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

WWDA Response to the ‘Violence and Abuse of People With Disability at Home’ Issues Paper

April 2021

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## Acknowledgments

WWDA acknowledges the traditional owners of the land on which this publication was produced. We acknowledge Aboriginal and Torres Strait Islander people’s deep spiritual connection to this land. We extend our respects to community members and Elders past, present and emerging.

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## Contact

Women with Disabilities Australia (WWDA)

Contact: Carolyn Frohmader, Executive Director

PO Box 407, Lenah Valley, 7008 Tasmania, Australia

Phone: +61 438 535 123

Phone: +61 438 535 535

Email: [officeadmin@wwda.org.au](mailto:officeadmin@wwda.org.au)

Web: [www.wwda.org.au](http://www.wwda.org.au)

Facebook: [www.facebook.com/WWDA.Australia](http://www.facebook.com/WWDA.Australia)

Twitter: [www.twitter.com/WWDA\_AU](https://twitter.com/WWDA_AU)

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# A picture containing text, businesscard, clipart, screenshot Description automatically generatedAbout Women With Disabilties Australia (WWDA)

[Women With Disabilities Australia (WWDA)](http://www.wwda.org.au/) is the national Organisation of Persons with Disabilities (OPD) for women, girls, feminine identifying and non-binary people with disability in Australia. As an OPD, WWDA is run by and for women, girls, feminine identifying and non-binary people with disability.

WWDA uses the term ‘women and girls with disability’, on the understanding that this term is inclusive and supportive of, women and girls with disability along with feminine identifying and non-binary people with disability in Australia.

WWDA represents more than 2 million women and girls with disability in Australia, has affiliate organisations and networks of women with disability in most States and Territories, and is recognised nationally and internationally for our leadership in advancing the rights and freedoms of all women and girls with disability. Our organisation operates as a transnational human rights organisation - meaning that our work, and the impact of our work, extends much further than Australia. WWDA’s work is grounded in a human-rights based framework which links gender and disability issues to a full range of civil, political, economic, social and cultural rights.

Organisations of Persons with Disabilities (OPDs) are recognised around the world, and in international human rights law, as self-determining organisations led by, controlled by, and constituted of, people with disability. OPD’s are organisations of people with disability, as opposed to organisations which may represent people with disability. The United Nations Committee on the Rights of Persons with Disabilities has clarified that States should give priority to the views of OPDs when addressing issues related to people with disability. The Committee has further clarified that States should prioritise resources to organisations of people with disability that focus primarily on advocacy for disability rights and, adopt an enabling policy framework favourable to their establishment and sustained operation.[[1]](#endnote-1)

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# 1. RecomMendations

This Submission from Women With Disabilities Australia (WWDA) focuses on providing responses to just some of the key themes posed in the Royal Commission’s Issues Paper *‘Violence and Abuse of People With Disability at Home’*. In this section of our Submission, we provide 26 recommendations for consideration, grouped under four key areas, which align with the substantive content provided in Section 4 of this Submission. Our recommendations aim to improve the current national approach to responding to and preventing gender-based violence (including domestic and family violence) in Australia. We consider the changes we recommend as essential to achieving an inclusive and non-discriminatory framework that responds to and addresses **all** forms of violence experienced by women and girls with disability, regardless of the setting/place in which it occurs, and regardless of who perpetrates it.

### Enhancements to the evidence and conceptual base

* 1. WWDA recommends that the new *National Plan to Reduce Violence Against Women and their Children* (soon to be developed) preserve the language of ‘violence against women’ and utilise the definition of ‘gender-based violence’ as articulated in *CEDAW General Recommendation 35 ‘Gender-based Violence Against Women’* (2017).[[2]](#endnote-2)
  2. WWDA recommends that an inclusive definition of ‘violence against women’ is one that is consistent with, and reflects Australia’s international human rights obligations and acknowledges that violence against women occurs on a continuum that spans interpersonal and structural violence; manifests itself on a continuum of multiple, interrelated and recurring forms, in a range of settings, from private to public (including technology-mediated settings); acknowledges the structural aspects and factors of discrimination, including structural and institutional inequalities; and analyses social and economic hierarchies between women and men (inter-gender inequalities) and among women (intra-gender inequalities).

1.3 Consistent with *CEDAW General Recommendation 35*, a national, consistent definition of ‘violence against women’ must reflect that violations of women’s sexual and reproductive health and rights (such as forced sterilisation, forced abortion, forced pregnancy, criminalisation of abortion, denial or delay of safe abortion and/or post-abortion care, forced continuation of pregnancy, forced contraception, and abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services), are forms of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment.

1.4 Reflecting and consistent with long-standing recommendations to Australia from the *Committee on the Rights of Persons with Disabilities* and theCEDAW Committee, the Australian Government should commission and adequately resource a comprehensive assessment, using intersectional research methodologies, on the situation and rights of women and girls with disability in Australia, (including in relation to restrictive practices such as non-consensual and coercive sterilisation, menstrual suppression, contraception and abortion). This national intersectional research process must include specific experiences of those who are Indigenous, those from culturally and linguistically diverse backgrounds, those who are migrants, refugees or asylum seekers, and those from LGBTIQA+ communities.

1.5 Notwithstanding the current pilot phase of the *National Disability Data Asset*,[[3]](#endnote-3) WWDA recommends that the Australian Government:

* publicly identify national data assets that may help fill key violence knowledge gaps through further investigation and analysis.
* publicly identify national data assets that are amendable to linkage and/or integration and harness the expertise of Accredited Integrating Agencies within the Commonwealth to lead this work.
* augment the *Survey of Disability, Ageing and Carers* (SDAC) to include specific questions on violence, abuse, exploitation and neglect.
* investigate the feasibility of further augmenting the *National Community Attitudes Survey* *Towards Violence Against Women*, to capture attitudes towards all forms of violence, abuse, exploitation and neglect of women and girls with disability.
* address the methodological limitations of the *National Personal Safety Survey* (PSS).

1.6 As a targeted contribution to the evidence base, the Australian Government should commission and fund a program of mixed-methods research, from a ‘what works’ perspective, on the specificity of violence against women and girls with disability. This should involve identifying research priorities and developing research projects through a co-designed process with women and girls with disability. Crucial current research gaps include:

* prevalence, nature and impact of sexual violence against women and girls with intellectual disability, and/or cognitive impairments and/or psychosocial disability.
* prevalence, nature and impact of sexual, domestic and other forms of violence perpetrated against women and girls with disability who live in segregated settings (including congregate care settings and group homes).
* reproductive violence (including coercion) against women and girls with disability.
* restrictive practices.

