Royal Commission into Family Violence

Submission by Women with Disabilities Victoria

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Women with Disabilities Victoria

Women with Disabilities Victoria 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.

We undertake 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 NDIS services, and safety from gender-based violence.

We have dedicated particular 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.' 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 (for the provision of information, advice and partnership) and for the Government (for consultation, representation on key reference groups, and input into foundational documents such as the Personal Safety Act (2010), 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).

Under Victoria's Plan to Address Violence Against Women and Children we were funded to pilot a ground breaking workforce development, prevention program in disability services. The Gender and Disability Workforce Development Program commenced in 2013 and the program evaluation will be completed in Augusts 2015.

In 2014 we published the Voices Against Violence research project with partners Office of the Public Advocate Victoria (OPA) and Domestic Violence Resource Centre Victoria. The seven papers of the project examined the intersecting forms of gendered and disability based violence experienced by women with disabilities. They include studies of literature, OPA files, legislation, and interviews with OPA staff and women with disabilities.

This submission draws on findings and recommendations from these projects, alongside our previous projects, work with other organisations and consultations with women with disabilities.

Intersectoral partnerships are central to our work, as such, we have made joint submissions to the Royal Commission with the No More Deaths Alliance (focusing on response) and the Women's Health Association of Victoria (regarding prevention).

Women with Disabilities Victoria members, associate members, board, staff and supporters

Introduction

Research shows that women with disabilities experience higher rates of violence over their lifetime, and for longer periods of time in comparison to their male counterparts and women in the general population, and at the hands of a greater number of perpetrators.[1]

Victoria's Royal Commission is tasked to address the alarmingly high rates of family violence experienced by Victorian women and children. Family violence is one of many forms of violence against women. This violence stems from a culture of inequality between women and men, adherence to rigid gender stereotypes and notions of male dominance, superiority and entitlement over women. Violence against women with disabilities is a result not only of this systemic gender-based discrimination against women but also of disability-based discrimination against people with disabilities. These intersect with other sources of power inequalities such as colonisation, ethnicity, citizenship status, sexuality, age and class. Combined forms of discrimination and power inequalities increase the risk of experiencing violence exponentially.

While our national understanding of family violence is increasing, we simultaneously have a rising awareness of 'disability abuse.' During 2015 we have seen a State parliamentary and a Senate committee inquiry into abuse in disability services. In addition, the Victorian Ombudsman is running an investigation, and COAG have commissioned a consultation on an NDIS Safeguarding and Quality Framework. Yet within the disability sector there is very little awareness of the gendered nature of violence against women, and in fact, family is resoundingly perceived as a positive support or 'natural safeguard' for women with disabilities. WDV has contributed to these consultations, calling for an increased understanding of violence against women, and gendered policies and practices which are equipped to prevent and respond to violence. For more information see 'Appendix 1, WDV Violence Position Statement.'

Victorian family violence governance structures, policies, codes and frameworks have developed to recognise the nature and risks of violence experienced by women with disabilities. There are many Victorians committed to addressing violence against women with disabilities, and in this submission we share some of the good practice examples running in isolated locations around the State. However, there is much ground to cover before the State of Victoria can say it **systemically** provides:

- violence prevention programs for people with disabilities
- programs which address men's attitudes towards women with disabilities
- gender sensitive, gender equitable disability services
- an environment where women with disabilities are believed and supported when they disclose violence
- family violence legislation recogning the settings women with disabilities call home
- equity before the law
- comprehensive risk assessment of disability issues
- accessible family violence response services
- safe, reasonable housing options
- or holds men who choose to use violence against women with disabilities to account.

In this submission Women with Disabilities Victoria (WDV) present a list of recommendations as first steps to improving family violence preventions and responses for women with disabilities.

[1] K. Hughes, M.A. Bellis et al, 2012, 'Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies,' Lancet; R. B. Hughes, E. M. Lund et al, 2011, 'Prevalence of Interpersonal Violence Against Community-living Adults with Disabilities: A Literature Review', *Rehabilitation Psychology*, 56, 4: 302-319; H. Khalifeh, L. Howard et al, 2013, 'Violence Against People With Disability in England and Wales: findings from a National Cross-Sectional Survey', *PLOS ONE*, 8,2; S-B. Plummer and P. Findley, 2012, 'Women with Disabilities' Experience with Physical and Sexual Abuse: Review of the Literature and Implications for the Field, *Trauma, Violence and Abuse*, 13, 1: 15-29; D. A. Brownridge, 2009, *Violence Against Women: Vulnerable Populations*, Routledge, New York.

List of recommendations

a. Prevention

Cross-Portfolio leadership

1. That the Victorian Government advocate for and resource a prevention framework that takes a society-wide approach and is addressed through a cross-portfolio policy.

Changing community attitudes to 'gender,' 'disability' and 'violence'

2. That the Victorian Government support the National Community Attitudes Survey on an ongoing basis.
3. That contracts for prevention work require representation of people with disabilities in development and delivery, and are tailored to reach girls, boys, women and men with disabilities.

Workforce development to prevent violence

4. That the Victorian Government continue to support and expand the Gender and Disability Workforce Development Program addressing gender inequity in disability services.

Increase economic participation of women with disabilities

5. That the Victorian Government set employment targets of people with disabilities, and that recruitment practices ensure representation of genders, disabilities, ethnicities, sexualities and geographic locations.
6. That the Victorian Government incentivise employment of people with disabilities in medium to large business with consideration for monitoring employment rates of people with disabilities in the private sector.

Increase social participation of women with disabilities

7. That the DHHS audit social inclusion indicators for gender and disability, and that deficiencies are addressed through strategies under the Victorian Disability State Plan.
8. That the Department of Education and Training ensure that girls and boys with disabilities receive prevention education in all schools, including in Special Developmental Schools.
9. That the Victorian Government make gender equity an organising principle across human services.
10. That the Victorian Government retain the Metro / Rural / Deaf Access program in Victoria and recommend to the Australian Government that the program be delivered across all Australian Local Government Areas.
11. That the Victorian Government ensure the retention of a disability advocacy program for women with disabilities in Victoria. In the transition to the National Disability Insurance Scheme, that the Victorian Government influence the National Disability Insurance Agency to resource women's support and gendered advocacy.
12. That the Victorian Government recognise the power of women's peer support groups and resource programs, including programs for women with disabilities.

Affordable housing for women with disabilities

13. That the Victorian Government support the creation of a National Affordable Housing Plan which includes targets to increase Universal Access (disability access) housing stock.
14. That the Australian Government provide capital funding for social housing that prioritises disability access and housing for women escaping violence**.**

Accessible housing for women with disabilities

15. That the Victorian Government advocate for minimum access features for all new and extensively modified housing.

b. Support for women with disabilities who experience violence

Respecting women with disabilities

16. That the Royal Commission recognise the strength, resilience, credibility and experiences of people with disabilities by:

- presenting their stories, using the words 'targeted' and 'at risk' rather than 'vulnerable'
- forming recommendations specific to women with disabilities as a high risk group
- running hearings and presenting reports so that they are accessible to people with disabilities.

