

CHANGING THE LANDSCAPE

**A national resource to prevent
violence against women and
girls with disabilities**

*Women*withdisabilitiesvictoria
empowering women

**Our
WATCH**
End violence against
Women And Their Children

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This resource makes a number of suggestions for further reading. These suggestions are hyperlinked in the online version of this resource, which is available at www.ourwatch.org.au

ACKNOWLEDGEMENT OF COUNTRY

Our Watch and Women with Disabilities Victoria (WDV) acknowledge and pay respect to the traditional owners of the land on which this resource was developed, the Wurundjeri people of the Kulin Nation.

We also acknowledge the traditional owners and custodians of country across Australia, including those of the many different nations whose lands are home to the Project Advisory Group members and the many people across Australia who contributed to this national resource. We pay respect to all traditional owners, their cultures and their respective Elders, past and present.

Our Watch and WDV also acknowledge Aboriginal Community Controlled Organisations, such as First People's Disability Network Australia, who are working to advance and protect the human rights of Aboriginal and Torres Strait Islander people with disabilities.

Do you need information about how to respond to violence?

Please call 000 if you are in danger now.

This resource is not about crisis situations, referrals, or how to respond to disclosures of violence.

- If you need counselling or support, or help to manage a disclosure of violence or make a referral, please call **1800RESPECT** (the National Sexual Assault and Domestic Family Violence Counselling Service) on **1800 737 732** or [chat to someone online](#). These services are available 24 hours a day, 7 days a week.
- If you need someone to translate a phone call into a language other than English, call the [Translating and Interpreting Service](#) (TIS National) on **13 14 50**.
- If you find it difficult to hear or speak, contact the [National Relay Service](#) (NRS) via any of their phone numbers or access points, including **0423 677 767** (SMS relay), **1300 555 727** (voice relay) or **133 677** (TTY).
- For more information about getting help if you or someone you know is experiencing violence, read **Women with Disabilities Australia's** page '[Getting help](#)'.
- For more information on what to do if someone discloses violence, read:
 - **Our Watch's** support page [Know what to do when someone discloses violence](#)
 - **Women with Disabilities Victoria's** [Family violence response for women with disabilities: A quick guide to safely managing disclosures](#).
- For information for frontline workers supporting people with disabilities who have been impacted by violence and abuse, read **1800RESPECT's** [Disability Support Toolkit](#).



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Recognition of work in the field

Our Watch and Women with Disabilities Victoria (WDV) undertook this project in partnership with, and informed by, the lived experiences and perspectives of women with disabilities. We thank our Project Advisory Group members and the stakeholders who agreed to consult with us, for their time, insights and expertise throughout the project.

Our Watch and WDV acknowledge the commitment, advocacy and activism of the disability rights and women's movements, and the generations of disability, feminist and other activists and advocates who created the environment in which this work can be undertaken. We also acknowledge women and girls with disabilities, particularly those who identify as victim-survivors of violence and those who have lost their lives as a consequence of violence.

Our Watch is not a Disabled People's Organisation, but recognises and centres the lived experience of women and girls with disabilities. Our Watch works in solidarity with women with disabilities to address ableism and to inform policy and practice through the development and use of this resource.

IN MEMORY OF SUE SALTHOUSE

We pay tribute to Sue Salthouse, a long-time and prominent advocate, ambassador and leader, who worked tirelessly for the rights of women and girls with disabilities. In order to advance the work of Our Watch on the prevention of violence against women and girls with disabilities, Sue made a significant donation that enabled us to start the work that later led to the development of this resource. Sue remained a valued member of the Project Advisory Group until her death in July 2020. Her deep knowledge and valuable contributions are truly missed by those who are continuing this work.



Acknowledgements

This resource would not have been possible without the generous and critical contributions of many people, all of whom helped shape, inform and improve the resource as it developed over its two-year lifespan. In particular Our Watch sincerely thanks the following people.

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Kathryn Aedy (Vic),
Multicultural Centre for Women's Health
Leona Berrie (Qld), WWILD
Dr Marg Camilleri (Vic),
Criminal Justice, Federation University
Ellen Fraser-Barbour (SA),
independent consultant
Heidi La Paglia (Tas),
Women with Disabilities Australia
Francesca Lee (Vic), Brain Injury Matters
Nicole Lee (Vic), independent consultant
Diane McCarthy (Vic), Children and
Young People with Disability Australia
Gillian O'Brien (Qld), WWILD
Frances Quan Farrant (Qld),
People with Disability Australia
Sue Salthouse (ACT),
Women with Disabilities ACT and Our Watch
Rosanna Smith (Qld), independent consultant
Debra Swann (Vic), independent consultant
Juana Terpou (WA), Sexuality Education
Counselling & Consultancy Agency Inc
Natalie Tomas (Vic),
Office of the Public Advocate

The 39 people who participated in individual or small group consultations:

Louise Bannister (ACT),
Women with Disabilities ACT
Jody Barney (Vic), Australian Federation
of Disability Organisations
Shelley Birrell (Qld),
Queenslanders with Disability Network
Heather Bond and Mandy Thompson
(Qld), Northern Queensland Domestic
Violence Resource Service
Jax Jacki Brown (Vic), independent consultant
Amanda Cassidy and Keisha
Walker (Tas), Safe Choices
Maree Corbo and Carmel Simpson
(NT), Tangentyere Council
Monique Dam (NSW), Domestic Violence NSW
Katrina Dee (SA), Youth,
Women's Safety & Wellbeing Division,
Women's and Children's Health Network
Tina Dixson and Vanamali Hermans (ACT),
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Libby Eltringham (Vic), Victorian Centres
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Mary Mallett (ACT),
Disability Advocacy Network Australia

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Tammy Milne (Tas), independent consultant

Tess Moodie (Tas), independent consultant

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Women's Health and Family Services

Michelle O'Flynn and Emma Phillips (Qld),
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Dr Amie O'Shea (Vic),
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Maeve Kennedy (Vic), independent consultant

The resource was authored by Melissa O'Reilly, Senior Policy Advisor, Women with Disabilities and Dr Emma Partridge, Manager, Policy and Evidence at Our Watch, with ongoing expert advice, input and review undertaken by Jen Hargrave, Senior Policy Officer, Women with Disabilities Victoria.

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We also thank the Our Watch CEO, Board and Chair for their governance, leadership and support of this work.

Responsibility for any errors, omissions and limitations rests with Our Watch.

Message from Our Watch Inaugural Chair **Natasha Stott Despoja**

The single biggest risk factor for being a victim of domestic, family violence or sexual assault in Australia today is being female. For women and girls with disabilities, the rates of violence are even higher – higher than for both men with disabilities and people without disabilities.

Women and girls with disabilities not only experience the same forms of violence as other women, but also experience disability-specific forms of violence. This can include restrictive practices, violence perpetrated by carers, and violence in disability services. For women and girls with disabilities who experience other forms of oppression – based on factors such as race or age – experiences of violence can be compounded even further.

Despite this, the voices of women with disabilities have often been excluded from policy, data collection approaches, community discussions, and responses to violence. This was the potent message of my friend, the late Sue Salthouse, a much-admired and loved Our Watch ambassador. She was a tireless advocate for the rights of women and girls with disabilities. Sue made a significant donation to enable Our Watch to begin a piece of work to better understand what is driving violence against women and girls with disabilities, and to develop an approach to prevent it. That work led to the development of this resource, which is part of Sue's incredible legacy.

Changing the landscape not only explains the underlying and intersecting drivers of violence against women and girls with disabilities, but also identifies the actions we must take to address these drivers and how these actions must be implemented. It shows that action to prevent this violence and promote gender and disability equality must be taken at all levels of society – we all have a role to play.

I am proud that Our Watch has undertaken this resource during my tenure. It means a lot to me as the daughter of a woman with a disability and with passion for the rights of women. I hope this resource helps guide and support the work of governments and of many organisations and individuals, as part of shared nationwide efforts to enable women and girls with disabilities to live free from violence.

– **Natasha Stott Despoja AO, Chair, Our Watch (June 2013–July 2021)**

Message from Women with Disabilities Victoria's Chief Executive Officer **Nadia Mattiazzo**

Women with Disabilities Victoria (WDV) began as a collective of women with disabilities, who from the very start wanted to address the high rates of violence we experience. Nearly 30 years have passed since then. In this time, public awareness of gender-based violence and disability-based violence has moved from denial to wider understanding across our community.

Despite the cultural change that has happened across the country, we still find violence against women and girls with disabilities is prevalent, excused and ignored. When we look at the data, the truth is stark. In Australia, women with disabilities are more than twice as likely to have experienced physical violence in the last 12 months, and twice as likely to experience sexual violence over their lifetime than women without disabilities.¹ Further, we know the available data, in fact, underrepresents violence against women with disabilities due to disability access barriers to gender-based violence surveys and gendered barriers in disability abuse reporting systems.

Like Our Watch, WDV believes that violence against women and girls with disabilities is preventable.

We believe that by shifting sexist and ableist attitudes and structures, we can stop this violence at the start. That is why we called this resource, '*Changing the landscape*'. Many of the women we consulted with about what to title this resource highlighted the array of factors right across society that need to shift in order to change these underlying drivers of violence against women and girls with disabilities. Embracing the input from those consulted, the resource is a positive, future-focused guide to changing the systemic, structural and cultural 'landscape' in order to prevent this violence.

Whether you work in violence prevention, disability services, or another area, at WDV we hope that *Changing the landscape* will be useful to you. We hope this resource can help you understand what drives violence against women and girls with disabilities and how we can all act to prevent it. We also hope this resource drives the national action that is needed.

We would like to thank everyone who contributed to this resource: Our Watch, the Project Advisory Group members, and those who attended consultations. We particularly acknowledge the late, great Sue Salthouse who initiated this work as an Our Watch ambassador, Women with Disabilities Australia (WWDA) member, and Women with Disabilities ACT member. We also thank WWDA for their leading work building gender and disability rights nationally, and supporting this project. In any action we take to change the landscape, the voice of women with disabilities is critical.

– **Nadia Mattiazzo, Chief Executive Officer, Women with Disabilities Victoria**

Structure

This resource does not have to be read from cover to cover. If you are looking for particular information you can find it quickly by using the [Contents](#) page.

This resource is organised into six sections:

SECTION 1 – Introduction: introduces the resource and methodology.

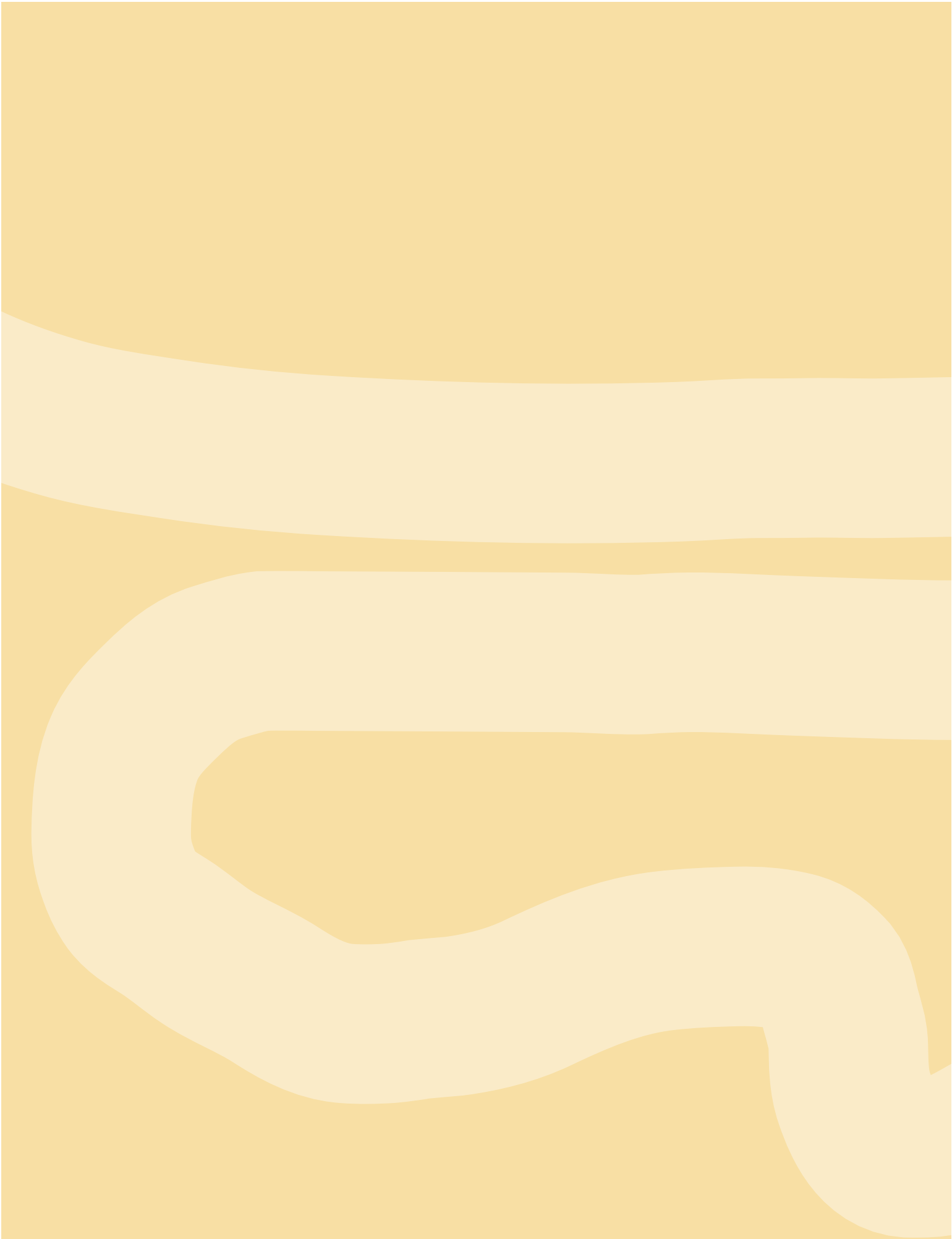
SECTION 2 – Conceptual foundations and guiding principles: outlines and explains the theories, frameworks and principles used in this resource.

SECTION 3 – Understanding violence against women and girls with disabilities: describes the nature, extent and dynamics of violence against women and girls with disabilities.

SECTION 4 – The intersecting drivers of violence against women and girls with disabilities: points to gender inequality and ableism as the drivers of violence against women and girls with disabilities. It explains and unpacks these drivers, presents a conceptual model to show how they intersect, and describes some of the factors that reinforce this violence.

SECTION 5 – Actions to prevent violence against women and girls with disabilities: provides a set of essential actions for a broad range of stakeholders that together tackle the underlying drivers of violence against women and girls with disabilities. This section also provides supporting actions to address the reinforcing factors of violence against women and girls with disabilities.

SECTION 6 – Principles for prevention in practice: offers a set of principles to guide the implementation of the essential and supporting actions to prevent violence against women and girls with disabilities.





Section 1 – Introduction

About this resource

Violence against women and girls with disabilities is a serious violation of human rights. Across every state and territory in Australia, women and girls with disabilities experience violence, abuse and neglect at much higher rates than men with disabilities or people without disabilities.² Despite the limited data on violence against women and girls with disabilities globally, evidence demonstrates that the high rates of violence against women and girls with disabilities is a consistent pattern in many countries around the world.³ However, this violence is not inevitable – it is preventable.

To stop violence against women and girls with disabilities before it starts, it is critical to identify and address the underlying drivers of violence – that is, the factors that lead to violence and enable it to continue. This resource names specific, intersecting expressions of gender inequality and ableism as the underlying drivers of this violence. This approach, which works to address the drivers of violence and thus prevent the violence occurring, is known as primary prevention.

Primary prevention is different from the critical work that intervenes in, or responds to, violence and provides support to victim-survivors.

Australian governments have primary responsibility for ensuring the health, safety and equality of women and people with disabilities as part of their international human rights obligations. There are many important prevention actions that only governments can initiate.

However, this is not only a government responsibility. Every sector, institution, organisation, community and individual has a role in preventing violence against women and girls with disabilities.

This resource is intended to serve as a companion document to [Change the story: A shared framework for the primary prevention of violence against women in Australia](#). *Change the story* brings together international research, and nationwide experience, on what drives violence against women, and what is needed to guide an effective national approach to preventing this violence.

Changing the landscape: A national resource to prevent violence against women and girls with disabilities complements, but also expands on and extends, the evidence and guidance in *Change the story* by:

- building and deepening the understanding of violence against women and girls with disabilities and its dynamics and impacts
- offering a conceptual model that explains the underlying and intersecting drivers of this violence
- providing a set of essential actions that address the underlying drivers of violence against women and girls with disabilities at all levels of society
- providing supporting actions to address the reinforcing factors of violence against women and girls with disabilities
- offering principles for prevention that guide the way in which the essential and supporting actions should be implemented.

Our vision

Our vision for Australia is a society where all women and girls are equal, respected, and live free from violence.

By taking a primary prevention approach, we can eliminate violence against women and girls with disabilities before it occurs.

Advancing gender and disability equality will not only help to end violence against women and girls with disabilities – it will help build a society where women and girls with disabilities are valued and are able to fully realise their human rights. This includes participating in all places where people live, learn, work and socialise, and in all aspects of society, on an equal basis with all other people.

Increasing gender and disability equality will create better health outcomes for women and girls with disabilities, more cohesive workplaces and communities, more respectful relationships, and equal decision-making practices in public and private spaces.

An Australia where all women live free from violence is an achievable long-term goal. It can only be realised by addressing the drivers of this violence, which are deeply entrenched in our culture, society and communities.

We all have a role to play in creating an Australia that is respectful, equal, and free from violence.

Who should use this resource?

This resource offers guidance to support evidence-informed, intersectional and respectful approaches to policy and practice that aim to prevent violence against women and girls with disabilities, across jurisdictions and sectors.

It is relevant to anyone involved in policy development or program funding, design, planning or implementation, and those working 'on the ground' in numerous fields – including disability-specific and violence-specific roles, as well as other more general contexts.

Key concepts and language

When understanding violence against women and girls with disabilities, and how it can be prevented, it is important to be specific about language and conceptual framing.

[Appendix 1](#) provides definitions and explanations of key concepts used in this resource, including on how *Changing the landscape* defines women and girls; the use and limitations of binary language; the use of 'person-first' language and the term 'women and girls with disabilities' rather than 'women and girls with disability'; and the use of the term 'gender equality' rather than 'gender equity'.

Readers are encouraged to consult this appendix, as well as the [Glossary of terms](#) at the end of the document, as these explanations and definitions are a lens through which the entire framework should be understood.

Methodology

This resource has been developed based on:

- A background paper that examines ableism, gender inequality, discrimination and violence against women and girls with disabilities.ⁱ This background paper is mainly focused on the Australian context, but it also draws on some international literature, and includes both peer-reviewed and grey literature.
- The available guidance about the primary prevention of violence against women, in particular Our Watch's *Change the story*.
- The guidance and collaboration of two Project Advisory Groups. See [Acknowledgements](#) and [Appendix 2 – Project Advisory Groups](#) for more information.
- [National stakeholder consultation](#) with 39 experts in disability, gender equality and violence against women, including policy and practice experts, and activists and consultants with lived experience of disability. All states and territories were represented.

i The background paper was developed as part of a larger collaborative project between Our Watch and WDV.



