

ATTACHMENT [KH 8]

This is the attachment marked “[KH 8]” referred to in the witness statement of Keran Howe and Jen Hargrave dated 11 August 2015.

Voices Against Violence



Paper Four:
A Review of the Office of the Public Advocate's Records on
Violence Against Women with Disabilities

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Cover illustration by Margaret Krajnc

Privacy note

The case studies in this paper have been de-identified to protect people's privacy. All the names used are pseudonyms and identifying details (such as people's nationalities) have been changed.

Content note:

Please be aware that the material contained in this paper may be distressing to some readers.

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About the research project team

Women with Disabilities Victoria

Women with Disabilities Victoria (WDV) is an organisation run by women with disabilities for women with disabilities. Its members, board and staff have a range of disabilities, backgrounds, lifestyles and ages. It is united in working towards its vision of a world where all women are respected and can fully experience life. Using a gender perspective allows the organisation to focus on areas of inequity of particular concern to women with disabilities, including women's access to health services, parenting rights and safety from gender-based violence. WDV undertakes research, advocacy and professional education and provides information, leadership and empowerment programs for women with disabilities. It has dedicated particular attention to the issue of male violence against women with disabilities, due to its gravity and high rate of occurrence.

Office of the Public Advocate

The **Office of the Public Advocate (OPA)** is an independent statutory body established by the Victorian State Government. Working within a human rights framework, its mission is to promote and protect the rights and interests of people with disabilities and to work to eliminate abuse, neglect and exploitation. It provides various services that work towards achieving those goals including an Advocate/Guardian Program, a Community Visitors Program, an Independent Third Person Program, and an Advice Service. It also advocates for systemic changes in the lives of people with disabilities by undertaking research, policy advocacy and community education. The Public Advocate is strongly committed to tackling violence against people with disabilities, particularly women, who make up the largest proportion of victims of violence.

Domestic Violence Resource Centre Victoria

The **Domestic Violence Resource Centre Victoria (DVRCV)** aims to prevent violence in intimate and family relationships and promotes non-violent and respectful behaviour. It works within a feminist framework with an understanding of the gendered nature of family violence and in partnership with other organisations with similar aims. DVRCV receives core funding from the Victorian Department of Human Services with additional funding from a variety of government and philanthropic organisations. It provides training, publications, websites, policy advice and advocacy, as well as initial support and referral for women experiencing violence.

The Voices Against Violence Research Project

The Voices Against Violence Research Project was a cross-sectoral partnership, undertaken between WDV, OPA and 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.

The need for the project arose when our organisations recognised the lack of available information regarding violence against women with disabilities. We knew that women with disabilities experience higher rates of violence than women in the general community. We also knew that they can encounter significant barriers to accessing appropriate support services and justice outcomes. In spite of this, there was a lack of data about the nature and extent of violence against women with disabilities in Victoria.

There was also a lack of information and knowledge about what we can do to respond to this problem and prevent it from occurring. This project addresses some of these omissions. We have done this by conducting an extensive fact-finding mission relating to violence against women with disabilities, which included:

- a paper outlining current issues in understanding and responding to violence against women with disabilities
- a review of the legislative protections available to women with disabilities in Victoria who have experienced violence
- a review of OPA's records of violence against women with disabilities
- interviews with staff and volunteers from OPA's major program areas
- in-depth interviews with women with disabilities who have experienced violence
- consultations with women with disabilities
- engaging with the disability, family violence, sexual assault, legal and other service sectors.

This data has been used to devise evidence-based recommendations for legal, policy and service sector reform.

This project built on previous work undertaken by the organisations, including *Building the Evidence: a report on the status of policy and practice in responding to violence against women with disabilities in Victoria* by Lucy Healey, Keran Howe, Cathy Humphreys and Felicity Julien for WDV, DVRCV and the University of Melbourne; *Violence Against People with Cognitive Impairments* by Janine Dillon for OPA; and *Getting Safe Against the Odds* by Chris Jennings for the DVRCV.

Reference group

The project benefited from the expert advice of a reference group comprising the following representatives:

- Maree Willis, representative of women with disabilities
- Beverley Williams, representative of women with disabilities
- Chris Jennings, consultant
- Marita Nyhuis, Department of Human Services
- Philippa Bailey, DVRCV
- Chris Atmore, Federation of Community Legal Centres Victoria
- Marg Camilleri, Federation University Australia
- Christine Chong, inTouch Multicultural Centre Against Family Violence
- Patsie Frawley, La Trobe University
- Sarah Fordyce, National Disability Services
- John Chesterman, OPA
- Bianca Truman, Safe Futures Foundation
- Dagmar Jenkins, South Eastern Centre Against Sexual Assault
- Cheryl Sullivan, Women and Mental Health Network
- Lucy Healey, The University of Melbourne
- Jen Hargrave, WDV

Project funding

The project was funded by Gandel Philanthropy and a major research grant through the Legal Services Board Grants Program. We are grateful to both organisations for their generous support of the project. Without this support, it would not have been possible to undertake and disseminate this research.

What the project explored

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
- the legal context and social services responses to women with disabilities who have experienced violence.

The research papers

This paper is one of a series of publications for the Voices Against Violence Research Project. The papers for this project are:

1. *Voices Against Violence, Paper One: Summary Report and Recommendations*
2. *Voices Against Violence, Paper Two: Current Issues in Understanding and Responding to Violence against Women with Disabilities*
3. *Voices Against Violence, Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria*
4. *Voices Against Violence, Paper Four: A Review of the Office of the Public Advocate's Records on Violence against Women*
5. *Voices Against Violence, Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate*
6. *Voices Against Violence, Paper Six: Raising Our Voices – Hearing from Women with Disabilities*
7. *Voices Against Violence, Paper Seven: Summary Report and Recommendations in Easy English.*¹

1 To access the papers, refer to the research partners' websites:

Women with Disabilities Victoria www.wdv.org.au/publications.htm

Office of the Public Advocate www.publicadvocate.vic.gov.au/research/255/

Domestic Violence Resource Centre Victoria www.dvrcv.org.au/publications/books-and-reports/

These papers have been written by different authors over a period of time, reflecting different language and definitions. In this period, the complexity of dealing with violence in different contexts – which employ different understandings of disability and different understandings of violence – has become evident. Grappling with this complexity has been a valuable learning and the thinking of the project team has evolved through the life of the project. We have endeavoured to standardise the language across papers as far as possible.

Underlying premises of the project

- Violence is a gendered issue. The majority of victims of violence are women and the greatest numbers of perpetrators are men.
- Violence is about power and control. Perpetrators (who are usually men) use violence in order to intentionally control or dominate other people (usually women).
- Violence against women is a human rights issue. Therefore, a human rights framework needs to inform our understandings of, and responses to, violence.
- Women with disabilities experience multiple and intersecting forms of discrimination. Violence against women with disabilities is the result of the intersection of gender-based discrimination, disability-based discrimination and other forms of subordination.
- Women with disabilities experience violence at a higher rate and for longer periods of time than women in the general population. They also encounter significant barriers to receiving appropriate services and justice responses to their experiences of violence.
- Violence against women is preventable. There is considerable scope for governments and communities to prevent violence before it occurs.
- Disability is created by discriminatory practices and attitudes that have built up over time. Disability is preventable and can be addressed through government policy and regulation.

Working definitions

It was important for this project to be based on an understanding of the terms 'disability' and 'violence against women'. The Project team drew on extensive literature to inform its own working definitions.²

In defining 'violence against women with disabilities' the project team took account of the numerous ways power and control is exercised and the various forms of violence in which it is manifest.

In defining 'disability' the team took account of the common practice of using 'disability' and 'impairment' interchangeably. However, it was important for the project team to make explicit its understanding of the structural underpinnings of disability (noted in the Underlying premises above).

Below are definitions that will assist the reader to better understand how abuse and violence can and does affect women with disabilities.

Disability is a social construct and stems from the interaction of a person's functional impairment with a disabling environment. Disabling environments create structural, attitudinal and behavioural barriers; for example, by preventing people with functional impairments from accessing housing, education, work opportunities, transport. A specific type of disability arises from the interaction of a specific impairment with an environment that creates barriers. Some barriers are specific to that impairment; for example, a physical or sensory or cognitive disability arises from the interaction of a physical, sensory or cognitive impairment with an environment that creates barriers for the particular impairment. In addition, some barriers develop regardless of the particular impairment; for example, negative stereotyping of 'people with disabilities'.³

Violence against women with disabilities is a human rights violation resulting from the interaction of systemic gender-based discrimination against women and disability-based discrimination against people with disabilities. It includes family violence, sexual assault and disability-based violence. A range of behaviours are associated with these forms of violence, including emotional, verbal, social, economic, psychological, spiritual, physical and sexual abuses. These may be perpetrated against women with disabilities by multiple perpetrators, including intimate partners and other family members, and those providing personal and other care in the home or in institutional, public or service settings.

² See *Voices Against Violence, Paper Two: Current Issues in Understanding and Responding to Violence against Women with Disabilities* for a detailed discussion of these and other relevant terms and problems associated with recognising the complexity of violence against women with disabilities.

³ The social model of disability was first conceptualised by Mike Oliver. For a further exploration of the concept, see for example, Mike Oliver (1983) *Social Work With Disabled People*, London, Macmillan

Section 1: Key Findings - 45 women, 89 perpetrators

This paper reviewed 100 Advocate/Guardian Program case files involving women. The file review was random in the sense that cases were selected by their date of allocation to OPA and not because they were likely to contain reports of violence.

