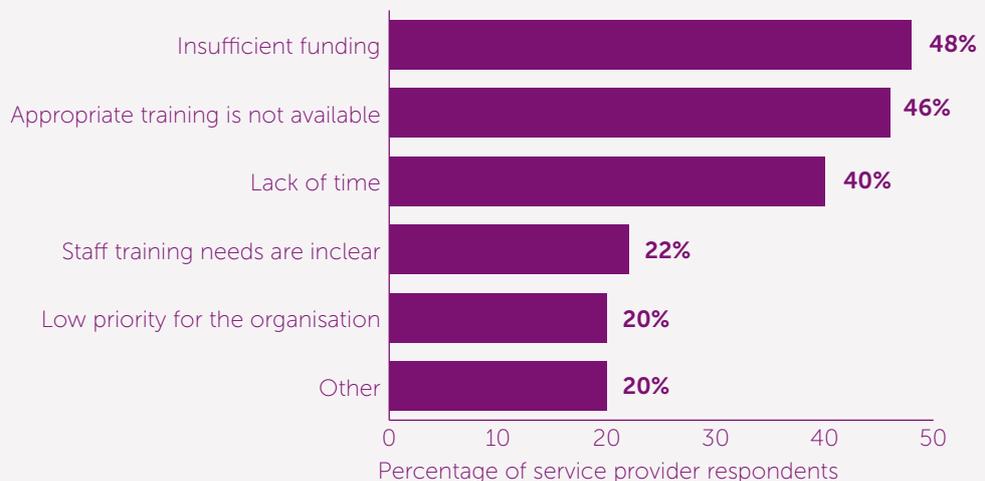
#### 4.2.2 BARRIERS TO TRAINING

As shown in Figure 29, insufficient funding was cited as the main reason for any lack of staff training in these areas, followed by the unavailability of training opportunities/expertise and lack of time. Findings suggest that service providers are aware of their staff training needs and do prioritise, or would like to prioritise, capacity building and skills sharing.

**Figure 28** Violence and disability awareness training completed in the past five years



**Figure 29** Reasons for any lack of staff training



### 4.2.3 TRAINING NEEDS

Service providers surveyed recognised the need for increased training on all aspects of domestic and family violence for workers in disability services. Routine in-service training and continuing education for all existing staff to update their skills to meet current service needs was identified as important. Lack of experience and limited availability of formal supervision arrangements to ensure competency and skills base of the staff were a concern for service providers.

Specialist skills in handling trauma, violence, mental health and disability were required for staff working in all services dealing with women and girls with disabilities as were age-specific specialist skills. In order to provide appropriate responses for all clients accessing services, training of staff on responding to disclosure of violence and training for management staff on supervising such matters was identified.

Some service providers indicated that government initiatives, policies and funding arrangements under which they work pose challenges in terms of cross-sector training for staff and also contribute towards inadequate staffing levels. Others cited lack of funding as posing the problem of insufficient resources for staff training and networking with other service providers.

Lack of professional knowledge and skills among professionals in the different fields to work with people with disabilities have been brought to the attention of policy makers by representative groups, peak bodies and advocacy agencies. There is a perception that some professionals lack knowledge of policies and practices to be followed when a woman discloses violence, and some are not skilled to deal with trauma.

Sector capacity building was an issue addressed in the advocacy work undertaken by organisations representing the interests of women and girls with disabilities, including the need for enhanced capacity in local

organisations and in training service providers. When asked about the challenges they faced in terms of government legislation and policy in relation to gender, disability, violence, some representative organisations suggested that they were unable to effectively contribute to broader policy and sectoral change processes due to the demands of their other areas of service delivery.

In relation to the efficacy and capacity of current service sectors to effectively address the service needs of women and girls with disabilities experiencing or at risk of violence, representative organisations cited lack of skills and knowledge of the rights of women and girls with disabilities as a root cause of fragmentation and/or duplication of services. Some representative organisations also felt that lack of skills in health and mental health services around trauma led to fragmentation and/or duplication of services for women and girls with disabilities experiencing or at risk of violence. Representative organisations also identified issues such as lack of knowledge in workers in group homes, lack of knowledge by GPs in dealing with mental health issues such as trauma and the limited capacity of all sectors to respond with quality care as key reasons preventing women and girls with disabilities who have experienced violence from accessing appropriate and responsive support services.

## 4.3 SUMMARY IMPLICATIONS

- Services have little capacity and staff capabilities to respond to violence against women and girls with disabilities, including those in the violence sector and the disability sector. Almost all service provider respondents identify that extensive sector development is needed to:
  - a) cater for this population group effectively more generally; and
  - b) recognise, respond and address violence when and where it occurs in a timely, effective and appropriate manner.

- A very obvious concern emerging from the survey is that very few services felt that they had the 'know-how' in terms of:
  - a) a readily identifiable skill set overall;
  - b) available organisational policy and procedures;
  - c) accessibility from a disability perspective; and
  - d) a broader awareness in the organisational culture of the issue to promote effective recognition of violence against women and girls with disabilities.

The overall capacity of the combined service response sector needs to be developed in order to promote a cultural shift to appropriately address the needs of women and girls with disabilities in both the short and long term. This required as a part of a global response to the issue rather than just staff training.

- It was noted that most staff do not receive training in the areas of violence against women or disability, let alone training to promote awareness of the specific issue of violence against women and girls with disabilities. Further, women with disabilities themselves have not been provided with the relevant information to identify violence, or risks of violence, occurring within their lives. In many cases redress is not actively pursued and women and girls with disabilities continue living at risk of harm. Services that are funded to support this group in some capacity are often unable to recognise covert forms of violence, and therefore rely upon women with disabilities, including women with complex communication needs, to disclose such violence. This extends to recognising the signs of violence and abuse in people who do not have spoken language due to intellectual disability. In many of these cases, parents and caregivers 'know

something is wrong' but issues are not investigated. This indicates a need for professionals working in all relevant sectors to undertake targeted training in recognising and responding to violence that occurs specifically within the lives of women with disabilities. Such training programs should operate in addition to those that seek to address violence against women and the supports needed for people with disability as two separate areas of need.

