

# Preventing Violence against Women and Girls with Disabilities: Integrating A Human Rights Perspective



## Publishing Information

*'Preventing Violence against Women and Girls with Disabilities: Integrating A Human Rights Perspective'*

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## About Women With Disabilities Australia

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 reproductive rights of women and girls with disabilities, along with promoting their rights to freedom from violence and exploitation, and to freedom from torture or cruel, inhuman or degrading treatment are key policy priorities of WWDA.

WWDA's human rights based approach recognises that the international human rights normative framework, including the international human rights treaties and their optional protocols, and the general comments and recommendations adopted by the bodies monitoring their implementation, provide the framework to delineate the respective obligations and responsibilities of governments and other duty-bearers in relation to the human rights of women and girls with disabilities. It is this framework that WWDA utilises to promote and indeed demand, accountability from Governments and other duty bearers in relation to recognising and addressing the violations of human rights and fundamental freedoms experienced by women and girls with disabilities.

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# Summary

Violence perpetrated against women with disabilities continues to fall through legislative, policy and service response gaps as a result of the failure to understand the intersectional nature of the violence that they experience, and the multiple and intersecting forms of discrimination (and its aggravating effects) which make them more likely to experience, and be at risk of, all forms of violence.

The strength of international approaches to gendered violence prevention is that, in adopting a comprehensive human rights perspective, intersectional experiences of gendered violence are a central concern in recognising that multiple identity positions (such as age, gender, ethnicity, sexuality and ability) increase the likelihood, nature and impact of violence.

This is not the case in Australia, where legislation, policy and service responses tend to view women with disabilities as an additional group whose needs are exceptional or additional to the central violence prevention framework.

Current legislation, policy and service responses to address and prevent violence against women in Australia assume a particular way of conceptualising violence against women, which falls short in encompassing the key experiences of many women with disabilities. Legislative and policy frameworks to address and prevent violence against women fail to adequately address intersectional discrimination, including intersectional experiences of gendered violence. Compounding this in the Australian context is the (largely mistaken) belief that frameworks of disability policy and service provision have given attention to gendered violence. However, the reality is that legislative and policy frameworks to advance the rights of people with disabilities remain un-gendered and fail to adequately address intersectional discrimination, including violence perpetrated against women with disabilities.

Current anti-discrimination laws in Australia do not adequately recognise and address intersectional discrimination, including its compounding effects (Committee on the Rights of Persons with Disabilities, 2015). Instead, most anti-discrimination laws and provisions tend to categorise identity and require each protected characteristic to be dealt with in isolation. Such an approach “fails to recognise the heightened disadvantage experienced by the victim, and the corresponding heightened damage caused, and cannot adequately provide redress nor restore their individual dignity” (Committee on the Rights of Persons with Disabilities, 2015).

This type of legislative and policy siloing, and lack of understanding of the intersectional nature of violence against women with disabilities, contributes to women with disabilities who experience, and who are at risk of experiencing violence, “falling through the gaps” (Dowse et al., 2013).

This paper examines these issues in the context of preventing violence against women and their children. It examines conceptual understandings of violence against women, and argues that we need to broaden the current way of thinking about how we frame what violence against women encompasses. It highlights the critical need to understand and respect the complexity and specificity of gendered disability violence – that is, violence directed against a woman because she is a woman, which is shaped by the disability context, and which affects women with disabilities disproportionately as individuals and as a group. It demonstrates that violence prevention in Australia remains characterised by inadequate conceptualisation and recognition of, and response to, the needs and rights of women and girls with disabilities who have experienced or are at risk of experiencing violence (Dowse et al., 2013).



Conceptualising violence against women as a form of discrimination, this paper recognises the multiple and intersecting forms of discrimination that combine to significantly heighten the risk and likelihood of women and girls with disabilities experiencing violence. In so doing, it stresses that attention to the nature and scope of gendered disability violence is integral to violence prevention (Manjoo, 2011; Council of Europe, 2013).

This paper argues that a comprehensive human rights perspective and approach is imperative to the prevention of violence against women. A human rights approach to conceptualising violence against women underscores the interdependence and indivisibility of civil, political, economic, social and cultural rights. It situates violence against women on a continuum that spans interpersonal and structural violence; acknowledges the structural aspects and factors of discrimination, including structural and institutional inequalities; and analyses social and economic hierarchies between women and men and among women. In so doing, it investigates the places where violence against women coincides with multiple and intersecting forms of discrimination (Manjoo, 2011).

An intersectional analysis is critical in a human rights approach to the prevention of violence against women. Intersectionality recognises that human beings are not only male, female, intersex or transgender; they also have ethnic, indigenous, cultural and/or religious backgrounds; they may have an impairment or not and have other layers of identity, social positions and experiences, such as age, marital status, sexual orientation, gender identity, language, health status, place of residence, immigration status, economic status or social situation (Committee on the Rights of Persons with Disabilities, 2015, Ortoleva & Lewis, 2012).

Critically, a human rights approach to addressing and preventing violence against women recognises that responses to violence against women cannot be considered in isolation from the context of individuals, households, settings, communities or States. The human rights approach recognises that discrimination including gender-based violence affects women in different ways depending on how they are positioned within social, economic and cultural hierarchies. These positionings can prohibit or further compromise certain women's ability to enjoy universal human rights (Manjoo, 2011). In this context, a human rights approach not only embeds addressing inter-gender discrimination and inequality into the violence prevention effort, but recognises the need for holistic measures that address inter-gender and intra-gender inequality and intersectional discrimination. Furthermore, a human rights approach does not exclude particular forms of violence experienced by women, although it does recognise forms of violence that affect women disproportionately as individuals and as a group, such as those identified with gendered disability violence (Council of Europe, 2013).

This paper therefore argues that grounding violence prevention in a comprehensive human rights framework, offers a resolution to address the marginalisation of gendered disability violence, and reduce the perpetuation of the systemic violence and abuse experienced by women with disabilities in a wide range of settings.





# 1 Introduction and context

Violence against women is considered as one of the most widespread violations of human rights worldwide (United Nations General Assembly, 2012) and is now firmly at the forefront of the international development agenda as an urgent human rights issue requiring national government and international action (United Nations General Assembly, 2015). In Australia, violence against women is being described in our communities as “a national human rights disaster” (Phillips, 2014), an “epidemic” (Domestic Violence NSW, 2014), a “national emergency” (Jacques, 2014), and “a national disgrace” (Turnbull, 2015).