### Responding to the challenges within legal environments and ensuring a human rights-based approach

1.7 In line with long-standing recommendations to Australia from the CEDAW Committee,[[4]](#endnote-4) and recognising the gendered nature of violence, the disproportionate, multiple and intersecting forms of violence experienced by women and girls with disability, and the lack of legislative, policy and service responses to prevent and address violence against women and girls with disability, WWDA recommends that the Australian Government develop and enact national legislation on prevention of **all** forms of gender-based violence, and this should extend to reproductive violence and restrictive practices (including non-consensual and coercive sterilisation, menstrual suppression, contraception and abortion). Such legislation could be modelled on the *Istanbul Convention.*[[5]](#endnote-5)

1.8 WWDA recommends that the Australian Government, through the *Meeting of Attorneys-General* (MAG),[[6]](#endnote-6) the *National Cabinet*,[[7]](#endnote-7) and the *National Women’s Safety Taskforce* work with jurisdictions to develop and enact national legislation on prevention of **all** forms of gender-based violence. If such national legislation cannot be agreed on, the Meeting of Attorneys-General (MAG),[[8]](#endnote-8) the National Cabinet, and the National Women’s Safety Taskforce should work with jurisdictions to reform and harmonise domestic and family violence legislation by including a consistent definition of violence against women; a broad definition of domestic relationships (including paid and unpaid support workers and co-residents); the full inclusion of women with disability, and ensure this legislation is integrated into domestic and family violence response training for police, the judiciary as well as domestic and family violence services.

1.9 Consistent with recommendations from several of the human rights treaty monitoring bodies, the Australian Government, along with State and Territory Governments, should review, amend or repeal laws, policies and practices that do not comply with the *Convention on the Rights of Persons with Disabilities* (CRPD) and that give rise to violence, abuse, neglect and exploitation of people with disability, including women and girls with disability.

[[9]](#endnote-9)

1.10 In line with long-standing recommendations to Australia from UN treaty bodies, the Human Rights Council, UN special procedures, international medical bodies, civil society bodies, disabled people’s organisations and more, the Australian Government must enact national, uniform and legally enforceable legislation prohibiting forced sterilisation of women and girls with disability.[[10]](#endnote-10) Treaty monitoring bodies have continued to express concern that the Australian Government continues to consider forced sterilisation of women and girls with disability as a matter for state governments to regulate. They have clarified that decentralising government power through devolution or delegation does not negate the obligation on a State party to enact national legislation that is applicable throughout its jurisdiction.[[11]](#endnote-11)

1.11 The Australian Government, along with State and Territory Governments, develop a coordinated, nationally consistent, gendered *Violence Prevention and Response Strategy for People with Disability* that facilitates active participation of people with disability and includes strategies for ending the use and legality of restrictive practices (including non-consensual and coercive sterilisation, menstrual suppression, contraception and abortion) and other lawful forms of violence (such as guardianship, indefinite detention, forced institutionalisation, involuntary treatment).

1.12 Consistent with recommendations made to successive Australian Government’s by UN treaty monitoring bodies the Australian Government should as a matter of urgency, withdraw its Interpretative Declarations on CRPD Article 12 [Equal recognition before the law], Article 17 [Protecting the integrity of the person] and Article 18 [Liberty of movement and nationality]. These Interpretative Declarations, which include allowing for substituted decision-making and compulsory medical treatment, have been found to be hindering Australia’s ability to comply with the CRPD and are being used as a justification to deny people with disability their human rights.

1.13 Analysis by the Royal Commission on the issue of *Violence and Abuse of People with Disability at Home* must clearly acknowledge that segregation of people with disability (in residential institutions and other segregated settings for people with disability) – remain State sanctioned practices that enable and subsequently endorse, violence, abuse, neglect, and exploitation to flourish. It is critical that the Royal Commission, in all its work (including in its Final Report), provides clear and detailed recommendations that will lead to ending the segregation of people with disability in Australia (including time bound transitional plans to end all forms of segregation) – in all settings and contexts.

1.14 Recognising that gender equality is a fundamental human rights principle, underpinning every major international human rights instrument, and that violence against women is both a cause and consequence of gender inequality, WWDA recommends that the new *National Plan to Reduce Violence Against Women and their Children* (soon to be developed) should reflect Australia’s obligations under all seven of the international human rights treaties to which Australia is a party. The development of the new National Plan must be framed by, and operationalised within, a comprehensive human rights framework consistent with Australia’s obligations under the international human rights treaties to which Australia is a party, as well as the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP), formally endorsed by Australia in 2009.

1.15 WWDA recommends that the Australian Government (as per Recommendation 6 of the *Senate Inquiry into Violence, Abuse and Neglect Against People with Disability in Institutional and Residential Settings*)[[12]](#endnote-12) work with jurisdictions on the implementation of targeted initiatives to improve access to justice for women and girls with disability.

1.16 Consistent with and reflecting Australia’s international human obligations regarding the requirement for available, effective, independent and impartial remedies to be available to those whose rights have been violated under the various treaties,[[13]](#endnote-13) and reflecting recommendations to Australia by the *Committee on the Rights of Persons with Disabilities*,[[14]](#endnote-14) WWDA recommends that the Commonwealth should ensure that a Redress Scheme is established for the Royal Commission.

### Operationalising an intersectional approach and holistic programs for women and girls with disability

1.17 The Royal Commission should:

* recognise ableism and intersecting forms of inequality and discrimination as the underlying drivers of violence, abuse, neglect and exploitation of people with disability, including women and girls with disability.
* strongly reinforce that segregation of people with disability constitutes discrimination, and facilitates violence, abuse, neglect and exploitation.
* examine how ableism and intersecting forms of inequality and discrimination operate within Australian legal, policy and practice frameworks and through community attitudes generally, and how they underpin violence, abuse, neglect and exploitation.
* make recommendations that address the root causes of violence, abuse, neglect and exploitation and that facilitate large scale responses and social transformation.
* recommend that the Australian Government’s approach to primary prevention explicitly identifies ableism as a driver, and not simply a reinforcing factor, of violence against women and girls with disability.

1.18 The Australian Government and State and Territory Governments should develop, as part of educational curricula, a comprehensive suite of educational programs delivered across the life span directed towards preventing violence against people with disability, including violence from the use and legality of restrictive practices (including non-consensual and coercive sterilisation, menstrual suppression, contraception and abortion). The suite of programs should be co-designed with people with disability, and the aims of the suite of programs should be:

* fostering and valuing diversity and inclusion.
* challenging ableism and intersecting forms of inequality and discrimination, including for women and girls with disability.
* building knowledge, skills and strengths in recognising rights to bodily integrity, and to be free from violence, abuse, neglect and exploitation.
* recognising and remembering injustices against people with disability and resistance and survival of the disability community.
* celebrating the achievements of disability activism and the disability rights movement; and
* increasing opportunities and participation in decision-making and in speaking up about rights.

1.19 WWDA recommends the development of a national strategy, in consultation with people with disability and their representative organisations, to improve access to, and implementation of comprehensive, equitable, accessible, and disability-inclusive sexual and reproductive health education and information, with a particular focus on improving the access to such information for women and girls with disability, regardless of the setting in which they work, live or study.

### A fit for purpose sector expertise driven policy environment

1.20 WWDA recommends that the new *National Plan to Reduce Violence Against Women and their Children* (soon to be developed) include a clear, unambiguous outcomes framework as a mechanism to hold governments and service providers to account. To do this, the framework must articulate outcomes, indicators and measures to track change over time.

1.21 The Australian Government must commit to resourcing and establishing an independent body, including victim/survivors, the NGO sector and other experts in the field, to advise on and monitor performance and implementation and evaluate progress against the new *National Plan to Reduce Violence Against Women and their Children*. This Independent Body must include representation of women with disability, First Nations women, women from culturally and linguistically diverse backgrounds, women migrants, refugees or asylum seekers, women living in rural and remote communities, and LGBTIQ+ women.

