

Women With Disabilities Australia (WWDA)

Federal Election Platform

2022

The advocacy priorities of WWDA's 2022 Election Platform were informed by WWDA's National Policy Advisory Group (PAG) members, representing different cohorts of women, girls, feminine identifying and non-binary people with disability across Australia.

We thank Bethany Cody, Bonney Corbin, Tabitha Lean, Cheryl Parker, Blanca Ramirez, Azure Rigney, Katie Shoemark, Jen Hargrave, Kat Reed, Wendy Wright and Claire Bertholli for sharing their knowledge, expertise, and lived experience with WWDA.



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ABN: 23 627 650 121



Contact

Women With Disabilities Australia (WWDA)
Contact: Carolyn Frohmader, Executive Director
PO BOX 407 Lenah Valley, Tasmania, 7008 Australia

+61 438 535 123
carolyn@wwda.org.au
officeadmin@wwda.org.au

www.wwda.org.au
www.facebook.com/WWDA.Australia
twitter.com/WWDA_AU

Women With Disabilities Australia (WWDA) has Special Consultative Status with the Economic and Social Council of the United Nations.

Awards

Winner
National Human Rights Award 2001

Winner
National Violence Prevention Award 1999

Winner
Tasmanian Women's Safety Award 2008

Nominee
UNESCO Prize for Digital Empowerment of Persons with Disabilities 2021

Nominee
National Disability Awards 2017

Nominee
French Republic's Human Rights Prize 2003

Nominee
UN Millennium Peace Prize for Women 2000

Certificate of Merit
Australian Crime & Violence Prevention Awards 2008

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ABOUT WOMEN WITH DISABILITIES AUSTRALIA

WWDA is the award-winning national DPO and National Women’s Alliance (NWA) for women, girls, feminine-identifying and non-binary people with all types of disability in Australia. WWDA is governed, managed and staffed by women and non-binary people with disability, for women, girls, feminine identifying and non-binary people with disability.

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

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

For more than two decades, WWDA has initiated and conducted many ground-breaking and critically acclaimed national programs and projects using co-design methods which empower our members to be decision-makers. WWDA has many processes in place to engage with our members and stakeholders, and we utilise a wide range of accessible digital platforms and multi-modal content approaches to maximise communication, consultation, and engagement opportunities.

As the national DPO for women, girls, feminine identifying and non-binary people with disability in Australia, WWDA works on key issues prioritised by our members, in line with WWDA’s Strategic Plan. These are:

- Decision-making and agency
- Participation and Leadership
- Prevention of all forms of violence
- Sexual and reproductive health and rights
- Economic security and social protection.

This election platform was informed by these priorities as well as ongoing consultation with WWDA’s National Women’s Alliance Policy Advisory Group (PAG), made up of individual women with disability, as well as representatives from Women With Disabilities ACT (WWDACT), Women With Disabilities Victoria (WDV) and Women With Disabilities WA (WWDWA).

INTRODUCTION AND CONTEXT

- 1.1. Over two-million women and girls with disability live in Australia (20% of the population of women), including more than 100,000 girls with disability aged 0-14 and two million women with disability aged 15 and older.¹
- 1.2. Women with disability come from a range of backgrounds, lifestyles, beliefs, and communities. They may be Aboriginal and/or Torres Strait Islander, or from a culturally and linguistically diverse (CaLD) background. They may have a faith, or not; be married, divorced, partnered, or single; lesbian, gay bisexual, transgender, intersex or queer (LGBTIQA+); parents, guardians, carers, and friends. They may or may not be in paid work, or they could be engaged in education and training. They may live alone, with family, or in a segregated setting such as a disability group home or aged care residence, or homeless. Many women with disability may be currently or formerly incarcerated. Each of these contexts can affect how, when, why, and in what form a woman with disability accesses, receives and/or is denied, services and supports.
- 1.3. Australian society is permeated by gender differences and gender inequalities, including gender-based violence. The outcomes of public policy in Australia are not equal for men and women, and this is profoundly worse when we examine the gender inequalities between men and boys with disability and women, girls, feminine identifying and non-binary people with disability.²
- 1.4. Gender is a fundamental tenet in the development of public policy, including public policy affecting people with disability. Promoting gender equity has been a major policy drive of successive governments for more than 40 years.³ The additional inequity for women with disability arising from disability discrimination is tangible. Gender is one of the most important categories of social organisation, yet people with disability are often treated as asexual, genderless human beings as if unaffected by these acknowledged disparities. This is borne out in Australian legislative and policy frameworks which consistently fail to apply a gender lens. Similarly, gender related policies, programs and services consistently fail to apply an appropriate disability lens. In the Australian context, most policy, program and service development proceeds as though there are a common set of issues – and that men and women, boys and girls, and gender diverse people experience disability in the same way.⁴
- 1.5. However, more than three decades of evidence - globally and domestically - categorically demonstrates that women and girls with disability face multiple and intersecting forms of discrimination and are overwhelmingly more disadvantaged than men and boys with disability in similar circumstances. Recognising how different systems and structures of oppression intersect to shape the experiences of discrimination is essential to a comprehensive understanding of the complex and diverse effects it has in practice.
- 1.6. Intersectional discrimination recognises that women and girls with disability do not experience discrimination as members of a homogenous group but rather, as individuals with multidimensional layers of identities, statuses, and life circumstances. Conceptualising intersectional discrimination in the context of disabled women and girls, means acknowledging the lived realities and experiences of the heightened disadvantage of women and girls with disability caused by multiple and intersecting forms of discrimination. Acknowledging this context requires targeted and additional measures with respect to disaggregated data collection, consultation, participation, evaluation, policymaking, enforceability of non-discrimination and provision of effective remedies.⁵

- 1.7. Women and girls with disability have fewer opportunities, lower status and less power and influence than men and boys with disability. Women and girls with disability are frequently denied equal enjoyment of their rights and freedoms, in particular by virtue of the lesser status ascribed to them by tradition and custom, or as a result of overt or covert discrimination.⁶ They are often denied opportunities to develop their skills, confidence, agency and autonomy.
- 1.8. Limited opportunities for participation in all areas of public life in Australia contributes to a lack of awareness of their rights as equal members of society and reinforces negative stereotypes and discriminatory practices. For example: compared to non-disabled women, and disabled men, women and girls with disability experience significantly higher levels of all forms of violence (including particularly egregious forms of violence) more intensely and frequently and are subjected to violence by a greater number of perpetrators across various stages of their lifespan. Their experiences of violence last longer, result in more severe injuries, and they have considerably fewer pathways for support and safety.⁷
- 1.9. Although the prohibition of discrimination and the promotion of equality are principles enshrined in Australian legislative and policy and frameworks to advance the rights of people with disability, and to end all forms of discrimination against women, women and girls with disability in Australia have failed to be afforded, or benefit from, these provisions. Instead, they continue to represent one of the most excluded groups in Australia, subject to widespread discrimination, systemic prejudice, paternalistic and ableist⁸ attitudes that denigrate, devalue, oppress, limit and deny their potential and their rights and freedoms.⁹ They are often not afforded dignity, recognition, respect, agency and/or autonomy.¹⁰ Because they are much less 'visible' than men with disability in public roles, women with disability lack opportunities to articulate their exclusion, rendering them, and their concerns, invisible in broader society.
- 1.10. The voices of women and girls with disability have historically been silenced and they remain disproportionately underrepresented in all forms of public decision-making. Regrettably, in contemporary Australia, it remains commonplace for women and girls with disability to have their views ignored or disregarded in favour of 'experts', 'professionals', parents, guardians, and carers, as well as representatives of organisations not controlled and constituted by women with disability themselves.¹¹