Providing accessible information on family violence and family violence services

17. That the Victorian Government, as a matter of high priority, resource violence response services to provide information on laws and supports to women with disabilities. This information must be provided in a range of settings and formats, including face to face and to groups of women.

Child protection practices: reducing the repercussions of seeking support for family violence

18. That the Victorian Government, as a matter of high priority, commission an independent review of child protection, to form actions for due recognition of family violence, perpetrator accountability, and practices which do not discriminate against high risk women, such as women with disabilities, CALD and Aboriginal women.
19. That the Victorian Ombudsman investigate discriminatory child protection practices towards women with disabilities.

Risk assessment: including disability risk factors

20. That the Victorian government commission an evaluation of the CRAF, with particular regard to improving assessment and response of disability risk factors.
21. That the Victorian government continue funding face to face CRAF training, and that it is enshrined as a core competency for intake workers and case managers across human and health services.

Improving disability access to the family violence system

22. That the Victorian Government adequately invest in the state's specialist family violence system through a dedicated funding stream of its own, and that this funding is sufficient to increase capacity so equitable services are available to women from high risk groups, including women with disabilities.
23. That the Victorian Government integrate and coordinate findings from the Royal Commission with the Disability State Plan.
24. That DHHS resource family violence services to develop and implement Disability Action Plans.
25. That DHHS resource a workforce development program on responding to women with disabilities experiencing violence for agencies responding to men's violence against women. Such a program would be based on the model and evaluation findings of the WDV Gender and Disability Workforce Development prevention program.

Accessible refuge accommodation

26. That the Victorian Government guarantee that safe, Universal Access (disability access) crisis accommodation is available in each region, accompanied by resourcing for staff to receive disability training.
27. That the Victorian Government require refuges to demonstrate provision of reasonably accessible services in accordance with the Commonwealth Disability Discrimination Act (DDA), and where necessary, resource refuges to meet DDA standards.

Supporting safety and recovery

28. That the Victorian Government grow its investment in family violence intensive case management for Aboriginal women, women from other cultural backgrounds and women with disabilities.
29. That the Victorian Government prioritise securing an ongoing funding source for Safe at Home / Safe in the Community Outreach Programs.
30. That the Victorian Government continues to fund and expand women's family violence support groups which are inclusive of women with disabilities.

Disability supports in family violence crisis

31. That the Victorian Government ensure continuation of a Victorian Disability Family Violence Crisis Response, and that eligibility for the program is extended beyond the confines of the Victorian Disability Act.
32. That the Victorian Government influence the National Disability Insurance Agency to provide flexible packages that are responsive to people in transition and crisis.

33. That the Victorian Government commission a review of Victoria's Home and Community Care (HACC) service that makes recommendations on how HACC can support women experiencing family violence. This might include workforce development and service provision in crisis accommodation.

Sexual assault services for women with disabilities

34. That the Victorian Government commission a quality assured Statewide rollout of the Making Rights Reality program to provide sexual assault and legal support to people with cognitive and communication disabilities.

Effective police responses to women with disabilities experiencing family violence

35. That Victoria Police policies and codes on disability and violence against women (family violence and sexual assault) are developed in a coordinated, complementary manner. That Victoria Police ensure family violence case prioritisation does not in any way disadvantage women with disabilities.
36. That Victoria Police increase workforce development regarding gender and disability inequity
37. That Victoria Police increase the workforce participation in CRAF training and their practice use of the CRAF.
38. That Victoria's Office of the Public Advocate be funded to develop an advocacy and referral scheme for the Independent Third Person program. This scheme should provide holistic support to people who are at risk of having repeat contact with crime, including women with cognitive impairments and mental ill-health who have been victims of violence.

Suitable, accessible legal support

39. That Victorian Government work with other States and Territories to consider how Legal Aid can be equitably available to women with disabilities experiencing family violence through the National Partnership Agreement on Legal Assistance Services.
40. That the Victorian Government support innovative ways to provide specialised family violence legal assistance to women in high risk groups, such as those who are isolated geographically or by having a disability.

Safe, accessible courts

41. That the Magistrate's Court undertake a safety and disability access audit of their buildings, information and communication, and deliver a proposed budget of capital works to the Victorian Government to bring Courts to meet safety and access standards.
42. That the Department of Justice resources a Court Disability Quality Advisor who develops systemic policies, processes and protocols to make court buildings, information and communications accessible to people with disabilities.
43. That the next Department of Justice Disability Action Plan have a spotlight on violence against women and identifies steps for improvement.

c. Eliminating discrimination from legislation

44. That the Australian Government make legislative amendments regarding Family Law to uphold the rights of women and children to justice and safety from family violence.
45. That the findings and recommendations pertaining to legislative reform documented in 'Voices Against Violence *Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria'* be considered and responded to by the Attorney-General in consultation with the family violence stakeholders.
46. That the Victorian Government update the Family Violence Protection Act to include violence that occurs in disability and health settings where women and children with disabilities live.
47. That the Australian Law Reform Commission consider a nationally consistent family / domestic violence law which encompasses the central relationships and environments in which women, particularly women with disabilities, live.

d. Perpetrator accountability

48. That the Victorian Government provide funding to Men's Behaviour Change Programs to review what has been learned internationally about working with men with disabilities in the sexualized offender field, and for approaches to be adapted to the family violence field and piloted.
49. That No To Violence minimum standards are updated to specify how Men's Behaviour Change Program providers work with men with disabilities, and that the Victorian Government resource Men's Behaviour Change Programs to be accessible to men with disabilities.
50. That Men's Behaviour Change Programs are resourced to ensure people who run programs are provided with foundation studies on the range of tactics perpetrators can use against women with disabilities.
51. That DHHS facilitate roundtables to develop understanding of perpetrator accountability with disability sector stakeholders.

e. Coordination of government agencies and community services

Cross sector collaboration and development

52. That Victoria adopt the Prevention and Response governance structures presented to the Royal Commission by Domestic Violence Victoria and the Women's Health Association of Victoria. This structure imbeds representation of women with disabilities and other key stakeholders.
53. That the Victorian Government continue to consider and address the findings and recommendations of the Voices Against Violence Research Project for a whole of government response.
54. That the Victorian Family Violence Regional Integration Committees facilitate one cross-sectoral forum a year on addressing violence against women with disabilities.
55. That the Royal Commission take account of findings from the Inquiry into Abuse of People with Disabilities in Disability Care.
56. That findings from the Royal Commission into Family Violence inform the development of the next Disability State Plan, and the State of Victoria's input into the roll out of the NDIS, placing a gender lens over all of Victoria's inputs.