1.22 WWDA recommends that the Australian Government ensure that the new *National Plan to Reduce Violence Against Women and their Children* clearly outlines the roles and responsibilities of all levels of government, articulates the relationship between the Commonwealth and jurisdictions, and amplifies the important role of the NGO sector (including Disabled People’s Organisations) in improving outcomes for women and girls with disability who experience, or are at risk of experiencing, violence.

1.23 Given the epidemic that is violence and abuse of people with disability in Australia, and consistent with a number of clear recommendations to the Australian Government,[[15]](#endnote-15) WWDA re-iterates its recommendation to Government[[16]](#endnote-16) that ‘Safety from Violence and Abuse’ should be a new, stand-alone Outcome Area of the new *National Disability Strategy* (NDS) currently in development.

1.24 WWDA recommends that the Australian Government ensure that both the new *National Plan to Reduce Violence Against Women and their Children* and the new *National Disability Strategy* (NDS) include a strong focus on primary prevention and on fostering change in social norms, behaviours and community attitudes, and that policy language in both frameworks is human rights based, consistent, overlapping and mutually reinforcing.

1.25 The National Disability Insurance Agency (NDIA) should develop, in close consultation with women with disability and their representative organisations, an *NDIS Gender Strategy* which should include measures to ensure that all forms of violence, including gender-based violence are identified and addressed through the NDIS planning process, that crisis response procedures are established for urgent plan reviews, and that pathways and protocols are established with domestic and family violence services and supports.

1.26 Acknowledging that the remit of the *National Disability Insurance Scheme (NDIS) Quality & Safeguards Commission* covers only NDIS participants, who make up less than 10% of the Australian population of people with disability, WWDA recommends that the Commonwealth should, consistent with Rec 2 of the *Senate Inquiry into Violence, Abuse and Neglect Against People with Disability in Institutional and Residential Settings*, establish an independent, statutory, national protection mechanism under specific purpose legislation, and with broad functions and powers to protect, investigate and enforce findings in relation to all forms of violence, abuse, exploitation and neglect against people with disability, regardless of the setting in which it occurs and regardless of who perpetrates it. This national protection mechanism should explicitly operate within a human rights framework, and include as a minimum, the following core functions:

* a ‘no wrong door’ complaint handling function – the ability to receive, investigate, determine, and make recommendations in relation to complaints raised.
* the ability to initiate ‘own motion’ complaints and to undertake own motion enquiries into systemic issues.
* the power to make recommendations to relevant respondents, including Commonwealth and State and territory governments, for remedial action.
* the ability to conduct policy and programme reviews and ‘audits.
* the ability to publicly report on the outcomes of systemic enquiries and group, policy and programme reviews, or audits, including through the tabling of an Annual Report to Parliament.
* the ability to develop and publish policy recommendations, guidelines, and standards to promote service quality improvement.
* the ability to collect, develop and publish information, and conduct professional and public educational programs.
* the power to enable enforcement of its recommendations, including for redress and reparation for harms perpetrated.

# 2. Background

2.1 The *Royal Commission into* *Violence, Abuse, Neglect and Exploitation of People with Disability* (the Royal Commission)[[17]](#endnote-17) was established after many years of campaigning by people with disability and our representative organisations at both the domestic and international level.[[18]](#endnote-18)

2.2 Women With Disabilities Australia (WWDA) played a leading role in these advocacy efforts, and in particular, in exposing the gendered nature of violence against people with disability.

2.3 In 2015, our collective campaign efforts led to the establishment of the *Senate Inquiry into Violence, Abuse and Neglect Against People with Disability in Institutional and Residential Settings*, including the gender and age-related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability.[[19]](#endnote-19) The priority Recommendation from that Senate Inquiry was that a Royal Commission into violence against people with disability be established.[[20]](#endnote-20)

2.4 However, it was not until 2019, following further concerted advocacy efforts that the Royal Commission was finally established by the Australian Government. The urgent need for a Royal Commission into all forms of violence against people with disability, was a key recommendation from the 2017 review of Australia’s compliance with the *International Covenant on Economic, Social and Cultural Rights* (ICESCR); and was also addressed at the September 2019 review of Australia’s compliance with the *Convention on the Rights of Persons with Disabilities* (CRPD).

2.5 The Terms of Reference for the Royal Commission are contained in the Commonwealth Letters Patent that were signed by the Governor General on 4 April 2019.[[21]](#endnote-21) The Terms of Reference explicitly state that:

*“Australia has international obligations to take appropriate legislative, administrative and other measures to promote the human rights of people with disability, including to protect people with disability from all forms of exploitation, violence and abuse under the Convention on the Rights of Persons with Disabilities.”*

2.6 The Terms of Reference reflect our campaign calls that the Royal Commission should have regard to *“all forms of violence against, and abuse, neglect and exploitation of, people with disability, whatever the setting or context”*.[[22]](#endnote-22)

2.7 The Terms of Reference also reflect our calls for recognition of the intersectional dimensions of people with disability that make the experiences of violence, abuse, neglect and exploitation specific, unique and diverse:

*“the specific experiences of violence against, and abuse, neglect and exploitation of, people with disability are multi-layered and influenced by experiences associated with their age, sex, gender, gender identity, sexual orientation, intersex status, ethnic origin or race, including the particular situation of Aboriginal and Torres Strait Islander people and culturally and linguistically diverse people with disability.”*[[23]](#endnote-23)

2.8 The intersectional analysis required by the Terms of Reference and enshrined in the CRPD, is critical to ensuring that all forms of violence experienced by people with disability, including women and girls with disability, in all settings and contexts, is identified, understood and addressed. The Royal Commission must make strong recommendations in its Final Report regarding the imperative of an intersectional approach to prevent and respond to violence against women, including women and girls with disability.

2.9 Despite our collective calls for the Terms of Reference for the Royal Commission to include provision for a Redress Scheme, this was not included. In September 2019, the *Committee on the Rights of Persons with Disabilities* adopted its Concluding Observations following its review of Australia’s compliance with the CRPD. The Committee expressly recommended that the Australian Government:

*“ensure [adequate resources and] a redress mechanism for the Royal Commission”*.[[24]](#endnote-24)

2.10 To date, there has been no response from the Australian Government in response to this recommendation, and it therefore remains unclear as to whether the Australian Government will adopt this critical recommendation.

2.11 As noted in the Royal Commission’s *Accessibility and Inclusion Strategy*, it is now well established and recognised internationally and domestically that women and girls with disability are *“far more likely to experience violence and abuse than women and girls without disability, and they are less likely to report this abuse for both personal and systemic reasons”*.[[25]](#endnote-25) CRPD General Comment No. 3 on Women with Disabilities, published by the Committee on the Rights of Persons with Disabilities in 2016, elaborates on this fact, and draws particular attention to the structural and institutional forms of gender-based violence related to law, the state and culture that women and girls with disability not only experience, but are more at risk of.[[26]](#endnote-26)

2.12 Australia has received numerous recommendations over many years from the United Nations (UN) to investigate, address and remedy this situation for women and girls with disability. Very few of these recommendations have ever been implemented by successive Australian governments.

