Royal Commission
into Family Violence

WITNESS STATEMENT OF KERAN HOWE AND JEN HARGRAVE

We, Keran Howe, Executive Director of [redacted], in the State of Victoria, and Jen Hargrave of [redacted] in the State of Victoria, say as follows:

1. We are authorised by Women with Disabilities Victoria (**WDV**) to make this statement on its behalf.

2. We refer to and rely on WDV's submission to the Victorian Royal Commission into Family Violence (**Royal Commission**) dated 15 June 2015, which sets out 61 recommendations regarding the following:

   (a) prevention;

   (b) support for women with disabilities who experience violence;

   (c) eliminating discrimination from legislation and government policy;

   (d) perpetrator accountability;

   (e) coordination of government agencies and community services; and

   (f) research, evaluation and performance monitoring.

   A copy of that submission is attached to this statement and marked **'KH 1'**.

3. WDV regards intersectoral partnerships as central to its work. We have therefore also made joint submissions to the Royal Commission with the:

   3.1 No More Deaths Alliance dated May 2015 (focusing on response); and

   3.2 Women's Health Association of Victoria dated 29 May 2015 (focusing on prevention).

   We refer to and rely on those submissions. Copies of those submissions are attached to this statement and marked **'KH 2'** and **'KH 3'**.

4. We make this statement on the basis of our knowledge, save where otherwise stated. Where we make statements based on information provided by others, we believe such information to be true.

Women with Disabilities Victoria

5. WDV is an organisation run by women with disabilities for women with disabilities. Our members, board and staff live across the state and have a range of disabilities, lifestyles and ages. We are united in working towards our vision of a world where all women are respected and can fully experience life.

6. WDV undertakes research, consultation and systemic advocacy. We provide professional education, representation, information, and leadership programs for women with disabilities. Our gender perspective allows us to focus on areas of particular inequity to women with disabilities; access to women's health services, gendered National Disability Insurance Scheme (**NDIS**) services, and safety from gender-based violence.

7. We have dedicated attention to the issue of men's violence against women with disabilities, due to its gravity and prevalence in our lives. In 2008, we published 'Building the Evidence: a report on the policy and practice of family violence services responses to women with disabilities in Victoria'.

8. Since 2008, we have had a Policy Officer, funded by the Victorian Government, to focus on violence against women with disabilities. This has been a valuable resource for the community sector in relation to the provision of information, advice and partnership, and for the Government in relation to consultation, representation on key reference groups, and input into foundational documents such as the *Personal Safety Act 2010* (Vic), the Family Violence Common Risk Assessment Framework (2008), the Disability State Plan (2013), the Victoria Police Code of Practice for the Investigation of Family Violence iterations, and Victoria's Plan to Address Violence Against Women and Children (2012).

9. Under Victoria's Plan to Address Violence Against Women and Children we were funded to pilot a ground breaking workforce development, violence prevention program in disability services. The Gender and Disability Workforce Development Program is discussed in further detail below.

10. In 2014, we published the Voices Against Violence Research Project with partners the Office of the Public Advocate Victoria (**OPA**) and Domestic Violence Resource Centre Victoria. This project is also discussed in further detail below.

Current roles

11. Keran is Executive Director of WDV. She has held this position since October 2007. In this position she is responsible for the implementation of Women with Disabilities Victoria's Strategic Plan.

12. Jen is a Policy Officer on Violence Against Women with Disabilities at WDV. In this role, Jen works to make policy and practice connections between violence response services and disability services, in accordance with WDV's Strategic Plan.

Background and qualifications

13. Keran has a Bachelor of Arts, a Bachelor of Social Work and is an Accredited Psychodramatist.

14. As a woman with a disability, Keran has a strong interest in the rights of people with disabilities and particularly women with disabilities. She has represented issues related to women's health, violence prevention and the rights of people with disabilities for many years.

15. Keran has worked as a social worker in a rural hospital and community health centres, a researcher for a Women's Health Service and a co-ordinator or research and service development in a tertiary hospital.