- It is clear that front line staff require extensive knowledge, expertise and competence to ensure that services adequately responded to the issue. One of the key issues facing services in the area is that many supervisory and management staff are also not aware of the issue. The lack of knowledge, expertise and skills among supervisory level staff means that the service provision staff do not necessarily get the best level of advice or training in the area. It may also mean that staff are not necessarily encouraged to actively respond to instances of violence for this population group when they present to their service.
- In order to develop a responsive and effective services sector, there is a need for higher levels of inclusive participation by women and girls with disabilities. Structures and supports for this need to be properly resourced and women with disabilities themselves need to be connected through networks to be able to participate and contribute to overall sectoral development.

## THEME 5 CROSS-SECTOR COLLABORATION

### 5.1 CONTEXT

A key issue identified within the international literature relates to the design, development and implementation of effective service provision to prevent and address violence against women and girls with disabilities. In particular, literature highlights that violence against women and girls with disabilities is typically difficult to address as it does not fall neatly into either of the two key policy and service arenas dealing with violence against women, that is; domestic and family violence services and sexual assault services nor the disability services sector.

All three groups of respondents to the national survey have identified cross-sector collaboration a key issues requiring resolution to ensure effective service response to violence against women with disabilities. Service providers, representative organisations and policy makers all provided information about the nature of cross-agency collaboration within their own sector and also, cross-sector collaboration

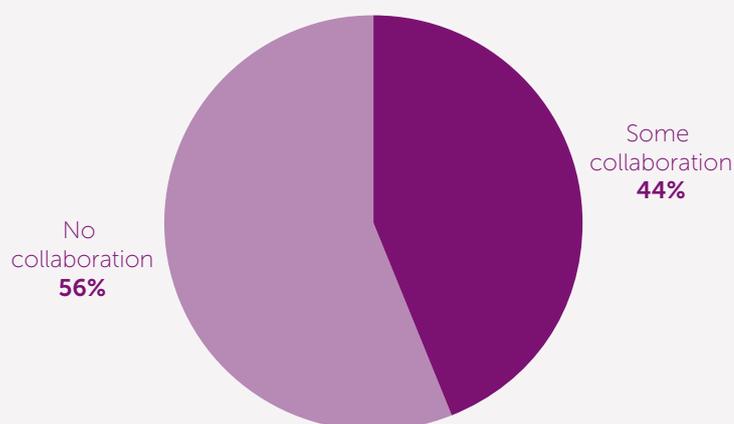
with organisations working in sectors outside their own. The picture emerging indicates that whilst the need for cross-sector collaboration is clear, currently there is no policy framework within which this can occur. Further, where there are mechanisms in place for cross-sector collaboration to potentially occur, these are largely informal and ad hoc in manner, driven largely and initiated by local staff in response to local need.

### 5.2 EVIDENCE

#### 5.2.1 SERVICE PROVIDER COLLABORATION

One hundred and forty-one service provider organisations supplied information about the nature of their cross-agency and cross-sector collaboration. The majority of these organisations (79) reported that they do not undertake any activities of this kind. Forty four per cent reported some level of cross-agency collaboration on issues to do with violence against women and girls with disabilities. Only 17 per cent of disability service providers reported collaboration with other disability services. Collaboration appears much more common between domestic violence and sexual assault services, as Figure 30 indicates.

**Figure 30** Cross-agency collaboration on violence against women with disabilities



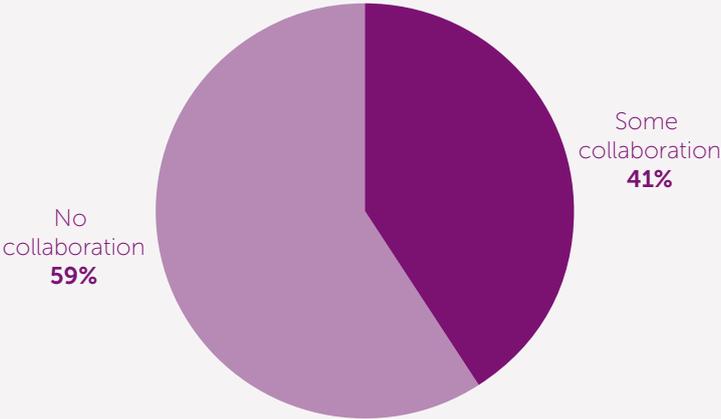
Collaboration between different sectors on issues to do with violence against women and girls with disabilities is less prevalent, with 59 per cent reporting no such collaboration. As Figure 31 indicates, only 10 disability services reported any cross-sector collaboration, however, eighty-eight per cent (29) stated they would like to collaborate more with violence services. Similarly, violence services expressed interest in working more collaboratively with disability and mental health services to better address the specific needs of women and girls with disabilities experiencing or at risk of violence. Lack of coordination and collaboration between the disability sector and the violence sector has maintained separation and reinforced the fragmentation of services, particularly for women and girl victims with disabilities who experience additional types of discrimination or disadvantage due to poverty, race, ethnicity,

religion, language, or other dimensions of social disadvantage or life experience. This is similarly the case for children's and family services.