As shocking as the current statistics are – showing that one in three women in Australia has experienced physical violence and almost one in five has experienced sexual violence (Australian Bureau of Statistics, 2012) – the picture is substantially worse for some groups of women, particularly women and girls with disabilities, Indigenous women, and women from culturally and linguistically diverse backgrounds and communities (Department of Social Services, 2014; Dowse et al., 2013; Our Watch, 2014, Australia’s National Research Organisation for Women’s Safety, 2014).

It is now well established that violence against women and girls with disabilities in Australia is far more extensive than violence among the general population (Dowse et al., 2013; Healey, 2014). Violence perpetrated against women and girls with disabilities is significantly more diverse in nature and more severe than for women in general (Dowse et al., 2013; Victorian Mental Illness Awareness Council, 2014; Woodlock et al., 2014). Compared to their peers, women with disabilities experience significantly higher levels of all forms of violence more intensely and frequently and are subjected to such violence by a greater number of perpetrators (Bettinger-López, Lapidus & Ward, 2014; Plummer & Findley, 2012, Women With Disabilities Australia, 2007a). Women with disabilities’ experiences of

violence last over a longer period of time, more severe injuries result from the violence (Dowse et al., 2013; Brain Injury Australia, 2015), and they have considerably fewer pathways to safety (Dowse et al., 2013; Frawley et al., 2015; Victorian Equal Opportunity and Human Rights Commission, 2014; Woodlock et al., 2014).

Current gendered violence prevention policies and discourse in Australia are predominantly focused on addressing and preventing domestic and family violence – typically understood as intimate partner and/or spousal violence that occurs within the family setting between former or current spouses or partners (Council of Australian Governments, 2011). Recent events, such as the Victorian Government Royal Commission into Family Violence, the Senate Inquiry into Domestic Violence, the profile and media coverage of family violence campaigner and Australian of the Year Rosie Batty, the establishment of the Prime Minister’s National Advisory Panel on Domestic and Family Violence, and the Council of Australian Governments’ announcement of \$30 million on a national awareness campaign to stop domestic violence, have been successful in placing domestic and family violence firmly on the national agenda and into the consciousness of the public. While this is welcomed and arguably long overdue, it presents both risks and challenges, in that the focus on narrow conceptual understandings of domestic and family violence as spousal and/or intimate partner violence risks seeing other forms of violence against women, such as those identified with gendered disability violence, become further obscured, resulting in their marginalisation in policies and service responses designed to address and prevent violence against women.

In Australia today, there remains a significant lack of awareness and understanding of the extent, nature, incidence and impact of gendered disability violence at the individual, community, service provider and criminal justice system levels, along with the violence prevention public policy environment (Dowse et al., 2013; Women With Disabilities Australia, et al., 2013; Healey, 2014; Department of Social Services, 2014; Woodlock et al., 2014). To date, conceptual understandings of the causes of violence against women, including women with disabilities, have “failed to provide a comprehensive understanding of how various forms of discrimination, beyond a male/female gender binary, contextualise, exacerbate, and correlate to high levels of violence in given societies” (Committee on the Rights of Persons with Disabilities, 2015).

The current work to develop a national framework to prevent violence against women is a critical element in addressing violence against women in Australia. It provides a valuable opportunity to remedy the past discriminations by developing and implementing a framework from a human rights model and approach to ensure equality of outcomes for *all* women.

For women with disabilities to truly benefit from the national framework to prevent violence against women, it must be framed and operationalised in a human rights model, consistent with Australia’s international human rights obligations and based on key human rights principles outlined by National Economic and Social Rights Initiative (2015), United Nations Population Fund (2005) and Office of the High Commissioner on Human Rights (2014). These obligations and principles include:

#### Universality and inalienability

Human rights are universal and inalienable, the entitlement of all women everywhere. An individual cannot voluntarily give them up. Nor can others take them away.

#### Indivisibility

Human rights are indivisible. Whether civil, cultural, economic, political or social, they are all inherent to the dignity of every woman. Consequently, all human rights have equal status.

#### Interdependence

The realisation of one right often depends, wholly or in part, on the realisation of others. The right to live free from violence is therefore dependent on realisation of other human rights.

#### Equality and non-discrimination

All women are equal as human beings, and by virtue of the inherent dignity of each woman, are entitled to their rights without discrimination of any kind. Governments must take specific, deliberate and targeted measures (including gendered measures) to ensure rights are enjoyed equally, in practice and in law.

#### Participation and inclusion

All women have the right to participate in and access information relating to the decision-making processes that affect their lives and wellbeing. This includes the establishment of specific mechanisms and institutional arrangements, at various levels of decision-making, to overcome the obstacles that some women face in terms of effective participation.

#### Accountability

Governments assume obligations and duties under international law to respect, to protect and to fulfil human rights. The obligation to respect means that Governments must refrain from interfering with or curtailing the enjoyment of human rights. The obligation to protect requires Governments to protect individuals and groups against human rights abuses. The obligation to fulfil means that Governments must take positive action to facilitate the enjoyment of basic human rights. Governments also have negative obligations to abstain from rights violations.

#### Transparency

Transparency means that Governments must be open about all information and decision-making processes related to rights. Women must be able to know and understand how major decisions affecting rights are made and how public institutions which are needed to protect rights, are managed and run.

#### Enforceability and Remedies

All women should be able to enforce their rights at the national and international levels and should be provided with adequate redress for violations of their human rights.



**'...violence against women is being described in our communities as "a national human rights disaster" (Phillips, 2014)'**





## 2 Understanding gendered disability violence

In order to prevent violence against women with disabilities, and reduce such violence, it is critical to understand and respect its complexity and specificity. One of the reasons that violence against women with disabilities too often goes unidentified and unaddressed is the limited understanding of the nature of gendered disability violence, which is not encompassed in either historic or contemporary definitions and understandings of gendered violence. In addition, legislation, policy and service responses in Australia that aim to address and prevent violence against women, including women with disabilities, have shown limited capacity to fully operationalise a comprehensive human rights framework (Australian Law Reform Commission, 2010; United Nations Committee on Economic, Social and Cultural Rights; 2009). The interrelationship between these two issues has wide ranging consequences for the legislative, policy and service landscape, which continues to be fragmented, partial and limited in its capacity to fully address *all* forms of violence perpetrated against women and girls, including those with disabilities. Most significantly this results in ongoing high levels of vulnerability to harm for many women, constituting a failure to protect their human rights to live free from violence, abuse, exploitation and neglect.

This section of the paper provides a brief overview of violence against women with disabilities, including the key factors that contribute to this violence.