The key findings of the file review were that:

- Violence was found to be an issue for nearly half of the women whose files were reviewed. That is, 45 of the 100 women reportedly experienced violence. This figure is particularly stark when we consider that violence against women is an under-reported crime. Therefore, the actual prevalence of violence against women who are clients of OPA's Advocate/Guardian Program is likely to be greater than the findings of the file review indicate.
- The 45 women reportedly experienced violence at the hands of a total of 89 perpetrators. Most women had one perpetrator in their life. However, some women had experienced violence at the hands of two to six perpetrators. One woman had reportedly had 15 perpetrators in the course of her life.
- The most common forms of violence experienced by women were reported to be psychological violence, physical violence and controlling behaviour. Economic abuse was another common form of violence. Impairment-related abuse was reported in some of the women's cases and included behaviours such as denying women medication and disability related aids. This highlights that perpetrators can exploit women's disabilities in order to exert power and control over them.
- Many of the women whose files were reviewed suffered from social isolation. Social isolation functioned as both a risk factor for, and a consequence of, violence. The file review also revealed that some perpetrators used social isolation as a form of violent behaviour in itself.
- The 45 women experienced violence at the hands of a broad range of perpetrators. Intimate partners were the most common type of perpetrators reported in the women's files. Other commonly reported perpetrators were the women's children, acquaintances and parents.
- In some instances, family members were the perpetrators of violence against women with disabilities. However, in other instances family members played significant roles in identifying and drawing attention to the violence that the women had suffered. Therefore, while some family members can violate women's safety, others are crucial for upholding women's rights.
- The majority of perpetrators were reported to be men. This highlights the gender-based nature of violence against women with disabilities.

- Some women had experienced violence for long periods in their lives, including during childhood.
- Violence was a current issue for almost two-thirds of the 45 women who had reportedly experienced violence. That is, the violence was current at the time of the guardianship application or guardianship order. This indicates that violence is an issue that OPA's Advocate/Guardians need to consider when working with women who have cognitive impairments.
- Being subject to an 'access to persons order' can be an indicator that a woman has reportedly experienced violence.
- OPA's Advocate/Guardians can play an important role in protecting women's rights to safety. The file review revealed that Advocate/Guardians supported the women by finding them safe accommodation, reporting the violence to the police, restricting perpetrators' access to the women, advocating for the women's right to access appropriate support services and by assisting the women to apply for intervention orders against the perpetrators of the violence. It should be noted, however, that the files often contained limited information about the interventions that the Advocate/Guardians had taken to respond to the violence that the women had experienced. Voices Against Violence Research Project, Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate provides a more comprehensive picture of the actions that Advocate/Guardians take to protect women's rights to safety.
- The file review raised questions about the effectiveness of legal and service sector responses to violence against women with disabilities. These questions are explored further in the other publications for the Voices Against Violence Research Project.⁴
- Violence is an insidious problem that can damage women's physical and psychological health and well-being, self-esteem, financial security, housing options and friendships and relationships with other people. It is an abuse of women's human rights that needs to be addressed by comprehensive, cross-sectoral prevention and intervention strategies.

4 These publications are outlined in this report in the section titled Voices Against Violence Research Project.

Section 2: Background

Introduction

Violence against women with disabilities remains a key factor that undermines the ability of disabled women to participate as full and equal citizens in society. Violence against women with disabilities is an intersectional category dealing with both gender-based and disability-based violence. The confluence of these two factors results in an extremely high risk of violence against women with disabilities (Frohman, 2011, p.5).

We know that women with disabilities can be at a particular risk of experiencing violence. However, there is a dearth of evidence about the prevalence of violence against women with disabilities and the ways in which violence manifests itself in women's lives. This paper seeks to make a contribution to the knowledge base in this area.

This paper is based on a review of OPA's Advocate/Guardian Program files. The aim of the file review was to ascertain how many women who are clients of OPA's Advocate/Guardian Program have reportedly experienced violence. In order to find this out, the project reviewed the first 100 Advocate/Guardian case files involving women that were allocated to OPA in the 2011–12 financial year. This review generated quantitative data about the number of women who had reportedly experienced violence. The review has also been used to develop case studies that clarify the circumstances of some of the women who had reportedly experienced violence.

The review revealed that violence is a significant problem for women who are clients of OPA's Advocate/Guardian Program. Of the 100 women whose files were reviewed, 45 had reportedly experienced violence. This figure is particularly stark when we consider that violence is an under-reported crime (Chung, 2013). Therefore, the actual prevalence of violence against women who are clients of OPA's Advocate/Guardian Program is likely to be greater than the file review indicates.

About OPA's Advocate/Guardian Program

OPA's Advocate/Guardians are appointed by the Victorian Civil and Administrative Tribunal (VCAT) to make health and lifestyle decisions on behalf of adults with cognitive impairments. These cognitive impairments can include intellectual disability, mental ill health, acquired brain injury and dementia.

VCAT should only appoint an Advocate/Guardian for a person if it is found that:

- the person has a cognitive impairment
- the person's disability prevents them from making reasonable decisions on their behalf
- the person is in need of a guardian.⁵

In determining whether the person needs a guardian, VCAT should consider whether the person's needs could be met in a less restrictive manner.⁶ If there is a less restrictive option available, this should be pursued if possible.

Appointing an Advocate/Guardian is therefore an option of 'last resort'. Advocate/Guardians are typically appointed to represent a person because other less restrictive alternatives have failed. For this reason, people who are clients of OPA's Advocate/Guardian Program tend to experience very complex and difficult circumstances – a fact that is illustrated by the case studies in this paper.

Once appointed, Advocate/Guardians need to make decisions that are in the best interests of the person they are representing.⁷ This means that they should:

- consider the person's wishes
- advocate for the person
- encourage the person to make their own decisions wherever possible
- play a role in protecting the person from violence, abuse, exploitation and neglect (OPA, undated).

When a person becomes a client of OPA's Advocate/Guardian Program, they are allocated a case file. The person's case file contains basic information about the person (such as their date of birth, disability and where they live) and any other information that is relevant to their case (this can include letters from doctors, social workers or other interested parties).

Currently, there is a range of ways that Advocate/Guardians can obtain information about violence experienced by one of their clients. This information may be contained in the client's file (for example, in a letter from a social worker to the Advocate/Guardian). The information may present in a case management meeting about the client or in a risk assessment conducted by the Advocate/Guardian.

⁵ Section 22 *Guardianship and Administration Act 1986* (Victoria).

⁶ Section 46(2)(a) *Guardianship and Administration Act 1986* (Victoria).

⁷ Section 2 *Guardianship and Administration Act 1986* (Vic).

However, it should be noted that the Advocate/Guardian Program does not routinely assess clients to determine whether they may be experiencing violence. While individual Advocate/Guardians may conduct these assessments, they are not built in to the program on a systematic level. It should also be noted that not all reports of violence are necessarily documented in the client's OPA file. The gaps in information in the clients' files represent one of the limitations encountered in this project (as discussed further below).

Methodology

The Department of Justice Human Research Ethics Committee granted ethics approval for this project. After obtaining ethics approval, this project reviewed the first 100 Advocate/Guardian case files involving women that were allocated by VCAT to OPA in the 2011–12 financial year. This was a random file review in the sense that these cases were selected by their date of allocation to OPA (and not because they were likely to contain information about violence). The OPA researcher reviewed these 100 women's files by examining their paper case files and electronic case notes (which are stored on OPAs' 'Resolve' case management system).

When ascertaining whether a woman had reportedly experienced violence, the researcher was guided purely by her file. If the researcher found a report of violence in the woman's file, this was noted in the file review. No attempt was made to verify whether the violence had actually occurred. It should also be noted that the researcher only recorded instances of violence that were contained in the client's file (therefore, if an Advocate/Guardian verbally reported to the researcher that their client had experienced violence but this information was not recorded in the person's file, it was not included in the findings of this report).

Relevant information from each woman's file was extracted and written in a template developed by the researcher. The researcher only collected basic demographic information about the women who had not experienced violence (namely information about their age, disability and accommodation). By comparison, more detailed information was collected about the women who had reportedly experienced violence (including information about the types of violence that they had experienced and the perpetrators involved).

The researcher also used the files to develop case studies about the women's experiences of violence. All names and identifying details have been changed in the case studies to protect the women's privacy.

Limitations

Perhaps the most significant limitation in this research stems from the fact that violence against women is acknowledged to be an under-reported crime (Chung, 2013). Therefore, the reports of violence that were found by this project are likely to be lower in number than the actual prevalence of violence against the women who are clients of OPA.

A further limitation is a result of the fact that the data in this report only captures women with cognitive impairments who are clients of OPA's Advocate/Guardian Program. Therefore, it does not apply to the population of women with disabilities as a whole. In addition, only 100 case files were reviewed as part of this project. This sample size provides a snapshot of OPA's clients and is not large enough to be statistically significant.

It should also be noted that the information contained in the files was quite limited in nature. This is because a person's file does not tend to represent a comprehensive overview of their circumstances but instead contains information that is relevant to the decision at hand. This meant that, in many cases, the women's files only contained brief information about the violence that they had suffered (particularly if the violence was historical).

Likewise, many of the files contained limited information about the actions that Advocate/Guardians took to address the violence that the women had experienced. During the course of the research it transpired that many Advocate/Guardians took actions to respond to the violence that the women had suffered, but these actions were not recorded in the files. As this report is based on the information in the women's files (and not on extraneous information such as conversations with Advocate/Guardians) it does not represent a complete picture of OPA's responses to violence against women with disabilities. (By comparison, *Voices Against Violence Research Project, Paper Five* is based on interviews with OPA staff and volunteers. For this reason, it represents a fuller picture of the interventions that OPA staff and volunteers take to protect women's right to safety.⁸)

In addition, very few files recorded information about the women's cultural backgrounds, the broader support services they were linked in with and whether the justice system had responded to their experiences of violence. For this reason, this report was not able to collate quantitative data on the women's cultural backgrounds or whether they had accessed appropriate support services or justice outcomes. While the case studies touch on some of these issues, it should be noted that they are based solely on the information in the women's files. For this reason, the case studies only provide a partial picture of the women's lives. Therefore, many of the case studies raise further questions about the circumstances surrounding the women's experiences of violence.

⁸ See *Voices Against Violence Research Project, Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate*.

Section 3: Gender, disability and violence

It is well documented that violence is a gendered issue – the majority of victims of family violence are women and the primary perpetrators are men (VicHealth, 2011).⁹ Violence is an issue that affects women from all walks of life and from all cultural and economic backgrounds. VicHealth notes that:

Violence against women is today widely recognised as a global problem. It is one of the least visible but most common forms of violence and one of the most insidious violations of human rights. It has serious impacts on the health and well-being of those affected and exacts significant economic costs on communities and nations (VicHealth, 2011, p.1).