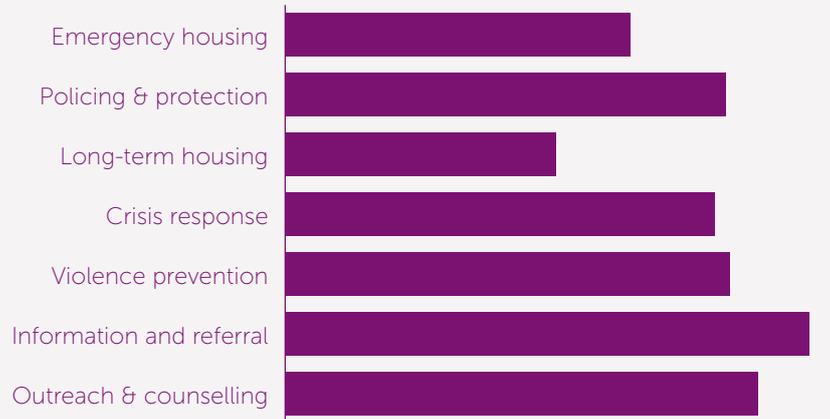
No service providers funded by church or charity groups or private contributions engage in any cross-sector collaboration, suggesting that this sector in particular would benefit from a clearer framework for collaboration and cooperation that was regulated through inter-sector agreements.

As Figures 32 and 33 suggest, where collaboration does occur, it is mainly around the provision of information, referral and counselling services. Significantly less collaboration occurs around direct intervention and prevention services such as crisis response, long-term housing, policing and protection and emergency housing, although in Victoria some considerable gains have been made in this area.

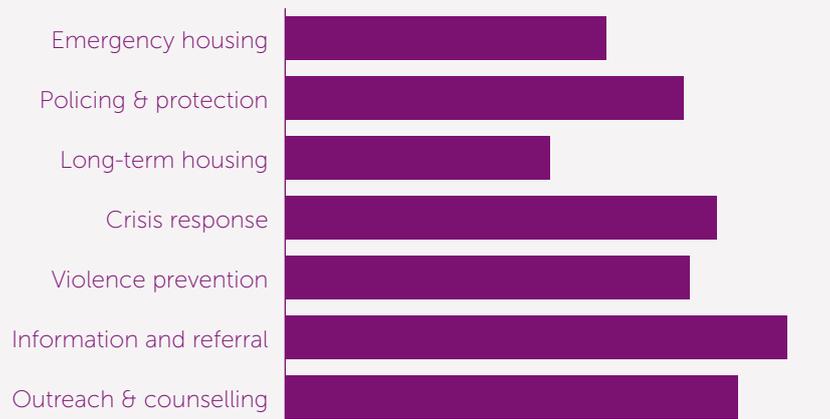
**Figure 31** Inter-sector collaboration on violence against women with disabilities



**Figure 32** Level of inter-agency collaboration on violence against women and girls with disabilities



**Figure 33** Level of inter-sector collaboration on violence against women and girls with disabilities



Half of all service provider respondents stated they would like to work collaboratively with other providers to better address and respond to the needs of women and girls with disabilities who are experiencing or at risk of violence. Towards this end, 67 per cent of disability services stated they would like to collaborate more with other disability services, and 89 per cent stated they would like to collaborate more with domestic violence and sexual assault services. Similarly, 55 per cent of domestic violence and sexual assault services stated they would like to collaborate more with other services within their sector, and 87 per cent stated they would like to collaborate more with disability services.

One of the primary suggestions for improvement in this area pertained to the need for greater collaboration between the disability sector and the violence against women sector at the level of policy and front-line service delivery. Services and representative groups suggested that the current lack of coordination poses significant threats to providing effective, responsive and timely services to women and girls with disabilities experiencing or at risk of experience violence. Some representative organisations suggested that where fragmentation of services exists, this is caused by the lack of clear practice guidelines and coordination between the disability and violence sectors.

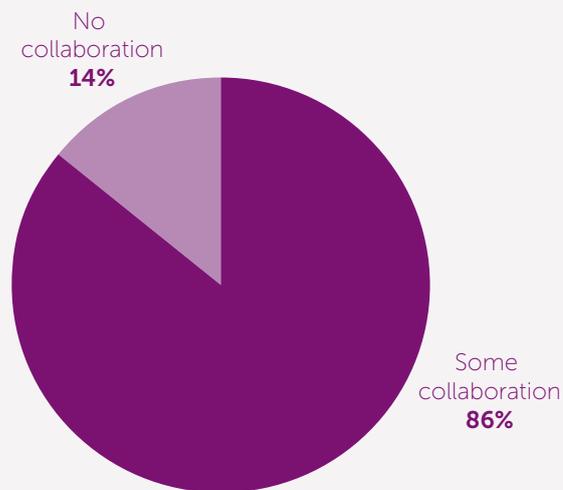
Many respondents recognised that women and girls with disabilities are particularly susceptible to violence due to their relationships with family members and carers. They therefore identified a strong need for services that women with disabilities in violent intimate partner or carer relationships can access from/in-home, for example, Victoria's safe-at-home program. Additionally, service providers and representative organisations also stated that greater collaboration is required between disability, violence and legal services to ensure that victims have the appropriate supports to pursue legal proceedings against perpetrators should they choose to.

## 5.2.2 POLICY AGENCY COLLABORATION

Fourteen policy development agencies also provided information about their level of collaboration on responding to violence against women and girls with disabilities. Eighty-six per cent of agencies reported collaborating with other policy agencies within their portfolio area, as Figure 34 indicates.

Collaboration between policy development agencies and representative groups, peak bodies and advocacy agencies occurs to a lesser extent (79%) outside of any formal partnership agreement or legislative framework (see Figure 35).