### 2.1 Who are women and girls with disabilities?

Women with disabilities make up almost 20% of the population of Australian women, about two million women (Australian Bureau of Statistics, 2011). Women with disabilities come from a diverse range of backgrounds, lifestyles and beliefs including from Aboriginal and Torres Strait Islander backgrounds and from culturally and linguistically diverse communities. Some women are in heterosexual relationships; some in lesbian relationships; some identify as bisexual, transgender, queer or intersex, and some are single. Many are mothers, some are in paid work, and many have no paid work. They experience a range of impairments that impact on their lives in different ways. These may include medical and/or health conditions, and/or sensory, physical, cognitive and psychosocial impairments, singly or in combination (Committee on the Rights of Persons with Disabilities, 2015, Ortoleva & Lewis, 2012; Dowse et al., 2013).

The ways in which disability is understood have implications for responses to women 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 the experience of disability in the context of a more complex set of social, political, material and cultural relationships (Meekosha & Dowse, 2007) and to recognise the human rights of people with disabilities. Australia's international human rights obligations, as enshrined in the United Nations Convention on the Rights of Persons with Disabilities, require that conceptualising and defining disability must reflect a rights based understanding of disability and focus on the prohibition of discrimination and the promotion of equality, rather than on the categorisation of various disabilities based on impairments (Convention on the Rights of Persons with Disabilities, 2006, Office of the High Commissioner for Human Rights, 2010). A paradigm shift from the traditional

medical and charity based welfare model of disability to today's rights based model, identifies people with disabilities as subjects of human rights law on an equal basis. It 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 guarantee the exercise of civil, cultural, economic, political and social rights by *all* persons with disabilities.

Despite Australia's international human rights obligations, and the strong global movement towards recognising people with disability as subjects of human rights law on an equal basis, in Australia, women with disabilities are still subject to the effects of ableism – the practices and dominant attitudes in society that denigrate, devalue, oppress and limit the potential and rights of people with disabilities (Campbell, 2011). The influence of ableism is poorly recognised in Australia, but is a term used to capture the way that the construction of social systems with able-bodied people as the norm results in the systemic, structural, intersecting and individual forms of discrimination against and exclusion of people with disabilities. People with disability, by virtue of the exceptional status of falling away from this norm, are often treated as less than fully human (Campbell, 2011).

## 2.2 What is gendered disability violence?

Across Australia, there is no uniform definition or consensus as to what constitutes violence against women. It is generally conceptualised in the context of domestic, spousal, intimate partner or family violence. The *National Plan to Reduce Violence Against Women and their Children 2010-2022* (the National Plan) (Council of Australian Governments, 2011) conceptualises domestic violence as 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. The National Plan refers to family violence as 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.

This definition frequently excludes the violence that women with disabilities experience in the many settings they live in, occupy and experience. The legal definition of domestic violence in Australia varies across jurisdictions. Some definitions are more inclusive than others. However, despite the many and varied definitions within the various laws and policy frameworks of what constitutes domestic violence, family violence, and domestic relationships, most do not contain definitions which do justice to, nor encompass, the range of settings in which women with disabilities live, occupy or experience, such as institutions or service settings. Nor do they contain definitions which capture the range of relationships and various dimensions and experiences of violence as experienced by women with disabilities, which may include the relationships they have with support workers, co-residents with disabilities and so on (Frohman, 2011; Frohman & Swift, 2012).

Violence against women and girls with disabilities includes physical, sexual, psychological and economic violence and abuse as well as institutional violence, chemical restraint, forced or coerced sterilisation, forced contraception, forced or coerced psychiatric interventions, forced abortion, medical exploitation, withholding of or forced medication, violations of privacy, forced isolation, seclusion and restraint, deprivation of liberty, denial of provision of essential care, humiliation, and harassment (Women With Disabilities Australia, 2004, 2010a; Chenoweth, 1997; Dowse et al., 2013; Méndez, 2013; Healey, 2014; Frawley et al., 2015; Committee Against Torture, 2014). 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, and denial of the right to decision-making (International Network of Women with Disabilities, 2011; Women With Disabilities Australia, 2010a; Méndez, 2013; Woodlock et al., 2014).

Although women with disabilities experience many of the same forms of violence that all women experience, including domestic and family violence and sexual assault, when gender and disability intersect, violence has unique causes, takes on unique forms and results in unique consequences (Manjoo, 2012; Dowse et al., 2013; Frohman, 2014; Healey, 2014, Woodlock et al., 2014).



Women with disabilities also experience forms of violence that are particular to their situation of social disadvantage, cultural devaluation and increased dependency on others (Swift, 2013; Healey, 2014; Woodlock et al., 2014).

For example, women with disabilities are more likely to be subjected to forced interventions which infringe their reproductive rights (such as forced sterilisation) than women without disabilities and men with disabilities. Women with disabilities in institutional settings are more likely to be subject to guardianship proceedings for the formal removal of their legal capacity. This facilitates and may even authorise forced interventions and other forms of violence. Aboriginal women with disabilities are more likely to be subject to indefinite detention than non-Aboriginal women with disabilities and women without disabilities. These human rights violations are perpetrated on account of the interaction and intersection of various layers of identity, social position, and experiences. The resulting myriad of violations of rights in these examples include the right to non-discrimination, freedom from torture and ill-treatment, protection of personal integrity, right to legal capacity, protection from violence, abuse and exploitation, right to family, right to health, right to live independently and be included in the community, and access to justice (Committee on the Rights of Persons with Disabilities, 2015; Committee Against Torture, 2014; Frohmader & Sands, 2015).

Intersectional discrimination has unique and specific impacts on women with disabilities and in many cases, may lead to different or to another degree of discrimination or to new forms of discrimination not yet acknowledged by law, policy or in research (Committee on the Rights of Persons with Disabilities, 2015; Manjoo, 2011). Women with disabilities experience intersectional discrimination that often has aggravating or compounding effects, yet in Australia, this is not well recognised or adequately addressed in legislation and policy frameworks including those to prevent violence and to advance the human rights of people with disabilities (Frohmader & Sands, 2015; Manjoo, 2011; Committee on the Rights of Persons with Disabilities, 2013).