Section 2 – Conceptual foundations and guiding principles

Approaches to preventing violence against women and girls with disabilities must be based on a carefully developed framework that is informed by relevant evidence and theory, strongly upholds human rights, and is guided by appropriate principles. This will help to ensure that approaches are as effective as possible, and also that they are inclusive, transformative, and do not inflict further harm.⁴

This resource builds on the previous research on, and frameworks for, the primary prevention of violence against women and their children developed by Our Watch.

This section explains the key concepts, theoretical frameworks and principles that underpin this resource, including primary prevention, gender equality, disability, human rights, intersectional feminism and the socio-ecological approach.

Primary prevention of violence

The primary prevention of violence is a social change strategy that aims to stop violence against women from happening in the first place. The term ‘primary prevention’ draws from public health and refers to addressing the ‘primary’ or underlying drivers of a problem to prevent it from occurring.

Change the story is Australia’s national policy framework for the primary prevention of violence against women. It provides guidance for a national approach to changing the underlying social conditions that produce and drive this violence. *Change the story* makes clear that the prevention of violence against women is an ambitious and long-term approach that aims for widespread social change. The framework shows that prevention must work across the whole population to challenge the harmful attitudes, beliefs, values, practices and power imbalances that drive this violence.⁵

Examples of primary prevention approaches include school-based approaches to promote respectful relationships and gender and disability equality, and initiatives to reduce the disrespectful portrayal of women and girls with disabilities in the media.⁶ Some people may be doing primary prevention work without thinking of it as such – for example, by addressing unequal policies and practices in the workplace, such as inaccessible hiring practices, pay gaps, or the lack of women with disabilities in leadership roles.

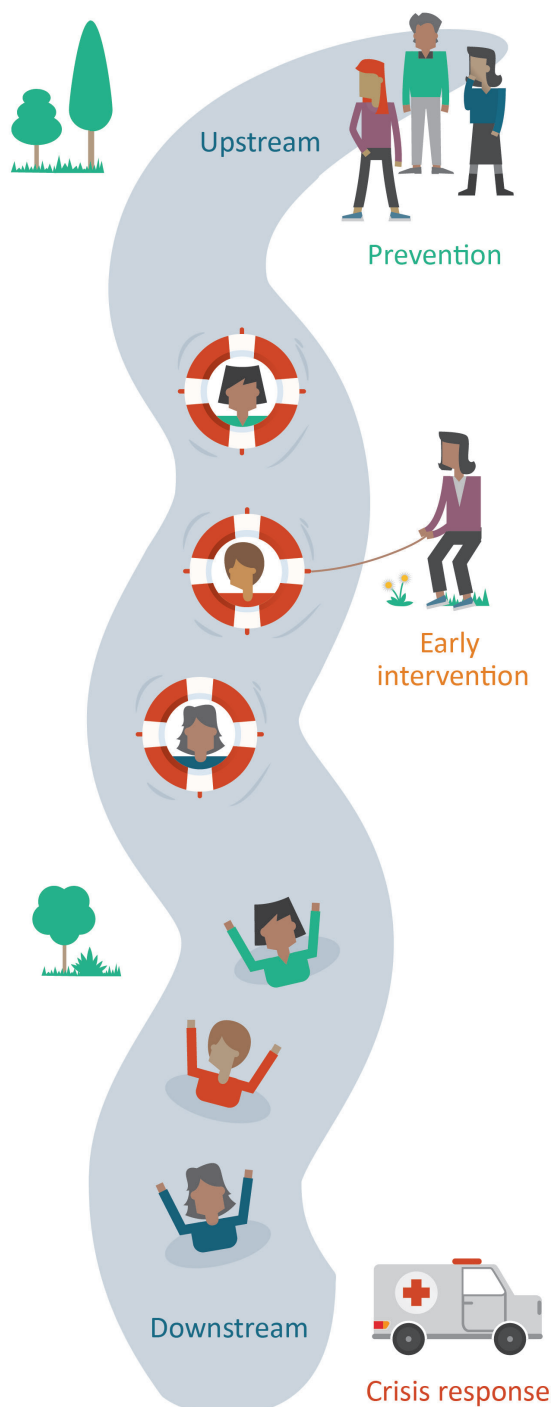
Prevention is distinct from both early intervention and response efforts, which intervene when there are early signs of violence or respond after violence has occurred. The focus in this resource is specifically on primary prevention, as it is this approach that is needed to stop violence from occurring in the first place. However, a comprehensive and holistic approach to violence against women and girls with disabilities must involve a continuum of interlinked strategies, where prevention, early intervention and response initiatives complement and support each other.

Primary prevention is also sometimes referred to as an ‘upstream’ approach. Rather than waiting to treat the problem of violence against women and girls with disabilities ‘downstream’, when it has become a very damaging and costly crisis requiring early interventionⁱⁱ or crisis response efforts,ⁱⁱⁱ primary prevention means identifying and changing what is happening ‘upstream’, in order to prevent the problem from occurring in the first place.

-
- ii Early intervention approaches intervene when there are early signs or indicators of likely violence. Examples of early intervention initiatives include delivering training programs for young boys who are exhibiting sexist behaviours and attitudes towards women and girls, or connecting women who are experiencing ‘warning signs’ of violence to information and services as early as possible, rather than when they are in a crisis situation.
 - iii Response efforts aim to support people who have experienced violence, or hold people to account for using violence. Examples of response efforts include crisis counselling, medical support, police protection or response, and case management for people who have disclosed experience(s) of violence (e.g. offering support to secure housing, advocating for people navigating the legal system, or providing referrals for support or children’s services).

Figure 1
Primary prevention of violence as an
'upstream' approach.

[See alternate text for Figure 1 on page 81.](#)



Gender equality

This resource is guided by the principle of gender equality. Gender equality involves equal opportunities and just outcomes for people of all genders. Achieving this requires redistributing resources and responsibilities, and transforming the factors that cause gender inequality.⁷ Gender equality is about recognising diversity and addressing disadvantage to ensure fair outcomes for all and it therefore often requires women-specific programs and policies to end existing inequalities.⁸

Gender equality also means upholding the rights of women and girls as codified in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),⁹ which is the most comprehensive human rights instrument to protect women from discrimination and uphold their fundamental rights in all aspects of life.

To achieve gender equality, a gender transformative approach is necessary, to challenge the causes of gender inequality, strengthen actions that promote gender equality, and achieve long-term changes in gender relations and power dynamics across society.

For information on why this resource uses the term 'gender equality' over 'gender equity', refer to [Appendix 1 – Notes on language](#).

Understanding disability

In this resource, the term ‘disability’ is used to describe the range of physical, cognitive, sensory, psychosocial and other disabilities people experience, including chronic illness. In Australia, around 20 per cent of the population has a disability.^{iv 10}

The meaning of ‘disability’ has evolved and developed over time, and not all people experience or understand disability in the same way. Some do not have an official diagnosis; some may not want a diagnosis, or do not identify with their diagnosis; and others are misdiagnosed for various reasons, such as the use of culturally inappropriate, gender-biased or otherwise discriminatory assessment tools.^{v 11} The concept of disability is also culturally specific.¹² For example, some Aboriginal and Torres Strait Islander people may have traditional understandings of disability that differ from western concepts, and they may be less likely to self-identify or to identify another person as having a disability.¹³ However, there is generally a high level of stigma associated with disability across most communities.¹⁴

The social model of disability

This resource is framed by a particular understanding of disability: the social model of disability (‘the social model’), which is embedded in the [United Nations Convention on the Rights of Persons with Disabilities](#) (CRPD).¹⁵ The social model arose from the disability rights movement in the United Kingdom in the 1980s and became the central concept around which people with disabilities began to understand and interpret their common experiences of oppression and exclusion, and collectively develop strategies for social change.¹⁶

The social model makes an important distinction between impairment and disability. According to the social model, impairment refers to a person’s actual functional limitation, whereas disability exists as the result of the interaction between a person’s impairment and barriers related to environments, institutions, communication and attitudes. The social model explains that it is these barriers that create disability and restrict a person with disability’s equal participation in society.¹⁷ [Figure 2](#) describes in detail the barriers identified by the social model of disability.

The social model is different to the medical model of disability, which focuses on the person’s impairment and views disability as an individual problem that needs to be fixed or treated by medical professionals. The medical model focuses on what a person with disability cannot do and cannot be, assumes people with disabilities have a lower quality of life, and views people with disabilities as objects of charity, medical treatment and social protection.¹⁸

In Australia, legal frameworks, policy and planning about the lives of people with disabilities – including where they live, how decisions about their lives are made, and how they can access public spaces – are largely influenced by the medical model of disability.¹⁹ This model promotes ‘special’ laws, policies and practices, segregation, and paternalistic processes such as substituted decision-making.²⁰

The social model of disability instead recognises that people with disabilities have the same human rights and fundamental freedoms as all other people and are capable of claiming their rights and making their own informed decisions.²¹ The social model emphasises society’s responsibility to recognise and remove the barriers that prevent people with disabilities from effectively exercising their rights and being active members of society.²²

iv In 2018, the Australian Bureau of Statistics recorded that 17.8% of women and 17.6% of men in Australia have a disability.

v Example: evidence suggests that the criteria to diagnose autism spectrum disorder are gender-biased and that as a result, females with autism spectrum disorder are often undiagnosed or misdiagnosed (Haney, J., 2016).

If the social model of disability is not applied to work that aims to prevent violence against women and girls with disabilities, there are risks that:

- Prevention initiatives will not represent women and girls with disabilities.
- Community events will be held without thought to disability access.
- Training will be delivered that does not reach women and girls with disabilities.
- Service systems will run services without the flexibility to make reasonable adjustments like longer session times, outreach, and using different communication systems.

APPLYING THE SOCIAL MODEL OF DISABILITY IN PRACTICE

The social model of disability can be applied in many contexts to identify and address access barriers. The following example shows the risks of not applying the social model when planning a community event.

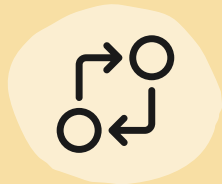
Organisers of a community event have not considered how to make their event accessible. The event includes online event information on a webpage that does not adhere to the Web Content Accessibility Guidelines (WCAG 2.0), a registration portal that does not ask about disability access requirements such as assistance from the venue's door to the event room, and slideshows with significant amounts of text in a small font size with low colour contrast ratios that is not audio described or read out by the presenter.

The social model identifies that it is the environmental and communication barriers that make this event inaccessible to people with vision impairment. It says that changes are needed to multiple aspects of the event (for example, adhering to WCAG guidelines in the webpage, and adding audio descriptions to slideshows) to make it more accessible.

FURTHER READING ABOUT THE SOCIAL MODEL OF DISABILITY

- [People with Disability Australia: Social Model of Disability](#) (includes videos with captions and Auslan interpreting)
- [United Nations Convention on the Rights of Persons with Disabilities](#) (CRPD)
- [Australian Federation of Disability Organisations: Social Model of Disability](#)

Figure 2
Barriers identified by the social model of disability.



ATTITUDES

Negative stereotypes, prejudice, discrimination and bullying

Examples:

- assumptions that people with disabilities can't do certain things
- low expectations of what people with disabilities can achieve.



ENVIRONMENT

Inaccessible physical environments

Examples:

- buildings without accessible toilets for people with impaired mobility
- poor lighting that makes it difficult for a person with low vision to see
- acoustics and infrastructure designed without consideration of the need for quiet, low-sensory zones for people who are neurodivergent.



INSTITUTIONS

Laws, policies, practices and strategies that discriminate against people with disabilities

Examples:

- the denial of workplace adjustments to enable a person with disability to do their work or be hired for a role
- gaps in the service system that mean many people with disabilities are required to meet the cost of essential services on a level of income support that leaves little to cover basic living costs or support a decent standard of living.²³



COMMUNICATIONS

Barriers that affect hearing, speaking, reading, writing and/or understanding

Examples:

- videos without audio descriptions for people with vision impairment, or without captions or Auslan interpreting for people with hearing impairment
- complicated resources that are not provided in Plain Language or Easy English for people with cognitive disability²⁴
- inaccessible communication styles for people who are neurodivergent.²⁵

Human rights principles

This resource is underpinned by the human rights principles enshrined in international instruments and agreements. The foundation of international human rights law is the principle that ‘all human beings are born free and equal in dignity and rights’.²⁶

United Nations conventions to which Australia is a signatory recognise that women and girls with disabilities have the same human rights and fundamental freedoms as all other people. Article 6 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) explicitly states the obligation of all signatories to take all appropriate measures to ensure that women and girls with disabilities can effectively exercise and enjoy their human rights and fundamental freedoms.

Violence and discrimination against, and the oppression and devaluation of, women and girls with disabilities are fundamental ethical and social justice issues and violations of human rights.²⁷

The rights of women and girls with disabilities are upheld in a variety of human rights instruments, including:

- [United Nations Convention on the Rights of Persons with Disabilities \(CRPD\)](#)
- [International Convention on the Elimination of All Forms of Discrimination against Women \(CEDAW\)](#)
- [United Nations Convention on the Rights of the Child](#)
- [International Convention on the Elimination of All Forms of Racial Discrimination](#)
- [United Nations Declaration on the Rights of Indigenous Peoples](#)
- [United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment \(CAT\)](#)
- [United Nations International Covenant on Civil and Political Rights](#)
- [United Nations International Covenant on Economic, Social and Cultural Rights](#)

To learn more about the United Nations and the rights of women and girls with disabilities, refer to Women with Disabilities Australia (WWDA)'s [United Nations Conventions webpage](#).

Intersectional feminist approach

This resource applies an intersectional feminist approach to understanding violence against women and girls with disabilities. ‘Intersectionality’ is a term introduced in 1989 by Kimberlé Crenshaw to shine a light on the compounding oppression experienced by Black American women as a result of the intersection of sexism and racism. Intersectional feminism has built on this theory and broadened its focus to now provide a lens with which to understand the multiple intersecting and reinforcing systems and structures of power and oppression in society.

Intersectional feminism helps us to critically analyse privilege and power. It shows how society’s systems and structures, such as health, education, social security, immigration, and legal and justice systems,²⁸ routinely privilege certain societal groups, while oppressing and disadvantaging others based on factors such as disability, class, gender, ethnicity and sexuality.²⁹ For example, while women as a group face gender discrimination, dominant social systems favour and privilege women without disabilities over women with disabilities. An intersectional feminist approach helps show that while women as a group face gender discrimination and people with disabilities face disability discrimination, both forms of oppression intersect in the lives of women and girls with disabilities to drive the disproportionate rates of violence they experience.

Inequality, discrimination and oppression are not additive – which means that the particular experiences of women and girls with disabilities cannot be explained by a simple addition of the effects of multiple forms of oppression.³⁰ Instead, these particular experiences occur when different forms of oppression intersect and interact.

Socio-ecological approach

A socio-ecological approach is a response to the evidence that ‘no single factor can explain why some women or groups of women experience higher rates of violence than others, while others are more protected from it.’³¹ This approach views violence against women as the outcome of interactions among many factors at different levels of society – the individual and relationship level, the organisational and community level, the system and institutional level, and the societal level.³²

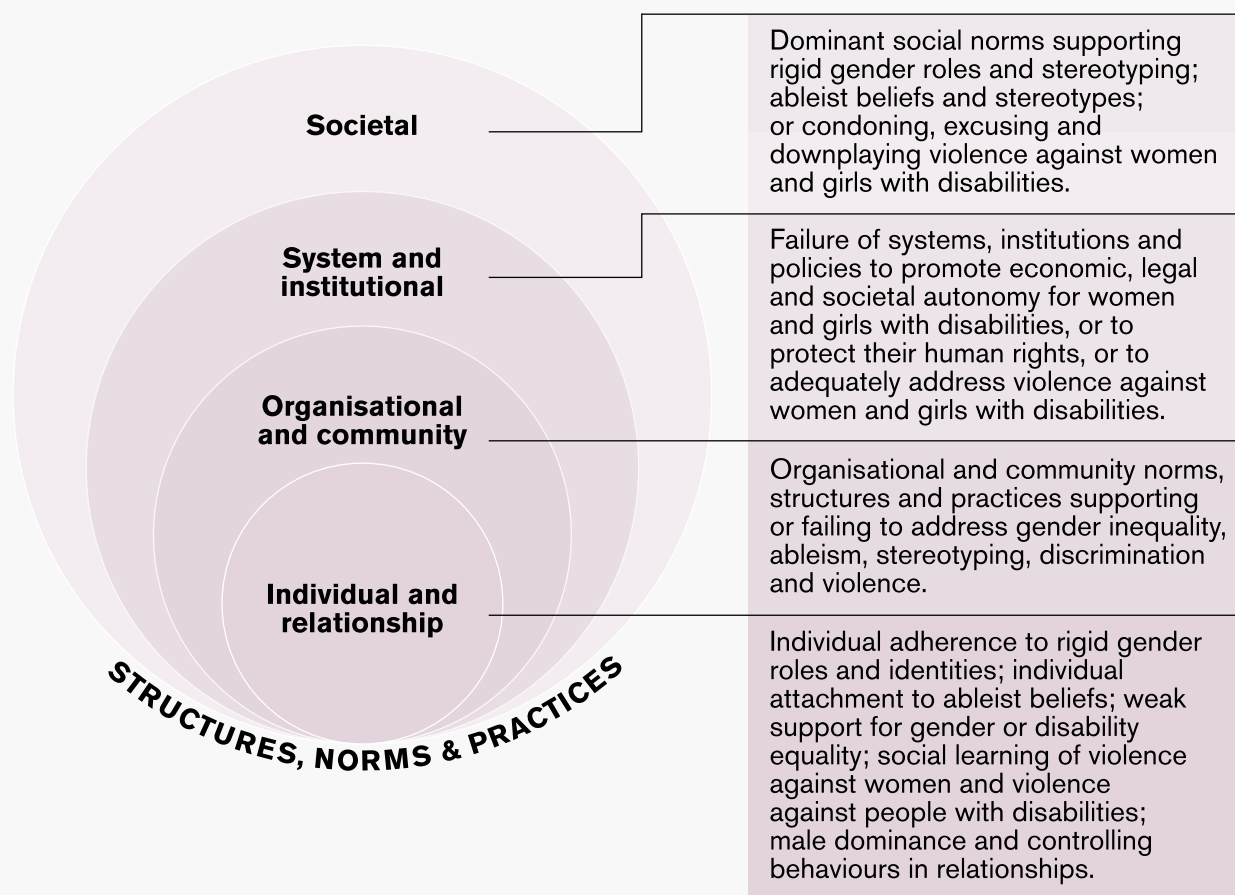
These factors include the ideas, values or beliefs that are common or dominant in a society or community – called social norms. These norms are reflected in institutional, organisational, community and relationship practices or behaviours, and are supported by social structures, both formal (such as legislation) and informal (such as hierarchies within a family or community).³³ A socio-ecological analysis treats the interaction between factors at the different levels as being of equal importance to the influence of factors within a single level. This analysis helps explain violence against women and girls with disabilities in a social context, rather than as only an individual act.