Standards

57. That DHHS review its Standards with a view to incorporate the Disability Minimum Standards to improve family violence responses to women with disabilities.

f. Research, evaluation and performance monitoring

Data

58. That the Victorian Government adopt a consistent and comprehensive approach to the collection of data on women with disabilities who experience violence. This approach should include the collection of data from relevant services, including 'incident reporting' from disability services.
59. That Victoria's Family Violence Index seek data on Applicants and Respondents with disabilities, and expand available sources.
60. That the Australian Bureau of Statistics explore appropriate methods for collecting data on violence experienced by women with disabilities who are not included in the Personal Safety Survey.

Research

61. That ANROWS undertake research to:
    - further explore what interventions are effective in preventing and addressing violence against women and girls with disabilities, including best-practice interventions with perpetrators who explicitly target women with disabilities,
    - examine violence against people with disabilities in various settings with a view to comparatively analysing the gendered pattern of violence against,
    - examine the extent of economic abuse of women with disabilities.

a. Prevention

Cross portfolio leadership

Despite the higher risks of experiencing family violence for women with disabilities, many mainstream prevention programs do not reach people with disabilities. Further, many human services are not both disability accessible *and* gendered violence responsive, and so, do not meet the requirements of women with disabilities who experience violence. Victoria needs a broad framework which addresses both gender inequity and its intersection with other forms of disadvantage such as disability discrimination.

Recommendation 1: That the Victorian Government advocate for and resource a prevention framework that takes a society-wide approach and is addressed through a cross-portfolio policy.

Changing community attitudes to 'disability', 'gender' and 'violence'

The Scope 1 in 4 Poll of 761 Australians with a disability found that negative attitudes towards disability were the single biggest cause of disadvantage.[2] The 2013 National Community Attitudes Survey (NCAS) into Australians' attitudes to violence against women found that only 41% of survey respondents recognised that women with disabilities face a greater risk of violence than other women.[3]

Whole community education campaigns about 'gender' and 'violence' need to be inclusive of the issues facing women with disabilities and people with disabilities. They need to counter prevailing negative cultural norms and stereotypes about 'disability' and other sources of discrimination as these feed men's sense of entitlement and superiority over women with disabilities. Programs tailored specifically for women with disabilities are also necessary.

Recommendation 2: That the Victorian Government support the National Community Attitudes Survey on an ongoing basis.
Recommendation 3: That State and National contracts for prevention work require: representation of people with disabilities in development and delivery, and are tailored to reach girls, boys, women and men with disabilities.

Workforce development to prevent violence

The need for violence prevention programs tailored for people with disabilities and the disability sector is well supported.[4][5][6][7] It is essential that such programs work with women with disabilities. It is also important that programs work with the disability workforce, due to the significance these workers and services have in our lives.

[2] Scope and Deakin University, 2012, 1 in 4 Poll.
[3] K. Webster et al, 2014. *Australians' attitudes to violence against women: Full technical report, Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS),* Victorian Health Promotion Foundation, Melbourne, Australia, p.1.
[4] Scope and Deakin University, 2012, 1 in 4 Poll.
[5] K. Webster et al, 2014. 'Australians' attitudes to violence against women: Full technical report, Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)', Victorian Health Promotion Foundation, Melbourne, Australia.
[6] L. Dowse, K. Soldatic, C. Frohmader, and G. van Toorn, 2013, 'Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia. Background Paper', Women with Disabilities Australia, Hobart.
[7] L. Healey, 2014, 'Voices Against Violence Paper 2: Current issues in understanding and responding to violence against women with disabilities,' WDV.

Good practice example in Workforce Development

The WDV Gender and Disability Workforce Development Program is designed to change culture across whole organisations, working with clients, staff, managers and executives. This aim is to improve gender equitable service delivery as a strategy for increasing women's well-being and reducing gender based violence. The package is co-delivered by women with disabilities and professionals from relevant sectors. Ongoing communities of practice within the pilot organisations support and sustain the project. WDV piloted all Program packages throughout 2014/2015 alongside an evaluation process to be completed in August 2015. See 'Appendix 2 G and D' for more information.

Participants' feedback: "I 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. Moving from managing one residential service to another has highlighted this for me."

"We lose insight of gender issues in 'individual person centred planning'. It needs to remain at the forefront." (Disability Service Manager)

"Now when we have conversations, we introduce concepts of gender; it's actually discussed as a point in decision making. There has been a shift in our conversations since the training." (Manager)

"It was confronting and informative." (Disability `Support Worker)

"It opened my eyes. It flicked a switch and made me more aware." (Disability Support Worker)

"Reaffirmed the amount of power we have over our clients and how we must be mindful (constantly) how we use it." (Disability Worker)[8]

Recommendation 4: That the Victorian Government continue to support and expand the Gender and Disability Workforce Development Program addressing gender inequity in disability services.

Increase economic participation of women with disabilities

Changing derogatory attitudes towards women is recognised as a prevention of violence against women. It is also important to recognise that raising the status of women is preventative, increasing social and economic inclusion. On all measures of social and economic participation (education, employment, income and home ownership) people with disabilities are on the margins of society. Despite the lack of disaggregated data, it is clear this is particularly so for women with disabilities, and even more so for Aboriginal and Torres Strait Islander women (see table overleaf). These women are more likely to live in poverty, have poor access to mainstream services and public resources, and be more exposed to violence.[9]

"Interventions need to be developed to empower women with disabilities to strengthen resilience through economic empowerment… and social empowerment"[10]

Recommendation 5: That the Victorian Government set employment targets of people with disabilities, and that recruitment practices ensure representation of genders, disabilities, ethnicities, sexualities and geographic locations.

Recommendation 6: That Victorian government incentivise employment of people with disabilities in medium to large business with consideration for monitoring employment rates of people with disabilities in the private sector.

[8] Written feedback from participant evaluation forms from Yooralla and Gateways managers and staff participating in WDV's Gender and Disability Workforce Development Program, 2014/2015.

[9] L. Healey, 2013, 'Voices Against Violence Paper 2: Current Issues in Understanding and Responding to Violence against Women with Disabilities', Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre, Melbourne.

[10] I. Van Der Heijden, 2014, 'What works to prevent violence against women with disabilities.' UK Department for International Development, London.