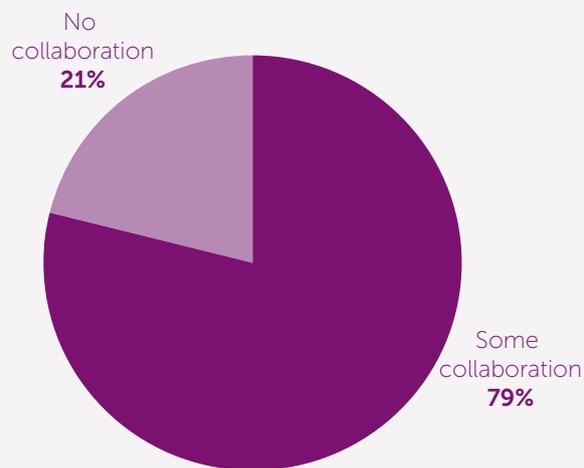
**Figure 34** Cross-agency collaboration on violence against women and girls with disabilities



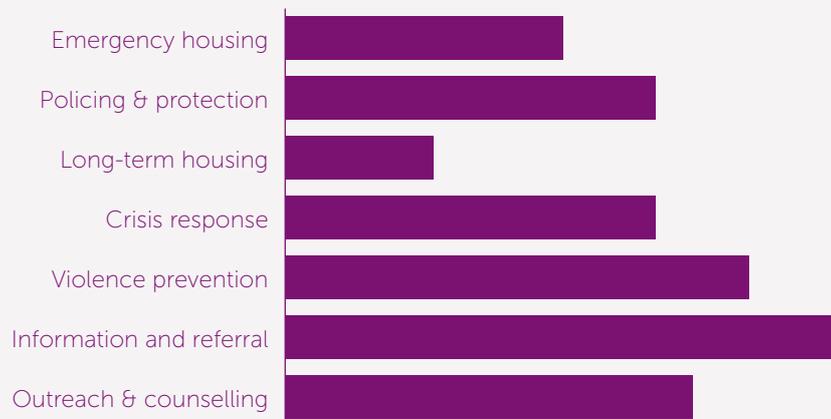
Where cross-agency and cross-sector collaboration does occur, it is usually around the provision of information, referral, outreach and counselling services, as Figures 36 and 37 indicate. A large part of what policy agencies reported as collaboration involved the

development and use of referral pathways. More direct or interventionary response services such as emergency housing, long-term housing, crisis response, and policing and protection do not appear to be a large focus of inter-agency or cross-sector collaboration.

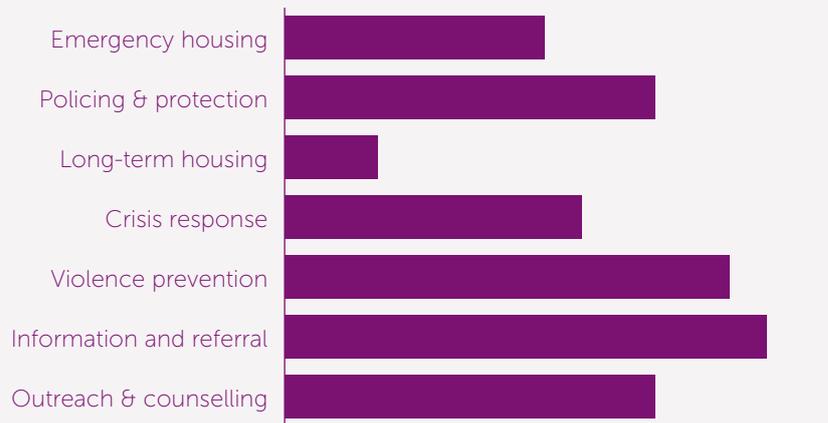
**Figure 35** Cross-sector collaboration with representative groups, peak bodies and advocacy agencies on violence against women and girls with disabilities



**Figure 36** Level of cross-agency collaboration on issues of violence against women with disabilities



**Figure 37** Level of cross-sector collaboration with representative groups, peak bodies and advocacy agencies on issues of violence against women with disabilities



A small number of policy agencies provided successful examples of cross-sector collaboration aimed at improving operational policies at service provider level. The Disability Services Commission in Western Australia, for example, in partnership with disability services, peak bodies and family members, developed a voluntary Code of Practice for the Elimination of Restrictive Practices, which offers a set of practice guidelines consistent with that state's Disability Service Standards.

There is widespread recognition of the need for a whole-of-government approach to preventing and ending violence against women and girls. Similarly, while most departments do not develop policy specifically on or for WGWD, there is awareness across most departments of the high proportion of WGWD in their target cohort and the disability-related issues within their remit. It is assumed that disability issues are addressed through a range of human service and welfare programs to which everyone, including women and girls with disabilities, are entitled. The specific issue of violence against women and girls with disabilities, however, is not reflected in current cross-departmental policy activities. As this research shows, few departments or agencies are responsible for policy that brings disability issues together with the issue of violence against women,

recognising that gender and disability interact in ways that affect both the rate and the nature of violence perpetrated.

Both service providers and representative organisations identified that one of the key barriers to developing a sustainable collaborative framework across the various related policy portfolios of relevance to the issue is the siloing of resources, expertise and responsibility. Many of the respondents suggested that this was perpetuated by the lack of inter-departmental and cross-sectoral collaboration, as governments lacked an understanding of gender and how gender impacts upon the different relationships that women and girls with disabilities are involved in. For example, service and representative organisations stated that on numerous occasions departmental officials were made aware of the issue, however, the issue was referred on to another department as it was not considered to be within the mandate of the original department approached.

Policy makers largely agreed with these findings, stating that there was a need for improved and better collaboration between the relevant government agencies and stakeholders to enable better responses. Although some disability departments may have in place appropriate policies to guide staff, some

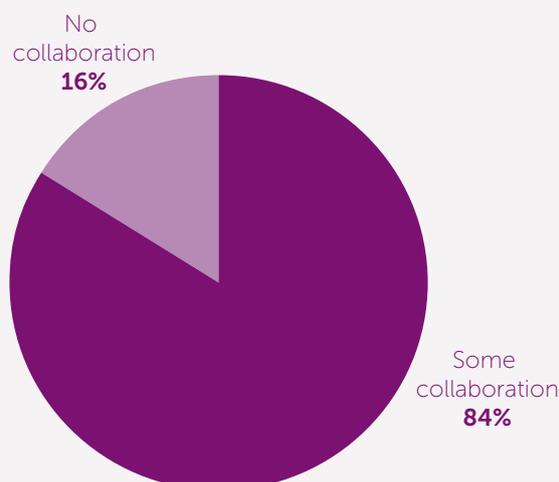
policy makers felt that there was a need for increased sensitisation of service providers on issues relating to violence against women and girls with disabilities to enable a better service response as part of an inter-sector collaboration initiative.