16. From 2000 to 2007 she was Head Social Worker at Royal Women's Hospital.

17. Keran has represented the issues for people with disabilities on a range of Boards and ministerial advisory committee including

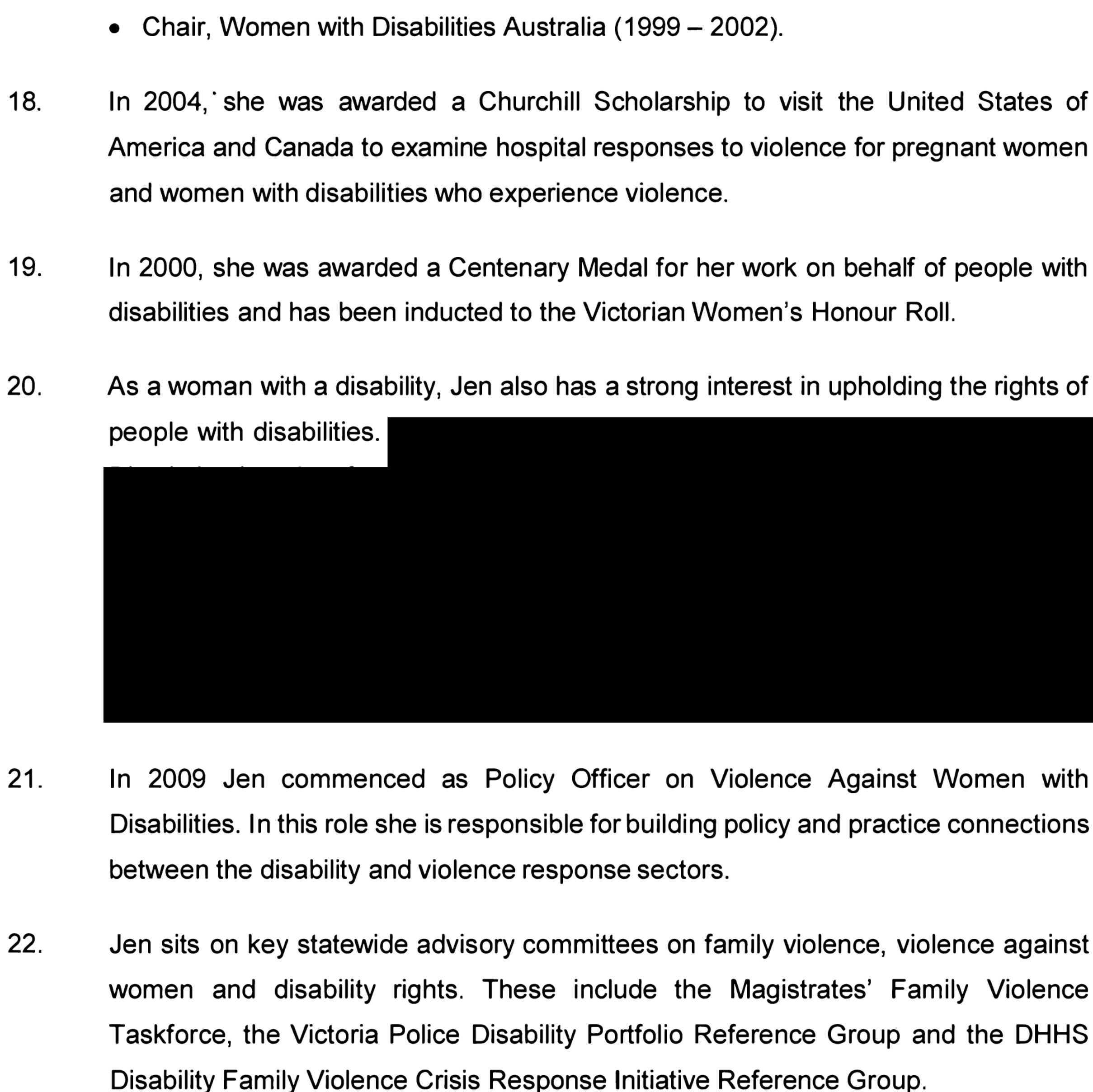
- Domestic Violence Victoria Board (2006 - present)
- Director, Residential Independence Trust Board Director (2011– present),
- Director, Housing Choices Australia Board (2007 – 2010)
- Director, Disability Housing Trust Board (2006 - 2007)
- Chair, Disability Advisory Council of Victoria (2001 – 2004)

- Chair, Women with Disabilities Australia (1999 – 2002).

18. In 2004, she was awarded a Churchill Scholarship to visit the United States of America and Canada to examine hospital responses to violence for pregnant women and women with disabilities who experience violence.

19. In 2000, she was awarded a Centenary Medal for her work on behalf of people with disabilities and has been inducted to the Victorian Women's Honour Roll.

20. As a woman with a disability, Jen also has a strong interest in upholding the rights of people with disabilities.



21. In 2009 Jen commenced as Policy Officer on Violence Against Women with Disabilities. In this role she is responsible for building policy and practice connections between the disability and violence response sectors.