VicHealth has found that in Victoria, male intimate partner violence is the leading contributor to death, disability and illness for women aged 15 to 44 years.¹⁰ It has also been established that violence against women costs the Australian community over \$13 billion a year (VicHealth, 2011).

Although violence against women is a problem that cuts across all social, economic and cultural boundaries, there are some groups that face heightened risks in this area. Women with disabilities is such a group. They are consistently identified in the research as experiencing violence at a higher rate than women in the general population. Estimates of the prevalence of violence range from approximately 40 to 70 per cent of the population of women with disabilities (Healey et al, 2008).

For women with cognitive impairments, the rates of abuse may be even higher. It has been estimated that up to 80 per cent of women with intellectual disabilities have experienced violence (Cambridge et al, 2010).

It has also been found that women with disabilities can experience violence:

- at the hands of a greater number of perpetrators than women in the general population
- in similar ways to other women
- in additional ways to women in the general population (that is, in ways that specifically relate to their disability)
- for longer periods than other women (Healey et al, 2008).

⁹ It should be acknowledged that men with disabilities can also be victims of violence. However, women with disabilities experience higher rates of violence than men with disabilities and women in the general population

¹⁰ In the United Kingdom, research indicates that violence is a leading cause of morbidity for people with disabilities (Khalifeh et al, 2013)

In spite of facing these heightened risks, women with disabilities are less likely to be believed when they report their experiences of violence. Likewise, they can encounter significant barriers to accessing appropriate violence-related information, support services and justice outcomes (Healey et al, 2008).

For example, OPA's research has identified that women with cognitive impairments "are more likely than others to be the victims of interpersonal violence and less likely than others to receive proper assistance to deal with it and prevent its reoccurrence" (Dillon, 2010, p.4).

But why is it that women with disabilities are more likely to be victims of violence and less likely to receive an adequate response to violence when it occurs? The key answer to this lies not so much in any inherent traits exhibited by women with disabilities, but rather in society's response to disability. Disability has been found to be a risk factor for violence "in cultures that devalue people with disabilities, but not in cultures that place a higher value on them" (Sobsey and Doe in Healey et al, 2008, p.36).

This assessment corresponds with research that confirms violence is more likely to occur in societies, cultures and relationships where there is an unequal distribution of power and resources between women and men (VicHealth, 2011). This is significant when we consider that in Australian society, women with disabilities continue to have less power and fewer resources than men and other women. They are also more likely to live in poverty than people in the general population and are disadvantaged in areas such as access to housing, health care, education and training (Frohman, 2011; Healey et al, 2008; Howe and Salthouse, 2004).

This evidence points to the fact that violence has its root causes in the social, economic and political inequalities experienced by women with disabilities. Therefore, in order to address the systemic causes of violence, we need to promote substantive equality for women with disabilities. In particular, we need to ensure that:

- women with disabilities are valued as equal citizens in society
- stereotypes about gender and disability are eroded
- women are aware of their rights
- women with disabilities have access to appropriate support services and justice processes and outcomes
- women with disabilities are guaranteed equal access to high quality education, secure employment and financial, economic, political and health resources
- the family and reproductive rights of women with disabilities are upheld (Commission to the Council et al, 2006; Frohman, 2011; VicHealth, 2011).

This 'blueprint for equality' is useful to bear in mind as it emphasises that the causes of, and therefore the solutions to, violence against women are systemic, rather than located merely with the individual.

Defining violence

As discussed at the beginning of this paper, the Voices Against Violence Research Project adopted an intersectional understanding of violence. Accordingly, violence against women with disabilities is understood to be a human rights violation that results from the interaction of systemic gender-based discrimination against women and disability based discrimination against people with disabilities. It includes family violence, sexual assault and disability based violence.

In this paper it was necessary to further explore the definition of violence in order to pinpoint which acts and behaviours constituted 'violence' for the purposes of the file review. Therefore, in the file review a woman was considered to have experienced violence if she had reportedly experienced one or more of the following:

- psychological abuse (for example, threats of harm, controlling behaviour or forced social isolation)
- physical abuse
- sexual abuse
- economic abuse
- controlling behaviour
- verbal abuse
- impairment-related abuse (for example, deliberately depriving a woman of aids and equipment or medication)
- unlawful sterilisation
- property damage (for example, destroying a woman's property for the purposes of causing her fear or controlling her).

The findings from the file review are set out in the following sections of this paper.

Section 4: Findings from the file review

Findings from the file review

The findings from the file review are divided into two sections. The first section deals with the 100 women whose files were reviewed as part of this project. The second section deals only with those women whose files contained reports of violence.

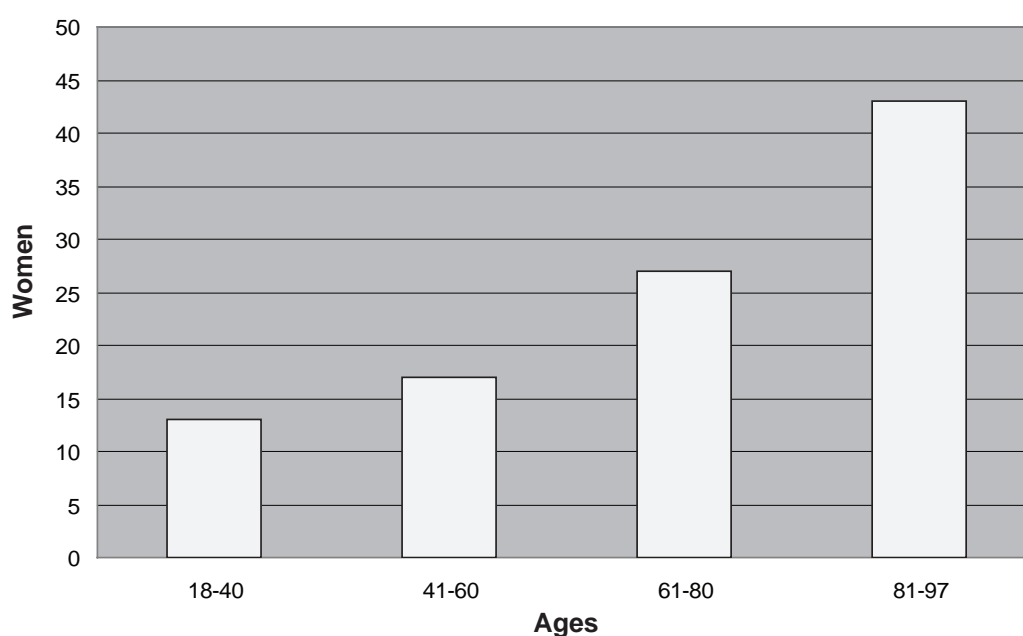
A. Profile of all women

The following section outlines demographic information about the 100 women whose files were reviewed as part of this project.¹¹

i. Age

The majority of women (n=70) were aged between 61 to 97 years when their files were reviewed by this project. Seventeen women were aged between 41 to 60 years and 13 were aged between 18 to 40 years at the time of the file review. (As OPA works only with adults, there were no women who were under 18 years of age.)

Figure 1: Women's ages at the time of the file review



These figures are broadly reflective of the age groups of people in OPA's general guardianship client base – most of whom are aged over 50 years.

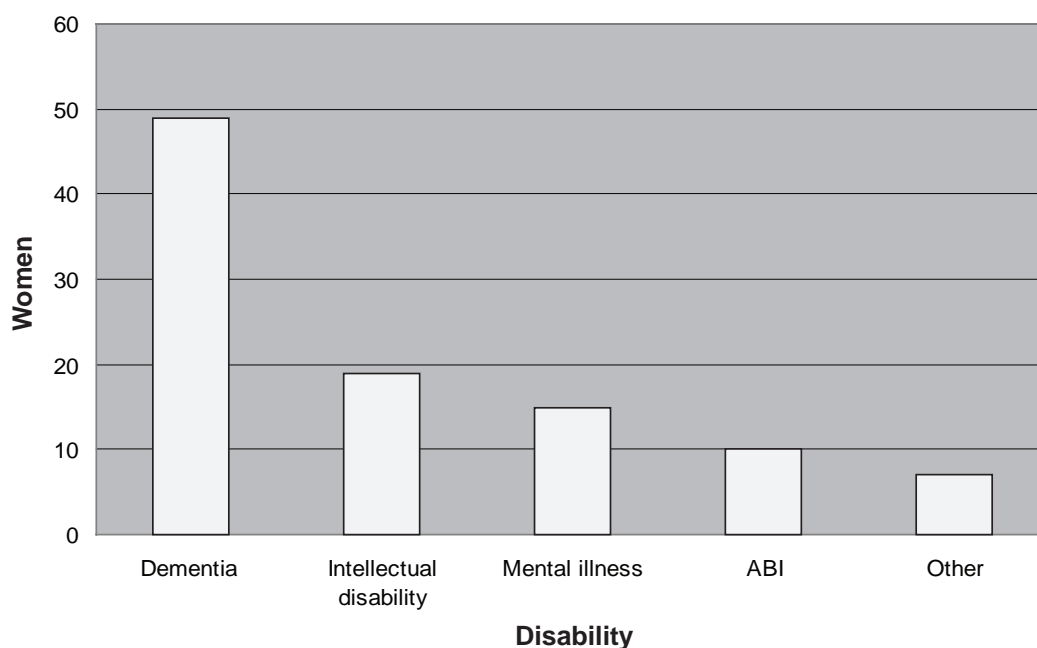
¹¹ It should be noted that it was only possible to record the women's ages, disabilities and accommodation types at the time of the file review and not at the time that they reportedly experienced violence. Therefore, based on this data, it is not possible to draw any conclusions about whether characteristics such as age or accommodation type make it any more or less likely that a woman will experience violence. For example, many of the women whose files were reviewed were older women who lived in aged care. Some of these women reportedly experienced violence. However, many of them experienced violence before they moved into an aged care facility (and in many cases the women's guardians made the decisions to move them into aged care facilities in order to protect their safety).

ii. Disability

The data below refers to the women's primary diagnoses of disability at the time of the file review.¹² Therefore, while 23 of the 100 women had more than one disability, this is not captured in the below data.

Nearly half of the women whose files were reviewed (n=49) had a primary diagnosis of dementia. Intellectual disability (n=19) and mental illness (n=15) were the next most common forms of disability. Ten women had an acquired brain injury (ABI).