Figure 3

The socio-ecological model of violence against women and girls with disabilities, adapted from *Change the story*.

[See alternate text for Figure 3 on page 81.](#)

Examples of structures, norms and practices found to increase the probability of violence against women and girls with disabilities, at different levels of the social ecology.





Section 3 – Understanding violence against women and girls with disabilities

Violence against women and girls with disabilities is a prevalent, serious and preventable form of human rights abuse. This violence takes many forms, occurs at all levels of society, and can be perpetrated by both individuals and institutions, in many different contexts. This section is designed to build understanding of what violence against women and girls with disabilities in Australia looks like, including the different forms this violence takes, the rate or prevalence of this violence, and its characteristics and dynamics.

Violence against women and girls

This resource uses the United Nations' definition of violence against women, which considers violence against women as any act of gender-based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life. Further, the United Nations indicates that gender-based violence is 'violence that is directed against a woman, because she is a woman, or that affects women disproportionately'.³⁴

Violence against women is a broad term that includes a wide range of violence, harassment and abuse that women experience over their lifetime. This includes, but is not limited to, forms of violence and abuse, or threats of such acts, that are:

- physical
- sexual
- emotional
- psychological
- cultural
- spiritual
- financial
- technology-facilitated.

It can be a one-off incident or an ongoing pattern of behaviour where a perpetrator deliberately acts in a coercive way to exert control over their victim's life. Violence within intimate relationships, in particular, is often characterised by a dynamic of coercion and control where the perpetrator chooses to use a pattern of behaviours that are specifically designed to exert power over the victim and to control them.

It happens in public and private life, including in relationships and families, in social and recreational settings, in workplaces, schools and other educational institutions, online and on the street. Violence against women is overwhelmingly perpetrated by men, and most often by someone known to the victim-survivor.³⁵

All forms of violence against women occur in the context of gender inequality and other forms of systemic and structural oppression and discrimination. There is a spectrum of gendered harm that women experience, from cultures of sexism through to coercion, control or violence. This spectrum of harm occurs as a result of living in a society where the structures, norms and practices of gender inequality – as well as other forms of oppression, marginalisation and discrimination – create unequal, rigidly gendered and violence-supportive cultures that enable these harms to continue.

For more information about violence against women and girls, and for a detailed conceptual analysis of what drives this violence, refer to Our Watch's [*Change the story, Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children*](#), or the [*Prevention Handbook*](#) website.

Violence against women and girls with disabilities

Women and girls with disabilities experience all the forms of violence described above. But Australian and international research has found that violence against women and girls with disabilities tends to occur more frequently, over a longer period of time, across a wider range of settings, and to be perpetrated by a greater range of people than violence against women and girls without disabilities.³⁶

Experiences of violence can be compounded further for women and girls with disabilities who experience other forms of oppression such as racism, homophobia and heteronormativity, ageism and classism.³⁷

In response to the extreme nature and high prevalence of violence against people with disabilities in Australia, and after extensive lobbying and advocacy work by people with disabilities, a Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was established in April 2019. Information about the Royal Commission can be found on the [Royal Commission's website](#).

Prevalence of violence

Women and girls with disabilities experience all forms of violence at higher rates than men with disabilities (with the exception of physical violence)^{vi} or people without disabilities.³⁸ Sixty-five per cent of women with disabilities report experiencing at least one incident of violence since the age of 15.³⁹

While women in general report higher rates of sexual violence and intimate partner violence than men, Australian data indicate that women with disabilities are two times more likely than women without disabilities to have experienced sexual violence.⁴⁰

vi The percentage of men with disabilities who have experienced physical violence since the age of 15 is 47%, compared to 40% of women with disabilities. The percentage of women with disabilities who've experienced physical violence since age 15 is higher than for women without disabilities (26%), or men without disabilities (38%).

Evidence indicates that between 25 per cent and 33 per cent of women with disabilities have experienced sexual violence, compared to an estimated 15–16 per cent of women without disabilities, 6.6 per cent of men with disabilities and 3.9 per cent of men without disabilities.⁴¹ The differences are similar with regard to intimate partner violence, with between 30 per cent and 36 per cent of women with disabilities reporting experiences of intimate partner violence, compared to 20–21 per cent of women without disabilities, 11 per cent of men with disabilities and 6 per cent of men without disabilities.^{vii 42}

Evidence shows that rates of violence can be even higher for people with psychosocial disabilities, intellectual disabilities, or complex communication needs.⁴³ Women’s disabilities can also often be caused by violence, as male intimate partner violence is a leading contributor to disability and illness.⁴⁴

Rates of violence are likely to be higher for women and girls with disabilities who also experience other forms of oppression, based on factors such as race or sexuality.⁴⁵ Aboriginal and Torres Strait Islander women are more likely to have a disability than non-Aboriginal and Torres Strait Islander people,⁴⁶ and evidence suggests that the prevalence of violence experienced by Aboriginal and Torres Strait Islander women with disabilities is significantly higher than violence against non-Aboriginal or Torres Strait Islander women with disabilities.⁴⁷

Evidence also suggests that lesbian, gay, bisexual, trans and intersex (LGBTI) people with disabilities experience higher rates of discrimination, exclusion and restrictions on freedom of sexual expression than other people with disabilities, and LGBTI people without disabilities.⁴⁸

There are a range of data limitations in this field, especially a lack of quantitative data and data that is gender and disability disaggregated. These arise from barriers to reporting, the exclusion of women and girls with disabilities from data collection methods, and the legitimisation and concealment of violence and abuse in some settings. As a result of these limitations, the rates of violence are believed to be higher than the data suggests.⁴⁹

Types of violence

Women and girls with disabilities can experience many forms of violence and abuse related to their gender and disability.⁵⁰ These various forms of violence often interact and overlap.⁵¹ Women and girls with disabilities can experience all the forms of violence that women and girls without disabilities experience, as well as all the forms of violence that men and boys with disabilities experience. There are also some specific forms of gendered violence that are perpetrated against women and girls with disabilities at significantly higher rates.


[Table 1](#), on the following pages, describes some of the forms of violence experienced by women and girls with disabilities, including some forms that are legally sanctioned.

vii Young women with disabilities are twice as likely to experience intimate partner violence than young women without disabilities: Centre of Research Excellence in Disability and Health (CRE-DH). (n.d.). [Violence against young people with disability in Australia – Fact sheet no. 2](#).

Table 1

Types of violence experienced by women and girls with disabilities.

Type	Definition	Examples
Disability hate crimes⁵²	Crimes, typically involving violence, that are motivated by extreme ableism, where the perpetrator targets someone because of their disability	<ul style="list-style-type: none">▪ Can include any form of violence against a person with disability
Domestic violence (a form of intimate partner violence)	Violence in domestic settings between two people who are, or were, in an intimate relationship	<ul style="list-style-type: none">▪ Can involve any of the other forms described in this table (e.g. physical, sexual, emotional, psychological or financial abuse)
Family violence	A broader term than domestic violence as it extends to violence between family members ⁵³ (including e.g. elder abuse, adolescent violence against parents, or violence from co-residents)	<ul style="list-style-type: none">▪ Can involve any of the other forms described in this table (e.g. physical, sexual, emotional, psychological or financial abuse)
Financial abuse	Limiting or removing someone's access to their money or controlling their financial decisions	<ul style="list-style-type: none">▪ Withholding money (including government pensions) for necessities like food, medication or disability-related equipment⁵⁴▪ Not allowing access to debit/credit cards▪ Abusing access to a PIN number when helping a woman with disability manage her bank account▪ Limiting access to employment



Type	Definition	Examples
Intimate partner violence	Violence within current or past intimate relationships ⁵⁵ (including marriages, de facto relationships, and other intimate relationships between people who may or may not live together)	<ul style="list-style-type: none"> Can involve any of the other forms described in this table (e.g. physical, sexual, emotional, psychological or financial abuse)
Medical exploitation or abuse	Acts, treatments and procedures that interfere with the autonomy of a person to make decisions about their health	<ul style="list-style-type: none"> Forced or coerced psychiatric interventions (e.g. electroconvulsive therapy)⁵⁶ Withholding of, or forced, medication or medical intervention
Neglect	Depriving a person of the necessities of life such as food, water, shelter, clothing, medical care, or education, either wilfully or passively ⁵⁷	<ul style="list-style-type: none"> Withholding or delaying personal care or access to disability-related equipment Tampering with medication or mobility or communication devices Denying that someone needs the supports they say they need
Physical violence	Behaviour that intentionally harms a person's body	<ul style="list-style-type: none"> Punching, hitting, slapping, kicking, strangling <p>Note: Physical violence can also be directed towards the assistance animals of people with disabilities.</p>

Type	Definition	Examples
Psychological/emotional abuse	Behaviour that aims to cause emotional or psychological harm	<ul style="list-style-type: none"> ▪ Verbal aggression ▪ Coercive control – a pattern of abusive, coercive and intimidating behaviour that aims to dominate and control someone, causing them to feel controlled, overpowered and scared. Can include physical, financial, emotional or psychological behaviours (e.g. gaslighting) ▪ Humiliation, regularly putting someone down to damage their self-worth⁵⁸ ▪ Stalking⁵⁹ (repeated contact, harassment, threats, tracking or spying) ▪ Threats e.g. of violence, institutionalisation, withdrawing care, having children removed, harming pets, assistance animals or family members ▪ Denying or trivialising the experience of disability ▪ Isolating a person, or preventing them from seeing certain people ▪ Denying, revealing or threatening to reveal someone’s gender identity or sexuality^{viii}
Restrictive practices^{ix}	Practices or interventions that restrict the rights or freedom of movement of a person with disability	<ul style="list-style-type: none"> ▪ Physical restraint – a person using their body to restrain someone ▪ Mechanical restraint – using equipment to restrain someone ▪ Chemical restraint – using drugs/medicines to restrain or control someone ▪ Seclusion – putting a person in a room or space they cannot leave either because the exit is locked or barred, or because there are real or perceived consequences for leaving ▪ Environmental restraint – preventing or restricting someone’s access to the community, areas of their homes (including fridges or cupboards), or personal possessions (including disability aids)

^{viii} This can include misgendering (e.g. using a pronoun that does not correctly represent a person’s gender identity) and deadnaming (referring to a transgender or non-binary person by their birth or other former name).

^{ix} Refer to National Disability Services. (2017). *Recognising restrictive practices: A guide* (PDF download) for further information about restrictive practices.

Type	Definition	Examples
Sexual and reproductive coercion or violence	Acts, treatments and procedures that interfere with the autonomy of a person to make decisions about their sexual and reproductive health	<ul style="list-style-type: none"> ▪ Reproductive coercion (including forced or coerced pregnancy) ▪ Forced abortion, contraception or sterilisation ▪ Withholding contraception
Sexual harassment	Any unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated, where a reasonable person would anticipate that reaction in the circumstances ⁶⁰	<ul style="list-style-type: none"> ▪ Unwelcome sexual advances or requests for sexual favours ▪ Suggestive comments or innuendo ▪ Unwanted text messages, emails, or contact via social media that is sexual in nature (including photographs)
Sexual violence/ assault	Sexual activity that happens where consent is not obtained or freely given. It occurs any time a person is forced, coerced or manipulated into any sexual activity	<ul style="list-style-type: none"> ▪ Rape ▪ Sexual assault ▪ Unwanted sexual touch ▪ Forced marriage
Spiritual and cultural abuse	Using spiritual or religious ideas or beliefs to hurt, scare or control someone	<ul style="list-style-type: none"> ▪ Not allowing a person to practice their beliefs or customs ▪ Forcing someone to practise beliefs or customs which they do not believe in⁶¹
Technology-facilitated abuse	Using technology to harass, threaten, monitor, control, impersonate or intimidate	<ul style="list-style-type: none"> ▪ Sending nude or embarrassing images of a person to others without consent ▪ Removing or limiting access to a means of communication

Sexual and reproductive coercion or violence is a form of gendered violence that is perpetrated more often against women and girls with disabilities.⁶² This includes practices such as forced or coerced sterilisation, abortion and contraception. These practices are legally permitted and practised in Australia, despite being internationally recognised as violence, and despite serious concern expressed by people with disabilities, advocates, the UN Committee on the Rights of Persons with Disabilities and the UN Committee on the Elimination of Discrimination against Women.⁶³

In Australia, many women and girls with disabilities are denied their human rights to receive information and make decisions about their own fertility, sexuality, sexual expression, and sexual and reproductive health.⁶⁴ Mothers with disabilities are also more likely to experience threats regarding the removal of their children because of the mother's disability.⁶⁵ Mothers with disabilities in Australia are up to ten times more likely to have a child removed from their care, often because of their disability rather than evidence of child neglect or abuse.⁶⁶

All these practices are underpinned by the medical model of disability, as well as the following sexist and ableist stereotypes of women and girls with disabilities as:

- childlike and innocent (and therefore in need of protection)
- promiscuous and hypersexual (and therefore in need of control)
- asexual or unable to engage in sexual relations (and therefore not in need of sexual education)
- incapable parents (and therefore in need of being stopped from having children).⁶⁷

For further information about the types of violence women and girls with disabilities experience, see Women with Disabilities Australia's Our Site page [What is violence?](#) or the fact sheet [What is violence?](#).

Contexts and perpetration

Violence against women and girls with disabilities occurs in a range of settings, including those that are public (for example, online,^x on the street or on public transport, in workplaces, in social and recreational settings), private (for example, homes and family settings, some online settings) and institutional and/or segregated (for example, education and health care systems, disability service settings such as group homes or day services, prisons).⁶⁸

The interpersonal violence women and girls with disabilities experience is often perpetrated by multiple people,⁶⁹ and by a range of people, including:

- intimate partners and ex-partners
- family members
- friends
- carers and support workers
- other service providers and staff of medical, disability, transport and other services
- workplace colleagues
- peers
- strangers.⁷⁰

As with violence against women generally, violence against women and girls with disabilities is usually perpetrated by men who are known to them.⁷¹ Further, the evidence shows that it is overwhelmingly men without disabilities that perpetrate this violence.⁷²

While the vast majority of violence against women is perpetrated by men, some women do perpetrate violence against women and girls with disabilities (for example, female workers in disability service settings). However, this is gender-based violence regardless of the gender of the perpetrator, because it is violence that targets women disproportionately and is perpetrated in the context of gender inequality.⁷³ Violence against women and girls with disabilities is typically used as a tool to incite fear and maintain power and control.⁷⁴

x Note: online can be a public and/or a private setting.

Impacts of violence

Women and girls with disabilities do not all experience violence in the same way, and the impacts of this violence vary for different women and girls. However, violence often has serious and long-term impacts on women's health and wellbeing. Violence against women also has serious impacts on families, children, communities, and society as a whole.⁷⁵

Experiencing violence at any age leads to an increased likelihood of negative health outcomes, including chronic disease, mental health conditions such as anxiety and depression, suicidal ideation, suicide attempts and suicide.⁷⁶ These impacts can be worse when multiple forms of violence are experienced, or when violence is experienced over time.⁷⁷ Women with disabilities are more likely than others to experience 'negative psychological consequences' (including anxiety and depression) due to the impacts of violence and/or the barriers and discrimination they face when reporting or disclosing violence, or seeking access to justice and support.⁷⁸ Violence against women and girls with disabilities can also exacerbate pre-existing disabilities or result in new disabilities.⁷⁹

As with violence against women generally, violence against women and girls with disabilities is usually perpetrated by men who are known to them.⁸⁰ Further, the evidence shows that it is overwhelmingly men without disabilities that perpetrate this violence.⁸¹



Section 4 – The intersecting drivers of violence against women and girls with disabilities

This section names ableism and gender inequality as the two consistent drivers of violence against women and girls with disabilities. It describes how specific expressions of ableism and gender inequality intersect to drive this violence and presents a conceptual model to depict these intersecting drivers visually.

For explanatory purposes, gender inequality and ableism are described as separate processes. However, different forms of inequality, discrimination and oppression are not separate or additive, but rather are intersecting, mutually reinforcing and compounding processes.⁸² For further information, see the section on the [Intersectional feminist approach on page 23](#).

This section then takes a closer look at how other forms of oppression can play a role in driving violence against women and girls with disabilities and affect its prevalence and dynamics. Finally, this section examines the influence of various reinforcing factors on this violence.

Ableism and gender inequality: drivers of violence against women and girls with disabilities

Through an extensive search of the literature, consultation with stakeholders across Australia, and the guidance of two expert Project Advisory Groups, it is evident that the two consistent drivers of violence against women and girls with disabilities are ableism and gender inequality.

[Figure 4](#), on the following page, is a conceptual model that shows how specific expressions of gender inequality and ableism intersect and compound to create an environment in which violence against women and girls with disabilities is perpetrated, accepted and, in some cases, even encouraged.⁸³

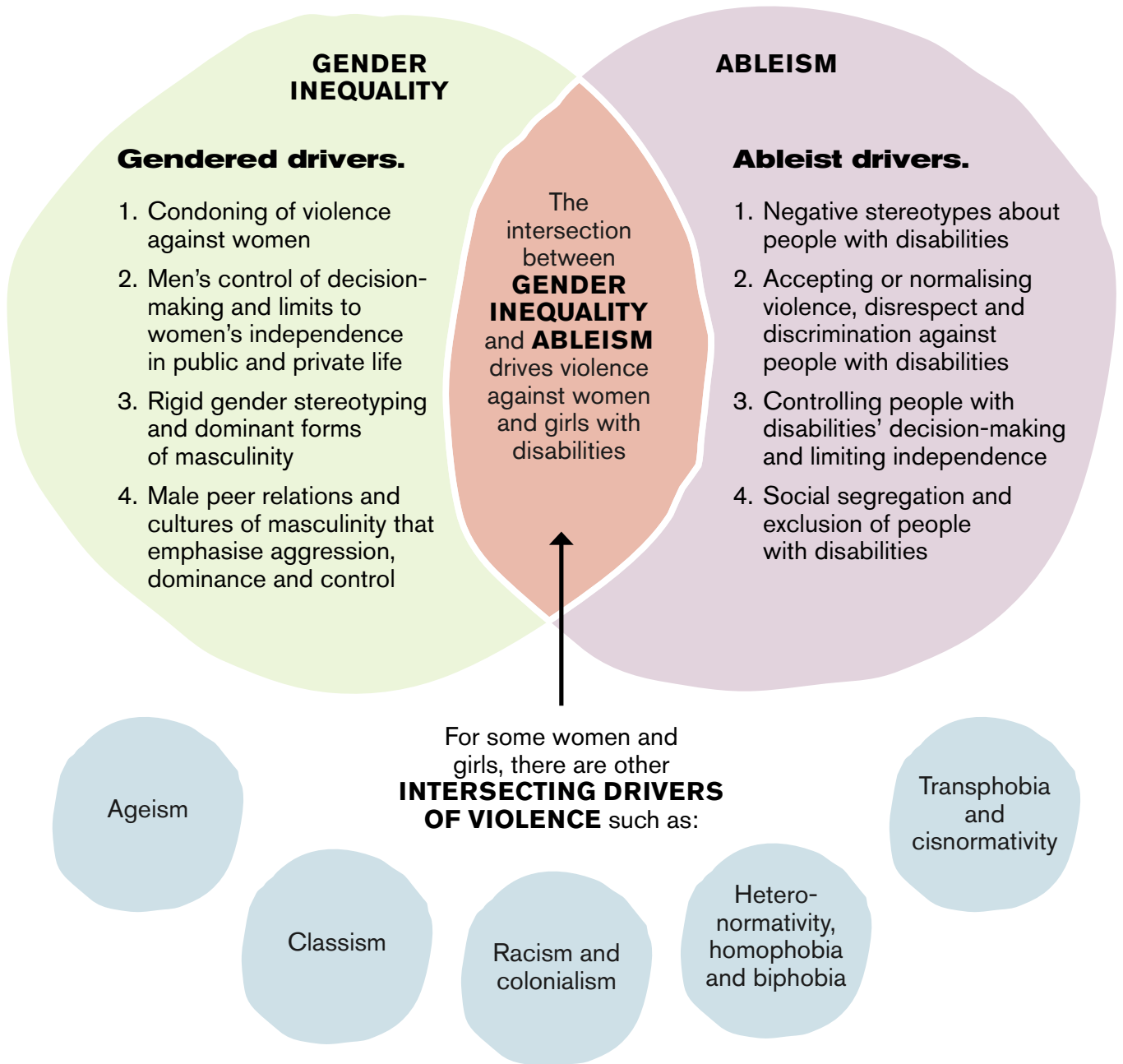
There are other factors that may increase the likelihood of violence in some contexts but that are not sufficient to explain or predict this violence on their own. These 'reinforcing factors' are discussed on [page 47](#).