Violence against women with disabilities thrives in social isolation and seclusion, either by isolating or secluding the victim/survivors or hiding the violence from society (Abdul Aziz & Moussa, 2014). Understanding the settings and places in which women with disabilities reside,

occupy and/or receive services, is a fundamental element in conceptualising and preventing gendered disability violence. For example, as well as those women with disabilities in Australia who live in traditional domestic settings including private and family dwellings, large numbers of women with disabilities still reside in and receive support in a range of institutional and/or service settings, such as group homes, supported residential facilities, licenced and un-licenced boarding houses, psychiatric and mental health community care facilities, residential aged care facilities, hostels, hospitals, prisons, foster care, respite facilities, cluster housing, congregate care, special schools and out-of-home care services. Women and girls with disabilities who experience these types of settings are at particular and significant risk of violence, abuse, neglect and exploitation (Attard & Price-Kelly, 2010; Victorian Equal Opportunity and Human Rights Commission, 2014, Frohmader & Sands, 2015; Commission for Children and Young People, 2015). Yet violence perpetrated against women with disabilities in these settings remains outside the current legislative and policy frameworks and responses to preventing and addressing violence against women in Australia.

Regardless of setting or context, violence against women with disabilities in Australia continues to be conceptualised and downplayed as abuse or neglect or service incidents, or administrative infringements or a workplace issue to be addressed (French et al., 2010; Frohmader & Sands, 2015) – rather than viewed as violence or crimes. This is particularly the case in institutional and/or service settings where violence perpetrated against women with disabilities is rarely recognised or understood as violence and, more often than not, is deliberately minimised, trivialised, ignored, dismissed, excused, covered up or normalised (McKenzie et al., 2014; Victorian Ombudsman, 2015; Donnelly, 2015; DPP v Kumar, 2013; Horin, 2011; McKenzie & Baker, 2012). For women with disabilities, this means, in effect, that their experiences of violence are not properly recognised across the legal and service systems, they are given less legal protection and access to justice than their counterparts who do not have disabilities, and the likelihood of them benefiting from integrated and coordinated responses, including prevention, is compromised (Frohmader & Cadwallader, 2014; Committee on the Rights of Persons with Disabilities, 2013).

Before we can prevent and or address violence against women with disabilities, we must be clear about what it is. Violence against women with disabilities:

- ▶ can often constitute torture or ill-treatment – particularly when it occurs in institutional or residential settings, including for example, through practices such as forced or coerced sterilisation, forced contraception, forced or coerced psychiatric interventions and other forced treatments, indefinite detention, sexual violence, and restraint.
- ▶ is a gross violation of multiple human rights;
- ▶ is a form of disability discrimination, a form of gender-based discrimination and often occurs within, and as a result of, intersectional forms of discrimination;
- ▶ is gendered disability violence, which is violence directed against a woman because she is a woman and which is shaped by the disability context. This violence affects women with disabilities disproportionately as individuals and as a group;
- ▶ includes all acts of violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women with disabilities, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life;
- ▶ includes all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit/setting or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim; and/or irrespective of the nature of the relationship between victim and perpetrator;
- ▶ is inclusive of those acts of violence which are more unique to women with disabilities – and that often occur in the context of, or as a result of, the settings which they live in, occupy and/or experience, and/or the relationships they experience within these settings, including violations of privacy, denial of control over bodily integrity, forced isolation and denial of social contact, denial of the right to decision-making, and denial of provision of essential care.

## 2.3 Prevalence and incidence

Compared to their peers, women with disabilities experience substantially higher levels of all forms of violence and are subjected to such violence by a greater number of perpetrators (Women With Disabilities Australia, 2007a, Healey, 2014; Bettinger-López, Lapidus & Ward, 2014; Frawley et al., 2015; Mitchell, 2011; Woodlock et al., 2014). Women with disabilities are 40% more likely to be the victims of domestic violence than women without disabilities (Brownridge, 2006), and more than 70% of women with disabilities have been victims of violent sexual encounters at some time in their lives (Stimpson & Best, 2005).

Women with disabilities in residential, institutional and service settings frequently experience sustained and multiple episodes of violence, particularly sexual violence (Attard & Price-Kelly, 2010). One in five women with disabilities (20%) report a history of unwanted sex compared to 8.2% of women without disabilities (People With Disability Australia, 2013; Dowse et al., 2013), and the rates of sexual victimisation of women with disabilities range from four to 10 times higher than for other women (Dowse et al., 2013). More than a quarter of rape cases reported by females in Australia are perpetrated against women with disabilities (Heenan & Murray, 2006). Almost all Australian women with an intellectual disability (90%) have been subjected to sexual abuse, with more than two-thirds (68%) having been sexually abused before they turn 18 years of age (Australian Law Reform Commission, 2010).

Evidence indicates that every week in Australia, three women are hospitalised with a brain injury as a direct result of family violence (Brain Injury Australia, 2015). Most women with mental health impairment (85%) report feeling unsafe during hospitalisation, 67% report experiencing sexual or other forms of harassment during hospitalisation and almost half (45%) report experiencing sexual assault during an in-patient admission (Victorian Mental Illness Awareness Council, 2014). Women with disabilities represent more than 50% of the female prison population in Australia. More than half of all women incarcerated in Australian prisons have a diagnosed psychosocial disability and a history of sexual victimisation (Human Rights Law Centre, 2014).



A national survey was undertaken in 2013 as part of the Council of Australian Governments' National Women with Disabilities and Domestic Violence Reform Project entitled *Stop the Violence by Women With Disabilities Australia*, the University of New South Wales and People with Disability Australia. The survey found that violence is present in the lives of approximately 22% of women with disabilities who had accessed service support in the disability, family violence and sexual assault sectors, housing/homelessness sector, the youth services sector, child welfare, employment and training, health, aged care and the justice sector in the preceding 12 months (Women With Disabilities Australia et al., 2013). The national survey was 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 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 suggests that violence against women with disabilities is recognised in the field as a significant issue warranting attention. The prevalence of violence against women with disabilities is acknowledged to be substantially higher than the 22% suggested by the national *Stop the Violence Project* survey findings, given that many women with disabilities do not, cannot and/or are prevented from using and/or accessing services (Dowse et al., 2013).

It is widely recognised that any available data relating to incidence and prevalence of violence against women with disabilities does not give the true picture of the level of risk and prevalence of violence and abuse, due to many factors, including the barriers experienced by women with disabilities in reporting violence (SafePlace Institute, 2000; Woodlock et al., 2014). Importantly, the vast array of settings and places which women with disabilities live in, occupy and/or experience also impedes capturing the true prevalence and incidence of violence perpetrated against them.