Figure 2: Women's primary disabilities at the time of the file review



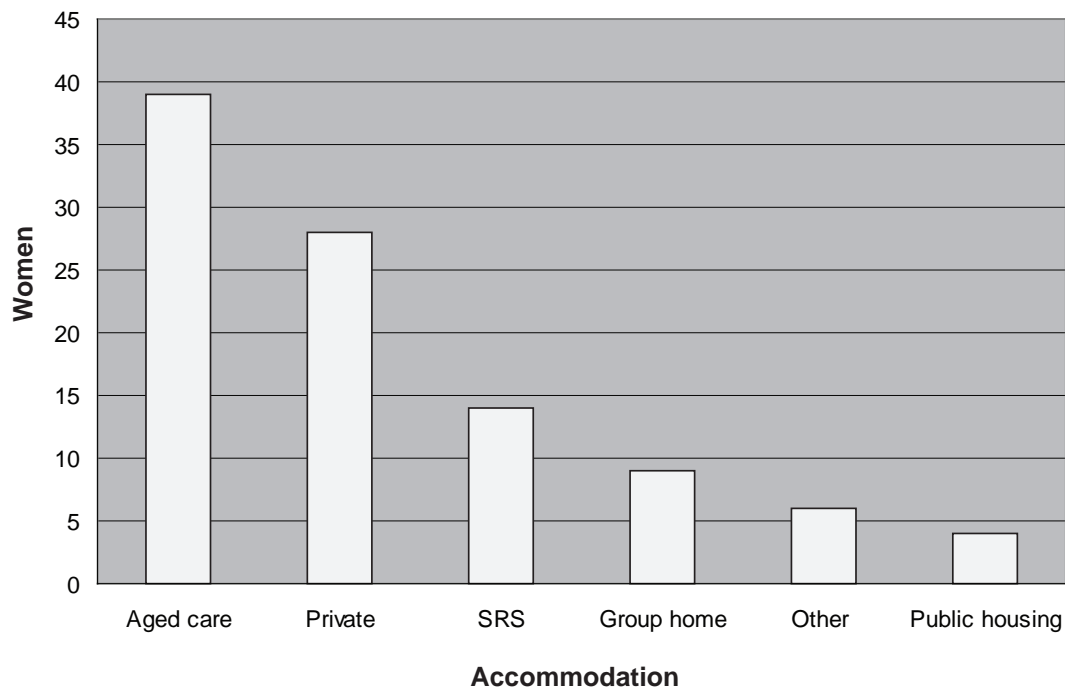
These figures broadly correlate with the disabilities experienced by people in OPA's general guardianship client population. In the 2011–12 financial year (the same financial year as this file review) the most common form of disability experienced by OPA's guardianship clients was dementia. Mental illness and intellectual disability were the next most common forms of disability and ABI followed thereafter (OPA, 2012).

¹² The women's primary diagnoses of disability were extracted from the front page of their paper case files. Therefore, this category may be more reflective of OPA's interpretation of the client's primary diagnosis rather than an official medical opinion.

iii. Accommodation

The most common form of accommodation was aged care (n=39), reflecting the older ages of the women whose files were reviewed. Twenty-eight women lived in private accommodation, 14 lived in Supported Residential Services (SRS) and nine lived in group homes managed by the Department of Human Services. The other 10 women resided in public housing, community housing, critical care units or psychiatric wards, and one woman was on remand in another state in Australia.

Figure 3: Women's accommodation at the time of the file review



iv. Guardianship orders

Most of the 100 women reviewed had guardianship orders made for more than one issue.¹³ The most common guardianship order was accommodation (n=92). This corresponds with the experiences of OPA's general guardianship client base, with accommodation being the single most common reason why a matter comes to guardianship (OPA, 2012). Access to services (n=66) and health care (n=54) were the next most common forms of guardianship orders for the women whose files were reviewed by this project.

Twenty-five of the women had guardianship orders relating to who could have access to them. The file review revealed a strong correlation between these types of orders and the women's reported experiences of violence. Indeed, of the 25 women who had orders made in respect of access to persons, 24 had reportedly experienced violence. Therefore, access to persons orders can be a flag that a woman may be experiencing violence.

¹³ For this reason, the total number of issues outlined in the guardianship orders (n=246) exceeds the number of women whose files were reviewed (n=100). The term 'issue' is used here to refer to a matter that VCAT authorised the OPA guardian to deal with, such as accommodation, access to healthcare and so on.

Eight women had orders made in respect of who could live with them and one woman had an order made in relation to an overseas holiday.

In light of the strong correlation that was identified between access to persons orders and reports of violence, this review investigated how these orders appeared in the general guardianship population. It found that in the 2011–12 financial year (the same year as this file review), a total of 492 Advocate/Guardian clients were subject to access to persons orders. It was revealed that the majority of these clients were women. That is, 341 women were subject to access to persons orders, compared with 151 men. Therefore, the proportion of female clients who were under access to persons orders (34 per cent of the total guardianship population for the 2011–12 financial year) was notably higher than the proportion of male clients who were under these orders (19 per cent of this population). Potentially, this finding could correlate with the gender-based nature of family violence. However, further work would need to be undertaken in order to confirm this correlation.

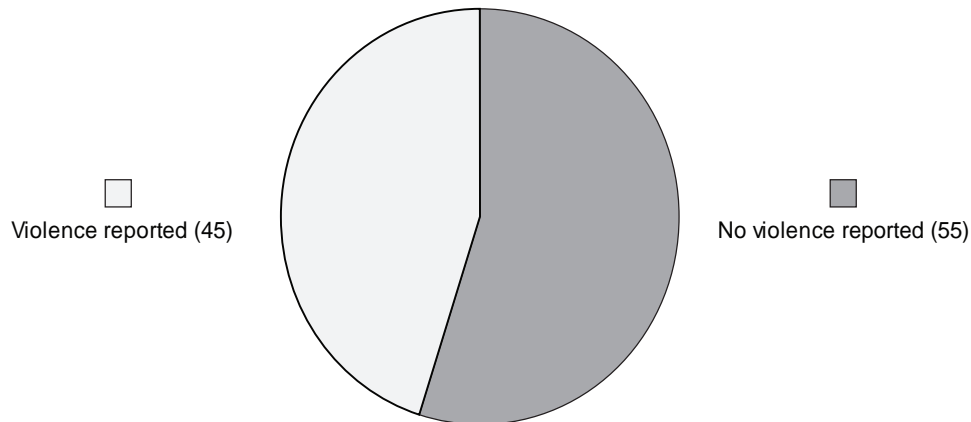
v. How many women reportedly experienced violence?

Nearly half of the women whose files were reviewed had reportedly experienced violence (n=45). This figure is particularly stark when we consider the evidence that violence against women is an under-reported crime (Chung, 2013).

Women in the general population experience barriers to reporting violence. However, these barriers can be manifold for women with disabilities who experience violence. For women with disabilities, these barriers can include: a fear of the consequences of disclosure, including a fear of social services involvement and consequent child protection proceedings; fear that the disclosure will not be believed; fear that the disclosure will lead to further violence or other types of retaliation by the perpetrator; a lack of alternative care options if the woman relies on the perpetrator as a carer; the hidden nature of violence; and feelings of shame (Rose et al, 2011).

In light of the systemic barriers to reporting violence, it follows that the actual prevalence of violence against women who are OPA clients is likely to be greater than the figures captured in this data set.¹⁴

¹⁴ As outlined at the beginning of this report, some estimates of violence against women with cognitive impairments have been as high as 80 per cent of certain populations of these women (Cambridge et al, 2010).

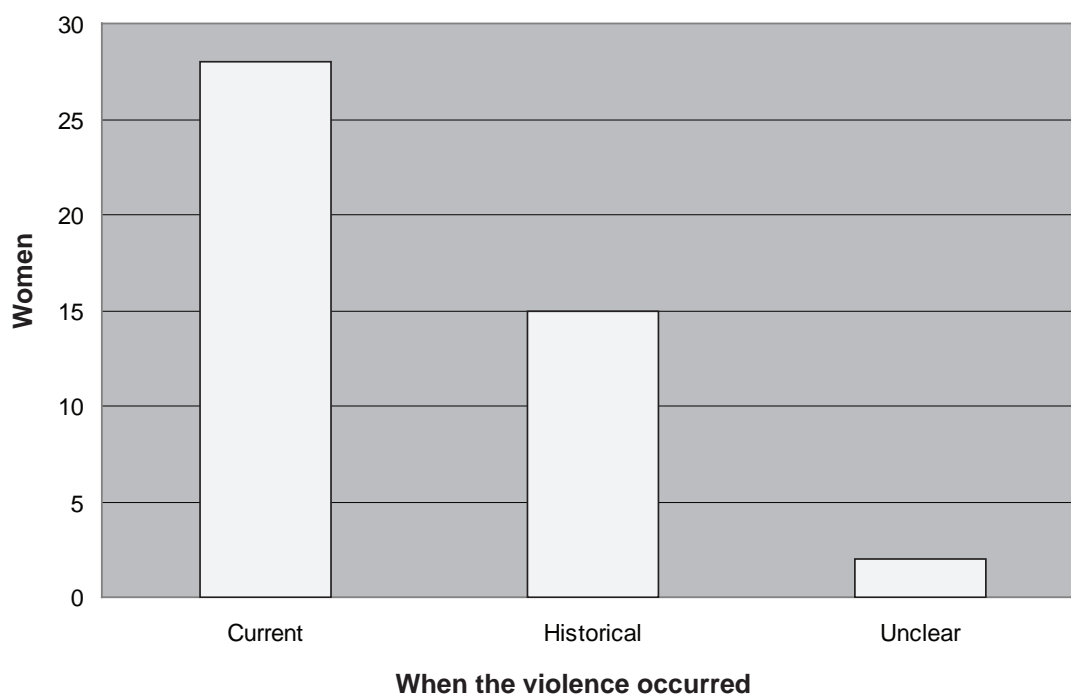
Figure 4: Reports of violence against women

B. Profile of the women who experienced violence

This section of the paper outlines information about the 45 women who had reportedly experienced violence.

i. When did the violence occur?