# 3. Introduction and Context

3.1 Women With Disabilities Australia (WWDA) welcomes the opportunity to make this Submission in response to the Royal Commission’s *‘Violence and Abuse of People With Disability at Home’* Issues Paper (the Issues Paper).[[27]](#endnote-27) WWDA does so in the recognition that, despite various legislation, policies, systems and services for addressing violence against women, current laws, policies, programs and services have to date, had little, to no impact on addressing the epidemic that is violence and abuse of women and girls with disability in Australia.

3.2 It is now well known that compared to our peers, women and girls with disability experience significantly higher levels of all forms of violence, more intensely and frequently. Our experiences of violence last longer; more severe injuries result; we are far less likely to receive service support to address violence; we are often not believed when reporting sexual assault and other forms of violence; we are often denied the right to legal capacity and effective access to justice; and we have considerably fewer pathways to safety.[[28]](#endnote-28)

3.3 Despite the epidemic of violence against people with disability in Australia, particularly women and girls with disability,[[29]](#endnote-29) there remains no specific legal, administrative or policy framework for the prevention, protection, investigation and prosecution of all forms of violence against all people with disability. Although Australia has a number of laws, policies, frameworks and service systems to prevent and address violence, and to advance the human rights of people with disability, many of these remain ineffective for people with disability experiencing, or at risk of experiencing violence, abuse, neglect and exploitation.

3.4 This Submission from WWDA focuses on providing responses to just some of the key themes posed in the Royal Commission’s Issues Paper *‘Violence and Abuse of People With Disability at Home’*. Due to limited capacity, and the short time frame provided for responses, WWDA is unable to provide an in-depth analysis of all the issues relating to all the forms of violence experienced by women and girls with disability in all the settings that constitute our ‘homes'. WWDA requests the Royal Commission give consideration to providing more advanced notice of the release of Issues Papers, along with more realistic timeframes for responses to be provided. In order to enable sophisticated, evidence-based responses to the Issues Papers, WWDA requires a more reasonable timeframe to consult with our constituents, undertake research to ensure currency and accuracy, and prepare our Submissions.

3.5 WWDA does however, trust that the information provided in this Submission will be of value to the work of the Royal Commission. WWDA’s Submission focuses largely on national legislative, policy and data collection issues as they relate to violence against women and girls with disability.

3.6 In this Submission, we outline five key areas of concerns WWDA has in relation to the current national approach towards responding to and preventing violence against women, in particular in relation to how this approach has both historically and currently, excluded women and girls with disability. At the beginning of this Submission, we have also provided four thematic Recommendations (including 26 specific Recommendations) which we have previously been raised with successive Australian Government’s, to inform future policy and programmatic initiatives.

3.7 We would like to draw the Committee’s attention in particular to the [detailed recommendations](http://wwda.org.au/wp-content/uploads/2013/12/ACDA_Sub_Sen_Inquiry_Violence_Institutions.pdf) we have made in regards to violence to the 2015 *Senate Inquiry into Violence, Abuse and Neglect Against People with Disability in Institutional and Residential Settings*,[[30]](#endnote-30) which subsequently led to the current *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*; as well as the submissions we have made to Royal Commission’s varies Issues Paper’s on related issues, such as [WWDA’s Response to the ‘Group Homes’ Issues Paper](https://wwda.org.au/publication/disability-royal-commission-wwdas-response-to-group-homes-issues-paper/)[[31]](#endnote-31) and the sector statement on the [Segregation of People with Disability](https://wwda.org.au/publication/segregation-of-people-with-disability-is-discrimination-and-must-end/)[[32]](#endnote-32) which was submitted to the Royal Commission in September 2020.

# 4. Key Areas of Concern

Evidence demonstrates that national frameworks, underpinned by obligations under international conventions and treaties, that take a holistic, multisectoral and multi-system approach to violence response, intervention and prevention are most effective and efficient for governments. This is vital to achieving a consistent vision and coordinated approach towards responding to and preventing this egregious violation of women and girl’s human rights and inherent freedoms.

Despite this evidence, wide-ranging systemic failures in legislation, policies and service systems in Australia continue to facilitate conditions that give rise to violence, abuse, neglect and exploitation of people with disability across all settings.[[33]](#endnote-33) These failures are embedded within and underscored by an ableist culture which sees the promotion, support and resourcing of laws, systems, policies and practices which deny people with disability our most basic human rights, and allow violence, abuse, neglect and exploitation to flourish in all settings, including our own homes.

In this section of our Submission, we highlight five key areas of concerns with the current national approach to responding to and preventing violence against women in Australia. We consider these challenges as impediments to a truly inclusive and non-discriminatory framework that responds to, and addresses, all forms of violence that are perpetrated against women with disability in all of the different types of homes that we reside and/or occupy.

## 4.1 Limitations of the Evidence Base

4.1.1 It is now well established that violence against women and girls with disability (including domestic and family violence) globally and in Australia is more extensive, frequent and significantly more diverse in nature than violence amongst either their male counterparts or women without disability.[[34]](#endnote-34) Nevertheless, there is a significant lack of disaggregated data and targeted research across all life domains that prevents the development of a comprehensive evidence base on the specificity of violence experienced by women and girls with disability in Australia;[[35]](#endnote-35) which results in women and girls with disability being largely excluded from policies, programs, services and measures to progress gender equality.[[36]](#endnote-36)

4.1.2 Furthermore, there are little to no data/research that interrogate the experience of violence, abuse, neglect and exploitation by specific groups of women and girls with disability, such as those who are Indigenous, those from culturally and linguistically diverse backgrounds, those who are migrants, refugees or asylum seekers, those who are lesbian, gay, bisexual, non-binary, transgender or intersex (LGBTIQ+) or those living in rural and remote communities.[[37]](#endnote-37)

4.1.3 The lack of disaggregated data has consistently been raised by WWDA over many decades. WWDA has had to source and analyse a range of data assets, technical reports and information to compile information on the domestic and family violence experienced by women and girls with disability in Australia so that we are able to comprehensively advocate for the rights and freedoms of our cohort.[[38]](#endnote-38)

4.1.4 While Australia has a rich and continually evolving national data landscape on violence against women, national datasets (surveys, longitudinal datasets and administrative data) have limitations with reference to violence against women and girls with disability. These limitations include issues with definitions of what constitutes ‘domestic and family violence’; what constitutes ‘violence against women’; as well as challenges with how surveys are methodologically designed and administered and how existing data is leveraged for the creation of new data assets.[[39]](#endnote-39)

4.1.5 For example, the Australian Bureau of Statistics’ (ABS) *Personal Safety Survey* (PSS) is the key Australian data asset that collects information on the nature and extent of domestic and family violence experienced by men and women aged 18 years and over.[[40]](#endnote-40) The 2016 PSS found that women with disability were more likely to have experienced violence in the preceding 12 months than women without disability.[[41]](#endnote-41) However, the PSS’s sampling frame includes only people living in private dwellings and excludes residential care and institutional facilities, which often constitute the homes of women and girls with disability.[[42]](#endnote-42) WWDA is not aware of any government resourced national statistical collections, which specifically collects data on experiences of violence for women and girls living in non-private dwellings and/or congregate care settings.