### 5.2.3 REPRESENTATIVE ORGANISATION COLLABORATION

Of the twenty five representative organisations that provided information on the nature of their collaboration, eighty-four per cent reported some level of collaboration with organisations from other sectors, as Figure 38 indicates. Cross-sector collaboration occurs mainly with information and referral, legal, and domestic violence and sexual assault services. It appears that the role of these services is to secure representation for women and girls with disabilities experiencing or at risk of violence through advocacy agencies, rather than to refer them directly to front-line services. Indeed, representative organisations reported less collaboration with front-line services such as housing/homelessness, health, mental health and disability services.

Service providers and representative organisations all suggested that one of the key strategies to strengthen cross-sector collaboration should include opportunities for cross sector information sharing and networking and in particular, via the policy process. Service providers and representative organisations agreed that many of the siloing effects of government policy could be overcome if government agencies readily involved services in the policy making environment. Some service providers stated that input into the process of policy making through direct advocacy and lobbying or via consultations and liaison with government departments or via peak bodies would overcome some of the existing barriers to collaboration. Some representative organisations suggested that input through cabinet processes or through committee memberships and participation in relevant task forces and steering committees was a useful collaborative process. Others suggested that advocating through area specific reporting networks such as Communities of Practice where also necessary to building long term collaborative networks.

**Figure 38** Inter-sector collaboration on violence against women and girls with disabilities



## 5.3 SUMMARY IMPLICATIONS

- Survey responses across all stakeholder groups strongly suggest the critical need to develop an effective framework to build, implement and support cross-sectoral collaboration to appropriately address the needs of women and girls with disabilities who are experiencing or are at risk of violence. This will require professionals working in all relevant sectors to build their awareness of and relationships with services operating in other sectors. As noted in Theme 2: Responding to Violence, women and girls with disabilities experiencing both overt and covert forms of violence are being referred on to other services for support. However, this has not guaranteed a *pathway to safety* for this group. All respondent groups felt that the absence of a formal framework for collaboration was one key reason that women and girls with disabilities are referred multiple times to various alternative services without necessarily ever receiving the required service.

- This process of constant and revolving referral without an ultimate destination service is largely due to services maintaining a narrow definition of either:
  - a) category of service user group within their organisational mandate which stems from the broader policy framework in which they work; or
  - b) the type of service that they are providing, that is, a disability service, a violence information service, etc.

Thus, to ensure sustainable development of appropriate responses to violence and greater awareness and prevention strategies it is essential to bring together the diverse services and policy groups critical to ensuring the women and girls with disability a *pathway to safety*.

- The survey responses across all stakeholder groups suggest that cross-sectoral collaboration is essential to bring together the diverse needs of the individual women to ensure that she is on a pathway to safety. Women and girls with disabilities experiencing or at risk of violence require a range of services such as trauma care and counselling, safe housing, access to justice, etc. This implies that all these services need to collaborate with each other in order to ensure the client's safety and needs.

## THEME 6 DATA CAPTURE AND USE

### 6.1 CONTEXT

The survey investigates the types of data collected and used to inform policy development in the areas of gender, disability and violence service delivery and prevention. The lack of available data to capture the extent of the problem has been one of the important areas identified in the literature if the problem of violence against women and girls with disabilities is to be tackled in an effective way. Lack of access to data already captured continues to impeded planning, design and implementation of services that address the specific needs of women and girls with disabilities who are experiencing or at risk of violence.

### 6.2 EVIDENCE

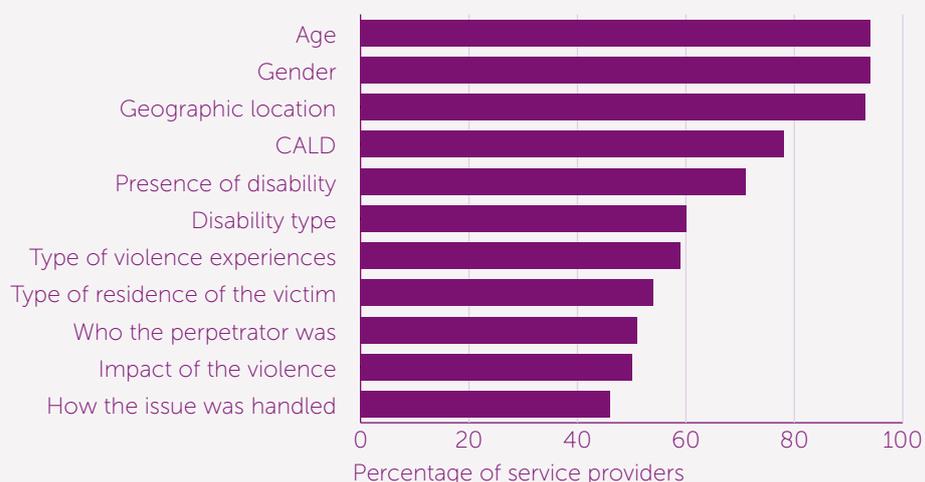
#### 6.2.1 SERVICE LEVEL DATA CAPTURE

In relation to the generation and utilisation of data, 143 service provider organisations

provided information regarding their practices in capturing and using data within and beyond their service contexts. Both disability and violence services appear to routinely record data about their service users although the extent and content of the information they collect has considerable variability, as shown in Figure 39.