There is currently no comprehensive strategy or mechanism in place at the national level that captures the prevalence, extent, nature, causes and impact of violence against women with disabilities in the range of settings in which they reside or receive support services. These major gaps in the evidence base stem from the multiple and conflicting understandings of disability and violence in policy. The Personal Safety Survey (Australian Bureau of Statistics, 2012), the key national data collection instrument aimed at capturing prevalence and type of violence, excludes women who reside in settings other than private dwellings and those who have communication impairments which would require the presence of a third party to participate in the survey. These methodological restrictions mean that the Personal Safety Survey misses a very significant proportion of those women with disabilities who are known to be at the highest risk of experiencing violence (Dowse et al., 2013; Frawley et al., 2015; Healey 2014).

## 2.4 Factors contributing to gendered disability violence

International and national research (VicHealth, 2007, 2011; Action Aid UK, 2014; United Nations Women, 2014) has established that the most significant determinants of violence against women are:

- ▶ the unequal distribution of power and resources between men and women, and institutional, cultural and individual support for (or weak sanctions against) gender inequality
- ▶ an adherence to rigidly defined gender roles expressed institutionally, culturally, organisationally and individually.

These factors are frequently exacerbated and altered for women with disabilities due to the structural inequality and multiple and intersecting forms of discrimination they face. Women and girls with disabilities have fewer opportunities, lower status and less power and influence than men and boys with disabilities (Women With Disabilities Australia, 2010b). Gender-based assumptions and expectations place women with disabilities at a disadvantage in substantive enjoyment of rights such as freedom to act and to 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 (Frohman & Cadwallader, 2014; Frohman, 2014).

Women with disabilities are at high risk of gendered disability 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 (Dowse et al., 2013; Women With Disabilities Australia et al., 2013; Healey, 2014).

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 with disabilities (Manjoo, 2012; Dowse et al., 2013; Frawley et al., 2015).

Research has found that there remains a significant lack of awareness and understanding of the extent, nature, incidence and impact of gendered disability violence at the individual, community, service provider and criminal justice system levels (Dowse et al., 2013; Women With Disabilities Australia et al., 2013; Frawley et al., 2015; Committee on the Rights of Persons with Disabilities, 2013). Women with disabilities are regularly deprived of the information, education and skills to recognise and address violence (Woodlock et al., 2014). Those who live in, occupy and/or experience institutional, residential and service settings are often taught and “rewarded” for unquestioning compliance. In such settings, criminal behaviours are often normalised (French et al., 2010). Many women with disabilities do not recognise the violence perpetrated against them as a crime, are unaware of how to seek help and support, or are actively prevented from seeking help and support. There is a dearth of accessible information and education resources about violence against women with disabilities – for the women themselves, the service sector and the broader community (Frohman & Cadwallader, 2014; Frawley et al., 2015; Healey, 2014; Committee on the Rights of Persons with Disabilities, 2015; Manjoo, 2012; Committee on the Elimination of Discrimination Against Women, 2010; Woodlock et al., 2014).



Women with disabilities have identified many factors that contribute to the pervasive and extensive violence perpetrated against them (Healey, 2014; Frawley et al., 2015; Woodlock et al., 2014; Women With Disabilities Australia, 2007a; Dowse et al., 2013; Frohmader & Sands, 2015). These are discussed in detail in Frohmader and Cadwallader (2014) and Women with Disabilities Victoria (2014). It is outside the scope of this paper to examine all these factors in detail, however, some of the key factors include:

- ▶ poverty and lack of economic independence
- ▶ place of residence or service setting
- ▶ exclusion from the labour market
- ▶ dependence on others
- ▶ credibility and fear of disclosure
- ▶ lack of access to the criminal justice system
- ▶ lack of appropriate housing
- ▶ lack of awareness and knowledge
- ▶ lack of access to crisis accommodation and support
- ▶ service system issues, including difficulty of navigating support systems
- ▶ lack of participation, access to decision-making, and representation.

## 2.5 The impact

Like most women who experience violence, the impact and effects for women with disabilities are profound, long-term and wide-ranging – with the impact of different types of violence and of multiple episodes found to be cumulative (Women With Disabilities Australia, 2007a; Manjoo, 2011; Manjoo, 2012; Committee on the Rights of Persons with Disabilities, 2015). Of significance is the fact that the consequences of violence against women with disabilities are pervasive, due to the length of time that they endure such violence, the severity of the violence, multiple perpetrators of the violence, and the inability of many women with disabilities to ever disclose the violence or seek help to stop it. Even when they do disclose violence, women with disabilities have far less chance of being believed when reporting sexual assault, domestic violence, and other forms of violence than other women (Frohmader, 2011; French et al., 2010; Woodlock et al., 2014; Frohmader & Sands, 2015).

Research has also found that discriminatory attitudes and negative police culture, including the tendency to blame the victim, refusal to investigate allegations of violence, treating crimes of violence as service incidents, failing to make reasonable adjustments, assuming that a prosecution will not succeed because the court may think the person lacks credibility, along with negative or paternalistic stereotypes of people with disabilities, contribute to the pervasive and extensive violence perpetrated against women with disabilities (Woodlock et al., 2014; Frohmader & Cadwallader, 2014; Victorian Equal Opportunity and Human Rights Commission, 2014; Commission for Children and Young People, 2015; Frohmader & Sands, 2015).

Crimes of violence committed against women with disabilities often go unreported, and when they are, they are either dismissed, ignored, covered up by service staff and/or management, inadequately investigated, remain unsolved or result in minimal sentences (Frohmader, 2014; McKenzie et al., 2014; Victorian Ombudsman, 2015; Donnelly, 2015; DPP v Kumar, 2013; Horin, 2011; McKenzie & Baker, 2012; Frohmader & Cadwallader, 2014; French et al., 2010).





### 3 Implications for policy and practice: the legislative, policy and service response vacuum

Violence perpetrated against women with disabilities continues to fall through legislative, policy and service response gaps as a result of the failure to understand the intersectional nature of the violence that they experience, the multiple and intersecting forms of discrimination (and its aggravating effects) which make them more likely to experience, and be at risk of, violence. Current anti-discrimination laws in Australia do not adequately recognise and address intersectional discrimination, including its aggravating and compounding effects (Committee on the Rights of Persons with Disabilities, 2015). Instead, most anti-discrimination laws and provisions tend to categorise identity and require each protected characteristic to be dealt with in isolation. Such an approach “fails to recognise the heightened disadvantage experienced by the victim, and the corresponding heightened damage caused, and cannot adequately provide redress nor restore their individual dignity” (Committee on the Rights of Persons with Disabilities, 2015).