Measures of social and economic inclusion for people with disabilities	
People with Disabilities	**Women with disabilities**
Population	
Victorians with a disability represent around 18% of the population. Of Victoria's population of 5.4 million people in 2009, an estimated 1 million were people with a disability.[11]	The number of women with a disability is higher across all age ranges over 14 years. Prevalence of disability rises significantly after the age of 50 years, eg., from 20% in the 45–54 age group to more than 80% among people aged 85 years or over.[12]
Diversity	
Rates of disability are slightly higher among Aboriginal and CALD people, and people in remote and rural areas.[13]	In 2009, 8.9% of Aboriginal and Torres Strait Islander girls had a disability compared with 4.8% in the general population. In the 35–44 years age group, 29.0% of ATSI women had a disability compared with 12.5% in the general population.[14]
Employment	
An estimated 48% of Victorians aged 15 to 64 with a disability are employed, compared with 78% of people without a disability.[15]	44% of women with disabilities are in employment, compared 53% of men with disabilities.[16]
Education	
Victorians with a disability are likely to leave school earlier than others.[17]	No identified source of school leaving rates for women with disability.
Income and poverty	
In Australia more than half of people with disabilities live near or below the poverty line.[18] In 2009 the average income of Victorians with a disability was substantially lower than the income of people without a disability ($305 gross per week, compared with $593 gross per week).[19]	Women with disabilities are more likely than men with disabilities to be affected by poverty.[20]
Homelessness	
There is no reliable data for the rate of homelessness among Victorians with a disability because of the narrow criteria used to identify disabilities. *The National Homelessness Research Agenda*, however, found that the prevalence for homelessness is greater for Australians with a disability than the general population.[21]	WDV has not identified any sources for the rate of homelessness among Victorian women with a disability.
Housing	
National home ownership data indicates that an estimated 36% of people with a disability own homes with a mortgage, compared to 45% of people without a disability.[22]	WDV has not identified any sources for housing data available that disaggregates by gender and disability.[23]
Incarceration	
There is an over-representation of people with disabilities in the justice system. Eg, it is estimated that between 1.3 per cent and 2.5 per cent of Victoria's prison population have an intellectual disability.[24]	Up to 33% of female prisoners have cognitive impairments, such as an acquired brain injury.[25]
Safety	
The ABS state, "It is also likely that the Personal Safety Survey will under represent those with a profound or severe communication disability."[26] The survey was conducted in disability service settings or provide communication assistance.[27]	A recent Victorian study shows that almost 50% of female patients were sexually assaulted while in mental health units and more than 80 per cent lived in fear of being abused.[28]

[11] ABS (2011) *Disability, ageing and carers, Australia: state tables for Victoria: All persons, disability.*
[12] Victorian Government, 2012, 'Victorian State Disability Plan 2013–2016,' pp. 6–34, based on ABS 2009 data: 'Disability, Ageing and Carers, Victoria, the Census of Population and Housing 2006, the General Social Survey 2010 and Disability Australia 2009.'
[13] ABS (2010), Disability, Ageing and Carers, Australia: Summary of Findings.
[14] Australian Human Rights Commission (2014), Equality Before the Law. p13 – citing ABS (2009).
[15] ABS (2010), 'Persons aged 15–64 years, selected characteristics, by level of highest educational attainment', table 8, Survey of education, training and experience.
[16] Victorian Government, 'Victorian State Disability Plan 2013–2016', pp. 26–27.
[17] ABS (2010), 'Persons aged 15–64 years, selected characteristics, by level of highest educational attainment', table 8, Survey of education, training and experience.
[18] S. Young (2013), *Destroying the Joint: Why women have to change the world*,' edited by J. Caro, University of Queensland Press.
[19] ABS (2011), 'Persons aged 15 and over, living in households, household income quintiles and median gross personal income by age, carer status and disability status 2009'
[20] S. Young (2013), op. cit..
[21] Homelessness Australia cited in State of Victoria, 2011 cited in Inquiry Guidelines.
[22] Victorian Government, 2012, 'Victorian State Disability Plan 2013–2016'b pp. 6–34, based on ABS data: 'Disability, Ageing and Carers, Australia: State Tables for Victoria 2009, the Census of Population and Housing 2006, the General Social Survey 2010 and Disability Australia 2009.'
[23] 'Victorian State Disability Plan 2013–2016' op cit, based on ABS data: 'Disability, Ageing and Carers, Australia: State Tables for Victoria 2009, the Census of Population and Housing 2006, the General Social Survey 2010 and Disability Australia 2009.'
[24] Ibid p 24.
[25] Ibid p 24.
[26] ABS, Personal Safety Survey Australia (2012), Summary.
[27] Ibid.
[28] Victorian Mental Illness Awareness Council (2013), Zero Tolerance for Sexual Assault: A safe admission for women, VMIAC.

Increase social participation of women with disabilities

The Scope 1 in 4 Poll of 761 Australians with a disability found that 94% of surveyed respondents do not have their need for meaningful participation in their community met; 90% do not feel valued; 90% do not have their need for access to services met; and 91% do not have their need for social contact and support met.[29]

Women report that self-advocacy and peer support programs provide social inclusion opportunities that would not otherwise be available. Education programs are also important, and WDV hold that they should be peer led, so women can learn from one another and to further raise the status of women with disabilities. Following are good practice examples of empowerment and education programs which increase the social status and inclusion of women with disabilities.

Good practice in empowerment

Women with Disabilities Victoria's Enabling Women is a leadership program for women with disabilities funded through the Portland House Foundation. Enabling Women provides training for women with disabilities to become leaders of change within their communities. It is primarily based in local areas so women can establish links with local groups and other women. The 8 two hour facilitated modules cover topics including the social model of disability, self-identity, human rights and advocacy. The program is run in plain English with Easy English materials. The program has delivered some exciting results, with graduates moving into advocacy roles and employment.

Participants' feedback:

"I felt included, it made us feel important and valued and respected"

"My voice will be louder, it has given me more confidence to speak out, I'll be more vocal around non-disabled people, I have growing leadership skills"

Good practice in peer education

The Living Safer Sexual Lives program is an example of primary violence prevention in which people with an intellectual disability learn about sexuality, rights in relationships, respectful and safe relationships, gender-based violence in relationships, violence prevention, sexual assault and accessing supports and services. It has now developed into a community-based, cross-sectoral educational program. It uses a 'train the trainer' approach so that people with intellectual disabilities are trained to become peer educators working with co-facilitators who are people working in disability, sexual health or educational services.[30]

Good practice in self advocacy groups

The Self Advocacy Resource Unit has fostered numerous self advocacy groups. SARU has proven to build empowering connections and a political voice people such as parents with intellectual disabilities, people with Acquired Brain Injuries and Deaf-blind people.

Good practice in systemic advocacy

WDV has grown as a membership organisation which employs primarily women with disabilities to undertake systemic advocacy. WDV has a demonstrated a commitment to its gendered priority areas to influenced policy and programs.

SARU and WDV receive core funding through DHHS Disability, this is jeopardised under in the transition to the NDIS.

[29] Scope and Deakin University, 2012, 1 in 4 Poll.

[30] P. Frawley, C. Barrett and S. Dyson, 2012, 'Real People – Core Business. Living safer sexual lives: Respectful Relationships. Report on the development and implementation of a peer led violence and abuse Prevention Program for People with Intellectual Disabilities,' Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

Good practice in social inclusion

Victoria's Local Governments host the Metro / Rural / Deaf Access program. This community building program develops community connections. It sits within Local Government structures to promote disability access in local services and involve people with disabilities in project governance and council business. Program funding is jeopardised in Victoria's transition to NDIS funding.

CASE STUDY: A woman with a disability applying for an Intervention Order was not connected to any local services. This isolation increased the impact of the violence she experienced. The Applicant Support Worker was able to link the woman to local groups and volunteer communities through the local Metro Access Officer.[31]

"[My Metro Access Officer] holds meetings and consultations so I can have a say in local developments."