Safety From all Forms of Gender-Based Violence

- 2.1.1 Compared to their peers, women and girls with disability experience significantly higher levels of all forms of violence more intensely and frequently and are subjected to violence by a greater number of perpetrators. Their experiences of violence last longer, result in more severe injuries, they are far less likely to receive service support to address violence,¹² have access to fewer reporting mechanisms, they are often not believed when reporting sexual assault and other forms of violence,¹³ are often denied the right to legal capacity¹⁴ and effective access to justice,¹⁵ and they have considerably fewer pathways to safety.¹⁶
- 2.1.2 Despite the epidemic of violence against people with disability in Australia, particularly women and girls with disability,¹⁷ there remains no specific legal, administrative or policy framework for the prevention, protection from, investigation and prosecution of all forms of violence against all people with disability. Although Australia has a number of laws, policies, frameworks, and service systems to prevent and address violence, and to advance the human rights of people with disability, many of these use narrow definitions of domestic and family violence and lack incorporation of the way violence and abuse is experienced by women and girls with disability.
- 2.1.3 Current definitions used in both national frameworks and State and Territory legislation do not incorporate structural, institutional, and state-based forms of violence, such as sexual and reproductive violence including forced or coerced sterilisation, abortion and contraception; restrictive practices; substitute decision-making; indefinite detention; non-consensual strip searching, or the forced removal of children. Current definitions also exclude many of the settings and spaces in which women and girls with disability (and others) experience violence, such as group homes, prisons, immigration detention centres, medical institutions, and residential care facilities.
- 2.1.4 For many years, WWDA has been calling for the Australian Government to implement national legislation that reflects the definitions of violence used in international human rights instruments to which Australia is signatory. The Committee on the Elimination of Discrimination Against Women (CEDAW)¹⁸ General recommendation 35 'Gender-based Violence against Women' 2017, uses a definition of gender-based violence that could be adapted for Australian law, policy, and practice.
- 2.1.5 Addressing violence against women and girls with disability in Australia, including structural, institutional, and state-based forms of violence, is a key obligation under the seven international human rights treaties to which Australia is a party,¹⁹ as well as the United Nations *Declaration on the Rights of Indigenous Peoples* (UNDRIP), which Australia formally endorsed in 2009.

- 2.1.6 The United Nations treaty monitoring bodies have clearly articulated the need for Australia to substantially improve its efforts to address **all** forms of violence against women, including particularly egregious forms of gender-based violence that are recognised to disproportionately affect marginalised cohorts of women and girls (including, but not limited to, women and girls with disability, women from CaLD backgrounds, Aboriginal and Torres Strait Islander women, LGBTIQ+ people and women in prisons.).²⁰
- 2.1.7 WWDA remains critically concerned that this advice has not been adhered to, and that women and girls with disability, Aboriginal and Torres Strait Islander women, CaLD women, migrant and refugee women, women living on temporary visas, LGBTIQ+ people, sex-workers and criminalised women remain marginalised within and excluded from prevention, policy, and service responses.
- 2.1.8 In WWDA's submission to the Inquiry into Family, Domestic and Sexual Violence 2020,²¹ WWDA included key recommendations for how the National Plan to Reduce Violence Against Women and Their Children could be more inclusive of women and girls with disability, particularly disabled women and girls belonging to the cohorts identified above. To date, WWDA is unaware of how the National Plan has been operationalised in a comprehensive human rights-based framework, to ensure that all women and girls with disability are fully included in public policy and programs, in responses to and the prevention of gender-based violence, and are ensured equal access to an effective, integrated response system.
- 2.1.9 Even in recent sector work around the criminalisation of coercive control, experiences of the most marginalised women have largely been excluded. Coercive control is a pervasive form of violence that constitutes an act or pattern of assault, threats, humiliation, intimidation, or other abuse that is used to harm, punish, or frighten. While sector discussions have focussed on how coercive control plays out in white able-bodied intimate partner relationships, they have largely excluded the unique forms of coercive control experienced by women with disability; often from their partner or parents who may also be their carers. Discussions around this form of violence have failed to account for the significant concerns around criminalising coercive control held by Aboriginal and Torres Strait Islander women, women with disability, CaLD women and all other communities who continue to have negative interactions with the legal system, often having legal processes weaponised against them.²² WWDA believes these concerns must be listened to and addressed.
- 2.1.10 In order to address the experiences of women and girls with disability in all of their diversity, it must be recognised that there is little to no data or research that interrogates the experiences of violence, abuse, neglect and exploitation encountered by specific groups of women and girls with disability, such as those who are Aboriginal and/or Torres Strait Islander, those from culturally and linguistically diverse backgrounds, those who are migrants, refugees or living on temporary visas, those who are lesbian, gay, bisexual, non-binary, transgender, intersex and / or asexual (LGBTIQ+), those who are criminalised, or those living in rural and remote communities.²³
- 2.1.11 The national Personal Safety survey (PSS)²⁴ which collects detailed information from men and women about the nature of violence experienced since the age of 15 is cited as "the most comprehensive prevalence data source available in Australia."²⁵ However, it is widely recognised that the PSS has significant methodological restrictions and limitations, all of which mean that the PSS not only misses (and excludes) a very significant proportion of people with disability, but that reported data from the PSS relating to women with disability is inherently misleading.