22. Jen sits on key statewide advisory committees on family violence, violence against women and disability rights. These include the Magistrates' Family Violence Taskforce, the Victoria Police Disability Portfolio Reference Group and the DHHS Disability Family Violence Crisis Response Initiative Reference Group.

Understanding violence against women with disabilities

23. Women with disabilities experience very high levels of violence. Through our research and the women that we speak with, we know that women with disabilities experience all the same kinds of violence as other women. Like other women, we experience family violence through behaviours of power and control set out in the *Family Violence Protection Act 2008* (Vic) (**FVP Act**).

24. As recognised in the FVP Act, women with disabilities experience additional kinds of violence, in our homes, including in supported accommodation. This additional kind of violence we call 'disability-based violence'. Examples of this include over-medicating or withholding aids, demeaning and degrading someone because of their disability. For example, in the Voices Against Violence Research, Michelle told us

that her partner removed a wheel of her wheelchair so she could not leave the house. She told us that no one would believe what she said because her husband was seen as her carer and her protector, he was seen as having more credibility than her.

25. This information is summarised and accompanied by good practice examples in the WDV Position Statement on Violence Against Women with Disabilities, a copy of which is attached to this statement and marked **'KH 4'**.

Understanding context and legislative frameworks in the disability sector

26. To respond to the high rates of violence experienced by women with disabilities it is helpful to understand what disability is. While disability is strongly written into Human Rights, there is no universally agreed definition of disability. This has major implications for how services are funded and who is eligible for them.

27. The UN Convention on the Rights of Persons with a Disability recognises 'disability' as "the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others". This definition is important to understand that we can reduce disability by creating more enabling environments through targeted government policy.

28. We also have static and various definitions of disability and impairment set out in the Commonwealth Disability Discrimination Act, the National Disability Insurance Scheme Act, Social Security Act, the Victorian Disability Act, and The Victorian Mental Health Act, among others.

29. We note that these various definitions can include and exclude a broad range of disabilities such as mental ill health, communication disabilities, cognitive disabilities, chronic illness and physical and sensory impairments. Having a disability may bring people into contact with multiple service systems including the NDIS, state disability services, local government, aged care, health, mental health, the TAC and WorkCover. Note also that, the different legislation and policy governing these services creates service gaps. So consequently, it is evident that if we are to develop disability service providers' awareness and ability to respond to family violence we must engage many workforces.

30. The recent ANROWS State of Knowledge paper on disability by Dr Pastie Frawley reports that disability services have in general not developed gender sensitive

practices. This understanding is commonly shared. For example, the vast majority of disability service providers have received no resourcing on recognising or responding to family violence. In developing family violence strategies we must consider how to engage across these sectors.

31. Women with Disabilities Victoria adopt the definition of the Convention on the Rights of Persons with a disability. We focus on how barriers exist in our community that can be removed. For example, my home and workplace are adapted to suit my impairment. When I leave the house and go onto the street or to a friend's house, I encounter barriers. When I meet people with negative attitudes about disability I encounter barriers.

32. Women with disabilities are a large and diverse population. We represent all walks of life. Although, it is important to note that we are more likely to experience poverty, unemployment, violence and less education compared men with disabilities and compared to other women.

33. The Australian Bureau of Statistics report that nearly 1 in five women and girls have a disability. This number is slightly higher in rural and regional areas and for women from other cultural backgrounds. Nationally, 51% of Aboriginal women have a disability. Consequently, family violence programs must account for the impact of compounding disadvantage in women's lives.

Voices Against Violence Research Project

34. WDV lead the Voices Against Violence Research Project; a cross-sectoral partnership between WDV, the Office of the Public Advocate (**OPA**) and Domestic Violence Resource Centre Victoria (**DVRCV**). The project investigated the circumstances of women with disabilities of any kind (including physical, sensory and cognitive impairments and mental ill-health) who have experienced violence. In 2014, we published seven papers relating to the project. Copies of the seven Voices Against Violence Research Project Papers are attached to this statement and marked **'KH 6'** to **'KH 12'**.

35. The overarching research question for the Voices Against Violence Research Project was to investigate the nature of violence against women with disabilities in Victoria. As part of this investigation, the project explored issues such as:

- the impacts of violence against women with disabilities in Victoria;

- the help-seeking behaviour of women with disabilities who have experienced violence; and
- the legal context and social services responses to women with disabilities who have experienced violence.

36. The research findings are based on true stories.

37. In crafting the recommendations, the research team was cognisant of the need for services to work effectively together. We cannot address violence against women with disabilities without the involvement of disability, family violence, sexual assault, mental health and aged services, as well as police and courts. These services must be informed of their responsibilities and equipped with knowledge of the appropriate supports that protect women's rights to safety and justice.