4.1.6 Furthermore, while the PSS collects data on all socio demographic characteristics, including disability status (at the time of interview), it is not possible to extrapolate from the PSS survey data if the person disclosing an incident of violence had a disability at the time of experiencing the violence as an individual’s socio demographic characteristics can change over time – i.e., they can acquire a disability or long-term health condition, often through experiences of violence. While we appreciate that the PSS collects data on a large range of violent experiences during a respondent’s lifetime and agree methodologically that it is not possible (and indeed burdensome) to ask for socio demographic information for each incident of violence, currently the data collected within in cannot give us an authoritative picture of the prevalence and impact of violence for women and girls with disability. Even with the welcome addition of a suite of methodological innovations by the ABS to the PSS (such as proxy use, the short disability module, questions on long term health conditions, etc.), the only source of Australian population level estimates of different types of violence perpetrated against women with disability can only give us so much.

4.1.7 Further, given accessibility, inclusivity, interpretation and communication needs, we are also concerned about the lack of consideration given by the Commonwealth to funding a body of rich qualitative research to improve the evidence base for women and girls with disability. It is possible for a program of research based on smaller qualitative studies to provide deep, rich insights into the severity and characteristics of all forms of violence for our cohort.

## 4.2 Limitations in the conceptual understanding of what constitutes violence against women and girls in Australia

4.2.1 Although the Australian Government has articulated its commitment that ‘*The National Plan to Reduce Violence against Women and their Children 2010 – 2022*‘ (National Plan) *demonstrates Australia’s commitment to upholding the human rights of all Australian women to live free from violence”*,[[43]](#endnote-43) nearly eleven years on from its commencement, the Plan and its four action plans have focused largely on intimate partner and familial violence, and have consistently used a narrow conceptual understanding of the settings and contexts in which domestic and family violence and sexual assault can occur.

4.2.2 While WWDA recognises the inclusion of specific manifestations of violence against women within the Fourth Action Plan of the National Plan; we note that the approach taken, separates types of violence according to particular groups of women (e.g., women with disability), rather than taking an intersectional approach to the overall definition and approach to domestic and family violence.[[44]](#endnote-44)

4.2.3 This narrow definition of violence against women within the National Plan is inherently limiting, problematic and outdated. It does not reflect contemporary understandings of what constitutes violence against women nor the complexity of the myriad of forms it takes, and the settings in which it occurs. To illustrate some examples, we draw on reports from women with disability during the COVID-19 pandemic lockdowns which were included in our previous [Submission](https://wwda.org.au/publication/disability-royal-commission-wwdas-response-to-emergency-planning-issues-paper/) to the Royal Commission in response to the *Emergency Prevention and Responses Issues Paper*.[[45]](#endnote-45)

4.2.4 In one report for example, WWDA was told that a woman with intellectual disability who resides in a segregated accommodation setting had been left without support. While the individuals NDIS Plan stated that she needed to be provided with 6 hours of direct support each day, it was reported that her support workers had for the most part not been turning up, and when they had, they remained in the ‘staff room’ which was not accessible to the residents. Throughout this time, the individual was left living with skin infections all over her body, in a rat-infested unit, with maggots, flies and carpets soaked in urine and blood, and very limited access to adequate food and pain management medications.

4.2.5 In another incident, it was reported that a Government run permanent living facility for people with psychosocial disability used the lockdown rules to restrict residents from accessing their finances, and confined them to their individual living quarters, with no access to family or friends. While the majority of the residents were individually receiving the Federal Government Disability Support Pension (DSP), the facility collected their payments into its own account and did not allow residents to use or even see their own income. After many weeks of enduring extreme isolation, one woman who resided at the facility sent multiple complaint emails to the management, outlining the human rights laws they were breaking. After receiving an inadequate response to her emails, the resident escaped the facility and took her own life.

4.2.6 While It is clear that the circumstances that allowed these experiences to occur violate the international prohibition on segregation of people with disability, as well as Australia’s obligation to safeguard people with disability from violence and abuse under Article 16 of the CRPD;[[46]](#endnote-46) cases such as these are not characterised nor treated as ‘domestic violence’. Instead, they are typically reframed as responses to ‘challenging behaviour’, ‘or ‘service incidents’, and the response rarely involves any domestic violence services and supports, or repercussions for the perpetrators.[[47]](#endnote-47) Research shows that it is partly because women and girls with disability’s experiences of violence may not fit contemporary definitions and understandings, that violence perpetrated against them often goes unidentified, unreported, un-investigated, inadequately investigated, or results in poor outcomes for the person concerned.[[48]](#endnote-48)

4.2.7 Furthermore, the dominant conceptual focus of what constitutes ‘domestic and family violence’ and ‘violence against women’ conceals (and renders invisible), structural and institutional forms of violence against women related to law, the state and culture that women and girls with disability (and other marginalised groups of women) not only experience, but are more at risk of – such as forced sterilisation, forced abortion, forced contraception, denial of legal capacity, forced treatment, restrictive practices, seclusion, restraint, indefinite detention, and forced and coerced marriage.[[49]](#endnote-49) It also excludes many of the settings and spaces in which women and girls with disability (and others) experience, and are at risk of violence (including for e.g. prisons, segregated settings, detention centres, and other forms of institutional settings).

4.2.8 Furthermore, violations of sexual and reproductive rights of women and girls with disability are rarely understood as violence against women in Australia. WWDA has consistently raised the fact that practices such as forced contraception and forced sterilisation are widespread for women and girls with disability, particularly in non-private dwellings and/or congregate care settings and that this practice is rarely subject to oversight, monitoring or review.[[50]](#endnote-50)

4.2.9 Practices such as forced contraception, forced sterilisation and forced abortion of women (without their prior, full and informed consent) and girls with disability have also been criticised for over 15 years by, United Nations treaty monitoring bodies, the UN General Assembly, UN Special Procedures and international medical bodies,[[51]](#endnote-51) who have consistently confirmed that such practices clearly breach fundamental human rights – including the right to freedom from violence.

4.2.10 After becoming aware that these breaches were continuing to occur in Australia in the September 2019 review of Australia by the CRPD Committee; the CRPD Committee also recommended directly to the Australian Government that it should adopt uniform legislation prohibiting forced sterilisation of of adults and children and take measures to end the “administration of contraception and the imposition of abortion procedures on women and girls with disabilities”.[[52]](#endnote-52) However no substantial action has since been taken.