The file review considered whether violence was a current issue for the 45 women at the time that their matters were being dealt with by OPA. It found that violence was a current issue for most of these women (n=28) (meaning that the violence was current when the guardianship case went to VCAT or when it was being dealt with by OPA). In 15 cases, the violence was historical (meaning that the violence was resolved before the time of the VCAT application and hence the guardianship order).

Figure 5: When the violence occurred

ii. Was the violence noted in the VCAT application?

In 23 cases the violence against the woman was noted in the VCAT application. In the remaining cases (n=22), the violence was either not noted or it was unclear whether the violence was noted in the VCAT application.

iii. Who raised the issue of violence?

In the women's files, the information about violence came from a diverse range of sources. For example, information about violence could have been outlined in a letter from a social worker to a doctor, in a record of a telephone conversation between a family member and a case manager or in a record of a conversation between the woman and her Advocate/Guardian. Therefore, while some instances of violence were reported directly to Advocate/Guardians, others were not (but were simply recorded in a document that appeared in the woman's file).

The file review revealed that health providers (n=15) and family members (n=12) were the two most common sources of information about violence in the women's files. In five cases, the women themselves had raised the issue of violence. In the remaining cases, the information about violence was raised by support workers (n=5), accommodation providers (n=4), miscellaneous sources (such as local councils, advocates and friends of the person) (n=4), aged care facilities (n=3) and the Department of Human Services (n=2).¹⁵

¹⁵ Note that in this data set, the number of reports of violence (n=50) exceeds the number of women who reportedly experienced violence (n=45). This is because in some cases, the violence was reported by more than one source in the woman's file.

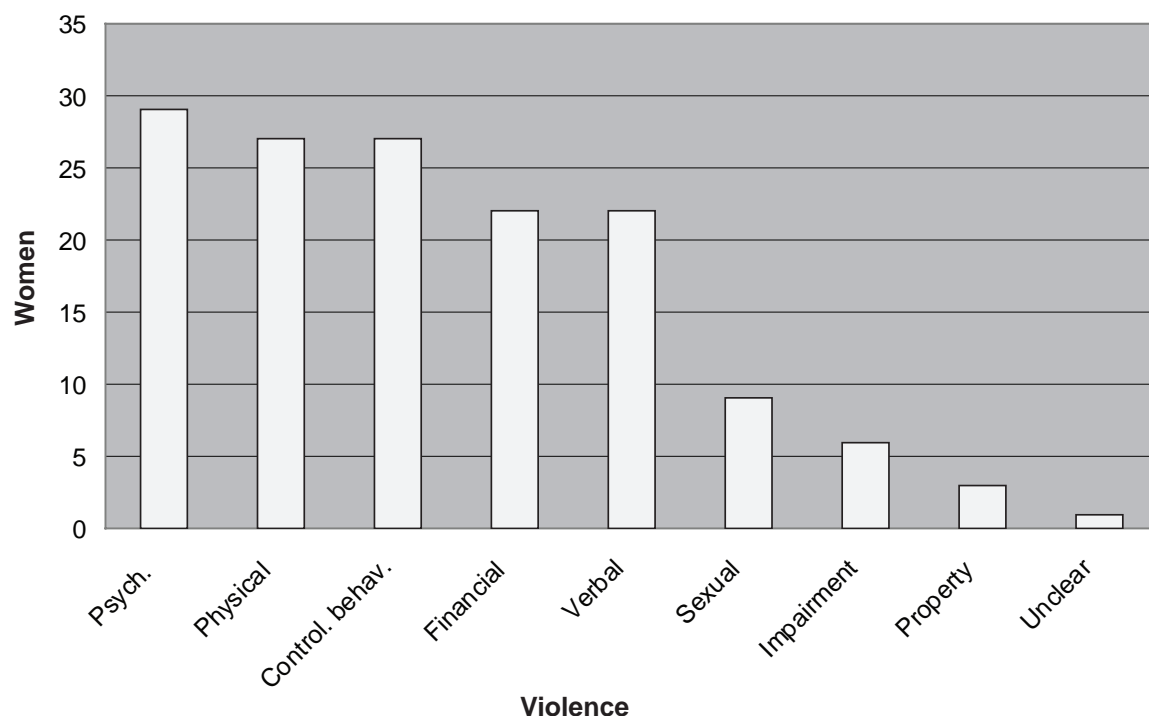
iv. What types of violence did the women experience?

Most of the 45 women reportedly experienced more than one type of violent behaviour.¹⁶ The most common forms of violence reportedly experienced by the women were psychological violence (n=29), physical violence (n=27) and controlling behaviour (n=27). It is worth noting that reports of psychological violence and controlling behaviour were almost always accompanied by reports of other forms of violence, such as physical, verbal or economic abuse. Indeed, of the 29 women who reportedly experienced psychological violence, only two did so in the absence of any other forms of violent behaviour. All of the 27 women who reportedly experienced controlling behaviour did so in conjunction with other forms of violence.

Sexual violence was only reported in nine of the women's cases. This could reflect the hidden nature of this type of abuse (Neame and Heenan, 2003).

Impairment-related abuse was reported in six of the women's cases. Impairment-related forms of abuse included the deliberate over-feeding of a woman with Prader-Willi syndrome (leading to her putting on 40 kilograms of weight in two years), the withholding of anti-psychotic medication, taking a woman's hearing aids, denying a woman money so she was unable buy medication, engaging in a dangerous and inappropriate 'care' regime with a woman and preventing a woman from seeing a doctor in relation to her disability.

Figure 6: Types of violence experienced by women

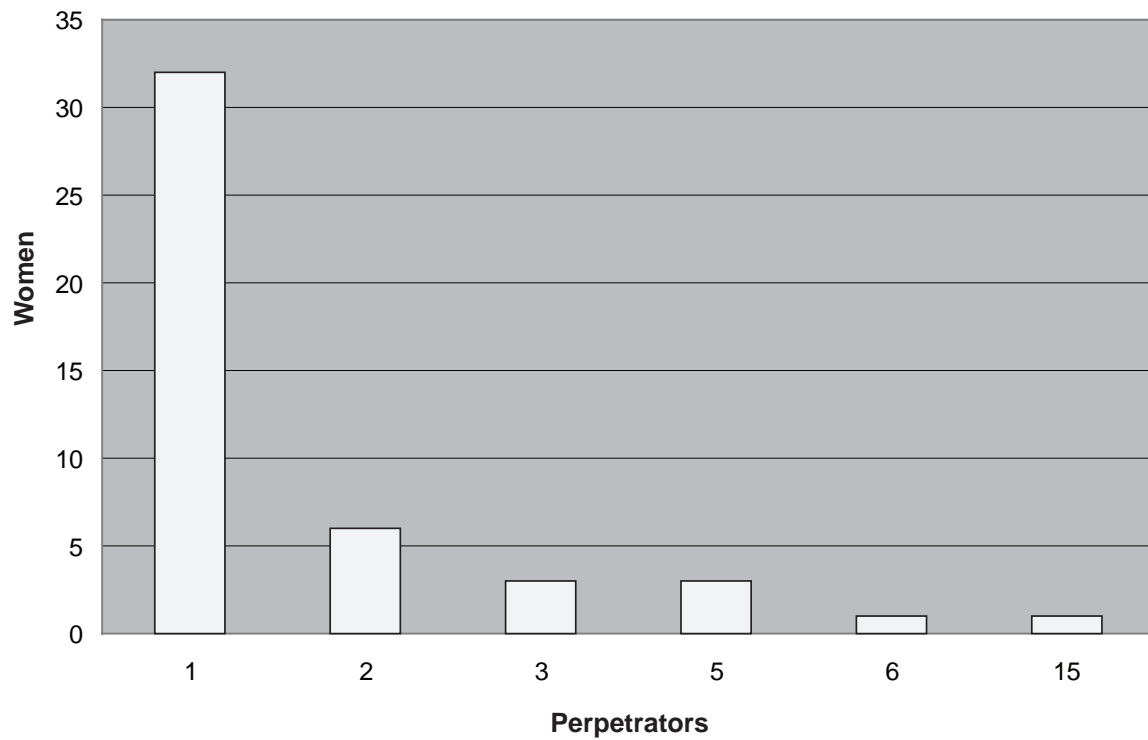


¹⁶ Therefore, the types of violence represented in this data set (n=146) exceed the number of women who reportedly experienced violence (n=45).

v. How many perpetrators were involved?

The 45 women had reportedly experienced violence at the hands of 89 perpetrators. While most of the women (n=32) had reportedly encountered one perpetrator, nine women had reports of two or three perpetrators in their lives. One woman had reportedly experienced violence by a total of 15 perpetrators.

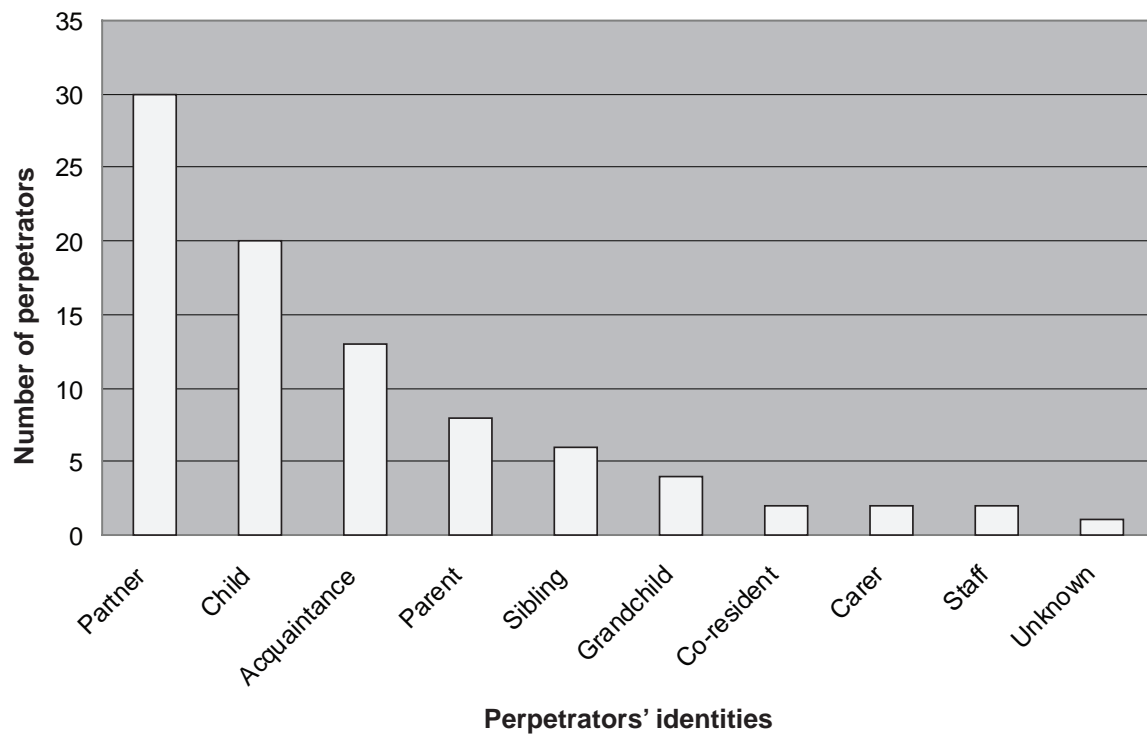
Figure 7: Number of perpetrators



vi. Who were the perpetrators?