In Australia, there is no national, coordinated legislation to prevent and address violence against women, including domestic and family violence (Australian Government, 2012). No existing Commonwealth, state or territory domestic and family violence legislation is framed in a human rights framework setting it in the context of Australia’s obligations to the core international human rights treaties to which it is a party. Domestic and family violence legislation and policy frameworks differ across states and territories providing different levels of protection and definitions of what constitutes family violence, domestic violence and what constitutes a domestic relationship.

The lack of agreed definitions and conceptual understandings of what constitutes violence against women, family violence, domestic violence, domestic relationship and so on, has serious implications for women with disabilities. Research has found that the lack of a clear definition and legal recognition of the violence against women with disabilities in legislation and policy frameworks results in low priority being given to the issue in service environments, where the service sector is largely governed by a range of specific legislative and policy frameworks designed to ensure effective service delivery that addresses one area alone such as disability or gendered violence (Dowse et al., 2013, Women With Disabilities Australia et al., 2013).

The Australian Law Reform Commission in its 2012 *National Inquiry into Family Violence and Commonwealth Laws* (Australian Law Reform Commission, 2012) recommended that in relation to people with disability, the term family violence should be inclusive of the 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; and other specific types of violence and abuse such as withholding equipment, food and medication; and forced sterilisation and abortion (Australian Law Reform Commission, 2012). Conceptualising family violence in this way is critical for women with disabilities, as it not only helps to ensure legal protection but, importantly, helps to promote a culture where *no* form of violence against women, including women with disabilities is tolerated.

The problem of narrow and non-inclusive conceptual understandings of what constitutes violence against women, and/or gender-based violence and/or a human rights approach to addressing violence against women, is evident in current national policy frameworks to address violence against women, and to advance the rights of people with disabilities.

For example, the *National Plan to Reduce Violence against Women and their Children 2010–2022* (Council of Australian Governments, 2011) has significant limitations: it has little emphasis on girls with disabilities, it focuses on traditional notions of domestic and family violence such as intimate partner violence and sexual assault, and fails to include or address the many other forms of violence perpetrated against women and girls with disabilities such as violence in institutions and service settings, sexual and reproductive rights violations, restrictive practices, seclusion and restraint, and deprivation of liberty. These forms of violence currently fall outside the scope of the National Plan. While the second three year action plan of the National Plan does prioritise women with disabilities by providing the opportunity to “prioritise and implement key outcomes from the Stop the Violence Project” (Department of Social Services, 2014), the project was itself limited in scope as its contracted focus was on building the evidence base to reform service provision for women with disabilities who are experiencing or at risk of violence. The project was unable to “address the myriad issues and complexities inherent in the multiple forms of violence perpetrated against women with disabilities” (Dowse et al., 2013; Women With Disabilities Australia et al., 2013).

The *National Disability Strategy* sets out the national policy framework for guiding Australian governments to meet their obligations under the Convention on the Rights of Persons with Disabilities. The strategy is supported by three implementation plans developed over its ten-year life span. The strategy is not gendered, and contains limited measures to address violence against people with disabilities, identifying only that there is a need to “develop strategies to reduce violence, abuse and neglect of people with disabilities”. The first implementation plan, *Laying the Groundwork: 2011–2014*, contained only one specific action to achieve this, which is to “ensure that the *National Plan to Reduce Violence against Women and their Children 2010–2022* and the

*National Framework for Protecting Australia’s Children* have priority action to improve the safety and wellbeing of women and children with disability” (Department of Families, Housing, Community Services and Indigenous Affairs, 2013).

Neither the National Plan or the National Disability Strategy are embedded in a comprehensive human rights framework. For example, the National Plan is only linked to the Convention on the Elimination of Discrimination against Women, and so is primarily focused on meeting human rights obligations in relation to gender discrimination. The National Disability Strategy is only linked to the Convention on the Rights of Persons with Disabilities, and so is primarily focused on meeting human rights obligations in relation to disability discrimination. A human rights approach to the prevention of violence against women, including women with disabilities, requires such policy frameworks to be developed and operationalised in a comprehensive human rights framework (United Nations Committee on Economic, Social and Cultural Rights, 2009). This means recognising that prevention of violence against women is an obligation in relation to gender rights, 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 type of policy siloing, and lack of understanding of the intersectional nature of violence against women and girls with disabilities, contributes to women with disabilities who experience and are at risk of experiencing violence falling through violence prevention legislation, policy, program and service delivery gaps (Dowse et al., 2013). The multiple forms and complex nature of violence perpetrated against women and girls with disabilities currently sit in a legislative, policy and service response vacuum.

Although Australia has clear obligations under international human rights law to address and prevent violence against women, violence against women with disabilities, in all its forms, remains widespread and largely unaddressed in Australia.



Several of the international human rights treaty monitoring bodies have repeatedly expressed their deep concern about the high levels of violence experienced by women and girls with disabilities in Australia. They have found that the inter-connection between violence against women and discrimination on the basis of gender and disability remains unaddressed (Manjoo, 2012). They have raised serious concerns about the low rates of reporting, prosecutions and convictions, the lack of data, the lack of inclusive legislation, policies, services and support, and lack of targeted measures to prevent and address violence against women and girls with disabilities. The monitoring bodies have called on Australian governments to take urgent measures to address violence and abuse experienced by women and girls with disabilities, particularly those living in institutional, residential and/or service settings. They have urged Australian governments to ensure access for women with disabilities to an effective, integrated response system, and include a more comprehensive consideration of women with disabilities in policies on the prevention of gender-based violence. Importantly, the treaty monitoring bodies have recognised the multiple and intersecting forms of discrimination experienced by women and girls with disabilities, along with the multiple and severe forms of violence perpetrated against them, and have called on Australian governments to take immediate steps to end such violence and discrimination (Committee on the Rights of Persons with Disabilities, 2013; Committee Against Torture, 2014; Committee on the Elimination of Discrimination Against Women, 2010b; Frohmader, 2014; Frohmader & Cadwallader, 2014).

International approaches to gendered violence prevention adopt a comprehensive human rights perspective, where intersectional experiences of gendered violence are a central concern in recognition that multiple identity positions increase the likelihood, nature and impact of violence. This is not the case in the Australian context, where legislation, policy and service responses tend to view women with disabilities as an additional group whose needs are exceptional or additional to the central violence prevention agenda. Compounding this in the Australian context is the [largely mistaken] belief that frameworks of disability policy and provision have given attention to gendered violence.