Of the 56 violence service providers who provided information on their data collection procedures, over 95 per cent recorded data on the age, gender and geographic location of service users. However, less than two thirds of violence services record the presence of disability or disability type. Disability services appear to collect similar basic demographic data on their service users, however, less than half (16) of disability providers in the survey sample indicated that they collected data on their female clients experiencing or at risk of violence. When an incident of violence is disclosed by a woman or girl with disabilities, only 51 per cent record the type of violence experienced and only 40 per cent record its impact. In this instance less than a third (11) of the disability services surveyed record the relationship of the victim to the perpetrator, despite the widespread concern around intimate partner violence.

**Figure 39** Data collected by service providers



Some service providers recognised the need to capture information on incidence of violence and reporting of such incidence in a coordinated way as necessary to increase the capacity of service provision for women and girls with disabilities. In incidents where violence is reported, some service providers identified that they kept case notes and written reports, including conversations with guardians and carers. Others such as those in the legal area, keep case notes on conversations which are lodged in the service as a way of documenting evidence. Others indicated that they monitored and collected service level indicators which they reported to the appropriate government authority. Of concern is that there is no specific data from government child protection agencies on the prevalence of children, let alone girls, with disabilities who come to their attention.

### 6.2.2 SERVICE LEVEL DATA USE

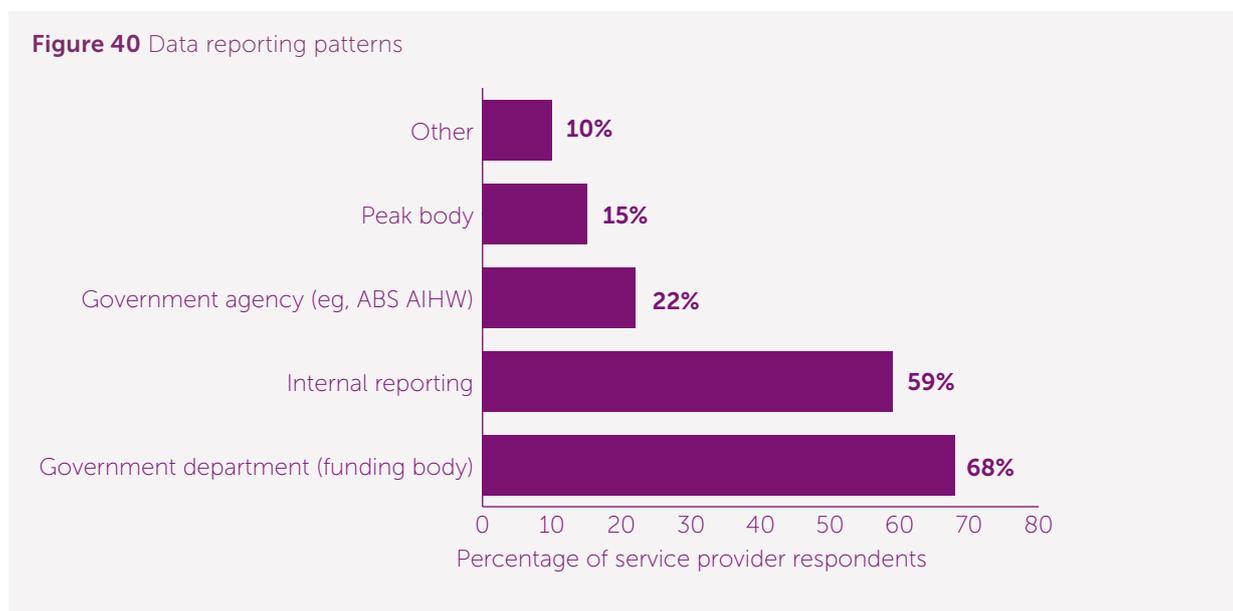
As Figure 40 indicates, the majority (68%) of service providers report service user data to the government department/s from which they receive funding. Fifty-nine per cent of service providers collect data on violence against women and girls internally, yet less than a

quarter report this data externally to agencies such as the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS) as part of their contracted reporting requirements.

#### QUESTION TO WHOM DO YOU REPORT DATA ON WOMEN AND GIRLS WITH DISABILITIES EXPERIENCING OR AT RISK OF VIOLENCE

Some service providers suggested that they recorded case level information which was shared on referral while others identified mandatory reporting requirements.

Availability of data in the form of client feedback was inconsistent and where available was utilised in varying ways across service provider respondents. While some service providers identified that they did not have mechanisms for collecting feedback, others identified that even though the information is collated, it is rarely used. Others utilise this data to feed into service review and planning process and for the development of policies and procedures to enhance service delivery options. Others identified the use of service feedback data for law and policy reform submissions as well as



for systems advocacy and to support specific interventions to reduce violence against women and girls with disabilities.