38. The research shines light on the value of responses that are tailored towards women's needs and identifies effective examples of such supports. It highlights the importance of government leadership to address significant service gaps and the need for intensified cross sectoral education of professionals working with women with disabilities.

39. In this statement we discuss prevention strategies and then discuss response strategies.

Prevention of violence against women with disabilities

40. We know that family violence experienced by women with disabilities is underpinned by the negative attitudes commonly held about them both as women and as people with disabilities. Extreme marginalisation of women with disabilities that results from such attitudes and structural barriers must be addressed in order to prevent violence against women with disabilities. If we remain at the margins of society we do not have the financial or personal resources or the networks and services to both prevent and respond to violence.

41. We believe that the below programs should be resourced to achieve this.

42. Employment programs that create targets to increase the employment of people with disabilities in the public service and incentives to business to recognise the value of employing women with disabilities.

43. The leadership of women with disabilities must be recognised with the appointment of women to positions of leadership in business and government. The Government's 50:50 Strategy for Women on Boards is an example of where women with disabilities could be encouraged to participate.

44. Women with disabilities need to have housing options. Disability housing standards are required to create housing options. This requires leadership from government.

45. With the option to live independently, fewer women would be cornered into relationships with a violent partner. Additionally, this would mean women were more able to leave violent relationships. In WDV's experience, Australia lags behind other countries in universal design for new housing, particularly social housing.

46. Sustained systemic and individual advocacy for women with disabilities is critical to bridging the equality gap for women with disabilities. We need to monitor government initiatives and make sure that they empower all citizens.

Leadership Programs for Women

47. We have found specific leadership programs for women with disabilities to be valuable in giving women confidence to find their voice and advocate in their local communities. The programs that Women with Disabilities Victoria run are currently funded through a philanthropic trust. Women are calling for these programs around Victoria. We see the need for a greater government investment in these programs.

Group based education and support

48. Group support for women with disabilities is another way that women can be empowered. An example of an excellent group program for women with disabilities in regional Victoria is one which is resourced by the Department of Health and Human Services. The program supports women with intellectual disabilities to meet regularly and share their experiences. A lot of those women have experienced family violence. Many also discuss problems they have experienced with Child Protection. In a consultation held last week, those women talked about how the group allows them to build up confidence and trust in others. The women acknowledge that they would not have escaped family violence without the support of that group. These women are strong and empowered because they have the support of each other.

49. WDV is of the view that there needs to be many more of these initiatives. They can both prevent family violence, by building women's awareness of their rights and ultimately build women's leadership skills to advocate for their rights.

Community capacity building

50. Community capacity building programs are the glue that bind people with disabilities in their local communities, raising awareness of their needs for example to their local council. One program that will lose Victorian Government funding with the move to the NDIS is the Rural and Metro Access Program. We believe this program has an important role in the local community.

Promoting a policy for equitable services for women

51. WDV calls for a government policy that provides the framework for disability services that are sensitive to women. Services that do not recognise a woman's basic requirements are undignified and humiliating. Women with disability often spend inordinate amounts of their time in day services or residential services and may internalise degrading attitudes toward them that they may experience there. Conversely, disability services have the potential to be an empowering environment for women with disabilities. The link between inequalities women face and family violence is strong. It illustrates the need to raise disability services awareness of this link in order to prevent violence against women with disabilities. The following case example illustrates the dire need to address this policy gap:

    Monica is a young woman with physical disabilities living in supported accommodation provided by Disability Service X. Monica lives in one unit in a small block of units which are owned and operated by Service X. Monica was assured when moving into the unit, that she would have access to 24/7 support for personal care and that personal care would be provided by female support staff. However the rostering system now used by Service X does not favour the employment of or guarantee female support staff. There can periods of more than two days when only male staff are on duty to provide intimate personal care for Monica (e.g. showering, menstrual care, catheter care).*

    The CEO of Service X has said in writing that "Whilst we try to accommodate the preferences of our clients, we cannot guarantee that specific staff or gender specific staffing will always be available at our

units...Unfortunately, given our staffing ratios it is unlikely that we will be able to change our service to offer gender specific staffing at our units in the foreseeable future."

Monica says she has been forced to receive personal care from male staff against her wishes and cites an example where she has been made to feel humiliated by a male support worker who was not trained to provide personal care to female client and says there have been times when male support staff are 'rough' while moving her on and off the toilet.

Monica is currently going without showers for days on end and using her Individualised Support Package (ISP), intended for support in the community to achieve vocational and recreational goals, to purchase showers from an external agency once or twice per week, which means that she has few remaining funded hours to leave the unit.