Recent events in Victoria depicted in ABC *Four Corners* episode *In Our Care* (McKenzie et al., 2014) and which resulted in a Victorian Ombudsman's inquiry into how abuse in the disability sector is reported and investigated, a State Parliamentary Inquiry into Abuse in Disability Services, and a Senate Inquiry into Violence and Abuse against People with Disabilities in Institutional and Residential Settings provide a stark reminder that disability policy frameworks are currently inadequate in encompassing either gender or violence issues, let alone the intersection of the two. In practice, this means that efforts and approaches to prevent violence against women in Australia are not comprehensive, are piecemeal and inconsistent in definitions and scope, continue to focus predominately on protection from traditional forms of domestic and family violence and therefore fail to provide a coordinated and integrated approach to combating all forms of violence perpetrated against women and girls (Frohmader & Cadwallader, 2014).

A comprehensive human rights framework offers a resolution to reduce marginalisation of gendered disability violence and to reduce the systemic violence and abuse experienced by women with disabilities in a wide range of settings.





## 4 Implications for the development of the *National Framework to Prevent Violence Against Women*

International human rights law condemns violence against women in all its forms, whether it occurs in the home, schools, in institutions, the workplace, the community or in other public and private institutions, and regardless of who perpetrates it (United Nations General Assembly 2006). Australia is a party to a number of international and regional human rights instruments which clearly articulate the human rights context and imperative to preventing and addressing violence against women, including the structural causes of such violence, and the multiple and intersecting forms of discrimination which make particular groups of women more at risk of, and more likely to experience violence.

### 4.1 A comprehensive human rights framework and approach

To ensure the *National Framework to Prevent Violence Against Women* is set in a comprehensive human rights framework that will prevent violence against women and girls with disabilities, the framework should be developed to:

- ▶ reference, embed and be clearly linked to relevant international human rights standards, including the international human rights treaties to which Australia is a party (Manjoo, 2011)
- ▶ underscore the universality, inalienability, interdependence and indivisibility of civil, political, economic, social and cultural rights (Manjoo, 2011)
- ▶ embed the core human rights principles of equality and non-discrimination, participation and inclusion; accountability; transparency; enforceability and remedies (United Nations Women et al., 2012)
- ▶ be universally responsive to the intersections of gender and disability, and also integrate specific, targeted measures to reach women and girls with disabilities in all settings (Council of Europe, 2013)
- ▶ encompass holistic measures that address inter-gender and intra-gender inequality and intersectional discrimination (Manjoo, 2011; Committee on the Rights of Persons with Disabilities, 2015)
- ▶ address the targeted, compounded and structural discrimination that combines to increase the risk and likelihood of women and girls with disabilities experiencing violence in all its forms (United Nations General Assembly, 2011)
- ▶ have universal applicability for all women, while clearly recognising and targeting specific vulnerable groups and addressing the most severe forms of gender-based violence such as forced sterilisation, forced abortion, forced marriage, female genital mutilation, sexual violence, and domestic violence (Council of Europe, 2013)
- ▶ articulate the critical and central role of civil society organisations, women's organisations and groups and other relevant actors in the prevention of violence against women (United Nations Women et al., 2012)
- ▶ ensure that women with disabilities are at the centre of efforts to hold governments accountable for implementing international standards guaranteeing the right to be free from violence and non-discrimination (United Nations General Assembly, 2011)
- ▶ articulate the elements and measures of integration, coordination, monitoring, and evaluation (Council of Europe, 2013; United Nations General Assembly, 2011).
- ▶ embed and prioritise the standard of due diligence as a critical tool in accountability of States to prevent all forms of violence against all women (Abul Aziz & Moussa, 2014).

## 4.2 Prevention measures and strategies

The human rights approach to preventing violence against women recognises that discrimination including gender-based violence affects women in different ways depending on how they are positioned within social, economic and cultural hierarchies. These positionings can prohibit or further compromise certain women's ability to enjoy universal human rights (Manjoo, 2011). In this context, a human rights approach not only embeds addressing inter-gender discrimination and inequality into the violence prevention effort, but recognises the need for holistic measures that address inter-gender *and* intra-gender inequality and intersectional discrimination.

The empowerment of women is vital in any framework to prevent violence against women, and this is even more potent for women with disabilities, who have made it clear that empowerment for them comes from speaking and/or acting in their own interests; the presence of a collectivity and a basis in self-determination; and a discourse of human rights (Frohman, 2011; Millen, 2015). Empowerment in the context of women with disabilities means empowerment in *all* aspects of life, including political and economic empowerment. This reflects the greater aim of achieving gender equality by increasing women's agency and reducing their vulnerability to violence (Council of Europe, 2013). It also reflects the interdependence of human rights, by recognising that the right to live free from violence is dependent on realisation of other human rights.

Participation of women with disabilities as citizens is at the basis of the recognition of their dignity. Access to decision-making, political participation and representation are essential markers of gender equality and fundamental to a human rights approach to preventing violence. Women with disabilities in Australia are often excluded from and denied opportunities to participate in decision-making about issues that affect their lives and those of their families, community and nation (Committee on the Elimination of Discrimination against Women, 2010). Fulfilling the right to information is a key prerequisite for the active, free, informed, relevant and meaningful participation of women with disabilities.

Australia has clear obligations under the international human rights treaties it has ratified to ensure the meaningful participation of women with disabilities at all stages of the design, implementation, monitoring and evaluation of decisions and policies affecting them (Committee on the Elimination of Discrimination against Women, 2010; Committee on the Rights of Persons with Disabilities, 2015).

For many women with disabilities, low self-esteem, lack of confidence, lack of awareness about their rights, experiences of violence, abuse, harassment, exploitation, sexual violence, and other forms of discrimination all act as barriers to them participating in their communities, or having decision-making power in their day-to-day lives. Women with disabilities have made it clear that one of the best ways for them to develop knowledge, confidence, self-esteem and skills is to work together with other women with disabilities on common issues, including the prevention of violence (Millen, 2015; Women With Disabilities Australia, 2007b). This promotes the development of personal identities, where women with disabilities are able to recognise the need for personal autonomy, and importantly, develop a sense of personal worth. At the broader level, it enables the formation of a collective identity, where women with disabilities are able to speak out about their experiences and take action to collectively improve their lives.

In this context, organisations, groups and networks of women with disabilities run *by* and *for* women with disabilities play an essential role in efforts to promote the rights of women with disabilities to freedom from *all* forms of violence. The crucial role of women's civil society organisations in preventing violence against women is a further critical element of a human rights approach (Abdul Aziz & Moussa, 2014).