The conceptual model is a simplification of a very complex issue. It seeks to visually depict, and help to build understanding of, the intersection between gender inequality and ableism as the key drivers of violence against women and girls with disabilities. It also shows how other forms of oppression such as racism and homophobia can play a role in driving or influencing the prevalence and dynamics of this violence.

In Australia, data about violence against women and girls with disabilities is only beginning to be sufficient to inform evidence-based primary prevention initiatives. Although this conceptual model draws on the evidence base and stakeholder input, it is a preliminary model intended to inform both current prevention work and ongoing research, and which can be tested and modified over time as more evidence emerges.

Figure 4
 Conceptual model of the intersecting drivers of violence against women and girls with disabilities.

[See alternate text for Figure 4 on page 82.](#)



How gender inequality drives violence against women and girls with disabilities

Change the story points to the importance of understanding violence against women not as an individual act, but as a social problem. It makes clear that the kind of society we live in is a key reason why there is such a high prevalence of violence against women. Understanding this ‘social context’ for violence against women is critical. Specifically, *Change the story* names gender inequality as the social context in which violence against women occurs. Gender inequality is when unequal value is afforded to men and women and there is an unequal distribution of power, resources and opportunity between them. Higher levels of violence against women are consistently associated with lower levels of gender equality in both public life and personal relationships.⁸⁴

Change the story points to four gendered drivers of violence against women – specific expressions or manifestations of gender inequality that are the most consistent predictors of violence against women and explain its gendered patterns. These gendered drivers, shown in the conceptual model (see [Figure 4](#)), are detailed in the following pages.

MORE INFORMATION

For more information on ways that gender inequality drives violence against women and their children, refer to Our Watch’s [Change the story](#), [Changing the picture](#) and [Men in focus: Unpacking masculinities and engaging men in the prevention of violence against women](#), or Our Watch’s short video [Let’s change the story: Violence against women in Australia](#).

Figure 5

The gendered drivers of violence against women, as described in *Change the story*.

Driver 1.

Condoning of violence against women

Driver 2.

Men’s control of decision-making and limits to women’s independence in public and private life

Driver 3.

Rigid gender stereotyping and dominant forms of masculinity

Driver 4.

Male peer relations and cultures of masculinity that emphasise aggression, dominance and control

Gendered driver 1.**Condoning of violence against women**

When societies, institutions or communities support or condone violence against women, levels of such violence are higher.⁸⁵ Individual men who hold these beliefs are more likely to perpetrate violence against women. Condoning of violence against women occurs both through attitudes and social norms and through legal, institutional and organisational structures and practices that justify, excuse or trivialise this violence.

Examples: believing violence is justified if a woman cheats on her partner, or blaming a woman for being assaulted while intoxicated or because of what she was wearing.

Gendered driver 2.**Men's control of decision-making and limits to women's independence in public and private life**

Violence is more common in relationships in which men control decision-making and limit women's autonomy, have a sense of ownership of or entitlement to women, and hold rigid ideas on acceptable female behaviour.⁸⁶ Constraints on women's independence and access to decision-making are also evident in the public sphere, where men have greater control over power and resources. This male dominance, power and control and the limiting of women's autonomy collectively contribute to men's violence against women by sending a message that women have lower social value and are less worthy of respect.

Gendered driver 3.**Rigid gender stereotyping and dominant forms of masculinity**

Promoting and enforcing rigid, binary^{xi} and hierarchical gender stereotypes reproduces the social conditions of gender inequality that underpin violence against women. In particular, stereotypes of masculinity play a direct role in driving men's violence against women. Men who form a rigid attachment to socially dominant norms and practices of masculinity are more likely to demonstrate sexist attitudes and behaviours, hold violence-supportive attitudes, and perpetrate violence against women.⁸⁷ Globally, rates of violence are higher in societies, communities and relationships where there are more rigid distinctions between the roles of men and women, and more stereotypical notions of the 'ideal' man or woman, and where dominant forms of masculinity are rigidly adhered to.⁸⁸

While some men challenge or reject these stereotypes of masculinity, there are many who accept and support them, or who feel pressure to live up to them. Further, many men do nothing to challenge this gendered system which benefits them and negatively impacts women.

Gendered driver 4.**Male peer relations and cultures of masculinity that emphasise aggression, dominance and control**

Male peer relationships (both personal and professional) that are characterised by aggression, dominance, control or hypersexuality are associated with violence against women.⁸⁹ In such peer groups, adherence to these dominant forms of masculinity increases men's reluctance to take a stand against violence-supportive attitudes, and can increase the use of violence itself. Structural factors – such as poor organisational cultures, inadequate policies and insufficient penalties – can support or excuse violence-supportive attitudes and behaviour, particularly in male-dominated contexts.⁹⁰

xi Gender stereotypes are based on a binary notion of gender, which considers that there are only two genders, male and female. People are expected to act in ways considered 'masculine' or 'feminine', depending on their sex assigned at birth. These binary stereotypes can ignore or make invisible people who are intersex and whose bodies do not conform to a binary notion of sex, as well as trans and gender diverse people whose gender identities do not align with a binary notion of gender.

How ableism drives violence against women and girls with disabilities

Ableism is the system of beliefs, processes and practices that privilege people without disabilities, and disadvantage and exclude people with disabilities.⁹¹ These beliefs include dominant ideas and expectations about typical abilities of people's bodies and minds. Society applies these standards to determine who is worthy, able or 'normal', and discriminates against and disadvantages people who fail to meet this imaginary standard.⁹² These ableist beliefs, processes and practices lead to people with disabilities being denied their fundamental human rights and being generally devalued in society.⁹³ They also create the kind of social context which gives rise to, and supports violence against people with disabilities.

Ableism manifests in many ways. However, research and consultation undertaken for this project suggests that there are particular expressions of ableism that play a role in driving violence against women and girls with disabilities. These ableist drivers of violence occur at multiple levels of society and interact with and reinforce each other. This section discusses these factors and the effects they can have on women and girls with disabilities.

Figure 6

The ableist drivers of violence against women and girls with disabilities.

Driver 1.

Negative stereotypes about people with disabilities

Driver 2.

Accepting or normalising violence, disrespect and discrimination against people with disabilities

Driver 3.

Controlling people with disabilities' decision-making and limiting independence

Driver 4.

Social segregation and exclusion of people with disabilities

Ableist driver 1.

Negative stereotypes about people with disabilities

Negative stereotypes, assumptions and attitudes about people with disabilities can directly contribute to, and motivate, the perpetration of violence against this group.⁹⁴ Ableist stereotypes and stigma are common across society, although they may look different in different communities.⁹⁵ Such stereotypes depict people with disabilities in a variety of sometimes contradictory ways, such as ‘child-like, burdensome, tragic, dangerous, incapable, extraordinary, sexless, genderless or hypersexual’.⁹⁶ These stereotypes lead to incorrect assumptions about the lives, needs and desires of people with disabilities.

For instance, stereotypes that people with disabilities do not have sexual desires or want intimate relationships can lead to the incorrect assumption that people with disabilities do not require sex education or respectful relationships education.⁹⁷ Stereotypes that people with disabilities are incapable or dangerous can be used to justify the use of restrictive, controlling and exclusionary practices. Low expectations about the capabilities of people with disabilities (for example, that they are not capable of participating in higher education or being employed in professional roles) can reduce their opportunities to access and participate in those aspects of society. These are only a few examples of the impacts of stereotypes on the lives of people with disabilities.

Ableist stereotypes also intersect with gendered stereotypes to compound or intensify the negative effects on women. Women with disabilities may be viewed as failing to meet society’s expectations of how women should look or act, including the expectation that women should be mothers, carers and nurturers.⁹⁸ This can contribute to beliefs about women with disabilities being incapable parents who should have their fertility controlled or their children removed,⁹⁹ or being burdens on their carers, partners or lovers – stereotypes that are not applied to men with disabilities, who are often not

expected to fulfil caring or nurturing roles. Further, stereotypes of women and girls with disabilities being vulnerable and in need of benevolent protection, or hypersexual and promiscuous, inform restrictive and controlling policies and practices over the sexual and reproductive health of women and girls with disabilities (for example, forced contraception or sterilisation).¹⁰⁰ Particular stereotypes have also formed around particular impairment types, meaning some women and girls with disabilities will experience ableist stereotypes and forms of discrimination more acutely than others.

Men who use violence against women become skilled at targeting women who they perceive to be socially isolated, less able to successfully disclose violence, easier to discredit, less likely to be believed, or more ‘vulnerable’.¹⁰¹ While this risk of violence therefore arises from the characteristics of the perpetrators, perpetrators can be motivated by pervasive sexist and ableist stereotypes,¹⁰² such as stereotypes of women and girls with disabilities as powerless, physically helpless and inherently vulnerable.

These stereotypes can be portrayed in the media, reflected in the policies and practices of service providers, organisations and institutions, and held by different community members, including those who work closely with people with disabilities.¹⁰³ Stereotypes about people with disabilities can also intersect with other stereotypes, such as those related to race (including First Nations status¹⁰⁴), age or sexuality, compounding their impacts.

These negative stereotypes, perceptions and assumptions both stem from, and reinforce and justify, disrespect and discrimination towards people with disabilities. They contribute to people with disabilities being perceived as less worthy of respect and as more legitimate targets of violence, and they also support and reinforce the other ableist drivers of violence.¹⁰⁵

Ableist driver 2.

Accepting or normalising violence, disrespect and discrimination against people with disabilities

The societal devaluation of people with disabilities creates the context in which the various forms of violence perpetrated against this group are accepted and normalised. When society accepts or normalises violence against a particular group of people, levels of such violence are higher and people who perpetrate such violence are less likely to be held to account.¹⁰⁶

Ways that violence, disrespect and discrimination against people with disabilities are accepted or normalised include:

- Condoning and permitting certain forms of violence, such as restrictive practices, in laws and policies.¹⁰⁷
- Justifying the behaviour, such as claiming that restrictive practices like chemical and physical restraint are necessary in certain circumstances, for example to control ‘behaviours of concern’.
- Excusing the behaviour by attributing it to other factors, for example carer burnout or stress.
- Downplaying and trivialising violence, and limiting accountability for violence, especially in service or institutional settings. This occurs when violence is reclassified as a less serious ‘incident’, or as misconduct, or when an incident of violence is seen as an internal issue that requires performance management rather than a crime that warrants investigation or legal action.¹⁰⁸ For women with intellectual disabilities, violence is sometimes downplayed as having a lesser impact because of stereotypes that women with intellectual disabilities do not have feelings or opinions.¹⁰⁹

- The ‘halo effect’, where a partner or carer is seen as an ‘angel’ who can do no wrong. As a result, any violence they use is dismissed or defended, including sometimes by the victim-survivor themselves.¹¹⁰ Persistent social attitudes about people with disabilities as ‘burdens’ suggest that they should be grateful to anyone providing care for them, even if that carer is abusive or violent.¹¹¹
- Victim blaming and the use of deficit language, where a person’s disability is depicted as making them vulnerable to violence or making violence inevitable.
- Media responses to violence against people with disabilities that uphold the ‘burden’ narrative, which limits perpetrators’ accountability and can be used to excuse violence.¹¹²
- Normalising disrespect towards people with disabilities through microaggressions,^{xii} labelling, judgements and paternalism, and within peer relations between people without disabilities, for example through jokes that humiliate or ridicule people with disabilities, or carers and disability workers speaking disrespectfully about their clients.¹¹³

xii Microaggressions include patronising interactions such as assuming people with disabilities cannot do certain things, addressing a partner/friend/family member/carer instead of talking to the person with disability directly, and congratulating a person with disability for being out of the house.

Ableist driver 3.

Controlling people with disabilities’ decision-making and limiting independence

People with disabilities routinely have their rights to independence and to make decisions about their lives restricted and undermined in a range of settings and contexts, in formal and informal ways, and at all levels of society.

In Australia, there are laws and policies that formally deny or diminish the ability of people with disabilities to exercise their legal capacity and rights to decision-making and independence, such as policies of substitute decision-making.^{xiii} Substitute decision-making arrangements are widely opposed by Disabled People’s Organisations in Australia.¹¹⁴ They can undermine the individual autonomy, preferences and rights of people with disabilities, for example by enabling forced medical interventions or placements in segregated facilities, or by removing choice and control over finances, living situations and social participation.¹¹⁵ Instead, these decisions become the choices of other people such as carers, guardians, family members, National

Disability Insurance Scheme (NDIS) planners or plan nominees, service providers and policy-makers. Such laws and policies, and the processes through which they are developed, also typically fail to account for gender or the differences between men and women with disabilities.^{xiv} This further reduces opportunities for women and girls with disabilities to be independent and act as decision-makers.

Despite decades of activism from disability rights advocates, including calls for ‘nothing about us without us’, people with disabilities, especially women, remain significantly underrepresented in positions of power, particularly in roles responsible for decisions that affect their lives. This has a compounding and circular effect, because when they are in positions of power, women with disabilities are more likely than others to make decisions that promote and secure the rights of women with disabilities.¹¹⁶

Women and girls with disabilities are more likely than men and boys with disabilities to be ignored or disregarded in decision-making regarding issues that impact their lives, such as their health care, living arrangements,

xiii Although permitted in Australia, substitute decision-making arrangements are in violation of the CRPD and other UN recommendations. Article 12 of the CRPD upholds the right of all people with disabilities to equality before the law and full legal capacity to hold and exercise rights, and subsequent comments by the Committee on the Rights of Persons with Disabilities state that the ‘human rights-based model of disability implies a shift from the substitute decision-making paradigm to one that is based on supported decision-making’ (para 1.3) and that substitute decision-making regimes such as guardianship, conservatorship and mental health laws ‘must be abolished in order to ensure that full legal capacity is restored to persons with disabilities on an equal basis with others’ (para 7): Committee on the Rights of Persons with Disabilities. (2014). *General comment No. 1, Article 12: Equal recognition before the law* (11th session, UN Doc CRPD/C/GC/1, 19 May 2014), para 1.3; United Nations General Assembly. (2006). *Convention on the Rights of Persons with Disabilities* (Treaty Series, 2515, 3).

xiv For example, the *National Disability Strategy 2010–2020* ‘does not include any gender-specific measures to ensure the rights of women and girls with disability’ (Davy, L., Fisher, K.R., Wehbe, A., Purcal, C., Robinson, S., Kayess, R., & Santos, D. [2019]. *Review of implementation of the National Disability Strategy 2010–2020*) and has been criticised as an ‘un-gendered framework that ignored gender equality’: Women with Disabilities Australia. (2020). *WWDA’s response to the NDS Position Paper: The National Disability Strategy beyond 2020*. The *Disability Discrimination Act 1992* does not mention gender, women or girls. Further, the National Disability Insurance Agency (NDIA) does not have a gender strategy despite the gender differences in NDIS access (as of 2019, 37% of participants were women, compared to 62% men (NDIA. [2019]. *Analysis of participants by gender*). Finally, while the NDIS Quality and Safeguarding Framework identifies strategies to prevent, report and respond to broader experiences of violence against people with disabilities, it does not include any specific actions to address gender-based violence experienced by women with disabilities.

sexual and reproductive autonomy, and right to have children.¹¹⁷ In these cases, women and girls with disabilities' decision-making rights are often undermined by other people being enabled to speak for them or make decisions on their behalf (for instance, a partner, friend, parent, guardian, carer, medical practitioner or service provider).¹¹⁸ Women and girls with disabilities are also often excluded from information about the important issues that impact their lives (for example, their sexual and reproductive health rights), which can both hinder their ability to make informed decisions and reinforce the perception that they are not capable of making their own decisions.

People with disabilities, especially women and girls, have their right to decision-making undermined in a broad range of settings, such as social situations, workplaces and disability services. In institutional settings, people's rights to independence and decision-making are often limited by practices such as rigid daily regimes (for example, fixed sleep, waking, meal and activity times) and the removal of choices about their daily lives (such as decisions about what clothes to wear). In domestic settings, aspects of the lives of people with disabilities may be controlled or restricted in different ways by family members, intimate partners, friends, carers or support workers. For instance, people with disabilities may not have control over, or input into, how their money is spent, their parenting practices, or their care and living arrangements.

The right to independence does not mean being entirely self-reliant and not needing external support. Rather, it means having access to the support(s) and information needed to exercise choice and control and make decisions in one's life.¹¹⁹ However, people with disabilities are often denied access to the support they need to be independent, and, even with appropriate supports in place, they continue to be seen as incapable of making decisions and in need of help and protection. This can be exacerbated for people with complex communication requirements and people for whom English is not their primary language.¹²⁰

This control and limited independence both stems from and reinforces the ableist system of beliefs, policies and practices that devalues people with disabilities and drives violence against them.

Ableist driver 4.