The file review revealed that women with disabilities experience violence at the hands of a broad range of perpetrators. A total number of 89 perpetrators were identified in this file review. Partners were found to be the leading category of abusers (n=30). This finding corresponds with broader research that indicates intimate partner violence is the leading form of violence against women (World Health Organisation, 2013). However, other common types of perpetrators were found to be children (n=20), acquaintances (n=13) and parents (n=8).

Figure 8: Perpetrators' identities



vii. Perpetrators' gender

Of the 89 perpetrators, most were men (n=68), 10 were women and in 11 cases the perpetrators' genders were unclear. These figures tie in with the evidence that family violence is a gender-based crime that is largely perpetrated by men against women (VicHealth, 2011).

viii. Other information

Justice responses

The case files contained very little information about the justice system's responses to the women's experiences of violence. Therefore, in most cases it was not possible to ascertain what types of justice interventions had occurred (if any).

Approximately 11 of the cases did contain some limited information about the legal system's responses to the violence. In a few of these cases, the Advocate/Guardians had reported the violence to the police or were collaborating with the police to try and protect the women's safety.

In another case, an Advocate/Guardian had encouraged a woman to report the violence to the police, but she did not want to do this. In other cases, the files noted that the police had been called out to attend reports of domestic violence incidents at the women's homes. In one instance, it was noted that the police were pressing charges against an alleged perpetrator of violence and that he may have attended court over the matter.

In a small number of the women's files it was noted that the women had taken out intervention orders against the alleged perpetrators. In some of these cases, the women were supported in taking out intervention orders by their Advocate/Guardians.

Support services

The case files contained limited information about the types of support services that were involved in the women's cases. In some instances, the researcher spoke to Advocate/Guardians about their clients' cases and was told that these clients were linked in with family violence or sexual assault services, but the involvement of these services was not noted in the women's files.

Overall, the lack of information in the files about support services meant that this paper could not collate any quantitative data on this topic. It was, however, possible to highlight the role of services in some of the case studies in this paper. The case studies are outlined in the following section of the paper.

Section 5: Case Studies

The file review was used to develop case studies that explore the circumstances of some of the women who reportedly experienced violence. The case studies are based solely on the information in the women's files and not on any extraneous information such as conversations with Advocate/Guardians. For this reason, the case studies do not represent a full picture of the interventions that Advocate/Guardians take to protect women's safety as this information is often not recorded in the women's files.

Given that the case studies are based purely on the information in the women's files, many of them raise further questions about the circumstances of the women and the responses of the legal and service sectors to the violence that occurred. They also raise complex issues about the women's experiences of violence, including the barriers that women face in making themselves safe. Some of these issues are explored in the 'Issues raised' text following the case studies.

Case study: Loss

Claudia was born in a small town in Germany. She was diagnosed with a mental illness at the age of 12. Claudia grew up in a violent household where she witnessed her father being physically and verbally abusive towards her mother. Claudia's parents divorced when she was a teenager. Shortly afterwards, Claudia and her mother moved to Australia.

When Claudia was 20, she married a man from Serbia. This marriage was reportedly arranged for Claudia by her mother. It is unclear whether Claudia wanted to enter into this marriage. During her marriage, Claudia was physically, psychologically and verbally abused by her husband. She began drinking heavily in order to cope with her circumstances. Claudia said that alcohol made her feel "more confident and relaxed". Claudia left the marriage after one year and continued to drink heavily.

After Claudia was divorced, she commenced a relationship with an older man, Edward, who was a friend of her mother's. Edward drank heavily and gambled and was physically abusive towards Claudia. After about a year of living with Edward, Claudia left the relationship.

Three years after her relationship with Edward ended, Claudia met a man named Mike. Mike had a substance addiction and was very violent towards Claudia. On one occasion, Mike beat Claudia so severely that she was hospitalised for a broken nose and cheek and damage to her eye.

Claudia has been in an “on again, off again” relationship with Mike for 10 years. They have three children together. A couple of years ago, Claudia lost custody of the children. This was reportedly as a result of her alcohol abuse problem and behaviour associated with her mental illness. The children now live with Mike’s parents. Claudia describes herself as “lonely and a little bit sad” because she has lost her children.

Issues raised

As the case study illustrates, Claudia witnessed violence from a young age. Although this case study takes place in Germany, it is important to note that in Victoria the law recognises that children who have witnessed violence are themselves victims of violence.¹⁷

This case study raises the question as to whether Claudia provided full and informed consent to her marriage. If Claudia did not have the opportunity to refuse to marry Edward, this could potentially be considered a case of forced marriage.¹⁸ (It should be noted that a forced marriage is entirely different to an arranged marriage, where both parties consent to the arrangement.) Forced marriage is a form of violence that is now specifically recognised as a crime under Australian law.¹⁹ Many women who are forced into marriage go on to suffer further domestic violence – perhaps due to the power inequalities that exist in such relationships (ACCM UK, 2008; Simmons and Burn, 2013).

After divorcing Edward, Claudia was targeted by another perpetrator named Mike. Claudia’s relationship with Mike illustrates that getting out of a violent relationship can take many years. In fact it has been found that, on average, a woman will make seven attempts to leave a violent relationship before she succeeds (Domestic Abuse Shelter, undated). This is due to the barriers that women face when trying to leave violent relationships. These barriers can include a lack of financial resources, the absence of suitable accommodation, safety concerns, family responsibilities, fear that the abuser will take their children and personal attachments and feelings such as a belief that the abuser will change (Barrett Meyering, 2012; University of Michigan, 2009).

Research has also highlighted the precarious position of women who manage to leave violent relationships. These women can be at risk of experiencing post-separation violence from their previous partner. Indeed, the months following the separation present the period of greatest risk to women of death or serious injury (Laing, 2003).

¹⁷ Section 5 *Family Violence Protection Act*.

¹⁸ In this case it is unclear whether Claudia’s marriage was forced or merely arranged. For this reason, it is not represented as forced marriage in the quantitative data that appears in this report.

¹⁹ This is following the amendments to the *Criminal Code Act 1995* (Cth), which came into effect in March 2013 (Simmons and Burn, 2013).

The barriers to making themselves safe are increased for women with disabilities who experience violence. Many women with disabilities do not have access to an adequate income, information about their rights, suitable housing, stable employment and violence support services. As a result, many of them don't have the resources they need to be able to leave violent relationships and rebuild their lives after experiencing violence. In addition, some women are dependent on their abuser for their care needs, meaning they cannot leave unless they get the right support to do so (Healey et al, 2008).

It should also be noted that some women with disabilities who flee violent situations run the risk of losing custody of their children because authorities may question their ability to care for their children on their own (Salthouse and Frohmader, 2004).

Regardless of whether women leave or stay in violent relationships, they have the right to access support to protect their safety and to deal with what has been called the 'internal destruction' that is a consequence of long-term trauma (Healey, 2009).

Case study: Breaking down

Gina was born in Italy. When she was 13 years old, she was raped by a man who lived in her neighbourhood. She fell pregnant as a result and underwent an abortion. Shortly after this incident, she "had a breakdown" and was diagnosed with schizophrenia. Her parents brought her to Australia to live.

When Gina was 17 years old, she married a man called John. John was very violent towards Gina and stole all her savings. John was also engaged in other criminal activities and was sent to prison as a result of these activities.

Gina is now in her 60s and lives in an SRS. The only family she has contact with is her niece, Charlotte. Last year Charlotte reported that Gina was sexually assaulted by a taxi driver.

Until recently, Gina owned an apartment in Italy. Her parents had bought her this apartment (they had also bought apartments for Gina's two siblings). Gina's older brother still lives in Italy. He took out the Italian equivalent of a Power of Attorney in order to sell Gina's apartment and keep the money for himself. Gina wants to take legal action in relation to this, but she has difficulty remembering any details about her apartment. Gina's Advocate/Guardian has assisted her in trying to locate information about her apartment, but these efforts have not proved fruitful. Nonetheless, the Advocate/Guardian has emphasised to Gina that what happened to her was wrong. Gina says that the fact that her Advocate/Guardian believes her story is, in itself, very important to her.

Issues raised

In this case, Gina was economically abused by her brother (when he sold her apartment without her consent). Although Gina wasn't able to find a legal solution for the theft of her apartment, she emphasised the importance of being believed when she reported this abuse to her Advocate/Guardian. This illustrates that sometimes professionals can play an important role simply by believing that a woman has suffered abuse and by asserting that this abuse should not have occurred.

This case study also illustrates that some women who experience violence at a young age can go on to experience further violence. On this point, it should be noted that violence against women with disabilities is connected to systemic and individual power inequalities. Therefore, the blame for this problem should sit squarely with the perpetrators involved and not with the women.

Bearing this in mind, research has been done that explores the possible reasons why women who have been abused as children can face an increased risk of experiencing violence as adults. This research found that experiencing violence at a young age could erode the protective factors that help guard against the future risks of violence. These protective factors include characteristics such as having a high self-esteem and positive social networks (Mouzos and Makkai, 2004).