- 2.1.12 The Survey on Disability, Ageing and Carers Australia (SDAC)²⁶ also fails to capture detailed intersectional information, such as data on women with disability and diverse gender identities.
- 2.1.13 Recognising the disproportionate rates of violence experienced by people with disability, in 2019 the Australian Government established the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. To date, the Commission has held 21 public hearings, 811 private sessions, and received 3505 submissions, including multiple submissions from WWDA. While the Disability Royal Commission announced in a media release dated 24 January, 2022 that registration for private sessions will end in June, 2022 and submissions in December, 2022; the sector does not yet believe that the Royal Commission has effectively interrogated the issues experienced by people with disability. Reasons for this include a lack of resourcing put into community engagement and outreach, as well as the impact of COVID-19 on the Commission's work.
- 2.1.14 Additionally, WWDA is concerned that the Australian Government has not and is not addressing the issues identified by past and current Royal Commissions. In 2021, the Royal Commission into Aged Care Quality and Safety released its final report and list of recommendations.²⁷ Despite this report highlighting a number of key issues for women with disability related to a lack of integration between service systems, insufficient support for women with disability over the age of 65 who are not eligible for the National Disability Insurance Scheme (NDIS), and inappropriate placement of many younger women with disability in aged care settings, these issues have continued.
- 2.1.15 Likewise, despite 31 years having passed since the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) handed down its final report, racist police violence has not stopped. WWDA recognises and mourns the murder of over 500 Aboriginal and Torres Strait Islander people in police custody since the RCIADIC. Government failure to fully act on the RCIADIC's 339 recommendations has meant Aboriginal and Torres Strait Islander women with disability continue to be denied urgent health and medical care in custody and are frequently subjected to restrictive practices. For example, WWDA draws attention to the death of NS* in 2017.²⁸ NS lived with psychosocial disabilities and was arrested and detained in Alice Springs Watch House after the mental health unit refused to admit her involuntarily. In police custody, NS was periodically placed in a restraint chair, contributing to the development of deep vein thrombosis in her legs and leading to the blood clot that caused her death.
- 2.1.16 The use of restrictive practices continues to be prevalent within aged care settings, prisons and police custody, detention centres, medical institutions, psychiatric facilities, forensic disability units and other settings inhabited by people with disability. Restrictive practices are any practice or intervention that restricts the rights or freedom of movement of an individual. This includes seclusion and chemical, mechanical, physical, and environmental restraint, often enforced through medications or physical mechanisms.²⁹ In the case of women with disability, these practices are often condoned or framed as 'therapeutic', 'supportive' or 'necessary to control behaviour'; but are rarely perceived by the individual to be beneficial. Restrictive practices constitute a severe violation of the rights of people with disability under international human rights instruments such as the United Nations (UN) Convention on the Rights of persons with Disabilities (CRPD).
- 2.1.17 In order to monitor and respond to human rights violations in closed settings, the Australian Government recently ratified the UN Convention Against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment's Optional Protocol Against Torture (OPCAT), which requires the Australian Government to introduce a system of monitoring in 'places of

detention,' defined as any place 'where persons are or may be deprived of their liberty.'³⁰ However, while this requirement under the OPCAT should require Australia to respond to restrictive practices against people with disability, the Australian Government has to date not included disability and aged care settings in the scope of its OPCAT implementation.

WWDA calls on all candidates and parties to commit to:

- **Establishing and implementing a national framework to prevent and respond to violence against women which utilises the definition of 'gender-based violence' as articulated in CEDAW General Recommendation 35 'Gender-based Violence Against Women' (2017) and is inclusive of the experiences of all women.**
- **Ensuring that the new National Plan to Reduce Violence Against Women and Their Children 2022-2032 embeds intersectionality across the entirety of its implementation, including prioritising women and girls with disability, CaLD women, migrant and refugee women, women living on temporary visas, Aboriginal and Torres Strait Islander women, LGBTIQ+ people, sex-workers and criminalised women.**
- **Developing national principles on coercive control that embed the needs and experiences of women with disability, Aboriginal and Torres Strait Islander, CaLD women, migrant and refugee women and women living on temporary visas.**
- **Addressing the methodological restrictions and limitations of the National Personal Safety Survey (PSS) and the Survey on Disability, Ageing and Carers, Australia (SDAC), in order to ensure a more accurate and comprehensive picture of gender-based violence in Australia to inform prevention, early intervention, response and recovery policy and practices for women and girls with disability. All research about women and girls with disability must use consultation and co-design.**
- **Endorsing and providing resourcing for a two-year extension of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, on the basis that COVID-19, along with other restrictive factors, have prevented the Commission from adequately investigating all forms of violence, abuse, exploitation and neglect experienced by people with disability.**
- **Ensuring that all of the recommendations that come from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability are fully implemented, in consultation and co-design with people with disability and their representative organisations.**
- **Ensuring that the full list of recommendations from the Royal Commission into Aged Care Quality and Safety Report are fully implemented; in particular recommendation 72 and 73 which apply to aged care for older people with disability, and recommendation 74 which ensures younger people with disability are not inappropriately placed in the aged care system.**
- **Establishing and implementing a national, time bound strategy and framework that prohibits the use of restrictive practices against people with disability in all settings and contexts.**

- **Establishing and implementing a national, time bound strategy and framework for the closure of all segregated and closed settings for people with disability, including those operated by non-government and private sectors.**

“Until this country is prepared to address the segregation, seeing people with disability as ‘other’ then we will never ever stop this epidemic that is violence and abuse against women and girls with disability.”

- Carolyn Frohmader, WWDA Executive Director





The National Disability Insurance Scheme (NDIS)

- 2.2.1 As the only national program that funds supports and services for people with disability in Australia, the National Disability Insurance Scheme (NDIS) has become an essential part of Australia's infrastructure, designed to support the rights of people with disability and meet Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD).
- 2.2.2 When the NDIS was introduced in Australia in 2013, it offered previously non-existent assurance to people with disability that they would receive the support they require.³¹ However, under the current eligibility requirements of the NDIS, only 10% of the total population of people with disability in Australia can access the scheme.³²
- 2.2.3 Under the current eligibility requirements, it is stipulated that NDIS participants must have a permanent, life-long disability, be an Australian citizen or hold a permanent visa, and be under the age of 65. Additionally, there are a number of disabilities considered to be life-long that the NDIS either does not cover, or only covers under exceptional circumstances. These include some neurodivergent conditions, such as Attention Deficit Hyperactive Disorder (ADHD) and Dyslexia, some psychosocial disabilities, and many chronic illnesses.
- 2.2.4 There is a considerable amount of evidence that women and girls with disability have more difficulty accessing the NDIS than men and boys. While we know from over three decades of evidence-based research that women and girls with disability experience multiple and intersecting forms of discrimination and are overwhelmingly more disadvantaged than men and boys with disability in similar circumstances; the percentage of NDIS participants who are women and girls remains at less than 37% across all jurisdictions, with some jurisdictions having even lower figures. This situation has remained unchanged since the Scheme began. Concerningly, there exists no current data on the participation rates of gender diverse people with disability in the Scheme.³³
- 2.2.5 While there are a range of reasons for the large gender disparity in the NDIS, studies have identified that influencing factors may include: socialisation that discourages women to speak up about their needs, an under diagnosis of disabilities in women,³⁴ and high rates of chronic health conditions in women that are difficult to gain support for under the NDIS.³⁵
- 2.2.6 One example of how these gendered influences are reflected in the NDIS is in the gender disparity in NDIS participation rates between women and girls and men and boys who are Autistic. Across Australia, Autistic NDIS participants make up 29% of total participants, but among these, only 14, 854 (22%) are women and girls, compared to 51, 007 (76%) men and boys;³⁶ a gap which is even wider for participants under 14 years.³⁷ NDIA reports claim that this participation gap is due to the higher rate of Autism in men and boys compared