"Belonging is about building your local networks. If you have people around you, you feel safer."[32]

Good practice in tailored school programs

Sexual Assault Prevention Program in Secondary **Schools** (SAPPSS) focuses on creating partnerships between CASAs and secondary schools to work towards positive change within school communities and incorporate sexual assault prevention into curriculum. Since late 2012, Barwon Centres Against Sexual Assault (CASA) has worked with Nelson Park Special Developmental School in Geelong to implement SAPPSS within their school. Together, they tailored the program to meet the learning requirements of students with disabilities.

Recommendation 7: That DHHS audit social inclusion indicators for gender and disability, and that deficiencies are addressed through strategies under the Victorian Disability State Plan.
Recommendation 8: That the Department of Education and Training ensure that girls and boys with disabilities receive prevention education in all schools, including in Special Developmental Schools.
Recommendation 9: That the Victorian Government make gender equity an organising principle across human services.
Recommendation 10: That the Victorian Government retain the Metro / Rural / Deaf Access program in Victoria and recommend to the Australian Government that the program be delivered across all Australian Local Government Areas.
Recommendation 11: That the Victorian Government ensure the retention of a disability advocacy program for women with disabilities in Victoria. In the transition to the National Disability Insurance Scheme, that the Victorian Government influence the National Disability Insurance Agency to resource women's support and gendered advocacy.
Recommendation 12: That the Victorian Government recognise the power of women's peer suppor groups and resource programs, including programs for women with disabilities.

[31] Case study supplied by Sunshine Magistrate's Court's Applicant Support Worker, 2013.
[32] Responses to WDV's Social Inclusion consultation, 2014.

Affordable housing for women with disabilities

Housing choices can prevent family violence. Women with disabilities who have physical access requirements and/or lower incomes have reduced housing options. This issue is starkly evident at the response end of the family violence system where refuges report that while it is difficult to find exit options for women leaving refuge, this is more so for women and children with disabilities. Without any other options, women are moved into expensive hotels, rooming houses and supported residential services which are often unsuitable and unsafe. Further, the lack of exit options is a deterrent for refuges to accommodate women with disabilities.

Anglicare's Rental Affordability Snapshot (30 April 2015) shows less than two per-cent of Australian rental properties are affordable for people with disability. In metropolitan areas the situation is even worse, with just 51 of 51,357 Australian properties affordable for people on the Disability Support Pension (DSP).[33]

Most of these affordable properties are inaccessible for people with disabilities. Many will also not be near accessible transport, employment opportunities and services. Additionally, seeking affordable housing often means moving away from friends and supports and becoming isolated.

Women with Disabilities Victoria and many other Disabled Persons Organisations such as People with Disabilities Australia, support Anglicare's recommendation for a National Affordable Housing Plan.[34] Victoria has agreed to the National Disability Strategy (NDS), the action plan to achieve the inclusion and full participation of people with disability in all areas of community life.

Recommendations 13: That the Victorian Government support the creation of a National Affordable Housing Plan which includes targets to increase Universal Access (disability access) housing stock.
Recommendation 14: That the Australian Government provide capital funding for social housing that prioritises disability access and housing for women escaping violence.

Accessible accommodation for women with disabilities

Women with Disabilities Victoria join over 75 other organisations and individuals in support of Australian Network on Universal Housing Design's (ANUHD) call for minimum access features to be included in the National Construction Code for all new and extensively modified housing. These features are:

1. An **accessible path of travel** from the street or parking area **to and within** the entry level of a dwelling.
2. Doors, corridors and living spaces that allow **ease of access for most people on the entry level**.
3. **A bathroom, shower and toilet that can be used by most people**, with reinforced wall areas for grab-rails at a later date.[35]

CASE STUDY: [redacted] had left the perpetrator and was trying to get emergency housing, but returned home due to a lack of housing options. He was so violent that he was eventually jailed.[36]

Recommendation 15: That the Victorian Government advocate for minimum access features for all new and extensively modified housing.

[33] People with Disabilities Australia, 'Snapshot a wake-up call on affordable, accessible housing.' PWD. 30th April, 2015.
[34] Anglicare, '2015 Rental Affordability Snapshot.' Anglicare. 2015.
[35] Australian Network on Universal Housing Design and Rights and Inclusion Australia, 'Call for minimum access features Position Statement.' ANUHD, 11th March, 2015.
[36] D. Woodlock, D. Western, P. Bailey, 'Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,' WDV, Melbourne, 2014.

b. Support for women with disabilities who experience violence

Respecting women with disabilities

Perpetrators may perceive women with disabilities as being easy targets because of stereotypical attitudes about women with disabilities. Women with disabilities are variously stereotyped as, for example, incompetent, voiceless, hypersexualised or inherently vulnerable. Perpetrators may target women because there are low rates of detection and it might be easier to isolate women with disabilities in the privacy of their homes where they are dependent on them for assistance.[37]

These stereotypes often become overwhelming barriers when women attempt to seek help. They are seen as not being credible witnesses or are not listened to when they make disclosures.

"...as my 'carer' they'd look to him, oh, and he'd discredit me and then they'd not believe what I'd say. And 'oh, she's just making this up'. The whole community could not believe that this person could do this. It makes it so much harder for the victim to voice something 'cause they know nobody's going to believe them!" [redacted][38]

Recommendation 16: That the Royal Commission recognise the strength, resilience, credibility and experiences of people with disabilities by:

- presenting their stories, using the words 'targeted' and 'at risk' rather than 'vulnerable'
- forming recommendations specific to women with disabilities as a high risk group
- running hearings and presenting reports so that they are accessible to people with disabilities.

Providing accessible family violence and service information

Women often do not identify that what they are experiencing is violence. We found through our research that a lifetime of cumulative discrimination and demeaning experiences can result in some women seeing their experiences of violence as to be expected and something that they have to live with. Women in our research spoke of perpetrators reinforcing this idea by telling them they deserved the violence they were experiencing. There are also limited options for women to learn about violence and where they should go for help.[39]

Good practice examples of accessible information

The Tell Someone website provides family violence information and videos for people with a mild intellectual disability and for the community. It was developed by one of the Victorian integrated family violence regional networks (the Southern Integrated Family Violence Executive) in 2011. See http://www.tellsomeone.org.au/ .

The Victorian Victim Support Agency developed Easy English materials for victims of crime.

These resources were developed in consultation with people with disabilities and disability services.

Recommendation 17: That the Victorian Government, as a matter of high priority, resource violence response services to provide information on laws and supports to women with disabilities. This information must be provided in a range of settings and formats, including face to face and to groups of women.

[37] Woodlock Delanie, Healey Lucy, Howe Keran, McGuire Magdalena, et al. 2014, 'Voices Against Violence Paper One: Summary Report and Recommendations.' Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.
[38] D. Woodlock, D. Western, P. Bailey, 'Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,' WDV, Melbourne, 2014.
[39] Woodlock Delanie, Healey Lucy, Howe Keran, McGuire Magdalena, et al. 2014, 'Voices Against Violence Paper One: Summary Report and Recommendations.' Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.