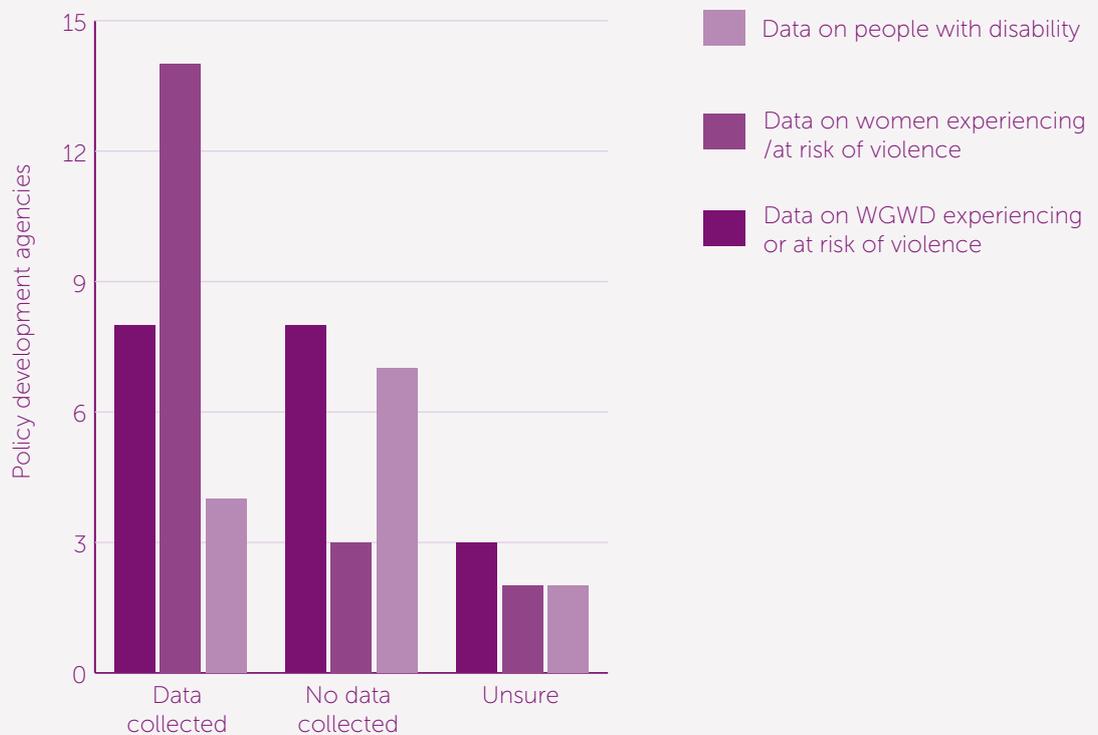
No service providers reported that they had specific performance evaluations targeted for women and girls with disabilities. Although client satisfaction surveys were carried out, they are not specifically aimed at people with disabilities. Some service providers suggested that they are unable to evaluate their services due to lack of funding and insufficient resources. Others suggested that they evaluated feedback forms from randomly selected clients for planning purposes.

Overall lack of information sharing and siloing of information by each sector or service provider was recognised as a problem in service provision for women and girls with disabilities. On a positive note data collection and standard government reporting procedures have also provided some service providers opportunities to input into the policy making process.

### 6.2.3 POLICY LEVEL DATA CAPTURE

Findings suggest that at the policy level, data on women experiencing or at risk of violence is collected at almost twice the rate (74%) of data on people with disabilities (42%), as shown in Figure 41.

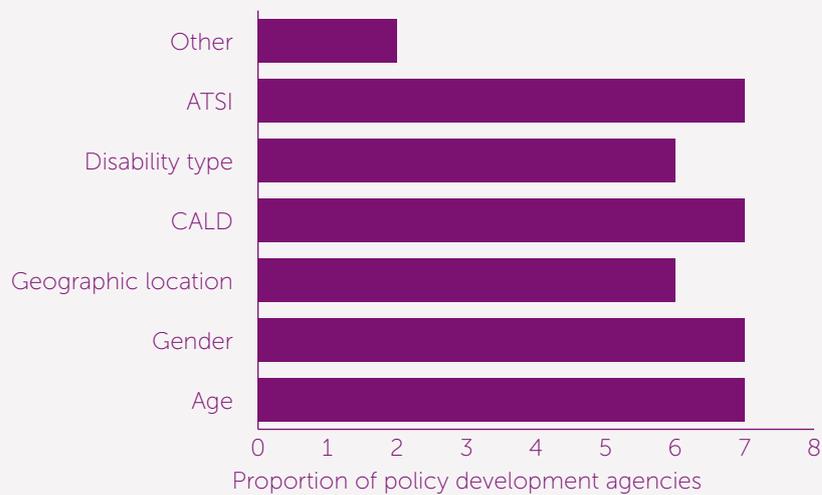
**Figure 41** Data on service users collected by policy development agencies



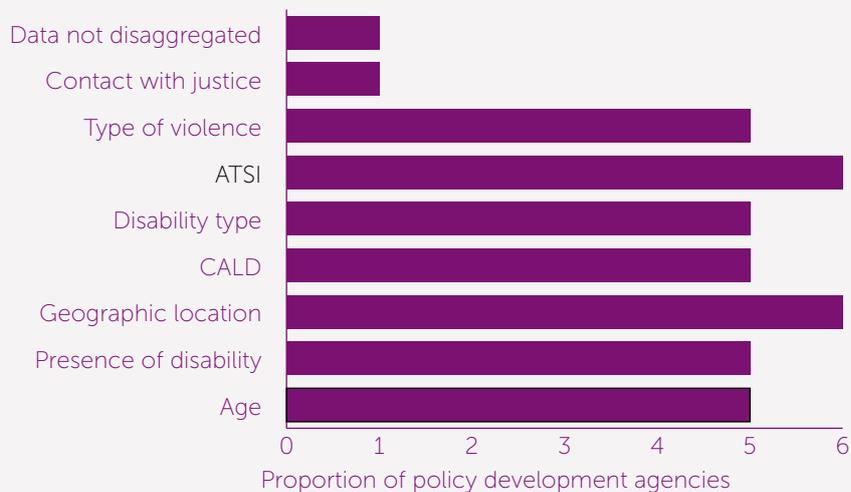
As indicated by survey respondents responsible for policy development, data on people with disabilities collected for policy purposes is disaggregated by age, gender, aboriginality, and cultural/linguistic background, and less commonly by geographic location or disability

type, as shown in Figure 42. In relation to women and girls experiencing or at risk of violence, Figure 43 shows that while similar demographic data is collected, the presence of disability and disability type is recorded by only 5 policy agency respondents.

**Figure 42** Patterns of disaggregation of data on people with disabilities



**Figure 43** Patterns of disaggregation of data on women experiencing or at risk of violence



#### 6.2.4 POLICY LEVEL DATA USE

Most agencies were able to identify the policies and legislative requirements that govern the collection of data on people with disabilities including State/Territory-level disability action plans, community services acts, and health information standards, as well as federal-level policies such as the National Disability Agreement 2009, the National Plan to Reduce Violence against Women 2010-2022, the Sex Discrimination Act 1984, and the National Partnership Agreement on Homelessness. However only a small number of policy development agencies (2) were able to describe how these demographic data are used as evidence of the level and types of need across different communities for the strategic planning of targeted services. So it appears that agencies are aware of why they need to capture data but have limited understanding or knowledge of its potential or actual uses.