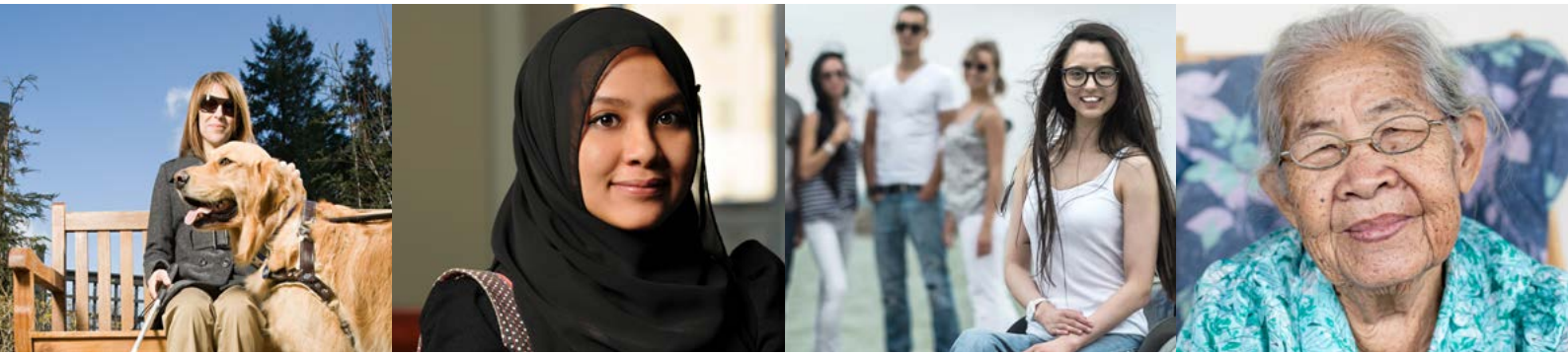
to women and girls.³⁸ However, evidence suggests that the perceived higher prevalence of Autism in men and boys is due to gender biases in diagnostic processes, rather than an actual significant difference in prevalence.³⁹

- 2.2.7 In order to address inequalities experienced by women and girls with disability in Australia, The *Committee on the Rights of Persons with Disabilities* (CRPD), through CRPD General Comment 3 [Article 6: Women with Disabilities]⁴⁰ has provided clear and authoritative guidance to States Parties (including Australia) regarding the imperative to employ targeted, extra and specific measures to ensure that women and girls with disability can realise and enjoy their rights on an equal basis as others.⁴¹ This includes their right to access and receive services and programs, like the NDIS.
- 2.2.8 In line with this guidance, WWDA has repeatedly called on the Australian Government and the National Disability Insurance Agency (NDIA) to implement an NDIS Gender Strategy. This strategy must be developed in consultation with women and girls with disability and their representative organisations, and monitor the participation rates of women, girls and gender diverse people on a regular basis.
- 2.2.9 As part of this strategy, it is essential that the NDIA review the processes for accessing the NDIS, as well as the supports that the NDIS will cover, including supports related to the sexual and reproductive health and rights of women and girls with disability. Too often, women with disability are denied access to sexual expression and the right to bodily autonomy, based on ableist attitudes about disabled women being either hypersexual or asexual. The NDIS has further perpetuated this stigma by failing to develop or produce a clear and comprehensive sexuality policy for NDIS participants that encompasses and supports individual sexual needs and goals at all life and development stages.⁴²
- 2.2.10 In addition to recognising and addressing the current disparity in NDIS participation rates and the gender bias embedded in rules around what supports may be found eligible, the gender strategy must include mechanisms to ensure that processes to access and maintain funding and supports under the NDIS are accessible to women and girls with disability. These processes must also be sensitive to the fact that disabled women and girls have often experienced trauma from systems that are supposed to support them. For women with intellectual, cognitive and psychosocial disabilities, as well as Aboriginal and Torres Strait Islander women with disability in particular, there is a specific risk of trauma associated with being subject to an assessment with a government appointed assessor. Many of these individuals have had negative experiences with government legal systems, including ongoing histories of child removals and incarceration
- 2.2.11 The NDIA currently does not have any assessment processes for women and girls with disability who may be experiencing gender-based violence, abuse, neglect or exploitation. At Public Hearing 17.2 of the Disability Royal Commission in March this year, WWDA recommended that the NDIA formulate and implement a gender-based violence assessment toolkit for all NDIS staff and support workers. This assessment toolkit should include mandatory training and incorporate processes for appropriate referral pathways.

WWDA calls on all candidates and parties to commit to:

- **Expanding the NDIS to include more than 10% of people with disability, through a major review on the eligibility criteria that excludes some neurodivergent people, people with chronic illness, people on temporary visas and people over 65.**

- **Developing an NDIS Gender Strategy, in consultation with women, girls and LGBTIQ+ people with disability and their representative organisations.**
- **Implementing mechanisms that regularly monitor the NDIS participation rates of women, girls, non-binary and gender diverse people.**
- **Commissioning the development of an NDIS Sexuality Policy that addresses the support needs that women and girls with disability may need related to their sexuality and sexual and reproductive health.**
- **Commissioning a review of NDIS systems to ensure that a trauma-informed approach is embedded across the Scheme, including the implementation of a gender-based violence assessment toolkit.**
- **Adequately resourcing and equipping the NDIS Quality and Safeguards Commission to respond to all reports of violence and abuse from NDIS services and to develop mechanisms to prevent abuse from occurring.**