Child protection practice: Reducing the repercussions of seeking support

Like many women experiencing violence, women with disabilities are fearful of telling anyone about what is happening to them. Women fear the violence escalating, having their children harmed and being killed. However, women with disabilities have additional fears.

A dominant fear for women in our research was that their children would be removed if they told anyone about the violence. These fears are often realised. For interviewees in our research, children were sometimes placed in the custody of a violent partner without a disability. Women felt they were being punished because of their disabilities.

"To go on took a lot of faith and courage, it hadn't worked before. I had been threatened by my dad that if I said anything, I would be put in a home and this was etched in my mind." [redacted][40]

Women in the Voices Against Violence research spoke of being threatened with institutionalisation. Women spoke of not be believed, particularly if the perpetrator was a care provider. They described being made to feel that they should be grateful to anyone who was providing care for them.[41]

The combination of disability and racial discrimination often compounded the experience of violence for Aboriginal women. Aboriginal women with disabilities experience an intersection of discriminating responses, including inadequate support services, having children removed and having the perpetrator placed in police custody.[42]

Research findings on mothers with disabilities:

An Australian study of custody cases before the NSW Children's Court found that 1 in 10 cases involved a parent with cognitive disability (McConnell, Llewellyn, & Ferronato, 2002). An examination of court outcomes in the U.S. found that in spite of greater compliance with court orders, parents with cognitive disabilities had their children removed more often than parents without disabilities (Collentine, 2005). Preston (2012. p. 35) writes that even when there is a lack of any evidence for abuse of neglect, expectations that children will eventually be maltreated have contributed to children being removed from parents". Booth and Booth (1993) argue that much of the perceived parenting difficulties experienced by parents with disabilities are most likely to be due to social and economic factors such as poverty, inadequate housing, and social isolation rather than due to their disabilities. A study conducted with mothers who have disabilities reported that almost all the mothers in the research spoke of living in constant fear that they could be reported to child protection (Conley-Jung & Olki, 2001).

Recommendation 18: That the Victorian Government, as a matter of high priority, commission an independent review of child protection, to form actions for due recognition of family violence, perpetrator accountability, and practices which do not discriminate against high risk women, such as women with disabilities, CALD and Aboriginal women.

Recommendation 19: That the Victorian Ombudsman investigate discriminatory child protection practices towards women with disabilities.

Risk assessment: including disability risk factors

Victoria's Family Violence Common Risk Assessment Framework (CRAF) is a well designed, credible, evidence based tool for developing a shared understanding of family violence risk factors and assessing them on an individual basis. However there are opportunities to develop and further imbed CRAF and CRAF training to increase its effectiveness.

[40] D. Woodlock, D. Western, P. Bailey, 'Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,' WDV, Melbourne, 2014.

[41] D. Woodlock Delanie, L. Healey, K. Howe, M. McGuire, et al. 2014, 'Voices Against Violence Paper One: Summary Report and Recommendations.' Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.

[42] Ibid.

Family violence services report that the CRAF cannot adequately detect the breadth of risk factors experienced by women with disabilities. Women we interviewed explained that perpetrators have tactics to use impairment-based-violence to gain power. This can be by 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.[43] The lack of disability indicators in CRAF was recognised by DHHS when developing a disability crisis fund, they found it was necessary to create an informal Supplementary Disability CRAF template.

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.

Within disability and mental health services family violence is often not detected, but instead perceived as 'carer burnout.' This is alarming when we consider the documented high rates of violence experienced by women with disabilities. The CRAF is the ideal tool to resource for intake workers and case managers to recognise family violence, the urgency of a response required and the language to make effective referrals.

Recommendation 20: That the Victorian government commission an evaluation of the CRAF, with particular regard to improving assessment and response of disability risk factors.
Recommendation 21: That the Victorian government continue funding face to face CRAF training, and that it is enshrined as a core competency for intake workers and case managers across human and health services.

Improving disability access to the family violence system

Victoria is privileged to have specialist family violence response system that is world class - sophisticated, trauma informed, person centred. These are the most qualified services to work with ***all*** women and children experiencing family violence.

Women with disabilities face multiple barriers to accessing our family violence services. This is even more so for women with significant disabilities (such as having little or no speech, profound cognitive impairments or multiple physical disabilities) who are at even higher risk of violence. These barriers can be largely overcome through developing communication methods.

A small number of services have developed Disability Action Plans (DAPs) but have met resourcing challenges in prioritsing implementation of these plans. DAPs are demonstrated to be an effective tool for services to identify and address disability access barriers and to comply with the Disability Discrimination Act.

Recommendation 22: That the Victorian Government adequately invest in the state's specialist family violence system through a dedicated funding stream of its own, and that this funding is sufficient to increase capacity so equitable services are available to women from high risk groups, including women with disabilities.
Recommendation 23: That the Victorian Government integrate and coordinate findings from the Royal Commission with the Disability State Plan.
Recommendation 24: That DHHS resource family violence services to develop and implement Disability Action Plans.
Recommendation 25: That DHHS resource a workforce development program on responding to women with disabilities experiencing violence for agencies responding to men's violence against women. Such a program would be based on the model and evaluation findings of the WDV Gender and Disability Workforce Development prevention program.

[43] D. Woodlock, D. Western, P. Bailey, 'Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,' WDV, Melbourne, 2014.

Accessible refuge accommodation

WDV acknowledge the good work being done by DHHS to audit and, when opportunities arise, improve refuge accommodation access for women and children with disabilities. Quality improvement and accreditation in themselves have not proven to progress disability access to violence response services. Leadership and resourcing is required to fast track this process so that there is crisis accommodation available to women with disabilities across Victoria.

While chance has enabled a handful of Universal Access refuges to be built, it is difficult to monitor how many women and children with disabilities are able to be accommodated in them. It has been disappointing to learn that women with disabilities are **not** accommodated in at least one of these accessible refuges.

"I manage a refuge, and in my region there is no family violence accommodation for women with physical disabilities."[redacted][44]

Good practice example of an accessible refuge model

A small number of refuges were granted to build dispersed refuge accommodation designed to be Universally Accessible for people with disabilities. WAYSS Ltd and Safe Futures Foundation manage such units in suburban Melbourne, and demonstrate that this model can suit women and children with disabilities when matched with affirmative intake and support practices.

Recommendation 26: That the Victorian Government guarantee that safe, Universal Access (disability access) crisis accommodation is available in each region, accompanied by resourcing for staff to receive disability training.
Recommendation 27: That the Victorian Government require refuges to demonstrate provision of reasonably accessible services in accordance with the Commonwealth Disability Discrimination Act, and where necessary, resource refuges to meet DDA standards.