It is therefore crucial that women who have experienced violence should be supported in becoming empowered citizens who are valued by their communities. This objective involves bringing about not just individual change, but also broader social, economic, legal and political change (McKenzie, 2012).

Case study: Decades of violence

Rose has been married to Harry for nearly 60 years. They have two adult sons. Harry has reportedly been physically, psychologically and verbally violent towards Rose throughout the course of their marriage.

Rose is now in her 80s and has advanced dementia. She is also partially deaf. Until recently, she was living at home with Harry. However, her care and support needs were not being met at home.

An Advocate/Guardian was appointed to Rose's case. They made the decision that it was in Rose's best interests to live in an aged care facility. Rose moved into an aged care facility where her health and well-being improved. However, Harry continues to be very resistant to this arrangement. He says that his wife should be with him "24 hours a day". Harry has threatened to kill himself unless Rose is returned to live with him.

On one occasion, Harry visited Rose at the nursing facility and removed her hearing aids from her. This had the effect of socially isolating Rose from the friends that she had made at the facility.

Rose's Advocate/Guardian has worked with the aged care facility to promote her right to safety. The Advocate/Guardian has sought to achieve this by regulating Harry's visits to Rose and ensuring that these visits are properly monitored by the aged care facility. Although Rose continues to see her husband (according to her wishes), this contact has been restricted so that Rose gets adequate time to herself.

Issues raised

In this case, the Advocate/Guardian sought to strike a balance between respecting Rose's wishes and protecting her best interests (as required by the *Guardianship and Administration Act 1986* (Vic)). The Advocate/Guardian therefore honoured Rose's desire to maintain a relationship with her husband, but ensured that contact between Rose and her husband occurred in a safe and regulated environment.

Rose's case also highlights the phenomenon of 'lifespan violence' (Olle, 2006, p.36). Rose lived with violence for nearly six decades. The violence started when she was first married and continued to occur when she was older and living with disability (that is, dementia and a hearing impairment). It was clear that Rose's husband exploited her disability in order to exert power and control over her and socially isolate her from other people. On this point, it should be noted that forced social isolation is in itself a form of violence.

Across their lifespans, women such as Rose can encounter significant barriers to getting out of a violent relationship. For example, Olle notes that,

[w]hile issues of mutual responsibility for children often limit younger women's capacities to leave violence, older women may experience difficult decision-making due to compounding factors such as having grandchildren and more complex family connections (Olle, 2006, p.37).

It is also important to note that Rose's experiences are located firmly within family violence frameworks. Therefore we should

resist the assumption, inherent in the term 'elder abuse', that violence experienced by older women is somehow less hazardous or something more closely linked to age than domestic and family violence (Olle 2006, p.37).

In fact, violence against older women follows similar patterns to violence against younger women. However, older women can experience increased risks to their health and well-being due to factors such as physical frailty and illness. They can also experience increased risks due to their 'invisibility' within family violence and sexual assault frameworks, as well as in the general community (Bove et al, 2005; Olle, 2006).

This emphasises the need for violence against older women to be appropriately responded to by service providers and health care professionals. In particular, older women's experiences of violence should not be downplayed or dismissed. Older women are entitled to access the same violence information and support services that are available to other women in the community (Olle, 2006).

Case study: Dangerous home environment

Ellen is a young woman with an intellectual disability. When Ellen was a child, she lived with her mother and older brother. Ellen's mother was physically and psychologically violent towards her and sought to control Ellen's life. In addition, Ellen's brother sexually abused her when she was a young girl. On one occasion, Ellen sustained burns to her body, but it is unclear how this occurred. Child protection services became involved in Ellen's case and she was removed from her family home.

Ellen is now in her early 20s and lives in a group home. An Advocate/Guardian was appointed to Ellen due to the difficulties that she was experiencing with her family. The Advocate/Guardian implemented an access plan that regulated the contact that Ellen's mother could have with her daughter. The Advocate/Guardian decided that Ellen's brother remains a risk to her well-being and he is not permitted to see her at any time.

Issues raised

It has been estimated that 28 per cent of Australian girls have been subjected to some form of sexual exploitation by an older person (Department of Human Services, 2009). The prevalence of sexual abuse among girls with disabilities is likely to be even higher than for girls in the general population. Girls with disabilities can also face significant barriers to reporting sexual abuse. These barriers can be both impairment related and attitudinal. For example, they may be less likely to be believed when they report the abuse due to myths that sexual abuse does not happen to children with disabilities (Higgins and Swain, 2010).

In addition, responsible adults may fail to provide them with a proper sex education and information about how to report sexually abusive or disrespectful behaviour.

It is therefore important that the sexual abuse of girls and young women with disabilities is properly addressed within schools, mainstream child protection agencies and specialist service providers. As part of this strategy, girls and young women with disabilities need to be empowered to manage and enjoy respectful relationships (Brown, 2003).

Case study: Back off

Sally is in her 40s and lives in an SRS. She has an intellectual disability and an ABI. The exact cause of her ABI is not clear. However, Sally has a history of head injuries inflicted by her former partner, who was very violent towards her. She also sustained a head injury when she fell off a horse.

Until recently, Sally was in a relationship with a man named John. The staff members at Sally's SRS were concerned about her relationship with John. John would tell Sally that he was her carer and she had to do what he said. He used to control her medical appointments and took her to several different doctors in a bid to get prescription medications for his own use. He also told Sally that he was in charge of her money and she had to give her pension to him.

An OPA Advocate/Guardian was appointed for Sally. The Advocate/Guardian spoke to John and told him that he had no legal authority to make decisions for Sally and that he should "back off". After this intervention, John started to leave Sally alone. While this was a good outcome for Sally, it is believed that John has gone on to target other women with disabilities in the local community.

Issues raised

The cause of Sally's disability is not known, however, it is possible that the violence she experienced caused or exacerbated her ABI. It has been noted that

Head trauma in women is a serious outcome of physical abuse by male partners. Unfortunately, the scope and residual effects of this type of injury have not been studied. Women who enter women's shelters or refuges frequently report that they have received blows to the head and have been unconscious (Rice in Olle, 2006, at p.33).

In addition to an ABI, men's violence against women can result in a range of disabilities for women, including spinal cord injury, sensory impairments (for example, impaired vision), post-traumatic stress disorder and mental health issues (Project Safe, undated; World Health Organisation, 2013).

As DVRCV has noted, an awareness of the relationship between violence and disability is important for understanding and better responding to women who are living with violence-induced disability (Olle 2006).

Case study: Whose money is it?

Glenys is in her 80s and she has dementia. She lives alone in her own home.

Glenys's niece raised concerns that her aunt's neighbours were financially abusing her. Glenys's neighbours, Jason and Kerrie, were appointed her attorneys under a Power of Attorney. Glenys says that they are "in charge of everything" and that Jason "tells me what to pay and I pay it".

Jason told Glenys that she should buy a new car so he could drive her around in it. Glenys did so and now Jason drives Glenys in the car about two days a week. The rest of the time he uses the car for his own purposes. He also charges Glenys \$800 a week to drive her around.

Glenys's niece is concerned about the amount of power that her aunt's neighbours have over her. She says that her aunt has started avoiding people who are close to her. She also believes that her aunt "does not understand a lot of things that she presumes to be in her best interests". A neuropsychology report has confirmed that Glenys lacks the capacity to make financial decisions.

Issues raised

Glenys was being economically abused by her neighbours. Economic abuse is a form of violence in which a perpetrator seeks to "control a woman's ability to acquire, use and maintain economic resources, thus threatening her economic security and potential for self-sufficiency" (Adams et al in Macdonald, 2012, p.ii).

Women with disabilities and older women can be at a particular risk of experiencing economic abuse. A key reason for this is the power imbalance that can exist between these women and the perpetrators who target them (Macdonald, 2012).

Economic abuse can have a range of negative consequences for women, including material deprivation, debt, poor credit records, legal difficulties, health problems and social isolation. (In Glenys's case, it is clear that social isolation was part of her experience of economic abuse.)

Research has shown that, while people in the community generally understand that physical violence against women is a crime, many are unaware that economic abuse is also a form of violence. More work needs to be done to improve the community's understanding of economic abuse and to ensure that women who experience this form of violence receive an appropriate response from the service sector (Corrie and McGuire, 2013).

Case study: Feeling lonely

Penelope is in her 50s and she has an intellectual disability. Penelope has few friends and longs to be in a relationship. She often goes to the supermarket in order to meet men and take them home with her.

A few years ago Penelope met a man called Steve. She asked Steve to move in with her. Shortly after Steve moved in, he threatened to kill Penelope. With the help of an advocacy organisation, Penelope reported Steve to the police and he was removed from her home. Once he moved out, Penelope disclosed to her advocate that Steve had physically and sexually assaulted her. The advocate reported this to the police and assisted Penelope in taking out an intervention order against Steve. A few months later, Penelope asked Steve to move in with her again. She said that she was “feeling lonely” and she needed some company.

On another occasion, Penelope was visiting Dylan, an acquaintance of hers. Dylan also has an intellectual disability. They watched a DVD together and Penelope started caressing Dylan and trying to kiss him. Dylan did not want this kind of attention and threatened to hurt Penelope if she did not leave. Penelope did not leave. In response to this, Dylan punched her in the ribs and tried to break her fingers. She was taken to hospital by a disability advocacy organisation.

Issues raised

This case study makes it clear that Penelope’s deeply entrenched social isolation placed her at risk of experiencing violence. Research shows that social isolation is a factor that can increase a woman’s chances of experiencing violence. Social isolation is also a factor that can make it more difficult for women to leave violent relationships. This is significant given that women with disabilities experience social isolation to a greater degree than women in the general community (Healey et al, 2008).

The relationship between social isolation and violence emphasises the importance of developing a social inclusion agenda that enables women with disabilities to participate fully in society (The Council of Australian Governments, 2010). This social inclusion agenda needs to be adopted in conjunction with other strategies that are aimed at preventing violence against women with disabilities.

Case study: The need for long-term support

When Pippa was a teenager, she was in a car accident and sustained an ABI. She was awarded compensation through the Transport Accident Commission. Since sustaining the ABI, she has experienced violence by at least 15 different perpetrators.