Sexual and Reproductive Health and Rights

- 2.3.1. Sexual and reproductive rights are fundamental human rights.⁴³ They include the right to dignity, equality, autonomy and self-determination; the right to make free and informed decisions about, and have full control over one's own body, sexuality, health and relationships; and the right to decide if, when, and with whom to partner, marry and have children, without any form of discrimination, stigma, coercion, or violence. This includes the right of everyone to enjoy and express their sexuality, be free from interference in making personal decisions about sexuality and reproductive matters, and to access sexual and reproductive health information, education, services, and support. It also includes the right to be free from all forms of violence, abuse, exploitation and neglect.⁴⁴
- 2.3.2. Sexual rights guarantee that everyone has access to the conditions that allow fulfilment and expression of their sexualities, free from any coercion, discrimination or violence, and within a context respectful of dignity. Sexuality is a central aspect of being human. It encompasses many dimensions that may or may not be experienced or expressed. Sexuality is an evolving concept that encompasses sexual activity, gender identities, sexual orientations, pleasure, eroticism, intimacy and reproduction.⁴⁵ Sexuality is experienced and expressed in many ways, including through relationships, attitudes, values, behaviours, practices, beliefs, thoughts, fantasies, and desires. Although sexual and reproductive rights are often inter-related, many expressions of sexuality are non-reproductive and therefore the specificity of sexual rights needs to be understood in its own right, and not automatically subsumed under reproductive rights and reproductive health.⁴⁶
- 2.3.3. Regardless of country or context, few groups have ever been as severely restricted, or negatively treated, in respect of their sexual and reproductive rights, as women and girls with disability.⁴⁷
- 2.3.4. Women with disability across the world are discouraged or denied the opportunity to bear children through practices such as forced sterilisation, forced abortion and forced contraception.⁴⁸ Compared to women without disability, women with disability and in particular, those with intellectual disability, are often placed on 'long acting reversible contraception' (LARC) through the use of Depo Provera injections, which have long term and detrimental side effects.⁴⁹
- 2.3.5. Women with disability who do seek to reproduce, become pregnant or bear children are routinely subjected to discrimination and violence when accessing assisted reproductive technologies, alongside prenatal, birth and postnatal care. In addition to facing ableist attitudes that assume that women with disability do not have the capacity to be parents, women who seek access to reproductive services are often faced with the discrimination inherent in eugenics logics. These logics assume that parents only want 'normal' babies, and encourage medical professionals to take steps to avoid the 'passing on' of disabilities.

Despite the fact that approximately one in five women in Australia have a disability, disability status is not routinely recorded in maternity care,⁵⁰ service staff are rarely trained in disability awareness, and requirements for the provision of reasonable adjustments are most often not met.

- 2.3.6. When women with disability do become mothers, they are often coerced into adopting out their newborns, or have their children removed by authorities based on ableist attitudes that they are not fit to be parents. In Australia, children of people with disability are subject to removal from their parents by authorities at a rate up to ten times higher than other parents.⁵¹ In many circumstances children are removed pre-emptively, solely on the basis of the parent's disability (most often the mother), despite there being no evidence of any neglect, abuse and/or parental incompetence.⁵² Mothers with disability are significantly overrepresented in child protection systems in Australia, despite having the same capacity as other women to be effective and loving parents. Overrepresentation is particularly pronounced for First Nations women with disability, who experience compounding discrimination based on both ableist and racist attitudes and practices within the system.⁵³
- 2.3.7. Across Australia, women and girls with disability are at particular risk of practices violating their sexual and reproductive rights, such as forced sterilisation, forced abortion and forced contraception. For more than 15 years, United Nations treaty monitoring bodies, the UN General Assembly, UN Special Procedures and international medical bodies⁵⁴ have categorically confirmed that forced sterilisation⁵⁵ of children (and of adult women with disability without their prior, full and informed consent) is a clear breach of some of the most fundamental human rights – including the right to bodily integrity; the right to freedom from violence; the right to privacy; the right to equality before the law; and the right to freedom from torture and other cruel, inhumane or degrading treatment or punishment. These bodies have made it clear that the Australian Government must take urgent action to develop and enact national, uniform and legally enforceable legislation prohibiting the sterilisation of children, and the sterilisation of adults with disability in the absence of their prior, fully informed and free consent. However, to date, Australia's response⁵⁶ to these recommendations has retained the focus on regulation and non-binding guidelines, rather than prohibition. Australian Governments remain of the view that it is an acceptable practice to sterilise children and adults with disability, provided that they 'lack capacity' and that the procedure is in their 'best interest', as determined by a third party.⁵⁷

WWDA calls on all candidates and parties to commit to:

- **Developing and enacting national, uniform and legally enforceable legislation prohibiting the sterilisation of children, and the sterilisation of adults in the absence of their prior, fully informed and free consent.**
- **Addressing the widespread practice of forced contraception of women with disability through policy and legislative reform, including introducing mechanisms to end the high rate of use of Depo-Provera amongst women with disability in the absence of their prior, fully informed and free consent.**
- **Implementing a national redress scheme for victim-survivors of egregious forms of sexual and reproductive violence, such as forced sterilisation, forced abortion, forced adoption and child removals. This redress scheme must address both historical and contemporary violations, including those enacted against First**

Nations women since colonisation, and should include redress measures for victim-survivors including compensation, access to rehabilitation and trauma recovery, alongside structural and community-based redress such as apologies, memorialisation and community education.

- **Commissioning a national inquiry into the legal, policy and social services environment that gives rise to the removal of babies and children from parents with disability, at a rate at 10 times higher than non-disabled parents. This inquiry must centre First Nations communities.**
- **Implementing and enforcing mandatory disability access policies and training for all providers of sexual and reproductive health services, including hospitals, prisons, obstetric and gynaecology specialists, family planning clinics, maternity services and GP clinics.**
- **Developing a national strategy, in consultation with people with disability and their representative organisations, to improve access to, and implementation of comprehensive, equitable, accessible, and disability-inclusive sexual and reproductive health education and information, with a particular focus on improving the access to such information for women and girls with disability, regardless of the setting in which they work, live or study.**

“I got sterilised at 18, my mum said I had to – she said that if I ever had a child, she’d probably have to help look after it. She said: “I went through hell bringing you up and I will not do it again”. It’s more than 30 years now since I was sterilised and the pain is still unspeakable. It is the biggest regret of my life.”

- Anonymous, WWDA Member





Climate Change, Emergency Planning and Disaster Mitigation

- 2.4.1 Australia is witnessing a significant increase in both the severity and frequency of natural disasters, and the link between climate change and extreme events, including pandemics, is increasingly being recognised. Women and girls with disability are disproportionately affected in natural disasters and emergency situations, due to a lack of accessibility in evacuation, response, and recovery efforts, and a lack of attention to disability issues in planning and preparedness.⁵⁸ Research demonstrates that during disasters, women with disability are at higher risk than those without disability of death, physical and psychological injury, loss of property, difficulties during sheltering, vulnerability post-disaster, and require more intensive disaster management.⁵⁹
- 2.4.2 Articles 9, 11 and 14 of the CRPD clearly stipulate that governments have a duty to ensure people with disability have the information and supports they need to stay safe and protected in situations of risk, including medical emergencies and natural disasters. In recent times, however, people with disability have been excluded from, and marginalised within, government and non-government plans and responses to common and expected emergencies in Australia, such as bushfires, floods, droughts, cyclones, and virus outbreaks.⁶⁰
- 2.4.3 The consequences of climate-induced natural disasters and emergency situations for Aboriginal and Torres Strait Islander women with disability are a matter of life and death.⁶¹ Torres Strait Islander (Zenadth Kes) women with disability, who live on the frontlines of the climate crisis, are already experiencing king tides, erosion, inundation, and coral bleaching, threatening their homes, cultures, and lives.⁶² Similarly, in recent years, Aboriginal women with disability across the continent have consistently seen their homes, cultures and lands threatened by climate-induced disasters. When we speak of the disproportionate impacts of natural disasters and emergency situations on women with disability, it must be recognised that it is Aboriginal and Torres Strait Islander women with disability who are bearing the brunt of climate-induced destruction, displacement, and disablement.⁶³
- 2.4.4 In many cases, women with disability cannot evacuate or seek safety during natural disasters or emergencies in the same way non-disabled people can.⁶⁴ Research from the United Nations Office for Disaster Risk Reduction shows that only 20% of people with a disability could evacuate immediately and without difficulty in the event of a sudden disaster like a bushfire; the remainder could only do so with a degree of difficulty and 6% would not be able to do so at all.⁶⁵ Women with disability who are institutionalised and incarcerated in segregated settings, including disability group homes, residential aged care facilities, prisons and detention centres, experience some of the most extreme risks during disaster and emergency situations, with these settings often failing to ensure the safety and timely evacuation of disabled residents.