Social segregation and exclusion of people with disabilities

The segregation and exclusion of people with disabilities based on impairment, disability or diagnosis are unequal, discriminatory practices that violate the rights of people with disabilities to full and effective participation and inclusion in society.¹²¹ Segregation and exclusion occurs in many different forms across all levels of society. Segregation can occur as a direct result of legal, policy and practice frameworks that create and maintain segregated systems, such as employment (for example, Australian Disability Enterprises), education (for example, special developmental schools) and institutional living environments (for example, group homes and supported residential settings).^{xv 122} These segregated systems also compound isolation through the reduction of opportunities for people with disabilities to be integrated into the community and establish relationships with people without disabilities.¹²³

Segregation also occurs through practices of indefinite and arbitrary detention, where women with disabilities, especially Aboriginal and Torres Strait Islander women and girls, are detained indefinitely in prisons and forensic psychiatric units, often without conviction.¹²⁴

Data on violence in institutional settings is likely to underestimate its prevalence,¹²⁵ but even so, evidence shows that people with and without disabilities who live in institutional environments, including group homes, prisons, and the out-of-home care system, experience higher rates of violence, abuse and neglect.¹²⁶ Violence in closed institutions can often be perpetrated without consequence, for several reasons. First, people with disabilities in these settings are less likely to have access to community networks, support people or services from whom they can learn about, or to whom they can disclose, violence. Second, violence against people with disabilities in institutions is often accepted, downplayed or

justified. Finally, many people with disabilities, regardless of where they reside, experience barriers in accessing justice through the justice system (for example, due to gatekeeping practices, or the allegations of people with disabilities not being believed).¹²⁷

Often people with disabilities are not able to choose any other option but segregated environments, either because there are limited or no other choices available to them, or because someone else makes the decision on their behalf.¹²⁸ For example, despite the right of people with disabilities to live independently in the community and have choice and control over their lives,¹²⁹ people with disabilities are often obliged to remain living in the family home, or to live in disability supported accommodation such as group homes, because there are no other options available where they can live independently and receive essential support services.¹³⁰

Some practices of segregation are depicted as being in the best interests of the person with disability – the establishment of ‘special’ laws, policies and programs that segregate people with disabilities is underpinned by the pervasive ableist view that some people with disabilities are incapable of participating or living in mainstream settings, or are a risk to themselves or others and need the protection of segregated environments.¹³¹

The segregation of people with disabilities is further compounded and has multiple effects when the ableism that underpins segregation intersects with gender inequality, ageism, racism, and other forms of oppression.¹³² For instance, while people with disabilities are already overrepresented in various institutional environments, such as the criminal justice system, Aboriginal and Torres Strait Islander people with psychosocial disabilities and women with psychosocial disabilities are among the fastest-growing groups of people being detained.¹³³

Exclusion occurs as a result of widespread environmental, communication, attitudinal

xv In Australia as of 2018, 4.3% of Australians with disabilities were living in ‘cared accommodation’ such as group homes and supported residential settings (ABS, 2019).

and systemic barriers that exclude people with disabilities from valued forms of social life.¹³⁴ These barriers – such as buildings not being physically accessible, communication requirements not being met, or discriminatory ableist attitudes¹³⁵ – can prevent meaningful participation in everyday activities, such as catching public transport, going grocery shopping, participating in sport and recreation, going out for a meal with friends or family, or participating in mainstream schools and workplaces.¹³⁶ Multiple barriers to social inclusion and community participation are frequently identified by people with disabilities as prominent, critical issues.¹³⁷

Practices of segregation and exclusion are informed by harmful ableist social norms, beliefs and practices that view people with disabilities as incapable, dangerous, in need of regulation and surveillance, not ‘normal’, and less valuable.¹³⁸ In return, the lack of visibility of people with disabilities in many public areas and public spaces can reinforce these norms, beliefs and practices among people without disabilities. As a result, segregation and exclusion sends a message that people with disabilities are more legitimate targets of violence.¹³⁹

Intersecting forms of oppression

Ableism and gender inequality are not necessarily the only, or the most important, drivers of violence in every context. Other forms of oppression (and their corresponding systems of power and privilege) can intersect with gender inequality and ableism to increase the prevalence and influence the nature and dynamics of violence perpetrated against women and girls with disabilities.

These other forms of oppression and inequality include, but are not limited to: heteronormativity, homophobia and biphobia; cisnormativity, transphobia and enbyphobia; racism and xenophobia; colonialism; ageism; religious discrimination; and classism, poverty and socioeconomic disadvantage. (See the [Glossary of terms](#) for explanations of these terms.)

These forms of oppression interact and intersect, so that not only are women and girls with disabilities perceived as being unequal to men, and to people without disabilities, but there are also a range of inequalities among women and girls with disabilities.¹⁴⁰ This helps to explain why there are different rates and types of violence experienced by different women and girls with disabilities.

For example, for Aboriginal or Torres Strait Islander women and girls with disabilities, the ongoing impacts of colonisation, including intergenerational trauma, as well as the impacts of racism and social and economic disadvantage, may be as, or more, significant as drivers of violence than the impacts of ableism and gender inequality.¹⁴¹ Further, these multiple intersecting forms of oppression can affect the prevalence and shape the dynamics of the violence perpetrated against Aboriginal or Torres Strait Islander women and girls.

Reinforcing factors

While gender inequality and ableism are the two consistent drivers of violence against women and girls with disabilities, there are a range of other factors that may play a role in some contexts.

Change the story points to **four reinforcing factors for violence against women:**

Reinforcing factor 1. Condoning of violence in general.

Reinforcing factor 2. Experience of, and exposure to, violence.

Reinforcing factor 3. Factors that weaken prosocial behaviour.^{xvi}

Reinforcing factor 4. Backlash and resistance to prevention and gender equality.

Change the story explains that these reinforcing factors are different to the gendered drivers as they do not in themselves explain the prevalence of violence against women. However, they can interact with the gendered drivers to increase the probability or frequency of violence against women.¹⁴² These reinforcing factors can also be assumed to play a role in violence against women and girls with disabilities.

There may also be additional reinforcing factors that intersect with the drivers to influence the perpetration of violence against women and girls with disabilities, and further research is needed to explore this. The following two factors, which are themselves outcomes or impacts of ableism, are examples.

Reinforcing factor.

Employment discrimination and economic inequality

People with disabilities, especially women, are more likely to be unemployed, live in poverty and be unable to cover their basic expenses.^{xvii} Many women with disabilities have no or minimal opportunities to participate in paid employment during their adult lives as a result of sexist and ableist beliefs about the competence and ability of women with disabilities, unequal hiring and promotion standards, unequal access to training, and access requirements not being met, as well as the gender-based discrimination experienced by all women, including women without disabilities.¹⁴³ The lack of access to employment has impacts across the lifespan, with average incomes and superannuation levels significantly reduced for women with disabilities.¹⁴⁴

Economic inequality can reduce access to support services or information about violence (including what violence looks like and how to report it), and economic discrimination can change how women and girls with disabilities are treated, particularly if they try to leave or report a violent situation (that is, they may be less likely to be believed or taken seriously). Low income and employment levels, and lack of access to services, can mean that women with disabilities struggle to meet the costs of living independently.¹⁴⁵ For some women with disabilities in this position, their only option is reliance on others (for example, partners or relatives) for support.

xvi Prosocial behaviours are those intended to help or benefit others, such as sharing with or caring for others. In the context of preventing violence against women and girls with disabilities, prosocial behaviours are those that demonstrate empathy, respect, care and concern for women and girls with disabilities. Factors that weaken or erode prosocial behaviours are those that heighten individualistic tendencies and reduce concern for others or for the effects of one's actions on others.

xvii Poverty and socioeconomic disadvantage can be particularly significant for people with disabilities given that 45% live in poverty and 61% cannot afford to cover their basic needs. Women and girls with disabilities, especially migrant, refugee, and Aboriginal and Torres Strait Islander women and girls with disabilities, are most likely to be living near the poverty line, and are less likely to be employed or own their own accommodation, than men with disabilities or women without disabilities: Multicultural Disability Advocacy Association of NSW (MDAA). (2010). *Violence through our eyes: Improving access to services for women from non-English speaking backgrounds with disability and carers experiencing violence project report*; Women with Disabilities Australia. (2020). *WWDA's response to the NDS Position Paper: The National Disability Strategy beyond 2020*.

Reinforcing factor.

Inaccessible housing, transport, education and other public services

There are numerous barriers that prevent people with disabilities from having equal access to housing, transport, education and public services. This unequal access and opportunity can have further harmful effects. It contributes to the rates of homelessness and insecure housing among people with disabilities, reduces access to employment opportunities, and increases poverty and financial constraints. It also creates significant practical and logistical barriers to obtaining information about what violence and abuse is, and how to report it.¹⁴⁶

These reinforcing factors compound or exacerbate the ableist drivers of violence described earlier. They further limit the level of control or choice that many women with disabilities have in their lives, making it easier for perpetrators to target them. They strengthen stereotypes about women and girls with disabilities, and further reduce their social status and perceived value, which reinforces the attitudes and social norms that condone violence against women and girls with disabilities. They can also increase the risk of ongoing violence by making it harder for women and girls with disabilities to leave violent situations and relationships.



Section 5 – Actions to prevent violence against women and girls with disabilities

The only way to reduce the prevalence of violence against women and girls with disabilities is to take a primary prevention approach that addresses the underlying drivers of this violence. A robust approach to prevention requires multiple, long-term, mutually reinforcing strategies to combat both gender and disability inequality and to address other intersecting forms of discrimination and oppression.

These strategies must target:

- social and cultural norms (dominant ideas or common beliefs about women and girls with disabilities)
- structural and systemic discrimination (such as discriminatory legislation and policies)
- organisational, community, household and relationship practices.

A cohesive national effort and increased and sustained investment are needed to drive the significant social change that will prevent violence against women and girls with disabilities from happening in the first place.

This section focuses on the essential actions that are required to prevent violence against women and girls with disabilities. These essential actions are the most important as they directly tackle the primary underlying drivers of this violence. The section also briefly outlines some ‘supporting actions’ that may contribute to prevention efforts by addressing the reinforcing factors outlined on [page 47](#).

Essential actions

These essential actions together tackle the underlying drivers of violence against women and girls with disabilities^{xviii} and promote gender and disability equality at all levels of society. They draw on:

- the available evidence
- recommendations of stakeholders consulted in this project
- the guidance of a Project Advisory Group
- previous recommendations made by Disabled People's Organisations and experts in the prevention of violence against women sector
- the established primary prevention guidance contained in resources such as *Change the story*, *Changing the picture*, *Men in focus* and the *Prevention Handbook* website.

The actions are deliberately broad so that they can be applied by different stakeholders, in multiple contexts and in many distinct ways. They should be read in conjunction with the principles for prevention in practice outlined in Section 6 of this resource, as well as the essential actions and principles identified in *Change the story* and *Changing the picture*.

Figure 7

The six essential actions to tackle the underlying drivers of violence against women and girls with disabilities.



^{xviii} The drivers of violence of against women and girls with disabilities are summarised in the conceptual model (Figure 4) and described in detail in Section 4 – The intersecting drivers of violence against women and girls with disabilities.

Action 1.

Address the underlying social context that gives rise to violence against women and girls with disabilities

To change the social context that gives rise to violence against women and girls with disabilities, a range of actions is required to promote gender and disability equality in a broad sense, in all settings and contexts and across all levels of society.

Build nationwide support for, and investment in, gender and disability equality¹⁴⁷

- Elevate the importance in the national agenda of preventing all forms of violence against women and girls with disabilities.
- Resource, develop and implement initiatives that challenge ableism, gender inequality and intersecting forms of oppression; normalise equality; foster diversity and inclusion; and promote the human rights of women and girls with disabilities.¹⁴⁸
- Take action to make legislation, policies and practices in Australia compliant with Australia's international human rights obligations, the recommendations of the Australian Human Rights Commission and the recommendations of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.
- Implement measures that address discrimination, inequalities and human rights violations against people with disabilities, with particular attention to the experiences of women and girls with disabilities.
- Support initiatives that foster positive relationships between people of all genders and ages, and people with and without disabilities, with specific consideration to the influences of ableism and gender inequality on family, social and professional relationships.¹⁴⁹

Develop appropriate structures to implement and monitor prevention efforts

- Establish and maintain processes so that public policy work (federal, state, territory and local) related to women and girls, violence against women, gender inequality and disability all specifically consider women and girls with disabilities, and take a coordinated approach across jurisdictions and portfolios.
- Create permanent mechanisms at federal, state and territory levels, such as reference groups and advisory councils, that ensure the full participation of women and girls with disabilities, including through their representative organisations, in the design and implementation of legislation and policies that affect them.¹⁵⁰
- Establish accountability processes for, and independent monitoring and evaluation of, Australia's implementation of the actions contained in this resource, as well as progress towards compliance with the CRPD and other human rights principles, as detailed on [page 23](#).

Ensure all gender equality and violence prevention work considers women and girls with disabilities

- Ensure any initiative (whether legislation, policy or practice) that is designed to promote gender equality specifically analyses and addresses the rights and needs of women and girls with disabilities.¹⁵¹ This includes government and non-government gender equality and violence prevention policies, strategies and programs.^{xix}
- Implement targeted prevention work to promote the specific ways that the gendered drivers of violence play out for women and girls with disabilities, while also ensuring that broader or more general prevention work is inclusive of women and girls with disabilities.

xix For instance, in the next iteration of the *National Plan to Reduce Violence against Women and their Children* (the National Plan).

- Ensure that initiatives that promote respectful relationships are relevant to, inclusive of, and accessible for people with disabilities. These initiatives should promote respectful relationships between people with and people without disabilities, and address the impacts ableism might have on relationships, and on attitudes and behaviours towards people with disabilities. Consider whether mainstream or universal respectful relationships initiatives need to be adapted, redesigned or co-designed, or whether it may be necessary to develop new approaches. Although in the long term all students should be in mainstream education settings,^{xx} in the interim, students in special developmental schools must be provided with appropriately tailored respectful relationships education.¹⁵²

Ensure that all work that addresses ableism specifically considers women and girls

- Ensure that work to eliminate ableism and promote the rights of people with disabilities addresses the specific needs and experiences of women and girls with disabilities.
- Ensure that all national and state disability strategies, plans, policies, frameworks, legislation and practice consider the specific needs of women and girls with disabilities.¹⁵³

Ensure all work to prevent violence against women takes an intersectional approach

- Ensure all policies regarding gender and disability analyse the specific impacts on different groups of women and girls with disabilities in order to achieve truly inclusive gender equality.
- Take action to challenge all forms of oppression, discrimination and inequality that play a role in driving or compounding violence.^{xxi} This requires some prevention initiatives to be targeted in order to best meet the needs of specific communities or population groups, while others may be broader or more general in their aims.¹⁵⁴
- Address the ongoing impacts of colonisation on Aboriginal and Torres Strait Islander women and girls with disabilities,^{xxii} and ground this work in an understanding that members of this group experience both disability and violence at significantly higher rates than non-Aboriginal or Torres Strait Islander people.¹⁵⁵
- Challenge interpersonal and systemic racism and discrimination against migrant and refugee women and girls with disabilities.^{xxiii}
- Challenge the rigid gender norms, cisnormativity and heteronormativity that compound ableism and gender inequality for lesbian, bisexual, transgender and queer women and girls with disabilities.^{xxiv 156}

xx Segregated education should be phased out, in line with the [CRPD Article 24 on the right to education](#), the 2016 recommendations of the Committee on the Rights of Persons with Disabilities in [General comment No. 4, Article 24: Right to inclusive education](#), and the recommendations of Disabled People’s Organisations in Australia: see [Segregation of people with disability is discrimination and must end](#).

xxi Refer to [Section 4 – The intersecting drivers of violence against women and girls with disabilities](#) or Our Watch’s [Change the story](#) for more information about the intersecting drivers of violence.

xxii This involves addressing all relevant recommendations from previous Royal Commissions and national inquiries. For example, the recommendations in the 1997 [Bringing them home report](#) and the 1991 [Royal Commission into Aboriginal Deaths in Custody report](#). Refer to Our Watch’s [Changing the picture](#) for guidance on addressing the ongoing impacts of colonisation for Aboriginal and Torres Strait islander women.

xxiii Refer to the Multicultural Centre for Women’s Health’s [Intersectionality matters: A guide to engaging immigrant and refugee communities to prevent violence against women](#) for guidance on addressing violence against immigrant and refugee women.

xxiv Refer to Rainbow Health’s [Pride in prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities](#) for guidance on addressing the drivers of violence against lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people.

- Address the pervasive and disproportionate socioeconomic disadvantage and poverty experienced by women and girls with disabilities, including housing and economic insecurity, and the prohibitive costs of disability and medical treatment, supports and equipment.¹⁵⁷
- Address violence against women with disabilities across the lifespan, including by challenging ageism and its specific outcomes for younger and older women with disabilities, acknowledging that younger and older women with disabilities experience violence and its impacts in different ways.¹⁵⁸
- Explore and address the specific experiences of women and girls with disabilities in regional, rural and remote areas of Australia.

Action 2.

Challenge the acceptance and normalisation of violence against women and girls with disabilities

In this Action, ‘violence’ can include disrespect, discrimination, abuse, neglect and exploitation.

Improve understanding of violence experienced by women and girls with disabilities, to inform action

- Generate high-quality, disaggregated, longitudinal data about all forms of violence against all women and girls with disabilities, to allow for targeted prevention initiatives and to ensure that the full scope of violence experienced by women and girls with disabilities is considered.¹⁵⁹
- Ensure data examines the experiences of specific groups of women and girls with disabilities, including Aboriginal and Torres Strait Islander women and girls, lesbian, bisexual, trans and queer women and girls, migrant and refugee women and girls, and those who live in regional, rural or remote communities.¹⁶⁰ Women and girls with disabilities should be active participants in the data collection process, as well as in the decisions made on the basis of this data.

Ensure legal protection from all forms of violence for women and girls with disabilities

- Explicitly address practices that are human rights violations (such as restrictive practices,^{xxv} institutionalisation based on impairment,¹⁶¹ and forced sterilisation, contraception or abortion); amend policies and legislation that legitimise these;

xxv The use of restrictive practices violates the CAT and Article 15 of the CRPD, and is not compliant with the requests of the Committee on the Rights of People with Disabilities to eliminate restrictive practices in Australia. In 2014, Commonwealth, state and territory disability ministers endorsed the *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector*. However, there continues to be a high prevalence of unlawful and unnecessary restrictive practices used in settings such as schools, aged care and disability services: see The Australia OPCAT Network. (2020). *The implementation of OPCAT in Australia* (PDF download); Women with Disabilities Australia (WWDA). (2020). *Response to the Education and Learning Issues Paper of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (PDF download); Women with Disabilities Australia (WWDA). (2020). *Response to the Group Homes Issues Paper of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (PDF download).

and raise awareness that such practices are breaches of human rights.¹⁶²

- Reform systems and practices that contribute to discriminatory attitudes towards women and girls with disabilities. Ensure that reforms are sustainable, comply with international human rights instruments, and promote disability and gender equality.¹⁶³
- Promote reform that advances the sexual and reproductive health rights of women and girls with disabilities, ensures young women and girls with disabilities have access to comprehensive sexuality and reproductive health education, and helps to dispel pervasive misconceptions of women and girls with disabilities.
- Ensure all policies relating to disability, gender equality and violence include relevant measures to protect women and girls with disabilities from all forms of violence (including violence in schools, homes, prisons, and mental health and aged care facilities).
- Aim for equal access for all women and girls with disabilities to reporting mechanisms, rights protection, an inclusive justice system, and support services for victim-survivors, irrespective of place of residence or type of disability.