Monica has told Service X that she 'would rather be dead than live like this forever' and that she has considered 'drowning myself in the bath to make this end'. Her complaints to Service X in the past have been met with denial and one might even say retaliation (e.g. staff on duty, including the House Manager, refuse to take her calls for assistance for personal care leaving her soiled for hours). She has had multiple hospitalisations as a result of poor personal hygiene, particularly from lack of showering causing infections at her catheter site, as well as bowel compaction and obstruction from waiting to go to the toilet for many hours at a time.

Monica would like to have greater control over the hiring of staff who provide personal care, but does not have any right to do so while living in supported accommodation. She would like to move into alternate accommodation however she requires wheelchair accessible housing which is almost impossible to secure among current private or public housing stock. She feels trapped in an accommodation model which does not meet her needs. (*not her real name)

52. This situation is not uncommon and many services say that whilst they will try to provide women carers this is not always possible. This is baffling when you consider that 80% of the staff in the disability sector are women.

53. The women in the Voices Against Violence research repeatedly told us that the they thought the abuse experienced from their partners was normal. These women had internalised years of being mistreated. They believed abuse must have been their fault because they had a disability and just didn't measure up to their partner's expectations.

54. Women who have grown up with disabilities may have grown up experiencing stigma, discrimination, or been ignored and devalued. Some exemplary comments from the Voices Against Violence Research are, 'I thought it was me, I thought that's what I deserved', and 'I just thought that's what it is like in families'.

55. Many women who acquire disabilities describe how their status changes. In family relationships their power changes. It may change in all kinds of ways including physically, economically and socially. Similar to what we know about pregnancy, the life change of acquiring a disability can be accompanied by an increase in, or even the commencement of family violence.

Parenting support for women with disabilities as parents

56. Disability services must also recognise and empower women in their roles. The role of parent has not traditionally recognised in eligibility criteria for Disability Services and there has been a lack of awareness about what mothers with a disability need to care for their children. A mother with a disability may for example, need to be supported to cook for her children and transport her children to and from school. We know of an instance where a disability support worker was directed, and funded, to cook only for the woman herself but not for her children. This fails to empower women with disabilities as mothers and to support them to fulfil this important role. This can leave a woman totally dependent on her partner to care for the children.

57. It was my experience as a social worker at the Royal Women's Hospital to witness on a number of occasions how children of a mother with a mild intellectual disability were removed from the post-natal ward into Protective Care with no attempt to put in the supports that might be needed for the baby to return to her mother's care. The baby would then be put into permanent care with the mother having supervised access periodically. This is despite the fact that research shows "parents' IQ

generally has little bearing on parenting ability or outcomes". It is presence of appropriate support that is critical to successful parenting.

Power imbalances in intimate partner relationships

58. Another concern we hear from women with disabilities, is that services assess the need for assistance against the extent to which a partner can provide the assistance. If a woman lives with her partner, the partner is therefore expected to provide assistance. If there is already a power imbalance in the relationship, that creates a strong leverage point. This is not fair on every level, and endangers women when family violence is an issue. For example:

> *Linda shared her story with the Voices Against Violence Research project. Linda's story illustrates how the violence began and escalated after her injury.*
>
> *Linda is in her early 50s. She was in a marriage which was going 'pretty well, even though we had our arguments.' Several years ago Linda had an accident which damaged her back, causing mobility restrictions and pain. Her disability impacted her mental health, causing depression and anxiety.*
>
> *The injury prevented Linda from being able to perform her normal role around the house to the extent that she had previously. She could not reach low shelves in the fridge, clean the floors or pick her husband's clothes. She recalls her husband's reaction to this, 'He said, 'oh that's effin nice! You didn't pick up my things!'... he just got really angry at me and he sort of, like we had like a table outside and he smashed that up in the air and then he grabbed my throat and had me against the caravan.' On another occasion he 'grabbed my throat'.*

59. Another WDV member had to strongly advocate for a worker to assist her to cook her husband's meals. She pointed out that her husband did so much for her and she saw that providing a meal was her role in a reciprocal relationship. Essentially, she wanted to take some pressure off her husband and contribute to the relationship. She saw this as an important recognition by Disability Services in terms of supporting relationships to be more equal.

Workforce development to prevent violence

60. Women with Disabilities Victoria is funded under Victoria's Plan to Address Violence Against Women and Children to provide training to disability workers, with a focus on tailored training to address the family violence prevention and response requirements of women with disabilities. However this small program does not currently have the capacity to provide comprehensive training across the state and operates in the disability sphere where there is currently no clear gender equity policy. A brochure about program is Appendix 2 to the WDV submission in the WDV submission attached to this statement at **'KH 1'**.