Shortly after the car accident, Pippa was raped by a boy she went to school with. Pippa says that she wanted to report the rape to the police, but her mother told her not to as it would just “cause trouble”. After this incident, Pippa was teased at school because of her acquired brain injury and because of the rape. She had a very low self image and reported that the kids at school would call her “a retard and a slut”.

After Pippa left high school in grade 10, she started a relationship with a man called John. He was violent and, on one occasion, held her against her will in a motel where he physically and sexually assaulted her. He told Pippa that if she ever broke up with him he would “hunt her down and kill her”. Pippa managed to get out of this relationship and took out an intervention order against John.

Pippa is now in her late 20s and continues to experience violence at the hands of her partners and acquaintances. On one occasion, she moved interstate to live with her boyfriend and his mother. Her boyfriend’s mother took control of her finances and was physically violent towards her. On another occasion, Pippa moved in with a 50 year old man who had a girlfriend, but he made Pippa have sex with him in exchange for board.

Pippa is linked in with family violence, sexual assault and disability advocacy organisations. However, she needs more support than they can offer. Pippa’s Advocate/Guardian believes that she requires intensive, long-term case management to help her lead a safer and more stable life. The Advocate/Guardian has advocated for Pippa to receive access to more comprehensive services, but has found it difficult to link her in with the level of support that she needs.

Issues raised

Violence has significant long-term impacts on women. Violence can deplete women’s financial and emotional resources, their physical and mental health and social networks. The depletion of these protective factors can place women at risk of experiencing further incidents of violence. It is therefore vital for the service system to provide women with support beyond the crisis point.

The provision of longer-term support is a vital aspect of protecting women's safety and assisting them to rebuild their lives after suffering violence. However, as the above case study illustrates, comprehensive, long-term support can be difficult to find within the current service system. Research shows that the service sector needs to be reformed in order to provide longer-term support to women who have experienced violence (Desmond, 2011).

Case study: Scared of her son

Hajira and her late husband moved from Pakistan to Australia 60 years ago. They have two sons, Abid and Nadeem, who were both born in Australia.

Hajira is now in her 80s and has developed dementia. Until recently, she lived at home with her oldest son, Abid. Abid has a substance abuse problem and regularly took money from his mother's bank account to support his habit. At first Hajira gave him permission to withdraw small amounts of money from her bank account. However, Abid started taking his mother's bank card without her permission and was withdrawing larger and larger sums of money for his own use. Hajira was growing very concerned about the situation, but she was too scared to confront Abid about it.

Hajira reported that her son had "a bad temper" and sometimes he smashed things in the house when he was drunk. On one occasion, Abid locked his mother out of the house for several hours while he and his friends stayed inside the house drinking alcohol.

Hajira's condition deteriorated until she was no longer able to take care of herself. An Advocate/Guardian was appointed for Hajira and the decision was made that she should live in an aged care facility. Hajira is reportedly settling in to her new home. She has also been appointed an administrator to look after her finances and Abid no longer has access to her funds.

Issues raised

There is no evidence to suggest that violence against women is more prevalent in culturally and linguistically diverse (CALD) communities in Australia. However, women from CALD backgrounds who do experience violence can face particular barriers to accessing the services they require. These barriers can include the lack of targeted information about their rights and the service system, the inconsistent availability and use of interpreters and the lack of safe and affordable accommodation (Ethnic Communities' Council of Victoria, 2013). In addition, women with disabilities from CALD backgrounds may find that their experiences of violence are compounded by stereotypes about culture, gender and disability (MDAA, 2010).

In response to these challenges, the Ethnic Communities' Council of Victoria has stressed the importance of essential services (including family violence and sexual assault services) developing their 'cultural competence' (Ethnic Communities' Council of Victoria, 2013). Of course, it is also vital for such services to develop their practice in a manner that responds to the particular needs of women with disabilities from CALD backgrounds.

Case study: Her own home

Anna is in her 70s and suffers from dementia. She owns her own home. Until recently, she shared her home with her partner of 15 years, Barry.

Anna's family had concerns that Barry was abusing Anna. They said that Barry was socially isolating her and preventing her family from visiting. There were also reports that Barry had taken out a Power of Attorney on Anna's behalf and used it to withdraw large sums of money from her bank account. Apparently Barry gave this money to his own children.

One night, Anna was physically assaulted by Barry. The police attended the scene. Barry told the police that he had cancer. He said that he was doing everything he could to care for Anna, even though he was suffering from a terminal illness. The police said that, in light of Barry's condition, he would not be arrested and charged. They said that it would be cruel to eject Barry from the home, but it was also unsafe for Anna to stay there. For this reason, Anna was moved to a refuge for her safety. This was in spite of the fact that Anna owned the house that she and Barry lived in, not Barry.

Issues raised

Anna should have been supported to stay safely in her own home rather than being compelled to go to a refuge. It is increasingly recognised that it is best practice to enable women who have experienced violence to stay at home (if this is what they want) (Spinney and Harper, 2013). If a woman is forced to leave home because of violence, she is placed at an increased risk of poverty, stress, social isolation, depression and homelessness. On this point, it should be noted that violence is the leading cause of homelessness for women in Australia (Corrie, 2013). It has also been found that women cannot easily exercise their right to remain at home unless there is an understanding in the community and from professionals (including the police) about what constitutes violence, and the links between violence and homelessness (Spinney and Blandy, 2011).

Case study: Getting safe

Jennifer is in her 50s and has an ABI. Her husband, Allan, is very violent. The police identified that they were called out to the couple's home in relation to approximately 40 domestic violence incidents in the space of one year. However, Allan continues to deny that he has ever been violent towards Jennifer. He attributes her injuries to her alcoholism.

Jennifer and Allan used to pool their financial resources. Allan exploited this arrangement in order to take complete control of the couple's finances. He banned his wife from buying sanitary pads on the grounds that these were "too expensive". Allan would routinely leave the house with both of their bank cards, leaving Jennifer without money for food or medication. An ABI service offered to pay for Jennifer's medication. In the meantime, Allan used the couple's money to buy alcohol for himself.

Allan often had his friends staying over at the house that he and Jennifer owned. Jennifer objected to this arrangement, as her husband's friends would "stay for too long" and not contribute to the household expenses. In addition, they could be violent. On one occasion, Jennifer was at home talking to Allison, a female friend of hers. Allison had a broken leg and was using crutches. According to Jennifer, one of Allan's friends "started getting narky" at them, and she told him to get out of the house. In response to this, he took one of Allison's crutches and used it to beat Jennifer up.

An Advocate/Guardian was appointed to Jennifer's case. The Advocate/Guardian supported Jennifer in taking out an intervention order against her husband. The Advocate/Guardian has also linked her with a family violence organisation, disability services and a counsellor. Jennifer is now living in an SRS.

Issues raised

As discussed in this report, women with disabilities can face significant barriers when trying to leave violent relationships. However, this case study illustrates that, with access to the right support, suitable accommodation and an adequate legal response, women's rights to safety can be protected. The case study also highlights that Advocate/Guardians can play an important role in protecting women's rights to safety. In this instance, Jennifer's Advocate/Guardian assisted her in taking out an intervention order against her husband and also linked her in with appropriate support services.

Case study: We can't help that sort of person

Marjorie is an elderly woman who has dementia and is very frail. Marjorie's daughter, Jane, is physically and psychologically violent towards her. For Marjorie, the final straw occurred when Jane tried to break into her property at night. Jane smashed the windows and doors in her mother's house. As a result of Jane's behaviour, Marjorie struggled with panic attacks. She became unable to leave the house alone and suffered social isolation.

Following Jane's attack on her property, Marjorie moved out of her house. She is currently living in unsuitable accommodation and is too scared to return home. Marjorie's Advocate/Guardian tried to link her in with a domestic violence service. When the service found out that Marjorie has dementia, it said, "We can't help that sort of person".

Issues raised

Too often, women with disabilities encounter discrimination when trying to access essential services. It has been found that some service professionals can have negative attitudes towards women with disabilities. They may also lack knowledge and skills in the area of disability (Healey et al, 2008). In order to address this problem, it is crucial for service professionals to receive training in the area of disability. As OPA's research has emphasised, cross-sectoral collaboration between the disability, family violence and sexual assault sectors is also critical (Dillon, 2010).

There are several emerging areas of best practice that have arisen in response to the need to make essential services more accessible to women with disabilities. For example, Safe Futures Foundation has developed a refuge that provides a specialist response to women with diverse needs, including women with disabilities (Truman, 2013).

In addition, the Department of Human Services in Victoria has developed the Disability and Family Violence Crisis Response Initiative. This program can assist women who require specific disability-related support to access a family violence crisis accommodation response or to remain safely in their own homes (Hargrave, 2013).

Making Rights Reality is another example of emerging best practice. Making Rights Reality is a cross-sectoral program that aims to increase access to the criminal justice system for people with cognitive impairments or communication difficulties who have been sexually assaulted. The program can link clients in with crisis care, counselling, advocacy, legal information and advice and support through the justice process. Communication support, attendant care or transport is provided as needed to ensure clients have access to these services (South Eastern Centre Against Sexual Assault, 2013).

These three initiatives provide positive examples of the capacity of the disability, family violence and sexual assault sectors to proactively respond to the needs of women with disabilities who have experienced violence.

Conclusion

Violence was reported to be an issue for nearly half of the women whose files were reviewed for this paper. Some of these women had multiple perpetrators in their lives. Many of them experienced intimate partner violence, reflecting the experiences of women in the general population. However, the women also experienced violence at the hands of family members and acquaintances such as neighbours, for example. They suffered various forms of physical, psychological, financial and impairment-related violence.

Most of the women experienced more than one type of violence. For example, the reports of economic abuse were typically accompanied by reports of psychological violence such as the perpetrator deliberately seeking to socially isolate and control the woman.

The review also revealed that perpetrators can exploit women's disabilities in order to exert power and control over them. This highlights the intersectionality of gender-based and disability based violence (Frohman, 2011). The review confirmed one of the fundamental premises of the Voices Against Violence Research Project, which was that violence against women with disabilities is a pressing human rights issue that needs to be addressed by comprehensive, cross-sectoral prevention and intervention strategies.

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