Challenge workplace practices that normalise violence against women and girls with disabilities

Develop and implement evidence-based, whole-of-organisation primary prevention interventions for institutions, organisations and workplaces, including disability service settings, that:

- Challenge all forms of violence against women and girls with disabilities.
- Enable staff to recognise, prevent and respond to violence against women and girls with disabilities.
- Promote equality between people of all genders and people with and without disabilities.

- End the normalisation of violence against women and girls with disabilities and build workplace cultures where violence is neither tolerated nor concealed.¹⁶⁴
- Improve accountability and reporting procedures, complaints bodies and compliance mechanisms to ensure consequences for the perpetration of violence. These measures need to prevent the downplaying of violence, and to increase referrals for external investigation or legal action in relevant cases.

Challenge social support for attitudes that excuse and normalise violence against women and girls with disabilities

- Create initiatives, and support and resource those led by women and girls with disabilities, that challenge sexist and ableist norms, attitudes and practices that excuse violence against women and girls with disabilities.
- Include a focus on perpetrator accountability, including challenging the 'halo effect', attempts to shift blame from the perpetrator to the victim-survivor, and suggestions that disability is an excuse for violence.
- Improve media reporting to increase the visibility of violence against women and girls with disabilities, and convey its seriousness and prevalence; to frame stories in an ethical way; and to eliminate the use of stereotypes that condone violence, such as the 'burden' narrative.¹⁶⁵
- Establish initiatives that increase people's understanding of what behaviours constitute violence against women and girls with disabilities, and which build their confidence to challenge and/or report such behaviours.

Action 3.

Improve attitudes towards women and girls with disabilities by challenging ableist and sexist stereotypes

Challenge ableist and sexist stereotypes within the community

Implement evidence-based and human rights-based^{xxvi} primary prevention initiatives that challenge negative community attitudes and ableist and sexist stereotypes that drive violence against women and girls with disabilities. These initiatives should:

- Promote gender and disability equality and the rights of women and girls with disabilities.¹⁶⁶
- Recognise the skills, talents and contributions of women and girls with disabilities.
- Challenge the notion that people should perform the stereotypical roles of men and women depending on their sex assigned at birth.
- Challenge negative stereotypes about the capacity of women with disabilities to be effective parents and provide support that enables people with disabilities to fulfil the parental and caring roles of their choice.¹⁶⁷
- Provide opportunities for parents and families of a child with disability to build knowledge about disability rights and violence against people with disabilities.
- Address any attitudes held by health care professionals that may result in the concerns of women and girls with disabilities not being taken seriously, or disability and ill health being conflated.
- Work with children and young people – for example, in schools, sport and recreation clubs, youth centres and online – to counter the early development of sexist and ableist ideas, and to promote human rights, respect and gender and disability equality.¹⁶⁸

- Enable young people with and without disabilities to learn and work alongside each other, as an effective way to dispel stereotypes, address discriminatory attitudes, and build respect and understanding.
- Collect and analyse national, longitudinal data on community attitudes towards women and girls with disabilities, to inform primary prevention initiatives.¹⁶⁹

Improve representations of women and girls with disabilities in the media and popular culture

- Invest in media content that is designed by or with women and girls with disabilities and that takes a human rights-based approach.¹⁷⁰
- Improve media reporting to eliminate the use of stereotypes based on gender and disability, as well as other intersecting stereotypes such as those based on race, age or faith, and to highlight the voices of women and girls with disabilities.
- Promote disability pride, equality and visibility, and actively recognise the contributions of women and girls with disabilities to society.¹⁷¹
- Challenge the invisibility, and represent the diversity, of women and girls with disabilities in the media, popular culture, advertising and entertainment.

Promote positive representations of women and girls with disabilities by workplaces

- Create training opportunities for workers, prioritising those who work closely with people with disabilities (for example, support workers, staff in residential facilities, support coordinators, advocates) that promote gender and disability equality, and build understanding of negative attitudes and stereotypes and their impacts.

xxvi In line with recommendations of the Committee on the Rights of Persons with Disabilities (General Comment 7), these strategies should be developed based on the human rights model of disability and be compliant with the CRPD.

- Promote the use of gender- and disability-inclusive and equitable language and imagery,^{xxvii} in internal and external communications by organisations.¹⁷²
- Foster workplace cultures with zero tolerance for negative stereotyping and discriminatory attitudes towards women and girls with disabilities.
- Encourage businesses and organisations to promote the rights of women and girls with disabilities and challenge negative stereotypes within the community (for example, by displaying posters or promotional materials that promote equality).

Action 4.

Promote the inclusion of women and girls with disabilities in all aspects of life

Use legal and policy measures to promote the social inclusion of women and girls with disabilities

- Promote the full participation of women and girls with disabilities in public life through the elimination of access barriers.^{xxviii 173}
- In line with the CRPD and recommendations from the Committee on the Rights of Persons with Disabilities,^{xxix} amend laws, policies and practices that enable the segregation or arbitrary and/or indefinite detention of women and girls with disabilities, as such practices are violations of human rights and limit the social participation of women and girls with disabilities.¹⁷⁴ Subsequently, hold to account any organisations, including disability services, that use prohibited practices.¹⁷⁵
- Address the disproportionate rates of incarceration and arbitrary detention of Aboriginal and Torres Strait Islander women with disabilities.¹⁷⁶
- Ensure adherence to Australia's *Disability Discrimination Act 1992* and *Sex Discrimination Act 1984*, as well as state- and territory-based equal opportunity and anti-discrimination acts, as these acts promote equal opportunity and access for women and for people with disabilities.^{xxx}
- Provide adequate long-term resourcing for advocacy services, disability support services, and organisations run by and for women and girls with disabilities

xxvii See guidance on inclusive and respectful language and portrayal of people with disabilities, such as People with Disability Australia's *What do I say? A guide to language about disability* (PDF download) or Office for Disability, Department of Human Services Victoria's *Positive portrayal of people with a disability* (PDF download), and guidance on gender inclusive language, such as ACON's *Trans-affirming language guide* (PDF download).

xxviii See [Figure 2](#) for a description of the barriers identified by the social model of disability.

xxix The CRPD provides guidance on the social transformation required to end disability segregation.

xxx For example, the *Disability Discrimination Act 1992* makes it illegal to discriminate against a person with disability when they apply for accommodation or employment, and the *Sex Discrimination Act 1984* makes it illegal to pay a woman a lower salary than a man for the same work.

(which are explicitly inclusive of trans and gender diverse people), as these organisations promote and facilitate the human rights of women and girls with disabilities, including the right to participate fully in society.¹⁷⁷ Services doing direct practice work should be encouraged to increase women and girls with disabilities' participation in the broader community rather than segregated settings.¹⁷⁸

- Support the inclusion of women and girls with disabilities in the health care system by providing adequate, long-term resourcing that enables all health needs to be met in safe, effective, affordable, flexible and accessible ways.¹⁷⁹
- As the NDIS is a means for participants to enhance their social inclusion and community participation, the NDIA should create a gender strategy to address the underrepresentation of women and girls as NDIS participants; ensure women and girls receive adequate funding for supports; and centre the human rights of women and girls with disabilities in future reforms. The NDIS Quality and Safeguards Commission should be equipped to monitor all NDIS-registered services and respond effectively to all instances or risks of violence.

Promote inclusion of women and girls with disabilities in political, public and community life

- Aim to incorporate accessibility and universal design principles in the construction of all public and private spaces and facilities (for example, public transport) and invest in upgrades and retrofits to existing infrastructure.¹⁸⁰
- Facilitate access to, and research into, the aids, equipment and technology required for daily living,¹⁸¹ and build on universal design and accessibility principles.¹⁸²
- Implement specific initiatives that support, empower and encourage women with disabilities to participate in political and public affairs, and social, cultural and community life,¹⁸³ including opportunities for women and girls with disabilities to develop social and peer connections.¹⁸⁴

- Build community awareness of, and support for, the right of women and girls with disabilities to participate in all aspects of society on an equal basis to others.

Ensure equitable access to all forms of education for women and girls with disabilities

- Guarantee the same quality of early childhood, primary, secondary, higher and vocational education for all students, with genuine opportunities for students to learn together, regardless of disability, gender or other factors (for example, race or class).¹⁸⁵
- Ensure that all learning environments and teaching approaches support students to participate fully¹⁸⁶ and that mainstream and specialist education providers offer reasonable adjustments and supports to students with disabilities.¹⁸⁷
- In line with UN recommendations, phase out the practice of disability-based segregation in education.¹⁸⁸
- Review sexuality education and respectful relationships programs, and any initiatives in education settings to promote gender equality or prevent violence, to ensure they respond to the needs of women and girls with disabilities.
- Ensure that strategies designed to increase the participation of women and girls in education, especially in areas that have a gender imbalance (such as science, technology, engineering and maths), consider disability and address the specific requirements of women and girls with disabilities.

Facilitate the equal employment and economic participation of women with disabilities

- Implement initiatives that promote the rights of women with disabilities to participate in employment on an equal basis with all other people.¹⁸⁹
- Phase out segregated employment systems, such as Australian Disability Enterprises and closed workshops, and transition women with disabilities into open, inclusive, accessible and

freely chosen forms of employment that ensure access to award wages and industrialised workplace rights.^{xxx}

- Create inclusive and safe workplaces for women with disabilities by removing barriers to participation, eliminating workplace discrimination, and improving and monitoring disability and gender equality in the workplace.^{xxxii 190}
 - Create diverse, permanent roles with career progression opportunities for women with disabilities, including leadership roles. Increase access to open employment opportunities through meeting access requirements,^{xxxiii} creating avenues for employment and promotion,^{xxxiv} and offering training opportunities.¹⁹¹
 - Ensure women with disabilities are explicitly considered when applying the National Disability Employment Strategy or promoting women's economic participation.
- Increase the safety of short- and long-term housing available to women and girls with disabilities, such as supported residential services, boarding houses and emergency family violence housing.
 - Ensure women and girls with disabilities can make genuine choices about their living situations, such as where they live, who they live with, and who provides disability supports, including the option to live with or access supports from women.¹⁹⁴
 - Consider the specific needs of women and girls with disabilities within disability housing schemes such as NDIS-funded Specialist Disability Accommodation.
 - Build a prevention program that targets leasing agents and landlords to address the sexist and ableist views that exclude women with disabilities from private rentals.

Facilitate access to safe, non-segregated living arrangements and an adequate standard of living

- Enable women and girls with disabilities to exercise their rights to live independently, be included in the community, and enjoy an adequate standard of living.¹⁹²
- Address the lack of available accommodation for women and girls with disabilities, in the public, social, private and rental markets, with a focus on offering non-segregated accommodation. This accommodation should be safe, accessible, enable independence and community participation, and be affordable, especially for those on social security payments.¹⁹³

xxx This must be undertaken with the leadership of Disabled People's Organisations, people with disabilities and trade unions.

xxxii Consider using an auditing tool such as WDV's Women's Health Services Disability Audit Tool, which contains self-assessments for organisations to determine their accessibility for women with disabilities and offers suggestions to improve accessibility.

xxxiii Establish a workplace practice of always asking people what their access requirements are. Commit to making all reasonable adjustments to support a person with disability to do their job effectively. Refer to the section on The social model of disability for information about access barriers.

xxxiv This needs to be done alongside action to improve employer attitudes, so that women with disabilities are offered employment and promotion opportunities on an equal basis to other people.

Action 5.

Promote women and girls with disabilities' independence, agency and participation in leadership and decision-making

Ensure laws, policies and practices promote decision-making for women and girls with disabilities

- Amend any laws, policies and practices that prevent women and girls with disabilities from exercising their legal capacity and right to decision-making.^{xxxv 195}
- Take appropriate action to end substitute decision-making processes,^{xxxvi} as these deny the individual autonomy, will and preferences of women and girls with disabilities, are not compliant with Australia's international human rights obligations, and limit women and girls with disabilities' participation in society.¹⁹⁶
- Promote fully supported decision-making processes that uphold the rights of women and girls with disabilities to be consulted and express their own views.¹⁹⁷
- Provide long-term funding to human rights-based organisations run by and for women and girls with disabilities, and advocacy services, as these organisations empower women and girls with disabilities to make decisions about matters that impact their lives, participate in public affairs, and access information concerning their rights.¹⁹⁸

Challenge social norms that limit women's independence, agency and participation in leadership and decision-making

- Respect, support and promote the rights of women and girls with disabilities to individual self-determination and choice and control, and to make decisions, establish boundaries and take considered

risks with regard to their own lives, bodies, relationships, finances and supports.

- Challenge sexist and ableist attitudes about the ability of women and girls with disabilities to make decisions, be independent, or assume leadership roles.
- Normalise asking women and girls with disabilities directly for their input, rather than defaulting to asking carers, support staff or any person who happens to be with them.
- Raise awareness about the importance of genuine choice and control among the organisations and individuals who provide services for women and girls with disabilities.¹⁹⁹
- Challenge men's use of controlling behaviours in relationships and the normalisation of male dominance in relationships, with particular consideration to the overlapping impacts of ableism and the power dynamics at play when intimate partners are also carers.

Implement specific initiatives that enable women and girls with disabilities to exercise their right to decision-making

- Increase genuine opportunities for women and girls with disabilities to participate fully in decision-making processes that affect their lives, such as in the development of policies regarding their human rights, or violence prevention initiatives, especially through co-design processes and employment opportunities.²⁰⁰
- Facilitate and improve access to high-quality information in a range of formats for women and girls with disabilities, with a specific focus on information about their human rights, health (including sexual and reproductive health), bodies, and other areas that impact their lives.²⁰¹

xxxv For example, reform legislation that authorises medical intervention without the free, prior and informed consent of the person concerned or that allows the imposition of compulsory medical treatment such as forced contraception or sterilisation, and reform any legislation, practice or policy that hinders the right of women with disabilities to vote, decide to marry or become a parent, choose where and with whom they live, or exercise choice and control over supports they receive (CRPD General Comment 7, Concluding observations, 2019).

xxxvi See [footnote xiii](#) for further information.

- Promote opportunities run by and for women and girls with disabilities to build confidence, knowledge and self-advocacy and decision-making skills.²⁰²
- Eliminate barriers that may hinder a woman or girl with disability's ability to give informed consent or make her own decisions.

Promote the right of women and girls with disabilities to participate equally in positions of power

- Ensure that strategies to strengthen women's economic security or social, economic and political participation and decision-making address the specific needs of women and girls with disabilities.
- Implement specific initiatives to increase the representation of women with disabilities in leadership roles and positions of power, particularly those responsible for decisions that directly affect the lives of women and girls with disabilities, as specified in international human rights frameworks.
- Create opportunities to include women and girls with disabilities in governance roles, including boards, steering committees and advisory groups.²⁰³
- Invest in professional development, leadership training and mentoring for women and girls with disabilities to improve access to the skills needed to successfully apply for promotion. This needs to be done alongside action to improve employer attitudes, so that women with disabilities are offered promotion opportunities on an equal basis to other people.

Action 6.

Engage men and boys to challenge controlling, dominant and aggressive forms of masculinity

While people of all genders perpetrate violence against women and girls with disabilities, certain forms of violence, such as sexual assault, rape and intimate partner violence, are overwhelmingly perpetrated by cisgender men.²⁰⁴ Accordingly, there is a critical need for prevention strategies that engage men and boys to challenge the ideas, norms and behaviours that lead to violence against women. These strategies should:

Challenge rigid attachments to harmful ideas of masculinity

- Engage men to challenge rigid attachments to ideas of masculinity as controlling, dominant or aggressive. The intersection of gender inequality and ableism, and how it can affect male control in relationships and male disrespect towards women and girls with disabilities, should be considered.

Challenge harmful male peer group cultures

- Promote positive male peer relationships and challenge male peer group cultures that disrespect women and emphasise aggression, while addressing the influence of ableism and the forms of disrespect men use towards women and girls with disabilities.

Challenge justifications for men's violence and aggression

- Challenge justifications for men's violence and aggression, with a particular focus on how ableist and gendered justifications for violence can interact.

Challenge rigid ideas of gender and gender stereotyping

- Encourage an understanding of sex and gender that does not limit people to two rigid categories, as this gender binary can reinforce stereotyped notions of masculinity and support discrimination against people with disabilities who do not conform to gender stereotypes.

Promote positive alternatives

- Engage men and boys in gender transformative ways, by promoting a range of alternatives to the dominant norms of masculinity rather than reinforcing existing norms. These alternatives should be based on equality and respect, with an emphasis on disability equality and respect towards women and girls with disabilities.

The strategies above are adapted from *Men in focus*,²⁰⁵ which provides further guidance for how to effectively engage men in the prevention of violence against women.

Supporting actions

The following supporting actions address the reinforcing factors described on [page 47](#). On their own, these supporting actions are not sufficient – a national approach to prevention must prioritise the essential actions, beginning on [page 50](#), to ensure it directly addresses the drivers of violence against women and girls with disabilities. However, these supporting actions can make an important contribution to overall national prevention goals.

Change the story lists **four supporting actions to address the reinforcing factors identified there:**

Supporting action 1. Challenge the normalisation of violence and aggression as an expression of masculinity.

Supporting action 2. Reduce the long-term impacts of exposure to violence, and prevent further exposure.

Supporting action 3. Strengthen prosocial behaviour.

Supporting action 4. Plan for and actively address backlash and resistance.

See [Change the story](#) for further detail and examples of the ways these four supporting actions can be implemented.

Supporting actions to address the additional reinforcing factors for violence against women and girls with disabilities that are outlined on [page 47](#) include:

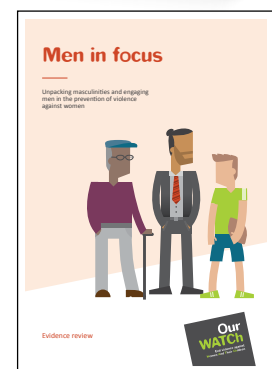
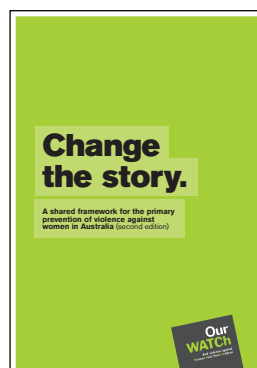
- Tackling both gender- and disability-related employment discrimination; increasing paid employment opportunities for people with disabilities; and ensuring that employers meet the access requirements of people with disabilities.
- Increasing economic equality and financial independence for people with disabilities.
- Reducing poverty and increasing the economic security of people with disabilities, including ensuring that financial constraints are not a barrier for women with disabilities to live independently.
- Improving access to housing, transport, education and other public services for people with disabilities.

Section 6 – Principles for prevention in practice

The previous section outlines the actions needed to prevent violence against women and girls with disabilities. This section provides a set of principles to guide the implementation of these actions. They are drawn from the relevant literature and from the expertise of stakeholders consulted in the development of this resource.