- 2.4.5 During disasters and emergencies, evacuation centres are rarely safe or accessible for women with disability. Shelters, refuges, and emergency accommodation options are generally not equipped to be accessible for many people with disability who require assistive technologies, equipment, carers/support workers, and other vital supports. When women with disability need to evacuate their homes in natural disaster or emergency situations, the severe lack of accessible emergency accommodation options means that they are often forced to rely on family members or friends for accommodation. This is extremely concerning, given the evidence that rates of domestic and family violence increase during and after disaster or emergency situations.⁶⁶
- 2.4.6 Poverty frequently restricts the ability of women with disability to withstand natural disasters and emergency situations.⁶⁷ With 45% of people with disability living in poverty in Australia, costs relating to temporary housing, water, food, personal protective equipment (PPE), and other medical costs, such as rapid antigen tests (RATs) in the current pandemic context, are often out of reach for disabled people; with assistance rarely provided by government agencies.
- 2.4.7 During natural disasters and emergency situations, the Australian Government consistently fails to ensure that critical information is provided and distributed in accessible formats for people with disability, such as Auslan, Easy Read, Plain English and accessible digital formats; as well as translated into First Nations languages and commonly spoken languages other than English. Despite the fact that we are now entering the third year of the COVID-19 pandemic, people with disability are still reporting issues with the accessibility of publicly distributed information and resources about and related to COVID-19, including information about preventing and treating the virus, testing for COVID-19, accessing vaccines and adhering to public health protocols and government restrictions.⁶⁸
- 2.4.8 In addition, people with disability have raised significant concerns about the accessibility of COVID-19 testing. These concerns include significantly delayed wait times for and access to polymerase chain reaction (PCR) tests for both them and their supports, as well as the inaccessibility of RATs for people who are Blind, have low vision, certain mobility or cognitive impairments, or have low English literacy levels.⁶⁹ There is also a lack of provision of integrated or specialised medical care for people experiencing post viral syndrome ('long covid'), which may exacerbate, contribute to or cause disability.
- 2.4.9 During the COVID-19 pandemic, natural disasters and emergency situations, women with disability continue to report significant difficulties in accessing essential health care and prescription medications.⁷⁰ During the recent floods in South-East Queensland and New South Wales, and more broadly throughout the COVID-19 pandemic, many women with disability have reported difficulties in accessing health care related to COVID-19 vaccinations, infection and Long COVID, as well as appointments, procedures and treatments for ongoing and new health conditions.⁷¹ Of particular concern is the act of care rationing during emergency situations, where healthcare is denied to people with disability on the basis of limited resources and/or eugenics principles.⁷²
- 2.4.10 Across Australia, the transition to Telehealth as a necessary measure during COVID-19 lockdowns and periods of restriction has been welcomed by many women with disability, as it has increased accessibility to health care, lowered costs, and provided continuity of care for people who are isolating due to COVID-19 or facing the impacts of natural disasters. However, access to Telehealth has not been made consistent across the country, with many general practices and health care clinics ceasing Telehealth appointments or limiting the types of appointments made available through Telehealth e.g., refusing to renew GP Management Plans through Telehealth. Conversely, the restriction of many services to *only*

Telehealth has also created additional barriers for those people with disability who do not have access to phone reception, the internet or communication devices; or those who require in-person medical treatments and support for particular conditions.⁷³

2.4.11 In addition to accessing health care, women with disability continue to face a range of barriers when accessing support services and supplies, with continuity of supports needed for many people with disability interrupted by natural disasters and emergency situations. For example, while decisions to limit in person support during the pandemic have been made under the premise of limiting the spread of COVID-19; these decisions have largely omitted the needs of people with disability, who regularly rely on paid support workers for basic tasks of independent living, including preparing and consuming food, personal hygiene, and leaving their homes.⁷⁴

WWDA calls on all candidates and parties to commit to:

- **Taking meaningful action on climate change, acknowledging the life-threatening consequences climate-induced disasters pose to women with disability, particularly Aboriginal and Torres Strait Islander women with disability.**
- **Developing a National Plan and Roadmap to deliver disability inclusive disaster preparedness, resilience and recovery, co-designed with people with disability and their representative organisations.**
- **Investing in multi-sector targeted responses underpinned by collaborative and inclusive research, including person-centred information, resources, emergency planning tools, services and supports by and for people with disability and their representative organisations.**
- **Urgently improving information and communications related to disasters, emergencies, and pandemics to ensure they are made accessible to all people with disability, particularly those in segregated settings.**
- **Ensuring the continuity of support by disability support workers for people with disability during and in recovery from disasters, emergencies, and pandemics.**
- **Providing free and accessible access to personal protective equipment (PPE), especially N95 or P2 face masks, as well as other medical supplies including pulse oximeters, anti-viral medications, and RATs on an ongoing basis for both people with disability, their support workers and carers.**
- **Ensuring priority access to ongoing COVID-19 vaccinations, as well as priority access and processing of PCR tests for people with disability, their support workers and carers. This must include the provision of at home vaccinations and testing for people with mobility impairments and/or sensory issues.**
- **Resourcing and expanding Telehealth services on an ongoing basis, alongside developing a strategy to improve access to Information Technology and Connectivity for people with disability who may otherwise be unable to access Telehealth appointments.**
- **Developing a Long COVID strategy that addresses the needs of people with disability, and includes MBS item numbers specific to Long COVID GP consultations and any relevant treatments.**

“It occurred to me that it would probably not be safe for me to go to an emergency shelter, if I needed to evacuate because all of my assistive technology and supplies are set up permanently in my house.”