4.2.11 To date, Australia’s response[[53]](#endnote-53) to these recommendations has retained the focus on regulation and non-binding guidelines rather than prohibition. Australian Governments remain of the view that it is an acceptable practice to sterilise girls and women with disability, provided that they ‘lack capacity’ and that the procedure is in their ‘best interest’, as determined by a third party, such as guardian family member or service provider.[[54]](#endnote-54) However, substitute decision-making and ‘best interest’ approaches have been thoroughly criticised as fundamentally contravening the CRPD and as intrinsically value-laden.[[55]](#endnote-55) In practice, the ‘best interest’ approach most often serves the interests of guardians, families, carers and service providers.[[56]](#endnote-56)

4.2.12 The United Nations treaty monitoring bodies have clearly articulated the need for Australia to substantially improve its efforts to address **all** forms of violence against women, including particularly egregious forms of gender-based violence that are recognised to disproportionately affect marginalised cohorts of women and girls.[[57]](#endnote-57) In its 2017 List of Issues,[[58]](#endnote-58) prior to the submission of the combined second and third periodic reports of Australia, the CRPD specifically requested that the Australian Government:

*“provide information on how public programmes and policies on the prevention of gender-based violence, especially the National Plan to Reduce Violence against Women and their Children (2010-2022), recognize and address all of the various forms of violence perpetrated against women and girls with disabilities, including in institutions and residential settings and with respect to their sexual and reproductive health rights. Please also provide information about the resources allocated and the steps taken to improve support and services to women with disabilities who experience or are at risk of violence and sexual abuse.”*

4.2.13 Reducing and addressing domestic and family violence against women should **never** be dependent on where a woman lives, or the space/s she occupies, nor the type of violence she experiences, or is at risk of experiencing. To place a ‘hierarchy’ on what ‘types’ of violence and settings are included in a country’s major policy framework to respond to and prevent violence against women and girls, is out of step with contemporary and global understandings of what is meant by ‘violence against women’ and/or ‘gender-based violence’.

## 4.3 Limitations in the legal context to respond to and prevent violence against women and girls with disability in their homes

4.3.1 In Australia, the legal definition of ‘domestic violence’ varies across jurisdictions and most do not contain definitions which do justice to, nor encompass, the range of domestic/family settings in which women and girls with disability may live or occupy. Nor do they contain definitions which capture the range of relationships and various dimensions and experiences of domestic and family violence as experienced by people with disability, (particularly women and girls with disability).[[59]](#endnote-59)

4.3.2 There is also no overarching, national legislation to prevent and address violence against women, including for family/domestic violence. No existing Commonwealth or jurisdictional domestic/family violence legislation is framed within a truly comprehensive human rights framework setting it in the context of Australia’s obligations to all the international human rights treaties to which it is a party.

4.3.3 The differences in domestic/family violence legislation mean that jurisdictional definitions of what constitutes such violence and what constitutes a ‘domestic relationship’ provide varying levels of protection. For example, domestic/family violence legislation in some jurisdictions recognises violence between persons who live together in the same household (that is, without being in a relationship) as family violence. Other jurisdictions recognise meaningful personal relationships between people outside conventional definitions. Some legislation protects persons in carer relationships, including paid carers; some cover relationships with paid and unpaid carers as long as the relationship is ‘family like’; whilst others cover unpaid carers only. Other legislation, however (such as in Tasmania and Western Australia) do not address relationships with carers at all.

4.3.4 The Commonwealth *Family Law Act 1975,* amended in 2011 through the *Family Law Legislation Amendment (Family Violence and Other Measures) Bill 2011*, contains no over-arching objects or principles, and is not set in a human rights framework. It provides non-exhaustive examples of what constitutes ‘family violence’; however, the examples provided in the Act are still relatively limiting for addressing the dimensions of domestic and family violence as experienced by women and girls with disability.[[60]](#endnote-60)

4.3.5 The definition of ‘family member’ and ‘relative’ in the amended *Family Law Act 1975* do not appear to be broad enough to encompass the range of ‘domestic relationships’ that many people with disability may be in, such those living in institutional, segregated and residential settings. The limiting definition does not cover paid and/or unpaid carers, which makes it problematic in providing protection and or redress for people with disability who experience domestic/family violence at the hands of carers. It is clear that most domestic/family violence legislation in Australia is piecemeal and inconsistent in definitions and scope and focuses largely on protection from intimate partner violence. For women with disability, this means, in effect, that their experiences of domestic/family violence are not properly recognised across the legal system.

4.3.6 For many women with disability, their domestic setting **is** the institutional arrangement they live in, including non-private dwellings and congregate settings. However, violence perpetrated in these living arrangements is rarely understood as domestic and family violence and the responses to this violence rarely include justice based domestic violence interventions.[[61]](#endnote-61) Even in the jurisdictions where domestic and family violence law does cover such settings and domestic relationships with support workers, co-residents and carers,[[62]](#endnote-62) this has not been well understood or acted upon by first responders or specialists from domestic violence support services.

4.3.7 The few studies that have looked at the application of legislation in jurisdictions where domestic and family violence law does cover such settings, have found that it is rarely used to address domestic violence in non-private dwellings and congregate settings, with police reporting that a common barrier was the risk of homelessness for victims and perpetrators with disability who rely on specific living arrangements for their accommodation and support.[[63]](#endnote-63)

4.3.8 From an international law perspective, while the Fourth Action Plan does mention how Australia meets its international commitments through its initiatives, the current National Plan is essentially framed by Australia’s obligations under the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) ([1983] ATS 9) with some reference to the *United Nations Convention on the Rights of the Child* (CRC) ([1991] ATS 4).[[64]](#endnote-64) Yet, addressing violence against women and girls in Australia is equally a key obligation under the five other international human rights treaties to which Australia is a party,[[65]](#endnote-65) as well as the United Nations *Declaration on the Rights of Indigenous Peoples* (UNDRIP), which Australia formally endorsed in 2009.

4.3.9 To date, WWDA is unaware of how the National Plan has been operationalised in a comprehensive human rights framework, to ensure that all women and girls, including those with disability are fully included in public policy and programs on responses to and the prevention of gender-based violence, and are ensured equal access to an effective, integrated response system.[[66]](#endnote-66)

4.3.10 Without appropriate, fit-for-purpose legislation, and a common shared understanding of what constitutes violence against women across jurisdictions, there are limited legal means to address violence against women and girls with disability.

4.3.11 Legislation has the potential to demonstrate that violence against women and girls with disability is a public issue, not a private concern. Conceptual similarities and a shared understanding in jurisdictional domestic/family violence legislation are critical, because they set the scope for who is covered and under what circumstances.[[67]](#endnote-67)

4.3.12 The lack of effective recognition across the legal system results in poorer protection for women and girls with disability and less likelihood of such women and girls benefiting from integrated and coordinated responses and prevention.

4.3.13 WWDA believes that there is an urgent need for the Australian Government to lead work across jurisdictions on ‘developing a shared understanding of what constitutes ‘violence against women’ (including domestic and family violence) within and across jurisdictions’ as ‘an important component for the development of integrated systems and response’.[[68]](#endnote-68)

## 4.4 A diversity lens is not an intersectional approach

4.4.1 WWDA has consistently raised concerns with successive governments, in the context of the current National Plan, that violence against women and girls with disability is more often examined only in the context of the disability service system, the imputed ‘vulnerability’ of people with disability, the failure of service system policies and procedures, the lack of qualified and accredited staff and the lack of rigorous oversight and protective mechanisms. As we have previously said, often, violence, abuse, neglect and exploitation, including gender-based violence are downplayed or sanitised as ‘service incidents.’[[69]](#endnote-69)

4.4.2 This issue has been illustrated during a Public Hearing at the Royal Commission when counsel for the Royal Commission questioned the CEO of a disability service about the choice of language used to describe criminal sexual acts committed by a former employee. It was noted that in describing criminal sexual acts as “disclosures of acts of a sexual nature”, that the CEO could be viewed as “downplaying” the seriousness of the criminal sexual offences that were perpetrated against a number of … residents.[[70]](#endnote-70) Commissioner Atkinson further questioned the CEO: “*a rape of a woman in a closed environment by a man who is a personal carer offering the most intimate of circumstances, is an act of violence, is it not*?”[[71]](#endnote-71)

4.4.3 The evidence provided by the CEO of the disability service during the Public Hearing clearly demonstrates how the priorities of the service clearly overrides those of the survivors and their right to receive a trauma-informed response approach that would be expected for the care of a victim of sexual violence.[[72]](#endnote-72)

4.4.4 While the context (for e.g., a service, a group home etc.) of where violence against women and girls occurs is important to understand the manifestation of such violence, rarely is the underlying driver of this violence - gendered disability inequality and discrimination - identified or acknowledged, and consequently, there is little recognition of the need for social transformation, including community attitudinal and behavioural change, to address this situation.