This section is designed to be read in conjunction with Our Watch resources [Change the story](#) and the [Prevention Handbook](#) website which contain general principles to guide primary prevention work, and [Changing the picture](#) and [Men in focus](#), which provide specialised guidance on work to prevent violence against Aboriginal and Torres Strait Islander women and to engage men in prevention.

While this section details the specific, additional principles that are important for work to prevent violence against women and girls with disabilities, the general prevention principles remain critical.



General prevention principles

- ✓ Use all available policy, legislative and regulatory mechanisms.
- ✓ Use the essential actions detailed in *Change the story* to address the gendered drivers of violence against women.
- ✓ Combine techniques across multiple settings and sectors to make change ‘stick.’
- ✓ Work at multiple levels to transform social norms, structures and practices.
- ✓ Be explicit about the intended audience, and design or tailor approaches to suit each setting and audience, rather than applying a one-size-fits-all model, in order to respond to the diversity of the Australian population.
- ✓ Apply a specific gender analysis and a specific disability analysis.
- ✓ Take an intersectional approach – that is, address the intersections between multiple forms of oppression, rather than only considering gender and disability.
- ✓ Take a gender transformative approach – that is, transform the harmful gender roles, practices and norms and unequal power relations between men and women.
- ✓ Ensure specific, intensive effort with communities affected by multiple forms of oppression, with additional resourcing in these contexts.
- ✓ Draw on a range of appropriate evidence and expertise.
- ✓ Build partnerships across sectors and communities, and between violence prevention and gender equality specialists and other organisations.
- ✓ Work across the life course, including with children, young people and adults.
- ✓ Challenge harmful ideas about masculinity.
- ✓ Develop reflective practice (where practitioners reflect on their own social position, values and assumptions, and those of the organisation in which they work).
- ✓ Follow a program logic approach (identifying the sequence of steps required to achieve the intended outcomes).^{xxxvii}
- ✓ Scale up what works and ensure the long-term sustainability of effective initiatives.
- ✓ Evaluate and innovate to continually build evidence and promote learning.
- ✓ Connect prevention activity to the response sector, and establish mechanisms to respond to disclosures from victim-survivors and perpetrators which may arise through their engagement with a prevention initiative.

^{xxxvii} Refer to Our Watch’s [guide to developing a program logic model](#) on the *Prevention Handbook* website.

Prevention principles to stop violence against women and girls with disabilities

- ✓ Centre the input of women and girls with disabilities.
- ✓ Ensure autonomy, community ownership and control.
- ✓ Co-design.
- ✓ Use a strengths-based approach.
- ✓ Build partnerships and opportunities for collaboration.
- ✓ Be respectful and authentic.
- ✓ Ensure the physical, emotional and cultural safety of women and girls with disabilities.
- ✓ Ensure accessibility and inclusion.
- ✓ Ensure prevention work is informed by critical frameworks.
- ✓ Contribute to the evidence base.

Centre the input of women and girls with disabilities

For violence against women and girls with disabilities to be properly understood and addressed, the input and expertise of women and girls with disabilities must be central to the development of targeted and mainstream prevention initiatives and relevant policies.²⁰⁶

This may require measures such as:

- Creating safe, accessible opportunities for women and girls with disabilities to share their lived experience and be recognised for their expertise.
- Ensuring opportunities for the genuine participation of women and girls with disabilities in decision-making and planning.²⁰⁷
- Prioritising the involvement of organisations led by people with disabilities, especially women and girls with disabilities.²⁰⁸
- Promoting the work and messaging of women and girls with disabilities and their representative organisations.
- Respecting that in some cases, and for a range of reasons, women and girls with disabilities may not want to disclose, discuss or have other people relay their personal experiences of violence.²⁰⁹

Ensure autonomy, community ownership and control

The best way to ensure that efforts to prevent violence are relevant and meaningful for women and girls with disabilities is to include them and their representative organisations in the development, delivery and leadership of prevention programs from the outset.²¹⁰ This includes planning, design, implementation, evaluation, promotion, communications and governance (for example, advisory groups and steering committees).²¹¹

Programs to prevent violence and promote gender and disability equality should be created with women and girls with disabilities, rather than for them, drawing on their knowledge and strengths. Further, prevention

work should ensure that a diverse range of women and girls with disabilities are represented, to reflect a group that is not homogenous, and to ensure that those impacted by multiple forms of oppression are heard.

Community ownership

Prevention initiatives should originate in and be guided by the community, address community-identified priorities, use community-developed solutions and be implemented through appropriate community and cultural relationships. The prevention workforce must trust and value the input of women and girls with disabilities, even if they do not have direct expertise in the primary prevention of violence.

Co-design

One method to promote community-led and -owned prevention work is co-design. Co-design involves authentic and genuine partnership and power-sharing, and places the knowledge, expertise and lived experiences of women and girls with disabilities at the heart of the project.²¹² Taking a co-design approach requires ensuring that:

- Women and girls with disabilities are empowered to make informed project decisions.
- There is proper resourcing to fund people's time and expertise, travel costs and access requirements.
- Project timelines are sufficient for co-design to be done with authenticity.²¹³

Investment is required in women and girls with disabilities and their representative organisations to build the necessary skills to design and implement primary prevention projects. Further, professional development for prevention workers should emphasise the importance of including women and girls with disabilities and their representative organisations in all aspects of the design and implementation of activities to prevent violence against them.

Use a strengths-based approach

A strengths-based approach focuses on empowering individuals and communities to use or build on their existing resources, strengths, resilience, knowledge and abilities, as well as the many protective factors that are part of belonging to a resilient community.²¹⁴

Build partnerships and opportunities for collaboration

The efficacy of primary prevention initiatives can be improved through genuine collaboration between the disability, violence against women and women's health sectors, relevant public bodies, and individual activists and consultants. Collaborative work can provide opportunities for learning, capacity building and shared advocacy,²¹⁵ and encourage people across all sectors to view themselves as having a role to play in prevention.

A collaborative culture can be established and reinforced by:

- Recognising lived experience and existing expertise.
- Budgeting for partnerships, including for accessibility requirements and remuneration, as part of project proposals and plans.
- Engaging with key organisations, community leaders and community members from the outset.²¹⁶
- Remembering that building relationships takes time and commitment.²¹⁷
- Working collectively towards measurable, outcomes-focused goals.
- Sharing information and decision-making responsibilities and authority.
- Encouraging collaboration with a range of community members, groups and organisations, including migrant and refugee women's organisations, Aboriginal Community Controlled Organisations, young people's organisations, regional, remote and rural organisations, and LGBTIQ organisations.

Be respectful and authentic

Prevention work that involves women and girls with disabilities in design or implementation must be done with respect and authenticity. This means building positive and equal working relationships with women and girls with disabilities, and respecting difference and human diversity.²¹⁸

Prevention workers must take care to avoid unintentionally reinforcing unequal power relations by ensuring opportunities to participate and contribute to decision-making processes are genuine²¹⁹ and being transparent about the purpose, scope, degree of influence, nature of engagement and time commitments expected.²²⁰ They should take time to understand the importance of what they are being told;²²¹ act on the results of consultations; and provide feedback to the people consulted.²²²

Ensure that credit and equitable remuneration is given to women and girls with disabilities who contribute their time and expertise to the development or implementation of prevention work.²²³ This is important to address power imbalances, recognise the valuable contribution of women and girls with disabilities, and avoid oppressive practices of taking from women and girls with disabilities without compensation.²²⁴ The prevention workforce should ensure long-term budgeting for remuneration for consultations and partnerships, and ensure payments are consistent, regardless of gender or disability.

Ensure the physical, emotional and cultural safety of women and girls with disabilities

Any work that involves women and girls with disabilities in the development or implementation of prevention initiatives must prioritise their physical, emotional and cultural safety. Those implementing this work (whether prevention specialists, or more general workers) must be supported and trained to work in safe, trauma-informed ways, respond appropriately to disclosures of violence²²⁵ and connect women and girls with disabilities to appropriate services for psychological support.²²⁶

Staff recruiting women and girls with disabilities for consultation or collaboration opportunities should be skilled at considering and addressing their specific safety needs. These considerations should include how risks may differ depending on women and girls with disabilities' individual circumstances, current or historic lived experiences of violence, and the type of engagement (for example, in person, by telephone, online, group or individual). Issues of safety should not be used as a means of systematically excluding women and girls with disabilities from participation.²²⁷

Working environments and processes must be established that ensure:

- Aboriginal and Torres Strait Islander and migrant and refugee women and girls with disabilities are involved in culturally safe, respectful and empowering ways.
- Emotional safety, respect and inclusivity for LGBTIQ people with disabilities.
- The knowledge and experiences of different cultures and communities is valued.²²⁸

This requires open, ongoing communication with the relevant communities, and actively preventing discrimination and disrespect towards Aboriginal and Torres Strait Islander people, migrants and refugees, and LGBTIQ people.

A trauma-informed approach can promote emotional safety during prevention work. This approach aims to prevent retraumatisation by responding to the impacts of trauma and

understanding that people experience these impacts, and may be retraumatised, in different ways.²²⁹ Given the intergenerational and collective trauma experienced by Aboriginal and Torres Strait Islander people,²³⁰ trauma-informed practice must avoid creating or exacerbating cultural disconnection, distress or intergenerational trauma.

For more information about using trauma-informed practice or promoting cultural safety when working with Aboriginal and Torres Strait Islander people, refer to page 40 of Our Watch's [Changing the picture](#).

Ensure accessibility and inclusion

To ensure women and girls with disabilities can be involved in the design, development and implementation of prevention work on an equal basis to people without disabilities, prevention practitioners must ask people about their access requirements, commit to making all reasonable adjustments, and build into budgets sufficient time and long-term funding for access requirements.²³¹

Prevention workers must remember that people can experience multiple barriers to participation. Refer to information on [The social model of disability](#), on [page 20](#), for a reminder about the different types of access barriers. Some barriers may be more complex than others to address – for example, addressing ableist attitudes that can limit the effective participation of people with disabilities requires ongoing and consistent professional development and self-reflection of the prevention workforce.



Ensure prevention work is informed by critical frameworks

For work to prevent violence against women and girls with disabilities to be effective, it is important to deliver evidence-based interventions that are gender transformative, grounded in human rights and informed by the social model of disability and intersectional feminism.

An intersectional feminist approach to prevention is critical to address the multiple intersecting forms of oppression that drive violence against women and girls with disabilities,²³² while a gender transformative approach is important to explicitly challenge the causes of gender inequality and the gendered drivers of violence against women.

The social model of disability can assist prevention workers to address barriers that hinder people from effectively exercising their rights and participating in society.²³³ Finally, ensuring prevention work has a strong foundation in human rights and upholds the principles contained in core international human rights instruments, such as the CRPD and CEDAW, will mean that the inherent dignity of women and girls with disabilities is respected, and that difference is valued as part of human diversity.

Contribute to the evidence base

Because of the limited available evidence about what works and what does not work to prevent violence against women and girls with disabilities, prevention workers should consider opportunities to document and share the results of evaluations of prevention efforts. These evaluations should focus on measuring changes related to the drivers of violence. Where robust evaluations are outside the parameters of the organisation or funding remit, prevention workers could look for other ways to communicate their learnings and experience with the sector. Sharing information and learning will help to expand the knowledge base and allow effective interventions to be replicated.



Conclusion

This resource has focused on developing a deeper understanding of violence against women and girls with disabilities. It has drawn on the available evidence and stakeholder consultations to demonstrate the prevalence, nature, dynamics and impacts of this violence, and to explore its underlying drivers.

Through careful analysis, a picture has emerged of the intersecting drivers – namely, specific expressions of gender inequality and ableism. The intersection between these factors drives the violence that women and girls with disabilities experience, which takes many forms. For some women and girls with disabilities, there are also other forms of oppression that intersect with ableism and gender inequality to drive or influence the prevalence and dynamics of this violence (for example, racism, homophobia, classism). The resource presented a conceptual model ([Figure 4](#)) that visually depicts these intersecting drivers, in order to help deepen understanding and inform effective prevention work and ongoing research.

Violence against women and girls with disabilities is preventable, not inevitable. The specific actions outlined here will help to address the ableism and gender inequality

that drive this violence. These actions are broad and can and should be applied by different stakeholders in different ways. They are designed to promote gender and disability equality and to improve attitudes towards, and promote the independence, agency and social inclusion of, women and girls with disabilities in all aspects of life. Applying the set of principles for prevention outlined in this resource will help to ensure that this work is undertaken collaboratively, respectfully, safely and accessibly with women and girls with disabilities, and that it creates effective and sustainable prevention initiatives.

This resource provides a foundation for a primary prevention approach, and a guide to undertaking the collective work that is needed to create a future where women and girls with disabilities live free from violence.



Glossary of terms

Ableism – The system of beliefs, processes and practices that privilege people without disabilities, and disadvantage and exclude people with disabilities.²³⁴ These beliefs include dominant ideas and expectations about typical abilities of people’s bodies and minds. Society applies these standards to determine who is worthy, able or ‘normal’, and discriminates against and disadvantages people who fail to meet this imaginary standard.²³⁵

Ageism – The system of beliefs, processes and practices that disadvantage and discriminate against people in particular age groups, especially older people and young people.

Asexual – A person who experiences minimal or no sexual attraction to other people.

Backlash/resistance – The resistance, hostility or aggression with which gender equality or violence prevention strategies are met by some groups. From a feminist perspective, backlash can be understood as an inevitable response to challenges to male dominance, power or status, and is often interpreted as a sign that such challenges are proving effective.²³⁶

Biphobia – Prejudice, fear and/or hatred directed towards bisexual people or bisexuality. This includes the systemic and structural discrimination experienced by bisexual people.

Bisexual – A person of any gender who self-identifies as being emotionally, romantically or sexually attracted to people from more than one gender.

Cisgender – A person whose gender identity aligns with the sex assigned to them at birth. The term ‘cis’ is often used as an abbreviation.

Cisnormative/cisnormativity – Refers to a general perspective that sees cisgender experiences as the only, or central, view of the world. This includes the assumption that all people fall into one of two distinct and complementary genders (man and woman) which corresponds to their sex assigned at birth, or what is called the gender binary. It also relates to the systemic and structural privileging of the social models of binary sex and gender.

Class – A system of structured inequality based on unequal distributions of power, education, wealth and income that determine social position and status.

Classism/class discrimination – The system of beliefs, processes and practices that disadvantages and discriminates against people in particular social classes (typically the lower and middle classes).

Colonialism – The ongoing policy and practice of British colonisation over Aboriginal and Torres Strait Islander peoples, lands and nations. See also [Colonisation](#).

Colonisation – Refers to the historical act of the British invading and claiming the land now called Australia, thereby dispossessing the Aboriginal and Torres Strait Islander people who had previously lived on and been custodians of this land for thousands of years. It also refers to the ongoing settlement and establishment of British colonies, and later the Australian nation. It is not only a historical act but also an ongoing process, in particular because there has been no treaty or other form of settlement or agreement, and because many contemporary laws, policies and practices fail to recognise the specific status and human rights of Aboriginal and Torres Strait Islander people as Indigenous or First Nations peoples; but also because colonisation continues to have significant impacts for Aboriginal and Torres Strait Islander people today.

Cultural safety – Cultural safety means ‘an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared knowledge and experience, learning, living and working together with dignity and truly listening’.²³⁷

Disability – There is no single definition or model of disability. This resource uses the CRPD definition which defines disability as long-term physical, cognitive, sensory and psychosocial impairments, including chronic illness, which in interaction with various barriers hinder an individual’s full and effective participation in society on an equal basis with others.²³⁸

Drivers of violence – The factors that are most strongly and consistently correlated with violence against women; in other words, those that both lead to violence and cause it to continue.

Enbyphobia – Fear of or prejudice against people outside the gender binary (that is, who identify as agender, bigender or non-binary). See also [Gender diverse](#).

Gender – The socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men and women; gender defines masculinity and femininity.²³⁹ Gender expectations vary between cultures and can change over time.²⁴⁰

Gender-based violence – Violence that is specifically ‘directed against a woman because she is a woman or that affects women disproportionately’.²⁴¹

Gender binary – A system of gender classification in which all people are categorised as belonging to one of two distinct sexes (woman or man) and in which everyone is assumed to be ‘cisgender’; that is, that their gender identity corresponds to their sex assigned at birth (female or male).

Gender diverse – People whose gender expressions differ from what is socially expected. This includes individuals who identify as agender (having no gender), as bigender (both woman and man) or as non-binary (neither woman nor man), genderqueer, or as having shifting or fluid genders. See also [Non-binary](#).

Gender equality²⁴² – Involves equality for people of all genders. This term is used in the substantive sense to mean not only equality of opportunity but also equal or just outcomes (sometimes also called equity). It requires the redistribution of power, resources and responsibilities between men and women in particular, and the transformation of the underlying causes and structures that create and sustain gender inequality.

Gender identity – A person’s innate, deeply felt psychological identification of their gender, which may or may not correspond to the person’s designated sex at birth.

Gender transformative – Approaches that move beyond simply being aware of gender inequality, or sensitive to gender differences, and that instead deliberately encourage a critical awareness of, and make explicit challenges to, harmful gender roles, stereotypes, practices and norms in order to shift the unequal distribution of power and resources between women and men.

Heteronormativity – Refers to a general perspective that sees heterosexual experiences as the only, or central, view of the world, and assumes a linear relationship between sex, gender and sexuality (for example: male, man, heterosexual man). This includes the unquestioned assumption that all people fall into one of two distinct and complementary genders (woman and man), which corresponds to their sex assigned at birth. It also assumes that heterosexual is the only ‘normal’ sexual

orientation, and that sexual and marital relations are only appropriate between a man and a woman. It is additionally related to the systemic and structural privileging of the social models of binary sex, binary gender and the normalisation of heterosexuality.

Hypersexual – Exhibiting a level of interest or involvement in sexual activity that is higher than the norm.

Inclusion – In this context, inclusion means phasing out segregated environments and making the structural and systemic changes that are necessary to integrate people with disabilities into mainstream environments. Inclusion is a process of systemic reform which involves changes and modifications to settings, policies and structures to remove barriers and create environments that provide equality of opportunities and experiences.²⁴³

Institutionalisation – The act of placing people with disabilities in facilities (such as residential facilities) with policies and practices of segregation, control and confinement.

Intellectual disability – The functional impacts which may be experienced by someone with an intellectual impairment (for example, an impairment that affects how they learn or process information) when their impairment interacts with environmental, attitudinal, communication and institutional barriers.