Intensive case management for women from high risk groups

In 2007, DHHS found Intensive case management (ICM) is suitable for women requiring additional support to be safe from violence.[45] ICM is funded for longer support periods than regular case management, reducing the risk of women returning to violence. ICM allows workers to build and share expertise in disability and cultural factors. Soon after ICM was funded the sector became swamped in referrals, and the resourcing has become overstretched.

Recommendation 28: That the Victorian Government grow its investment in family violence intensive case management for Aboriginal women, CALD women and women with disabilities.

Outreach and Safe at Home programs

Domestic Violence Victoria report that: "The National Partnership Agreement on Homelessness (NPAH) has provided $209.7 million in additional State and National Government funding in Victoria since 2009. In both homelessness and family violence services, this funding has been critical in establishing innovative programs that pave the way for the future reform required to meet the ambitious target of halving homelessness by 2020." Most significantly, the Safe At Home program which supports the safety of women and children to remain in their own homes – an essential option for women with disabilities who may rely on local infrastructure, services or house adaptations. There is continuous uncertainty about the future of this critical funding. Reliable resourcing for outreach and Safe at Home / Safe in the Community programs is of the highest priority for women with disabilities who, as described above, have extreme barriers to 'going to' the system. These services are ideal as they come to the woman.

[44] Refuge manager speaking at a DV Vic consultation on refuge accommodation, May, 2015.
[45] Thomson Goodall Associates, 2007, 'Report to DHS: Intensive Case Management data collection and analysis project final report,' Department of Human Services Victoria.

Case study: [redacted] has lived her whole life with her parents. For over 40 years they have belittled her on the grounds of her intellectual disability. [redacted] was referred to a family violence service provided outreach. Meeting with her over many weeks, the worker, [redacted] built [redacted]'s trust and develop communication skills to work with [redacted] who has very little speech. [redacted] was the only person in [redacted]'s life to hear about the horrific violence she experiences on a daily basis, and to tell [redacted] that the violence is not her fault, that no one deserves to be treated like that. [redacted] is building [redacted]s confidence and support systems. [redacted] was in no position to attend a family violence service, and currently has no alternative living arrangements. However, over time, R[redacted] may be able to arrange these. The Safe at Home Program is the only program which is equipped to support [redacted][46]

Recommendations 29: That the Victorian Government prioritise securing an ongoing funding source for Safe at Home / Safe in the Community Outreach Programs.

Support groups for women who have experienced violence

Support groups are a vital support option for and community connection for women who have experienced violence.[47] Funding should be prioritised to ensure that women with disabilities can share their experiences with each other in a safe and supportive setting. This funding extends to ensuring that appropriately trained facilitators can support women in their group work.

Recommendation 30: That the Victorian Government continues to fund and expand women's family violence support groups which are inclusive of women with disabilities.

Disability support for women in family violence crisis

With a change of living arrangements often comes a change of disability support requirements. For example, a woman's partner may have provided supports, or she may need orientation to a new environment. Disability (and many health) services are not designed to respond quickly to changes in support needs, and so are not able to support women and children escaping family violence.

Barriers include disability services requiring women to have a fixed address, or requiring changes to support packages to go through a long approval process. Consequently, women leaving violence may be unable to shower, toilet, or take their children to school. Clearly, this is an enormous barrier for women to leave violence.

"Well they [the family violence service] did admit to me that they very rarely get people with disabilities coming to them so they said that for them it was like a whole learning curve, but, I mean, they put a lot of effort in. She actually rang me up one day and she said 'you weren't kidding were you, about disability organisations not willing to help you!' And she said 'I have been trying and trying and trying...'" [redacted][48]

Good practice in disability support provision in crisis

The DHHS Disability Family Violence Crisis Initiative assists women and children with a disability who require disability support to access a family violence crisis services in the short term. This program was positively evaluated and has proven effective.[49] Those eligible meet the limited Disability Act definition of disability and can receive supports for up to 12 weeks.[50] Funding is seriously jeopardized with Victoria's transition to the NDIS. If this fund was moved to the NDIS, there are significant concerns that it would be lost in a national system.

[46] Case study provided by a Victorian Safe at Home program, 2013.
[47] L. Healy, 'Researching the Gaps: The needs of women who have experienced long-term domestic violence A research report prepared for Mornington Peninsula Domestic Violence Service Good Shepherd Youth and Family Service.' Borderlands Cooperative, 2009.
[48] D. Woodlock, D. Western, P. Bailey, 'Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,' WDV, Melbourne, 2014.
[49] Red Bee Consulting, 2012, 'Evaluation of the DFVCRI Pilot', unpublished.
[50] DHHS Disability Family Violence Crisis Response Initiative online information.

Disability & Family Violence Initiative use: July 2014 – 30 April 2015[51]	
No. of Referrals	50
Committed funds	$220K
Type of Disability	Intellectual disability 24 Autism 6 Acquired Brian Injury 6 ID & Autism 6 Other 8
Woman or child	Woman 31 Child 19
Type of request	Emergency Housing & Personal care 5 Emergency Housing 10 Personal care 21 Equipment 9 Other 5
Secondary consultations	40

Recommendation 31: That the Victorian Government ensure continuation of a Victorian Disability Family Violence Crisis Response, and that eligibility for the program is extended beyond the confines of the Victorian Disability Act.
Recommendation 32: That the Victorian Government influence the National Disability Insurance to provide flexible packages that are responsive to people in transition and crisis.
Recommendation 33: That the Victorian Government commission a review of Victoria's Home and Community Care (HACC) service that makes recommendations on how HACC will provide service to women experiencing family violence, this might include workforce development and service provision in crisis accomodation.

Sexual assault services for women with disabilities

Victoria receives an outstanding level of professional, evidence based and specialised service from our Centres Against Sexual Assault. There is much evidence that women with disabilities experience higher rates of sexual assault than other women, and that systemically, more needs to be done for these women to receive support, safety and justice.[52]

20 women with disabilities were interviewed in the Voices Against Violence research. A small number of women sought help from women's Centres Against Sexual Assault (CASA) and spoke highly of the support they received.[53]

Good practice in coordinated sexual assault and legal services for women with disabilities
Making Rights Reality enhances existing services for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties. South East Centre Against Sexual Assault and Springvale Monash Community Legal Centre enhance existing services to maximise disability access. The project website shares Easy English materials for victims. It was positively evaluated in 2014.[54]

Recommendation34: That the Victorian Government commission a quality assured Statewide rollout of the Making Rights Reality program to provide sexual assault and legal support to people with cognitive and communication disabilities.

[51] Disability & Family Violence Initiative, Client Support Services, Client Outcomes and Service Improvement Department of Health and Human Services, interim DFVCRI data. DHHS, Road Box Hill, 5th May 2015.
[52] M. Camilleri, 2009, '[Dis]Abled Justice: Why reports of sexual assault made by adults with cognitive impairment fail to proceed through the justice system,' PhD thesis, School of Education, University of Ballarat; and Victorian Equal Opportunity Human Rights Commission, 2014, *Beyond doubt: The experiences of people with disabilities reporting crime – Research findings*, State of Victoria, Melbourne. The Office of the Public Advocate's Community Visitors annual reports indicate that serious incidents are not always recorded let alone reported.
[53] D. Woodlock, D. Western, P. Bailey, 'Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,' WDV, Melbourne, 2014.
[54] P. Frawley, 'Making Rights Reality: Final Evaluation Report.' La Trobe University, 2014.