To ensure the national framework to prevent violence against women embeds and integrates a human rights approach to all measures to prevent gendered disability violence, the framework should:

1. Adopt a due diligence framework to operationalise violence against women as a human rights violation and a form of discrimination, derived from the examples provided by Abul Aziz & Moussa (2014), the Council of Europe (2013) and Manjoo (2013).



2. Integrate and standardise definitions and conceptual understandings of gender-based violence which are inclusive of the experiences of all women and girls with disabilities, irrespective of their place of residence, or the setting in which they live, occupy, experience and/or receive service support. This requires review and reform of violence prevention legislation including domestic and family violence laws. It also requires integration of national disability framework related policies including the *National Disability Strategy* and the National Disability Insurance Scheme Quality and Safeguarding Framework as outlined in the *Second Action Plan of the National Plan to Prevent Violence against Women and their Children: Moving Ahead 2013-2016*, and subsequent action plans (Department of Social Services, 2014).
3. Ensure all approaches recognise that gender-based violence is not only violence directed against a woman because she is a woman, but is also violence that affects some women disproportionately (Council of Europe, 2013), particularly women with disabilities who are disproportionately affected by specific forms of violence.
4. Recognise that women with disabilities are more likely to experience, and be at risk of, violence due to the multiple and intersecting forms of discrimination to which they are subject.
5. Ensure that prevention measures have at their centre both inter-gender and intra-gender inequality and discrimination (Manjoo, 2011).
6. Ensure that prevention measures connect the causes and consequences of violence against women with the multiple and intersecting forms of discrimination.
7. Recognise that multifaceted prevention strategies and measures (United Nations Women et al., 2012) are required to address the multiplicity of forms of violence against women and recognise that violence frequently occurs at the intersection of different types of discrimination.
8. Ensure prevention activities include positive obligations – beyond awareness-raising, education, training and sensitisation of the media – to include government policy and legislative reforms across all sectors and jurisdictions to promote gender equality and address intersectional discrimination.
9. Give priority to addressing and preventing the most severe and egregious forms of gender-based violence such as forced sterilisation, forced abortion, forced marriage, female genital mutilation, sexual violence and domestic violence (Council of Europe, 2013).
10. Include women with disabilities at the centre of the planning and development of prevention measures and activities that best address their particular needs and rights in relation to violence in their specific contexts and settings.
11. Include the establishment of mechanisms and institutional arrangements, at various levels of decision-making, to overcome the obstacles that women with disabilities face in terms of effective participation.
12. Ensure that mechanisms include women with disabilities in the planning, implementation, evaluation and monitoring of all prevention efforts including at the governance level of the national framework itself and in localised and specific activities.
13. Avoid re-victimisation by ensuring that prevention measures place the human rights of all victims at the centre of strategies to prevent violence against women (Council of Europe, 2013).

## 4.3 Governance and coordination

Effective prevention frameworks to address violence against women clearly articulate that essential, strategic, coherent and co-ordinated multi-stakeholder and interagency interventions are required to effectively prevent and address violence against women (Council of Europe, 2013; Manjoo, 2013; Abdul Aziz & Moussa, 2014). They also have institutional mechanisms to monitor and assess implementation of such frameworks, which includes monitoring and assessing the implementation and effectiveness of relevant laws, policies and other programs to address violence against women.

International research has found that most countries vest the responsibility for governance and coordination of violence prevention frameworks and plans with one national mechanism, most typically ministries and/or government departments for women (Abdul Aziz & Moussa, 2014; Manjoo, 2013). However, research has found that there is a risk in this approach, in that other agencies and sectors may not prioritise implementation of violence prevention measures and strategies, or may not allocate sufficient resources to the violence prevention task (Abdul Aziz & Moussa, 2014; Manjoo, 2013).

The national framework to prevent violence against women should be a holistic, comprehensive, integrated framework; detailed enough to be rendered, effective and implementable; inclusive and reflective of all forms of violence against women in the context of individuals, households, settings, communities and States; based on international human rights law; and framed from the perspective of Australia's international human rights obligations to prevent all forms of violence against women. Implementing such a framework should include:

- ▶ setting up an independent governance and monitoring body made up of independent and qualified experts in the fields of human rights, gender equality, intersectional discrimination, violence against women, criminal law, and include as a priority, representatives from relevant non-government and civil society organisations
- ▶ ensuring there is a mechanism within national, state and territory parliaments to monitor the framework, including its implementation and evaluation, to help ensure that the issue of violence against women remains on the political agenda and that legislative and policy reforms are recognised as a critical element of the violence prevention agenda.



## 5 Conclusion

Compared to their peers, women with disabilities experience significantly higher levels of all forms of violence more intensely and frequently and are subjected to such violence by a greater number of perpetrators. Yet, as this paper has sought to demonstrate, the approach to gendered violence prevention in Australia has to date, largely excluded and subsequently failed women with disabilities who experience, or are at risk of, violence.

Violence perpetrated against women with disabilities continues therefore, to fall through legislative, policy and service response gaps as a result of the failure to understand the intersectional nature of the violence that they experience, and the multiple and intersecting forms of discrimination which make them more likely to experience, and be at risk of, all forms of violence.

This paper has examined conceptual understandings of violence against women and, in so doing, demonstrated that definitions and conceptual understandings of gender-based violence must be inclusive of the experiences of all women, including women with disabilities, irrespective of their place of residence, or setting in which they live, occupy, experience and/or receive service support. The critical need to understand and respect the complexity and specificity of gendered disability violence – that is, violence directed against a woman because she is a woman, which is shaped by the disability context, and which affects women with disabilities disproportionately as individuals and as a group – has also been highlighted, including the urgent need to ensure that the nature and scope of gendered disability violence is integral to violence prevention.

This paper has argued that a comprehensive human rights framework and approach, consistent with Australia's international human rights obligations and underscored by key human rights principles, is imperative to the prevention of all forms of violence against all women. It has articulated the critical importance of conceptualising violence against women from a human rights approach – an approach which situates violence against women on a continuum that spans interpersonal and structural violence; acknowledges the structural aspects and factors of discrimination, including structural and institutional inequalities; and analyses social and economic hierarchies between women and men and among women.

The need for holistic measures that address inter-gender *and* intra-gender inequality and intersectional discrimination has been discussed in this paper as fundamental to the prevention of violence against women, and key to the national framework to prevent violence against women which ensures equality of outcomes for all women.



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