61. The program is designed to change culture across whole organisations, working with clients, staff, managers and executives. The aim is to improve gender equitable service delivery as a strategy for increasing women's well-being and reducing gender based violence. A strength of the program is that women with disabilities co-facilitate training alongside relevant professionals.

62. WDV provides workforce training in partnership with the disability services receiving the training and with professionals from sexual assault, family violence, women's health and legal services. This has fostered real partnerships which have benefits well beyond immediate workforce training. One of the secondary goals of such programs is to build cross-sectional relationships and awareness of local organisations.

63. Feedback from participants has included that they have observed a marked difference in staff approaches to working with women with disabilities, in particular between staff who have completed the training and those that have not. It was reported that the program was confronting and informative, opened participants' eyes and made them more aware of the issues facing women with disabilities.

64. We are of the view that Gender and disability training should be provided consistently across a whole range of sectors relevant to women with disabilities who experience violence including the NDIS, the Transport Accident Commission. Such training would cover how to provide women-sensitive services, the risks of gender based and disability based violence, and appropriate referrals and services.

65. When fully rolled out, the NDIS will provide some women with disabilities with the opportunity to have more service choice. It is particularly important that the NDIS

workforce be trained in understanding gendered violence and apply best practice principles to uphold women's rights to safety from it.

Effective services

66. Through our research and work with women, Women with Disabilities Victoria has identified the elements of effective services for women with disabilities, across family violence services and other human services.

67. These effective service elements are:

- Risk assessment
- Accessible accommodation and outreach
- Workforce development
- Standards (including data collection and policy)
- Cross sector partnerships to provide co-ordinated care
- Access to justice, police and courts
- We expand on these in our submission, and highlight some here.

Family violence risk assessment

68. There are opportunities to further imbed CRAF training to increase its effectiveness for women with disabilities.

69. CRAF currently has disability indicator questions. In developing the Disability Family Violence Crisis Response Initiative, DHHS worked with family violence organisations to develop a Supplementary Disability CRAF. These questions look more closely at women's and children's day to day requirements.

70. In their input into the Royal Commission, Domestic Violence Resource Centre Victoria (**DVRCV**) have provided advice regarding specifications of a CRAF review. WDV joins DVRCV in recommending regular CRAF reviews to ensure it remains current and responsive. These reviews must have input from women with disabilities and disability services to be able to develop adequate risk assessment of family violence experienced by women with disabilities.

71. As noted above, the disability workforce is substantial. It is a critical point of contact for women with disabilities and, for socially isolated women, may be their only contact. The CRAF evaluation recognised the need to expand CRAF training delivery across health and disability services. In accordance with DVRCV and others, we support the recommendation for CRAF use to be a core competency in certain roles.

72. Further, widespread reports indicate that Police could be using CRAF more frequently. Women in our research reported that police can misidentify them as primary offenders of misdemeanours or even as primary aggressors of family violence.

73. Women we interviewed in the Voices Against Violence research explained that perpetrators have tactics to use impairment-based-violence to gain power. Examples include discrediting women with cognitive impairments, tampering with medication, withholding aids, and for women with no speech it is very easy to limit what are already rare communication opportunities. A CRAF review should explore how effectively these risks are assessed and how such assessment can be developed.

74. Asking women questions is an important way to identify if women have a disability and to effectively respond. Many disabilities are invisible. If a service does not ask if someone has a disability, they will not be able to determine the required supports, and data will never reflect the proportion of clients with disabilities. There is no harm in asking. Generally, if a worker is able to explain why they are asking and what will happen with the information, women are happy to discuss it.

Disability and Family Violence Crisis Response Initiative

75. The Department of Health and Human Services Disability Family Violence Crisis Response Initiative is an emergency package to assist women and children with a disability who require disability support to access a family violence crisis services in the short term. Those eligible can receive supports for up to 12 weeks or up to $9000. During this time the woman or family can work with family violence services to develop a longer term plan.

76. In order to access the Response Initiative, a woman or her child/children must be assessed as having a disability as defined by the Victorian Disability Act. This definition excludes mental illness, injury, undiagnosed conditions, and people aged over 65 or preschool aged children.

77. For example, Safe Futures Foundation reported working with a woman who had experienced such injurious family violence that for the foreseeable future she required a wheelchair for mobility and disability supports for personal care. However, medically, it was not possible to determine if the disability would be permanent. Therefore, the woman was ineligible to receive the disability crisis supports that would allow her to receive a family violence crisis response. The eligibility criteria should therefore be broadened to reflect the UN Convention on the Rights of Persons with a Disability.