- Ricky Buchanan, WWDA Member





Economic Security

- 2.5.1 In Australia, women and girls with disability are subjected to disproportionate rates of poverty, experience systemic discrimination and are amongst the most socio-economically disadvantaged in society.⁷⁵ Whilst available data shows that 45% of people with a disability in Australia live in poverty⁷⁶ and that people with a disability are twice as likely to be unemployed,⁷⁷ there remains a significant lack of gender-disaggregated data, research and information on the economic situation of women with disability in Australia.
- 2.5.2 Across the community and economic sector, it is widely agreed that government support pensions in Australia are grossly inadequate to cover rising living costs; with all payment rates sitting well below the income required to stay out of poverty, no matter how it is defined.⁷⁸ While this is the case for all government support payments, it is particularly detrimental for women with disability, who are more likely to rely on government pensions – such as the Disability Support Pension (DSP) – as their main source of income, and frequently report higher costs of living.⁷⁹ Compared to women without disability, women with disability spend more of their income on accessing suitable housing, medical care and health related expenses; with 61% of women with disability reporting that they cannot sustain the cost of their basic needs.⁸⁰
- 2.5.3 On top of the restrictions of living on an income support payment, government income control programs, such as the Cashless Debit Card (CDC) and Basics Card, act as yet another impediment to the rights and economic security of women with disability, restricting access to goods and services and denying individuals the right to their own financial decision-making.⁸¹ It is critical to acknowledge that the CDC and Basics Card are racist income control programs that target First Nations people; the Basics Card having first been introduced as part of the Howard Government's Northern Territory Intervention, which required suspension of the *Racial Discrimination Act 1975* (Cth).⁸² These programs are in direct contravention of the Government's commitments under the CRPD and the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), and have time and time again been found to adversely affect the rights of disabled women and girls, particularly First Nations women and girls with disability, to security, privacy, family, equality and non-discrimination.⁸³
- 2.5.4 While the rate of the DSP is slightly higher than other income support payments such as Newstart and Youth Allowance, 15 years of reforms, by successive Federal Governments, have created a situation where the DSP is out of reach to many women with disability.⁸⁴ In order to prove the criteria that a condition has been diagnosed, treated and 'stabilised', women with disability report needing to book appointments with multiple treating specialists that they cannot afford. In addition, the requirement that a condition must be 'stabilised' restricts women with disability from accessing the DSP if it is deemed there is any room for their condition to 'improve' at an unknown stage in the future.⁸⁵

- 2.5.5 The current eligibility criteria for the DSP is based on the ‘Medical Model of Disability’, viewing disability as a ‘deficit’ within the individual and contradicting Australia’s international human rights obligations.⁸⁶ Within the parameters of the DSP eligibility, the use of the medical model not only restricts eligibility to those with diagnosis of significant disability, but also ignores inequalities based on other factors such as race, gender, location, ethnicity, first language, LGBTIQ+ status, or parental status. For example, the current means testing rules for accessing the DSP ignore the gender power imbalance that exists between many women with disability and their partners, parents, or carers. This puts women in a position of financial dependence, increasing their risk of violence, and frequently forces women with disability to stay in abusive and unsafe relationships.^[xiii]
- 2.5.6 Across multiple income support payments, the requirement for recipients to take part in ‘mutual’ obligations, such as applying for a minimum number of jobs per month, severely disadvantages people with disability, who may not have the capacity to work. When seeking an alternative pathway to access the DSP, the requirement of individuals to demonstrate that they have actively engaged with a Program of Support (POS) for a minimum of 18 continuous months, such as a JobActive or Disability Employment Services (DES) provider, is unrealistic, inaccessible and has been found to provide little to no benefit.⁸⁷
- 2.5.7 In addition to the restrictive eligibility criteria and punitive and coercive compliance measures women with disability are subjected to in order to access support payments, different rules around the DSP continue to discriminate against specific cohorts of disabled women. For example, migrants with disability are subject to a 10-year qualifying residence period for the DSP, with this period creating significant hardship for affected migrants who are unable to access an appropriate form of income support, or access the social support entitlements that would otherwise apply to other people with disability.⁸⁸ For incarcerated people with disability, DSP payment suspension arrangements only allow people who have been in custody (including on remand) to suspend their DSP and resume access, without reapplying, for up to 2 years.⁸⁹ For the many women with disability who are incarcerated beyond this 2 year period, upon release from custody, they must reapply for the DSP with no assurance of access. DSP suspension arrangements, like income control programs, are racist measures that target Aboriginal and Torres Strait Islander people with disability, who face significantly higher conviction and incarceration rates than any other community.⁹⁰
- 2.5.8 Beyond access to government income support, women with disability often have no or minimal opportunities to engage in paid work throughout their adult life, and those that are employed, are overrepresented in low paid, insecure roles, which offer no opportunity for progression.⁹¹ Despite there being significant improvement in the labour force participation in Australia of men with disability, and women without disability, there has been no improvement in labour force participation of women with disability in Australia for over two decades.⁹²
- 2.5.9 Deeply ingrained beliefs that people with disability are not competent enough to earn a living wage or exist autonomously within the community see many women with disability, especially those with intellectual or cognitive disabilities, funnelled into segregated, discriminatory employment. Segregated work environments, such as Australian Disability Enterprises (ADEs) (often referred to as ‘sheltered workshops’), enable employers to pay people with disability lower wages than other people, with less than 1% of ADE workers having opportunities to move into mainstream employment. The Supported Wage System (SWS) still provides for people with disability to be paid a pro-rata percentage of the minimum wage for their industry according to their assessed capacity.⁹³ In addition to the coercive and exploitative nature of ADE’s, the sheltered and/or ‘hidden’ nature of segregated work environments and a lack of independent oversight means it is difficult for

women with disability to speak up about violence, harassment, abuse and/or exploitation in their workplace, make a complaint, or seek information or assistance.⁹⁴

WWDA calls on all candidates and parties to commit to:

- **Implementing data collection tools for DSP applicants and recipients, as well as under the *Workplace Gender Equality Act 2012 (Cth)*, that can provide information on the economic situation of women and girls with disability in Australia.**
- **Permanently increasing the rate of social security payments including the DSP, JobSeeker, Youth Allowance and ABStudy to reflect the increasing cost of living and lift recipients above the Henderson poverty line.**
- **Immediately abolishing income control programs such as the Basics Card and Cashless Debit Card.**
- **Abolishing the eligibility tests used to access the DSP based on the Medical Model of disability, and reframing the definition of disability under the DSP to reflect the Human Rights Model of Disability.**
- **Removing provisions that exclude applicants from being eligible for the DSP based on the income of their partner.**
- **Removing discriminatory rules around the DSP, including the 10-year qualifying residence period for migrants with disability and time-bound DSP suspension arrangements for incarcerated people with disability, recognising these rules as being in contravention of the CRPD.**
- **Recognising that expectations of people with disability to engage in job ready programs are unrealistic and abolishing the Program of Support (POS) and mutual obligations requirements for people with disability, regardless of age or disability status.**
- **Increasing funding to disability advocacy and community legal services that support women and girls with disability to apply for income support and appeal Centrelink decisions.**
- **Recognising Australian Disability Enterprises (ADEs) and other segregated models of employment as being in contravention of the CRPD and ceasing the continuation of any government process that endorses ADE participation or the Supported Wage System (SWS).**
- **Developing and implementing a national, time bound strategy to transition workers with disability out of segregated employment, into open, inclusive and accessible forms of employment and that ensures equal remuneration for work of equal value; that incorporates recommendations from previous employment inquiries, such as the *Willing to Work Inquiry*; and that contains targeted gender, age and culturally specific measures to increase workforce participation and address structural barriers.**

“Many of us have the added burden of medical expenses and transport costs. We struggle to make ends meet let alone have any sort of quality of life. Not all pensioners are aged, entitled to NDIS or live in government housing.”