4.4.5 In comparison, it is now well understood that gender inequality drives violence against women.[[73]](#endnote-73) Gender inequality operates at many levels, ‘from social and cultural norms (the dominant ideas about men and women in society), to economic structures (such as the pay gap between men and women), to organisational, community, family and relationship practices.’[[74]](#endnote-74)

4.4.6 There is also growing recognition that an intersectional approach is essential to prevent and respond to violence against women:

*“The gendered drivers, and reinforcing factors, of violence against women should always be considered together with other forms of social, political and economic discrimination and inequality (such as racism or ableism), as these influence, and intersect with gender inequality.”[[75]](#endnote-75)*

4.4.7 Ableism is the foundation of inequality and discrimination and this underpins the violence, abuse and exploitation experienced by women and girls with disability.[[76]](#endnote-76) However, this is rarely addressed in current Australian violence against women policy and programmatic architecture, more so in primary prevention programs where a diversity lens has been used as opposed to a truly intersectional approach.

4.4.8 A truly intersectional lens would ‘ensure that 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.’[[77]](#endnote-77) For women and girls with disability, gender inequality, disability inequality and intersectional discrimination are interlinked and inseparable. This means that the prevention of violence, abuse, neglect and exploitation requires explicit recognition and comprehensive dismantling of all forms of intersecting inequality and discrimination experienced by women and girls with disability.

4.4.9 This lack of intersectional understanding means that there are few truly comprehensive programs focused on preventing and responding to the manifestations of violence that are targeted at women and girls with disability. Gender-specific respectful relationships programs designed and delivered by women and girls with disability are invaluable and aim to develop a sense of worth and bodily integrity and an understanding of what constitutes violence, abuse, neglect and exploitation. However, such programs are extremely limited and rarely provided to residents within institutional settings.[[78]](#endnote-78)

4.4.10 Resources aimed at disability service providers and support workers often remain non-gender specific, do not understand gender-based violence and are rarely linked to gender-specific, trauma-informed supports.[[79]](#endnote-79)

4.4.11 There are other valuable resources and projects that aim to build knowledge and enhance support for women with disability,[[80]](#endnote-80) enhance accessibility of specialist domestic/family violence services[[81]](#endnote-81) and support women and girls with disability experiencing domestic/family violence, such as WWDA’s and 1800RESPECT’s [Sunny](https://www.1800respect.org.au/sunny) app.[[82]](#endnote-82) However, these are not part of a coordinated, comprehensive plan to prevent and respond to violence experienced by women and girls with disability in Australia and do not necessarily reach women with disability in non-private dwellings or congregate settings.

4.4.12 An intersectional approach to domestic and family violence against women and girls with disability both recognises the forms of violence that women with disability experience and recognises that women and girls with disability do not experience violence as members of a homogenous group but rather, as individuals within a broad community with multidimensional layers of identities, statuses, experiences and life circumstances. A truly intersectional approach also requires targeted measures - disaggregated data collection, genuine consultation, authentic participation, co-designed evidence building and policymaking, enforceability of non-discrimination, and provision of effective remedies.[[83]](#endnote-83)

## 4.5 Challenges within National Policy Environments

4.5.1 WWDA has consistently raised concerns about policy fragmentation and the lack of coordination (both between Commonwealth and jurisdictions, and within Commonwealth agencies) that a truly joined-up approach towards responding to and preventing violence against women simply cannot afford.

4.5.2 While the Australian Government Department of Social Services (DSS) is the lead agency with carriage of the *National Plan to Reduce Violence Against Women and their Children*, individual national programs under the National Plan tend to be owned by or sit within different agencies to give effect to the National Plan’s whole-of-government approach to the issue. A whole-of-government approach is best practice for coherent policy development, an understanding of shared outcomes, program management and service delivery. However, our experience is that there has at times, in the implementation of the current National Plan, been a lack of coordination, information vacuums, governance issues and horizontal tension between agencies.

4.5.3 As such, WWDA’s experience is that Australian Government Departments and agencies have unfortunately tended to operate in ‘silos’ rather than sharing information and working toward measurable, outcomes-focused, shared goals and outcomes. For example, the current National Disability Strategy (NDS) acknowledges the range of evidence that demonstrates that people with disability are at greater risk of violence, abuse, neglect and exploitation, that violence is more common in institutional contexts and that women with disability face greater risks.[[84]](#endnote-84)

4.5.4 However, over the ten-year life of the NDS, the only actions outlined to address this situation have focused on the implementation of the current National Plan and consideration of the recommendations from the 2015 *Senate Inquiry into Violence, Abuse and Neglect Against People with Disability in Institutional and Residential Settings* - with no actions or cross-agency work having ever been clearly articulated. And yet, as previously noted, the National Plan is mostly focused on intimate partner violence and as such does not speak to the other forms of gender-based violence experienced by women and girls with disability within the variety of settings where they live.

4.5.5 The Australian Government’s response to the recommendations from the 2015 *Senate Inquiry into Violence, Abuse and Neglect Against People with Disability in Institutional and Residential Settings* was the establishment of the NDIS Quality and Safeguards Commission, and the referral of the majority of recommendations to the States and Territories. However, the coverage of the NDIS Quality and Safeguards Commission is limited to NDIS service providers and participants (less than 10% of the population of people with disability in Australia) and does not have a clear focus on the gendered dimensions of violence, abuse, neglect and exploitation. The report from the Senate Inquiry recommended that the National Disability Strategy (NDS) should be amended to ensure linkages with domestic violence frameworks and implementation of specific actions to address violence, abuse and neglect of people with disability; and that the *National Plan to Reduce Violence Against Women and their Children* should be amended to cover institutional accommodation settings.[[85]](#endnote-85) This appears not to have been progressed.

4.5.6 Furthermore, as we have outlined in our previous Submissions to the Royal Commission, the National Disability Insurance Scheme (NDIS) does not have a risk assessment process for identifying and responding to violence against people with disability, including identifying and responding to gender-based violence. Although the NDIS provides information on safeguards for NDIS participants to prevent the “risk of harm, abuse, neglect or exploitation”,[[86]](#endnote-86) and to identify individualised strategies within the planning process, these strategies are focused on the provision of advocates, guardians, nominees, service system protocols and external monitoring and complaints mechanisms.