78. A 2013 Department of Health and Human Services evaluation found the Initiative to be effective and important. The evaluation provided advice regarding broadening the definition. Another key finding of the evaluation was the strength the Initiative gained through close involvement with family violence service providers, recommending that this key element be maintained.

79. It is also critical that the Response Initiative is adequately funded. Victorian Disability Services funding is scheduled to be transferred to the Commonwealth under the National Disability Insurance Scheme (**NDIS**). Consequently, funding for the Response Initiative could be completely lost to revenue for the NDIS.

80. The Response Initiative is the only such initiative that we are aware of in Australia. It therefore needs to be adequately recognised and funded separately under a Victorian family violence program.

81. Women with disabilities require immediate action in relation to the adequate promotion of, funding for and eligibility criteria associated with the Disability and Family Violence Crisis Response Initiative (Response Initiative). Despite being a critical means of assistance for women with disabilities who are experiencing family violence, the availability of the Response Initiative is not publicised widely to all relevant sectors including family violence, sexual assault, child protection, disability services acute health, Police and aged care.

82. This commission heard from Lay Witness, Melissa Brown, about how disability supports were not put in place for her for 2 months. In which time her daily requirements were not met. We need to explore ways for support workers to ask questions like, "If your husband was not here, what things would you need around the home to meet daily needs for you and the kids?" Another example might be, "What things do we need to be aware of to provide an accessible service for you?"

These services should be informed about the scope and availability of the Response Initiative.

Making Rights Reality Project (2012 – 2014)

83. The Making Rights Reality program demonstrates what cross sector partnerships can achieve. MRR provides more holistic support to enhance justice and sexual assault response services. The program supports victims of sexual assault who have a cognitive impairment (such as an Acquired Brain Injury, intellectual disability, dementia) and/or communication difficulties.

84. This two year pilot program was a cross-sector partnership coordinated by the Federation of Community Legal Centres Victoria, South Eastern Centre Against Sexual Assault (**SECASA**) and Springvale Monash Legal Service (**SMLS**). It was informed by the outcome of the Sexual Offences Project, which began in 2002 as a result of concerns about the lack of justice for victims and survivors of sexual offences, in particular the failure of sexual assault reports to progress through the criminal justice system. While the pilot and program funding has finished, the services found the developed skills and resources which allow them to continue this model.

85. The program offers support to sexual assault victims through police investigation, prosecution and crimes compensation processes. It provides crisis care, counselling, advocacy, legal information and advice and communication support. For example, the program can provide access to, and funding for, communication support workers and/or attendant carers to be with the victim throughout the police and court process. The program can also provide assistance with applications to the Victims of Crime Assistance Tribunal (**VOCAT**). Examples of the Making Rights Reality program are set out in the Voices Against Violence Research Papers.

86. The 2015 La Trobe University evaluation reports that 108 people were supported through the program, 80% of whom were women. Overall, 70% were assaulted by those known to them, such as family members.

87. The evaluation found that the model greatly increased the number of people with disabilities accessing SECASA and SMLS services increased. Consequently the numbers of people with disabilities who made VCAT applications greatly increased. Due to vast justice inequities, victims of sexual assault rarely see convictions reported. Numbers here also increased, with 7 convictions made. The evaluation found there are advantages for people to disclose directly to violence response

services - rather than, for example, disability services – because of the expertise violence response services hold.

88. While systemic justice barriers cannot be directly changed through this program, its enhanced service model has increased access to justice for people with disabilities.

89. WDV recommends a statewide, quality assured roll out of Making Rights Reality.

Peer support for women with disabilities who experience violence

90. There is an immediate need for group based support for women who have experienced family violence. Group work is different to one on one support because it helps to break down social isolation. It allows women to come together and reinforce each other's rights.

91. Although women with disabilities should be welcomed within their local groups, it is also very helpful for those women to have the opportunity to meet and connect with other women with disabilities. Those women gain a greater sense of confidence being around other like women which is vital as empowerment is valuable in a family violence context.

92. In 2009, Good Shepard Mornington Peninsula published a report about its peer support groups for family violence which picked up on the importance providing disability access to such programs. Through interviews women reported on the how the peer program supported them to regaining confidence after long term family violence.

Workforce development for family violence services

93. Agencies responding to men's violence against women require Government resources for a workforce development program on responding to women with disabilities experiencing violence. Such a program would be based on the model and evaluation findings of the WDV Gender and Disability Workforce Development prevention program.