- Anonymous, WWDA Member





Leadership and Decision-Making

- 2.6.1 The fundamental freedom to make one's own choices and to control one's own life is enshrined in a range of international human rights instruments, including the *International Covenant on Civil and Political Rights*⁹⁵ to which Australia has been a party since 1980.⁹⁶
- 2.6.2 Women and girls with disability continue to be denied the right to participate in, and remain largely excluded from, decision-making, participation, and advocacy processes about issues that affect their bodies, lives and those of their families, communities, and nations. Too often women with disability, particularly women and girls with intellectual and cognitive disabilities, have their views ignored or disregarded in favour of 'experts', 'professionals' parents, guardians, and carers.
- 2.6.3 One key way that women with disability are routinely denied their rights to make decisions is through substitute decision-making arrangements such as guardianship. Across Australia, guardianship legislation results in the loss of rights and legal capacity, and in more serious cases, guardianship can be used to enact abuse, violence, neglect or exploitation.⁹⁷ The appointment of a guardian can have a severe and negative impact on the lives of women with disability.
- 2.6.4 Women and girls with disability who live in institutional environments and other closed settings similarly have limited opportunities for meaningful decision-making and participation. They are regularly deprived of the information, education, and skills to realise their human rights, and are rarely, if ever, consulted on their views.⁹⁸
- 2.6.5 There are a number of factors contributing to the denial of participation and decision-making rights from women and girls with disability; all stemming from widespread discrimination, systemic prejudice, and paternalistic and ableist attitudes which are entrenched in legislation, policies and service systems in Australia. This systemic ableism and discrimination is evident in laws and practices which foster and enable substitute decision-making and denial of legal capacity, as well as strategies and processes which lack any consideration of the accessibility needs of disabled people.
- 2.6.6 The ability and the right to full and effective participation is dependent on access to accurate, accessible, and appropriate information.⁹⁹ Yet many women and girls with disability are denied the right to seek, receive and impart information about decisions affecting their lives. Information concerning issues relevant to women and girls with disability is rarely available in timely, comprehensive, and accessible ways. Governments and service providers rarely provide information in the full range of accessible formats, such as in Australian sign language (Auslan), Braille, large print, audio, Easy English, plain and/or non-technical language, captioned video, in languages other than English, or through the provision of accessible and usable websites.

- 2.6.7 In addition, despite Article 29 of the CRPD clearly stating that state parties have an obligation to ensure that people with disability can take part in political processes on an equal basis;¹⁰⁰ women with disability continue to face barriers to full and meaningful participation in political processes due to a range of factors, including, widespread stigma and discrimination, a lack of accessible information about politics and political parties, and inaccessible engagement processes, including inaccessible polling booths.
- 2.6.8 With the COVID-19 pandemic still evolving, it is likely that the 2022 Federal election will pose more barriers to the political participation of disabled people if measures are not put in place to address needs for social distancing and isolation. Considering that standard elections in Australia involve mass in-person voting, lines of people and direct contact with electoral offices, there is no doubt that the many people with disability, who have been self-isolating to avoid COVID-19 infection, will be hesitant to vote in-person. While current election processes include alternative options, such as postal voting, these processes are set up for exceptions, rather than mass populations, and are not necessarily accessible to people who have low literacy levels or vision impairments.
- 2.6.9 One way to support the participation and leadership of women with disability is through the resourcing of the organisations that represent them. Disabled Persons Organisations (DPO's) are organisations that are led and constituted entirely by people with disability. Their work is grounded in a human rights framework that recognises the United Nations human rights conventions and related mechanisms as fundamental tools for advancing the rights of people with disability. They work tirelessly to promote and protect the rights and dignity of people with disability, represent and promote understanding of the diversity of people with disability, promote and support the active participation of people with disability in decision-making processes and all aspects of community life, foster strategic partnerships with other disability and human rights organisations and groups, and foster co-operative and respectful relationships with all levels of government. Even for DPO's that have long-standing, established presences and relationships with their communities, funding arrangements continue to be largely inadequate, insecure, and unsustainable.

WWDA calls on all candidates and parties to commit to:

- **Abolishing substituted-decision making regimes and mechanisms that deny women and girls with disability the opportunity to make their own decisions or recognise their legal capacity.**
- **Implementing a supported decision-making framework for women and girls with disability.**
- **Adequately and sustainably funding and resourcing DPO's constituted by, of, and for women with disability (including core support and resources for capacity building) to ensure women with disability have basic human rights, opportunities for leadership and building personal and community capacity.**
- **Increasing the accessibility of political processes, including through the provision of accessible information on political candidates and parties in Easy Read, Auslan and other languages, increased options for voting that don't require attendance at a polling booths, and opportunities to access training, mentorship or leadership development for becoming a government representative.**



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Prepared by Heidi La Paglia Reid, Director of Policy and Programs, Tess Moodie, Senior Policy and Projects Officer and Mali Hermans, Policy and Projects Officer.

Contact: Carolyn Frohmader, Executive Director
PO BOX 407 Lenah Valley, Tasmania, 7008 Australia

[+61 438 535 123](tel:+61438535123)

carolyn@wwda.org.au

officeadmin@wwda.org.au

www.wwda.org.au

www.facebook.com/WWDA.Australia

twitter.com/WWDA_AU

Women With Disabilities Australia (WWDA) has Special Consultative Status with the Economic and Social Council of the United Nations.

Awards

Winner

National Human Rights Award 2001

Winner

National Violence Prevention Award 1999

Winner

Tasmanian Women's Safety Award 2008

Nominee

UNESCO Prize for Digital Empowerment of Persons with Disabilities 2021

Nominee

French Republic's Human Rights Prize 2003

Nominee

UN Millennium Peace Prize for Women 2000

Certificate of Merit

Australian Crime & Violence Prevention Awards 2008

Nominee

National Disability Awards 2017