Data on violence against women and girls for policy development appears to be collected and used in an uncoordinated and ad hoc manner. Few agencies were aware of the requirements or general purpose of data collection regulations with only two being able to describe how data are used to inform models of service delivery for women and girls experiencing or at risk of violence. One agency, however, reflected good practice in this area by using overall numbers of applicants for victims of crime assistance programs as an indicator of the level of stakeholder training required. This agency also interpreted low numbers of applicants to prompt community awareness and stakeholder engagement activities to ensure that victims of violence personal crime are aware of their rights. Another agency based in regional NT reported using this data to improve crisis

response systems for high-risk women and children and to ensure that male perpetrators are encapsulated in responses and supported to change their violent behaviours.

Policy agencies from both the disability and violence sectors cited privacy and information protection legislation as one factor that limits their capacity to collect and use service user data for policy development and program modelling.

Of the nine policy development agencies that provided information on their data collection procedures, only two collect data specifically on women and girls with disabilities experiencing or at risk of violence. These data are not transmitted through any formal mechanisms such as the Disability Services, Juvenile Justice, or Mental Health Establishments Minimum Data Sets. However, health services, particularly emergency services, do transmit data on violence and abuse through The Specialist Homelessness Services National Minimum Data Set. Policy agencies commonly rely on internal service provider reporting because there are no policy frameworks or legislative instruments in place to capture data at this level of detail. When data on violence against women and girls with disabilities are captured, they are usually only utilised to indicate performance levels and direct future funding arrangements. In this case, a coordinated and legislated system of data collection is required to inform models of service delivery that address the specific needs of women and girls with disabilities experiencing or at risk of violence.

### 6.2.5 REPRESENTATIVE ORGANISATION DATA CAPTURE AND USE

Sixty-two per cent (15) of the representative organisations surveyed collect demographic information about their membership, as Figure 6.6 indicates. For most organisations, this includes data about the size of membership (87%), the activities members are engaged in (67%), demographic data on membership (60%), and the services the membership provides (if service providers) (60%). Demographic data on service users and information about the sector to which

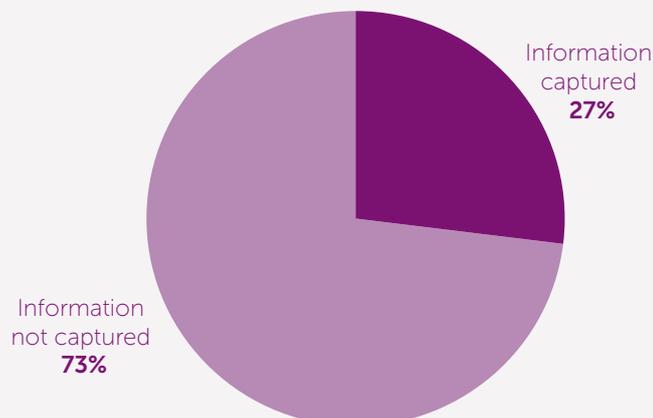
the membership belongs (if service providers) is collected by 53 and 33 per cent of organisations respectively, as indicated by Figure 44.

Of concern is that less than a third of representative groups reported capturing any information about women and girls with disabilities experiencing or at risk of violence, as shown in Figure 45. Data that are captured are usually not shared, making it difficult for representative organisations to lobby effectively for women and girl victims with disabilities.

**Figure 44** Data reported by representative organisations



**Figure 45** Information captured by representative organisations about women and girls with disabilities experiencing or at risk of violence



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**QUESTION** DOES THE DATA YOU COLLECT FROM OR REPORT ON YOUR MEMBERSHIP CAPTURE INFORMATION ABOUT WOMEN AND GIRLS WITH DISABILITIES EXPERIENCING OR AT RISK OF VIOLENCE?

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## 6.3 IMPLICATIONS

- It appears that the survey sample group has limited recognition of the importance of data capture as a means to critically understand issues of violence for this population group. This is despite multiple requirements for collection such as part of *The National Disability Strategy 2010-2020* as well as Australia's obligations under international human rights treaties more specifically in relation to the issue of violence against women and girls with disabilities.
- It appears that all respondent groups rarely considered or used the data they collect to inform the conceptualisation and design of legislation, policies and services in relation to this specific issue, and more generally. Many service organisations saw data capture for funding bodies, such as key government bodies, as a compliance and surveillance issue, rather than an opportunity to critically evaluate service provision standards, practices and outcomes for the service user group for whom they were designed.
- Despite the breadth of data collected by stakeholder groups, it appears that there is limited understanding and utilisation of
  - a) its potential importance;
  - b) how the data could be used to inform, improve or design services that are responsive to specific needs exhibited by this population group; and/or
  - c) inform front line practices to further front line sector capacity within the area.
- An area of confusion appears to be varied and multiple data collection processes that services are involved in which do not appear to communicate clearly nor effectively about the purpose and intent of the data collection process. As a result, services are unable to identify:
  - a) the relationship between the different data collection mechanisms in operation to which they are required to participate; and
  - b) how these differing mechanisms impact upon broader issues of governance, such as within the NDS, National Disability Agreement (NDA), etc.
- Effective data collection strategies are needed to ensure that services are not over-burdened by multiple contractual reporting requirements. Such strategies should aim to encourage service providers to actively engage in the collection and use of policy-relevant data, as well as responsive innovations across varying layers of government.
- Additionally, these strategies should be supported by a process whereby funding bodies undertake analysis of the data, report and feedback to services in a manner that can inform their organisational structures, delivery and practices for future effective delivery.

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