94. WDV is also of the view that Victoria Police should increase workforce development regarding gender and disability inequity, as well as workforce participation in Common Risk Assessment Framework (**CRAF**) training and their practice use of the CRAF.

Workforce Development for disability services

95. A key point to addressing family violence is to consider how Disability Services views the family of origin of a person with a disability. There is a lot of focus on families as safe-guarders of people's rights but not all families are. Not all families and family members provide a supportive and safe environment. Families should not automatically be seen as a positive support and co-partner in providing services for women with disabilities. Women with disabilities need to have scope to say who they do want involved in their case planning.

96. They disability service system is currently not attuned to this. If disability services undertake a risk assessment, it considers issues such as risks to staff working with women with disabilities and health risks around seizures but does not consider the negative supports that might be in the woman's home life.

97. Moreover, many disability services have little experience in recognising or responding to violence against women with disabilities. Services often miss the signs that women are experiencing violence simply because they have inadequate training or systems for recognising the risks. Many women are therefore forced to remain with abusive partners and/or carers because services often look to a woman's carer for information and reassurance. If that carer is in a position of power, he/she is able to discredit the woman and cast doubt over her version of events. This experience is too common. It is much more difficult for her to voice her concerns and fears when she knows she will not be believed.

98. Workers need to be well trained and not insist that family members be present when undertaking an assessment. Women need to be able to talk freely with those workers one on one and to have the ability to determine who is involved. So workers do require training and information about specialist referral pathways.

Accessible refuges and outreach

99. Accessible crisis accommodation is not available to women with disabilities in each region of Victoria. The Department of Health and Human Services has dedicated resources to developing accessible properties when opportunities arise. DHHS and Safe Steps report that up to 9 refuges may accommodate women with physical disabilities. Appropriately, 3 of these refuges are specifically for Aboriginal women. Women with disabilities need to be guaranteed that there is a crisis accommodation option in each region.

100. Additional examples of access barriers include:

- One refuge with disability access facilities reports that they have never accommodated a woman with a disability because their case load is too high.
- Some refuges report that finding exit options for all women is extremely challenging. They recognise that in general, there are fewer options for women disabilities. Therefore they are less likely to intake women with disabilities.
- Some refuges will only accommodate women experiencing intimate partner violence. They do not intake according to the Family Violence Protection Act. Women with disabilities often experience violence from other family members (such as fathers) and so cannot be accommodated.
- Some refuges do not accommodate women with mental illness with the view that they would not fit in a communal setting.
- Communal settings can at times be unsuitable for women with some types of disabilities.
- Many refuges do not allow disability support workers on sight due to security concerns.

101. The dispersed refuge model offered by [Redacted: Safe Futures Foundation and SWISS] can negate some of these barriers. However, some refuges do report, that for women with some types of disabilities, the communal style is positive.

102. These serious crisis accommodation barriers accentuate the critical need for the Safe At Home/Safe in the Community programs. These programs allow women and children to remain where they live safely and to maintain their existing disability supports and social supports. This is an essential option for women with disabilities who may rely on local infrastructure, services or house adaptations.

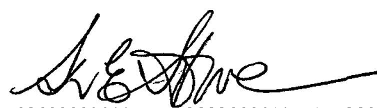
103. Relocating is not easy for many women with disabilities. Staying in temporary accommodation might mean a woman receives no services because she has no fixed address. Moving regions might mean reapplying for Home and Community Care. During these times there would be no assistance to do basic things like shower.

104. There is continuous uncertainty about the future of this critical funding through the National Partnership Agreement on Homelessness. Reliable resourcing for outreach and Safe at Home / Safe in the Community programs is of the highest priority for women with disabilities.

105. of enhanced service delivery has been Intensive Case Management (ICM) providing additional case management hours for women seeking safety. After a positive Thompson Goodall evaluation, DHS adopted the recommendation to provide ICM for women at higher risk of family violence, including women with disabilities, Aboriginal women and culturally diverse women.

106. In the years following the evaluation many services across Victoria did dedicate ICM funding to women with disabilities. At a number of services the ICM was able to develop expertise working with women with disabilities and became very familiar with the relevant support services. She was then able to upskill her colleagues. The role could then be passed on to another worker and the upskilling would continue. Through ICM forums held by WDV, and what was then DHS and the Women's Domestic Violence Crisis Service, we heard the benefits of ICM.

107. With the statewide surge in Family Violence referrals we have not observed recent examples of ICM in practice. The ICM model is due to be reconsidered to assess how funds are tracking.



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Keran Howe

Dated: 11 August 2015

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Jen Hargrave

Dated: 11 August 2015