4.5.7 This belies the National Plan’s vision of *‘all systems need to work together to make a major difference to the prevalence and impact of violence against women’*.[[87]](#endnote-87) This type of policy ‘siloing’, domestically and in relation to the international treaties, and lack of understanding of the intersectional and gendered nature of violence against women with disability, contributes to women and girls with disability who experience, and who are at risk of experiencing violence, falling through violence prevention legislation, policy, program and service delivery gaps.[[88]](#endnote-88) As such, the multiple forms and complex nature of violence perpetrated against women and girls with disability currently sit in a legislative, policy and service response vacuum across Australia.

4.5.8 WWDA has previously also echoed ongoing concerns *‘regarding the National Plan’s ability to ensure regular, equal and meaningful consultation and engagement with civil society’*.[[89]](#endnote-89) The dissolution of the National Plan Implementation Panel (NPIP), which was originally designed to provide advice on the implementation of the National Plan and included a number of non-government (NGO) representatives as part of the overall approach to engaging the community on the National Plan, has genuinely limited the NGO sector’s ability to provide ongoing expertise and advice. WWDA is also concerned that existing mechanisms for monitoring and evaluating initiatives under the current National Plan are largely insufficient to measure against outcomes and ‘performance monitoring, evaluation and reporting is not sufficient to provide assurance that governments are on track to achieve the National Plan’s overarching target and outcomes’.[[90]](#endnote-90) There is thus a vital need to develop a robust performance monitoring and evaluation framework (including measures of success) which amplifies and harnesses the expertise of the NGO sector and involves the sector in meaningful ways for any the new National Plan.

4.5.9 WWDA is also concerned that from an international treaties’ perspective, neither the current National Plan nor the National Disability Strategy (NDS) are embedded in a comprehensive human rights framework. As previously stated, the current National Plan is only linked to the CEDAW (with a mention of the CRC) and so is primarily focused on meeting human rights obligations in relation to gender discrimination. The NDS is only linked to CRPD and so is primarily focused on meeting human rights obligations in relation to disability discrimination.

4.5.10 A human rights approach to responding to and preventing violence against women, including women with disability, requires policy frameworks to be developed and operationalised in a comprehensive human rights framework. This means recognising, responding to and preventing 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.

4.5.11 WWDA believes that responding to challenges in national policy environments requires a reassessment of some of the traditional ways of working and solving problems in the Australian Public Service.[[91]](#endnote-91) Linear and traditional approaches to policy formulation and service delivery on issues that cut across portfolios and jurisdictions are inadequate to tackle the issue of violence against women, including violence against women and girls with disability.

4.5.12 Violence against women is an issue with complexity, specificity, and nuance and yet, much can be done within national policy environments to demonstrate leadership and land socially transformative and sustainable outcomes. This needs a whole-of-government approach with genuine collaboration across jurisdictional and agency boundaries, underpinned by integrated, adaptive, flexible approaches to ensure successful information and program management and service delivery. This also needs a ‘higher stakeholder commitment’[[92]](#endnote-92) from the Australian Government including responsiveness to, and robust engagement with, a comprehensive range of stakeholder expertise and views so that there is the courage for policy change or adjustment and Australia has a truly fit-for-purpose national policy and programmatic environment to respond to and prevent all forms of violence against women.

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# 5. Endnotes

1. Committee on the Rights of Persons with Disabilities (2018) [General comment No. 7,](https://undocs.org/en/CRPD/C/GC/7) UN Doc No. CRPD/C/GC/7. [↑](#endnote-ref-1)
2. Committee on the Elimination of Discrimination against Women (2017) General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19. UN Doc No: CEDAW/C/GC/35. [↑](#endnote-ref-2)
3. See: <https://ndda.gov.au/> [↑](#endnote-ref-3)
4. CEDAW/C/AUS/CO/8 [↑](#endnote-ref-4)
5. Council of Europe (2014) [The Convention on Preventing and Combating Violence Against Women and Domestic Violence (also known as the Istanbul Convention)](http://www.coe.int/t/dghl/standardsetting/convention-violence/default_en.asp) [↑](#endnote-ref-5)
6. <https://www.ag.gov.au/about-us/who-we-are/committees-and-councils/meeting-attorneys-general> [↑](#endnote-ref-6)
7. <https://www.pm.gov.au/media/national-cabinet-statement-2> [↑](#endnote-ref-7)
8. <https://www.ag.gov.au/about-us/who-we-are/committees-and-councils/meeting-attorneys-general> [↑](#endnote-ref-8)
9. For example, in its 2019 Concluding Observations for the review of Australia’s compliance with the Convention on the Rights of Persons with Disabilities (CRPD), the Committee recommended that Australia: adopt uniform legislation prohibiting forced sterilisation, the administration of contraception and the imposition of abortion procedures on women and girls with disability; adopt clear legislative provisions that explicitly prohibit unnecessary, invasive and irreversible medical interventions, including surgical, hormonal or other medical procedures on intersex children before they reach the legal age of consent; and provide adequate counselling and support for the families of intersex children and redress to intersex persons having undergone such medical procedures; prohibit the use of non-consensual electroconvulsive therapy on the basis of any form of impairment; and ensure that the free and informed consent of the person concerned is provided prior to any medical treatment. The Committee also recommended to: develop nationally consistent disability justice plans across governments to ensure that people with disability are supported in accessing the same legal protections and redress as the rest of the community; eliminate substitute decision-making; repeal laws and policies and cease practices that enable the deprivation of liberty on the basis of impairment and that enable forced medical interventions on people with disability, particularly Indigenous peoples with disability; and end the practice of detaining and restraining children with disability in any setting. The Committee also recommended that Australia: establish a nationally consistent legislative and administrative framework for the protection of all people with disability, including children, from the use of psychotropic medications, physical restraints and seclusion and the elimination of restrictive practices, including corporal punishment, in all settings, including the home; and ensure that organisations of people with disability can effectively engage in the establishment and work of the OPCAT national preventive mechanism. See: Committee on the Rights of Persons with Disabilities (2019) [Concluding observations on the combined second and third periodic reports of Australia](https://undocs.org/CRPD/C/AUS/CO/2-3), adopted by the Committee at its 511th meeting (20 September 2019) of the 22nd session; UN Doc. CRPD/C/AUS/CO/2-3. [↑](#endnote-ref-9)
10. See: CRC/C/15/Add.268; CRC/C/AUS/CO/4; A/HRC/17/10; CEDAW/C/AUL/CO/7; CAT/C/AUS/CO/4-5; A/HRC/WG.6/10/L.8; CRPD/C/AUS/CO/1; A/HRC/31/14; A/HRC/22/53; CCPR/C/AUS/Q/6; FIGO (International Federation of Gynecology and Obstetrics), [Female Contraceptive Sterilization](http://wwda.org.au/wp-content/uploads/2013/12/FIGOGuidelines2011.pdf). See also: World Medical Association (WMA) in conjunction with the International Federation of Health and Human Rights Organizations (IFHHRO) (2011) [Global Bodies call for end to Forced Sterilization: Press Release](http://wwda.org.au/issues/sterilise/sterilise2011/sterilwma2011/), 5 September 2011. [↑](#endnote-ref-10)
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