Intergenerational trauma – A form of historical trauma transmitted across generations. Survivors of the initial experience who have not healed may pass on their trauma to further generations. In Australia, intergenerational trauma particularly affects Aboriginal and Torres Strait Islander people, especially the children, grandchildren and future generations of the Stolen Generations.²⁴⁴

Intersectionality – Describes the interactions between multiple systems and structures of oppression (such as sexism, racism, classism, ageism, ableism, transphobia, heteronormativity and cisnormativity), as well as policy and legal contexts (such as immigration status). It acknowledges that some people are subject to multiple forms of oppression and ‘the experience is not just the sum of its parts’.²⁴⁵ An intersectional approach is ‘a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other’.²⁴⁶ Conversely, intersectionality also highlights the intersection of multiple forms of power and privilege. An intersectional approach is critical for preventing violence against women because patriarchal power structures always intersect with other systems of power. Violence against women occurs in the context of both gender inequality and multiple other forms of structural and systemic inequality, oppression and discrimination. All of these intersect to influence the perpetration of violence, the prevalence, nature and dynamics of violence, and women’s experiences of violence. Understanding and addressing these intersections is necessary to effectively address the drivers of violence against women and prevent this violence across the population.

Intersex – An umbrella term that describes people who have natural variations that differ from conventional ideas about ‘female’ and ‘male’ bodies. These natural variations may include genital, chromosomal and a range of other physical characteristics. Intersex is not about a person’s gender identity.

Lived experience – The knowledge and understanding a person acquires when they have lived through something.

Masculinity – The socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men. These expectations vary between cultures and can change over time.

Medical model of disability – The medical model focuses on the person’s impairment and views disability as an individual problem that needs to be fixed or treated by medical professionals. It focuses on what a person with disability cannot do and cannot be, assumes people with disabilities have a lower quality of life, and views people with disabilities as objects of charity, medical treatment and social protection.²⁴⁷

Microaggressions – Smaller, frequent, patronising instances of discrimination.²⁴⁸

Non-binary – A person who does not identify as belonging to either of the socially expected categories of sex (male/female) and/or gender (masculine/feminine). Some non-binary people identify as genderqueer, or as having shifting or fluid genders. See also [Gender diverse](#).

Normalisation of violence – Where violence, particularly men’s violence, is seen and treated as a normal part of everyday life.

Norms – See [Social norms](#).

Open employment – Refers to employment in the mainstream workforce rather than in segregated employment settings. In open employment, people with disabilities can access the same employment opportunities, salaries and benefits as people without disabilities.

Plain Language (or Plain English) and Easy English – Writing styles that enable understanding of written content regardless of disability or English language literacy. Plain English is a simplified style of writing, free of jargon and uncommon vocabulary, that is suitable for people with reasonable literacy skills.²⁴⁹ Easy English is a form of writing that is more simplified than Plain English and includes images to help promote understanding of concepts. Easy English is for people who do not have functional literacy, including some people with learning or cognitive disabilities.²⁵⁰

Psychosocial disability – The functional impacts which may be experienced by someone with a mental health condition when their condition interacts with environmental, attitudinal, communication and institutional barriers.

Reinforcing factors – Factors which become significant within the context of the drivers of violence. These factors do not predict or drive violence against women on their own. However, they each play a role in influencing the occurrence or dynamics of violence against women. Reinforcing factors are context-specific; they have an influence in particular circumstances and at particular levels of the socio-ecological model. See also [Drivers of violence](#).

Restrictive practices – Any practices or interventions that have the effect of restricting the rights or freedom of movement of a person with disability.²⁵¹

Segregation – The systems, policies or practices that separate a group of people (such as people with disabilities) from the dominant group (such as people without disabilities).²⁵²

Settings – Environments in which people live, work, learn, socialise and play.

Sex – The biological and physical characteristics used to define humans as female or male.

Sexism – Discrimination based on gender, and the attitudes, stereotypes and cultural elements that promote this discrimination.²⁵³

Sexual assault – See [Sexual violence](#).

Sexual harassment – See [Table 1, Types of violence experienced by women and girls with disabilities](#).

Sexuality – A person's sexual orientation or sexual preferences.

Sexual violence – See [Table 1, Types of violence experienced by women and girls with disabilities](#).

Social model of disability – The social model of disability considers that disability exists as the result of the interaction between a person's impairment and barriers related to environments, institutions, communication and attitudes. The social model explains that it is these barriers that create disability and restrict a person with disability's equal participation in society.²⁵⁴

Social norms – The informal, mostly unwritten and unspoken rules that define typical, acceptable and expected actions and behaviours in a social group, setting or society. They are grounded in customs, traditions and value systems that develop over time.

Socio-ecological model – A model used in public health, it is used here to demonstrate how violence is a product of multiple, interacting components and social factors.²⁵⁵ The model conceptualises how the drivers of violence manifest at different levels – the individual and relationship level, the organisational and community level, the system and institutional level, and the societal level. It illustrates the value of implementing multiple mutually reinforcing strategies across these levels.

Socioeconomic disadvantage – Refers to people’s access to material and social resources and their ability to participate in society.²⁵⁶ For some people, certain factors such as inequities in access to resources, differences in power and privilege, and the impacts of intersecting forms of oppression can reduce their access to resources and their ability to participate in society on an equal basis to others.

Sterilisation – A procedure designed to permanently remove a person’s reproductive capabilities so that they cannot have biological children.

Structural discrimination and disadvantage – A condition produced when the norms, policies and systems that operate within society create patterns that mean people in particular groups are more likely to experience discrimination and more likely to be disadvantaged compared to others.

Systemic social inequalities – A pattern of discrimination that is reflected within social norms and reinforced through law, education, the economy, health care and politics, and which results in the privileging of certain groups and individuals over others.

Systems and structures – Macro-level mechanisms, both formal (policies, institutions and laws) and informal (social norms), which serve to organise society, and create power relationships between different groups of people and patterns of social and political power.

Transgender – An umbrella term referring to people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. A transgender person may identify specifically as transgender or as male or female, or outside of these categories. Being transgender does not imply any specific sexual orientation. Transgender people may identify as heterosexual, gay, lesbian, bisexual, pansexual, queer, or in other ways. Also often abbreviated to ‘trans’.

Transphobia – Prejudice, fear, discomfort and/or hatred directed towards people who are transgender and/or gender diverse. This includes the systemic and structural discrimination experienced by trans and gender diverse people.

Violence against women – Any act of gender-based violence that causes, or could cause, physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life.²⁵⁷ This definition encompasses all forms of violence that women experience (including physical, sexual, emotional, cultural, spiritual, financial, and others) that are gender-based. See also [Gender-based violence](#).

Xenophobia – Dislike of, aversion or hostility to, or prejudice against, strangers, foreigners or people from different cultures.



Appendix 1 – Notes on language

This appendix outlines a number of important notes on language that are critical to understanding the framework. These explanations and definitions are a lens that should be applied across the resource to guide its interpretation.

What we mean when we say women and girls

The focus of this resource is on women and girls with disabilities of all ages, from childhood to older age, in recognition that gendered and ableist violence can occur at different times and in different contexts across the entire lifespan. However, this resource does not focus specifically on violence perpetrated against girls because they are children or against older women because of their older age. While gender inequality and ableism can play a role in driving both these forms of violence, they also need to be understood within the broader context of child abuse more generally and elder abuse more generally. This resource has not drawn on the specific (and significant) bodies of evidence and expertise related to either of these fields. However, it is hoped that this resource can complement and support work to address both child abuse and elder abuse more broadly – and in particular that it may help people in these fields to apply a gender and disability lens to their work.

This resource focuses on the prevention of violence against women and girls with disabilities (including cis and trans women and girls). The experiences of non-binary people and feminine-identifying people are recognised; however, the available literature largely does not speak specifically to the experiences of these groups. Available evidence suggests that trans and non-binary people with disabilities can experience disproportionate levels of abuse and violence, face specific forms of discrimination in many social contexts, and may be less likely to access some services due to fear and anticipation of discrimination.²⁵⁸ While this resource does not include strategies specifically aimed at preventing violence against transgender, non-binary and intersex people with disabilities, to the extent that ableism and gender inequality comprise at least some of the drivers of this violence, its prevention is likely to be supported by implementation of the essential actions in this resource.

Use and limitations of binary language

It is acknowledged there are limitations to the use of the terms ‘women’ and ‘men’, as these essentialist approaches tend to ‘rely on, uphold and naturalise the gender binary’.²⁵⁹ Both sex and gender are constructed as binary based on the assumption that all people fall into one of two distinct genders (woman or man), and that everyone is ‘cisgender’; that is, their gender identity corresponds to their sex assigned at birth (female or male). Binary approaches to prevention can ignore or make invisible people who are intersex and whose bodies do not conform to a binary notion of sex, as well as trans and gender diverse people whose gender identities do not align with a binary notion of gender. Approaches to the prevention of violence should challenge this binary framing, which centres and privileges cisgender experiences and binary models of sex and gender.

Use of person-first language

The terms ‘people with disabilities’ and ‘women and girls with disabilities’ are used throughout the paper, consistent with the Australian custom to use ‘person-first’ language. However, it is recognised and respected that preferred terminology varies between people and communities, and that some prefer ‘identity-first’ language such as ‘disabled woman’.

Use of the plural term ‘women and girls with disabilities’

The term ‘women and girls with disabilities’ is used, rather than ‘women and girls with disability’, so as to be consistent with the language used in international human rights

conventions, including the [United Nations Convention on the Rights of Persons with Disabilities \(CRPD\)](#) and by our partner organisation, [Women with Disabilities Victoria \(WDV\)](#). However, it is acknowledged and respected that some people, communities and organisations prefer the singular form of the term. When directly quoting other sources, the language used in the original text is retained.

Language avoided in this resource

The use of contentious and deficit-based terms such as ‘vulnerability’ or ‘at risk’ are avoided, as is the use of medical terminology, where possible. This is consistent with the resource being framed by human rights, intersectional feminism and the social model of disability, and is done to highlight that it is not the impairment or disability that renders women and girls with disabilities more likely to experience violence, but rather the intersecting forms of discrimination and oppression.

Use and understanding of the term ‘gender equality’

This resource uses the term ‘gender equality’ over ‘gender equity’,^{xxxviii} in line with international human rights instruments and because it is a concept that is more widely understood. In this context, the term ‘gender equality’ is used in the broadest sense – to encompass fairness of access, treatment, opportunities and outcomes. It does not imply sameness. The focus on fairness, and on just outcomes, is important because women and non-binary people may not have the same advantages as men, and therefore equal treatment alone may not actually be fair or just.

^{xxxviii} ‘Gender equity’ is the state of having equal rights and access to resources and opportunities, regardless of gender, and according to each person’s individual needs. It also means valuing different behaviours, aspirations and needs equally, regardless of gender.

Appendix 2 – Project Advisory Groups

Development, research and drafting of this resource was guided by two Project Advisory Groups.

The first Project Advisory Group

was established in mid-2019 and supported the early phase of the project, which concluded in January 2020. This Project Advisory Group:

- met regularly to discuss and oversee the project
- provided advice about the development of a background paper regarding the prevention of violence against women and girls with disabilities
- assisted in the development of a draft conceptual model to explain the drivers of violence against women and girls with disabilities, and a draft set of principles to guide work to prevent this violence.

The members of the first Project Advisory Group were:

- Leona Berrie (Qld), WWILD
- Dr Marg Camilleri (Vic), Criminal Justice, Federation University
- Francesca Lee (Vic), Brain Injury Matters
- Nicole Lee (Vic), independent consultant
- Diane McCarthy (Vic), Children and Young People with Disability Australia
- Gillian O'Brien (Qld), WWILD
- Sue Salthouse (ACT), Women with Disabilities ACT and Our Watch
- Rosanna Smith (Qld), independent consultant
- Debra Swann (Vic), independent consultant
- Natalie Tomas (Vic), Office of the Public Advocate

The second Project Advisory Group

was established in June 2020 and supported the next phase of the project. This Project Advisory Group:

- met regularly to discuss and oversee the project
- assisted with organising stakeholder consultations, and provided advice on which stakeholders to consult
- assisted in the conceptualisation and development of this resource
- read and provided feedback on multiple drafts of this resource.

The members of the second Project Advisory Group were:

- Kathryn Aedy (Vic), Multicultural Centre for Women's Health
- Dr Marg Camilleri (Vic), Criminal Justice, Federation University
- Ellen Fraser-Barbour (SA), independent consultant
- Heidi La Paglia (Tas), Women with Disabilities Australia
- Frances Quan Farrant (Qld), People with Disability Australia
- Sue Salthouse (ACT), Women with Disabilities ACT and Our Watch
- Juana Terpou (WA), Sexuality Education Counselling & Consultancy Agency Inc



Appendix 3 – Alternative text for figures

Figure 1

Infographic showing the different stages of intervention in the problem of violence against women. The different stages of the problem are represented by a river.

Prevention is work that occurs upstream in the river, because it is trying to prevent the problem from happening in the first place. This is represented in the image as people standing on the riverbank, stopping anyone from falling in.

The second stage is early intervention. It is work that tries to help people who have only just fallen into the river. This is represented in the image by a person throwing life buoys to rescue people who are midstream in the river.

The third stage is crisis response. It occurs downstream, when the problem is already advanced. It is represented in the image by an ambulance attempting to rescue people who are in very serious trouble much further downstream in the river.

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Figure 3

Infographic showing the different factors which influence the occurrence of violence against women and girls with disabilities.

The figure represents violence as the outcome of interactions among many factors at four levels.

It shows examples of structures, norms and practices found to increase the probability of violence against women and girls with disabilities, at different levels of the social ecology.

The highest level is the societal level: Dominant social norms supporting rigid gender roles and stereotyping; ableist beliefs and stereotypes; or condoning, excusing and downplaying violence against women and girls with disabilities.

The second level is the system and institutional level: Failure of systems, institutions and policies to promote economic, legal and societal autonomy for women and girls with disabilities, or to protect their human rights, or to adequately address violence against women and girls with disabilities.

The third level is the organisational and community level: Organisational and community norms, structures and practices supporting or failing to address gender inequality, ableism, stereotyping, discrimination and violence.

The fourth and final level is the individual and relationship level: Individual adherence to rigid gender roles and identities; individual attachment to ableist beliefs; weak support for gender or disability equality; social learning of violence against women and violence against people with disabilities; male dominance and controlling behaviours in relationships.

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Figure 4

Infographic of a conceptual model, which shows that the intersection between gender inequality and ableism drives violence against women and girls with disabilities.

Gender inequality is expressed through the gendered drivers:

1. Condoning of violence against women.
2. Men's control of decision-making and limits to women's independence in public and private life.
3. Rigid gender stereotyping and dominant forms of masculinity.
4. Male peer relations and cultures of masculinity that emphasise aggression, dominance and control.

Ableism is expressed through the ableist drivers:

1. Negative stereotypes about people with disabilities.
2. Accepting or normalising violence against people with disabilities.
3. Controlling people with disabilities' decision-making and limiting independence.
4. Social segregation and exclusion of people with disabilities.

For some women and girls, there are other intersecting drivers of violence such as:

- ageism
- classism
- racism and colonialism
- heteronormativity, homophobia and biphobia
- transphobia and cisnormativity.

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Appendix 4 – Suggested reading materials

Organisations by and for women with disabilities

- Women with Disabilities Victoria (WDV), [WDV website](#), [WDV newsletter subscription](#), [WDV membership](#), [WDV YouTube channel](#)
- Women with Disabilities Australia (WWDA), [WWDA website](#), [WWDA membership and newsletter subscription](#), [WWDA YouTube channel](#)
- Women with Disabilities ACT (WWDACT), [WWDACT website](#), [WWDACT newsletter subscription](#), [WWDACT membership](#), [WWDACT YouTube channel](#)
- [Women with Disabilities Australia's \(WWDA\) Our Site](#), a website created by and for women and girls with disabilities

Primary prevention of violence

- Our Watch, [Change the story](#)
- Our Watch, [Changing the picture](#)
- Women with Disabilities Victoria, [Suite of prevention of violence resources](#)
- Women with Disabilities Victoria, [Inclusive planning guidelines for the prevention of violence against women with disabilities](#) (PDF download)
- Multicultural Centre for Women's Health, [Workplace equality: A model for preventing violence against migrant and refugee women](#) (PDF download)

- Multicultural Centre for Women's Health, [Intersectionality matters: A guide to engaging immigrant and refugee communities to prevent violence against women](#) (PDF download)
- Rainbow Health Victoria, [Pride in prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities](#)

Disability rights

- Australian Human Rights Commission, [Disability rights](#)
- Women with Disabilities Australia, Our Site [Your rights](#) and [Safety and violence](#)
- People with Disability Australia, [Training](#)
- National Disability Services, [Events, training and conferences for the disability sector](#)

Violence and abuse against people with disabilities

- 1800RESPECT, [Disability Support Toolkit](#)
 - Domestic and Family Violence Response Training, [Working with women with disabilities workshops](#)
 - National Disability Services, [Zero Tolerance initiative](#)
-

Best practice for partnerships and collaborations

- Our Watch, [Tips for effective partnerships](#), from the *Prevention toolkit for local government*
- Women with Disabilities Victoria, [Best practice guidelines for the development of resources for women with disabilities about violence and abuse](#) (PDF download)
- Women with Disabilities Australia, [The Our Site project: co-designing a website by and for women and girls with disability](#), which describes the co-design methodology in action.
- Domestic Violence Victoria, [The Family Violence Experts by Experience Framework](#)
- Women's Health Victoria, [Spotlight on trauma-informed practice and women](#) (PDF download)
- Chay Brown, [Hopeful Together Strong: Principles of good practice to prevent violence against women in the Northern Territory](#) (PDF download)
- Domestic and Family Violence Response Training, [Working with women with disabilities workshops](#)
- People with Disabilities Western Australia (PWDWA), [Co-design guide: Co-design for organisations working with people with disability](#)

Access and inclusion, and gender and disability equality policies and practice, in the workplace

- Women with Disabilities Australia, [Our Site Information for supporters and services](#)
- Women with Disabilities Victoria, [Women's Health Services Toolkit: Disability and Prevention of Violence Against Women \(PVAW\) Needs Analysis Tool and Women's Health Services Disability Audit Tool](#)

- Women with Disabilities Victoria, [Working towards gender and disability equality workbook](#)
- Australian Government, [Disability Discrimination Act 1992](#)
- Australian Government Department of Social Services, [National Standards for Disability Services](#)
- Australian Human Rights Commission, [Action plans and action plan guides](#) and [Disability Action Plans: A Guide for Business](#)
- World Wide Web Consortium, [Web Content Accessibility Guidelines \(WCAG\) 2.1](#)
- Our Watch, [Conduct a gender equity audit](#), from the *Prevention toolkit for local government*
- Our Watch, [Workplace Equality and Respect Standards](#)
- Victorian Public Sector Commission, [Disability employment – 10 things employers can do now](#)
- Australian Human Rights Commission, [Good practice good business factsheets](#)

Inclusive language and representation

- People with Disability Australia, [What do I say? A guide to language about disability](#) (PDF download)
- Office for Disability, Department of Human Services Victoria, [Positive portrayal of people with a disability](#) (PDF download)
- Disability Advocacy Resource Unit, [How to be disability inclusive](#) (PDF download)
- ACON, [Trans-affirming language guide](#) (PDF download)



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GPO Box 24229
Melbourne VIC 3001
www.ourwatch.org.au

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