Effective police responses to women with disabilities experiencing violence

Since 2004 Victoria Police have played an important - and often leading role - in the state's family violence reforms. WDV believe it is important that this role is maintained, and that police connections with the family violence sector continue to evolve.

Victoria Police have signalled a commitment to improving responses to people with disabilities, accepting all relevant recommendations of the Victorian Equal Opportunity and Human Rights Commission report, 'Beyond Doubt,' including developing a Disability Action Plan.[55] This police work, and their growing connections with disability sector stakeholders, are to be congratulated. It is important that this work, in the Priority Communities units, is connected with work in family violence and sexual assault units. Otherwise there is a significant risk that developments of responses to violence against women, for example, stratifying family violence referrals, would disadvantage women with disabilities.

The Voices Against Violence research highlighted that women with disabilities have mixed experiences when reporting violence to the police. Several women felt they were not taken seriously. The most disadvantaged group of women were those who communicate non-verbally. The research also found that women sometimes presented to the police as alleged offenders. In some cases, women's offending behaviour was directly related to the violence they had experienced. Other women found police were supportive and considerate.[56]

Key finding: Reports from Office of the Public Advocate spoke highly of police who worked in Sexual Offences and Child Abuse Investigation Team (SOCIT) units.[57]

The Office of the Public Advocate's Independent Third Person (ITP) program is in a unique position to provide targeted referrals and support to women with disabilities who present before the police. Currently, the program is underutilised for victim support. It also does not have the capacity to follow up on clients' needs after the police interview has concluded. The ITPs inability to make referrals limits the ITP program.[58]

Recommendations 35: That Victoria Police policies and codes on disability and violence against women (family violence and sexual assault) are developed in a coordinated, complementary manner. That Victoria Police ensure family violence case prioritisation does not in any way disadvantage women with disabilities.
Recommendation 36: That Victoria Police increase workforce development regarding gender and disability inequity
Recommendations 37: That Victoria Police increase the workforce participation in CRAF training and their practice use of the CRAF.
Recommendation 38: That Victoria's Office of the Public Advocate be funded to develop an advocacy and referral scheme for the Independent Third Person program. This scheme should provide holistic support to people who are at risk of having repeat contact with crime, including women with cognitive impairments and mental ill-health who have been victims of violence.

[55] Victorian Equal Opportunity and Human Rights Commission, **'**Beyond doubt: The experiences of people with disabilities reporting crime**,'** VEOHRC, Melbourne, 2014.
[56] D. Woodlock Delanie, L. Healey, K. Howe, M. McGuire, et al. 2014, 'Voices Against Violence Paper One: Summary Report and Recommendations.' Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.
[57] Ibid
[58] M. McGuire, 'Voices Against Violence Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate.' Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.

Suitable, accessible legal supports

"A legal aid framework exists to allow all Australians an elementary right of access to legal advice and services, so as to satisfy the premise that all are equal before the law."[59] However, the cost of private legal representation (which can be between $300 and $600 per hour, omitting administration fees) is prohibitive for low to middle income earners. For women with disabilities experiencing violence (on low incomes, who are mothers, who are living on pensions), Legal Aid funded representation is an essential option to escaping violence.

Recent policy decisions to limit eligibility for legal aid drastically restrict women's access to legal representation and lead to further expenditure as court time is wasted, disputes are not resolved, and domestic violence is more likely to continue with its associated costs. This is a current reality for many women and children who are ineligible for Legal Aid. Additionally, there are few Community Legal Centres specialising in domestic violence, those who do are relying on philanthropic funding to address systemic legal access barriers.[60]

Good practice example in specialised outreach legal assistance
Women's Legal Service Victoria provides a service to rural, remote and regional women via Skype.

Recommendation 39: That Victorian Government work with other States and Territories to consider how Legal Aid can be equitably available to women with disabilities experiencing family violence through the National Partnership Agreement on Legal Assistance Services.
Recommendation 40: That the Victorian Government support innovative ways to provide specialised family violence legal assistance to women in high risk groups, such as those who are isolated geographically or by having a disability.

Safe, accessible courts

Victoria's Courts struggle to meet demand for family violence hearings, and in such circumstances, women with disabilities are particularly disadvantaged. Applicant and Respondent Workers can improve equity in the courts, and it is extremely positive to see this program expanded.

The Voices Against Violence research found there were numerous issues with the physical access and layout of courts. Women described the humiliation of having to get out of their wheelchair to climb steps up to the witness stand and having to negotiate their wheelchairs around where the perpetrator was sitting.[61] Women with hearing impairments often have to have important conversations in noisy court environments, and there are reports that Auslan interpreters are not always provided when required.

"I found they [court workers] were as supportive as they could be… It was more the system that prevented them or myself accessing other things.

I found the actual physical accessibility to the courts… was horrible! I had to ride past [redacted] [the man who raped her], nearly running over his feet because there wasn't enough space between the chairs to get to the witness stand. It's bad enough having to go to court as it is, without trying to meander through this and knocking that chair, knocking that chair and then you're faced with steps, either that or you sit there, feeling naked because there's nothing around you in your wheelchair. It disempowered me going in to that court. Steps up to the witness stand!

And that was the big beef I had with the court system. Given the amount of cases they must hear every day and the number of re-vamps they've done and renovations they've obviously not taken disability in to consideration within the court." [redacted][62]

[59] Parliament of Australia, 2013, 'Budget Review: Index.'
[60] Women's Legal Service Victoria, 2013, 'Access to Justice Arrangements' submission to the Australian Productivity Commission Inquiry.
[61] D. Woodlock Delanie, L. Healey, K. Howe, M. McGuire, et al. 2014, 'Voices Against Violence Paper One: Summary Report and Recommendations.' Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.
[62] D. Woodlock, D. Western, P. Bailey, 'Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,' WDV, Melbourne, 2014.

Recommendation 41: That the Magistrate's Court undertake a safety and disability access audit of their buildings, information and communication, and deliver a proposed budget of capital works to the Victorian Government to bring courts to meet safety and access standards.
Recommendation 42: That the Department of Justice resources a Court Disability Quality Advisor who develops systemic policies, processes and protocols to make court buildings, information and communications accessible.
Recommendation 43: That the next Department of Justice Disability Action Plan have a spotlight on violence against women response services and identifies steps for improvement to disability access.

c. Eliminating discrimination from legislation

Family Law

In 2012 The Australian Law Reform Commission indicated serious contradictions between Commonwealth Family Laws and state Domestic Violence Laws, gaps that undermine intervention orders and risk the safety of women and children.[63] The Voices Against Violence Legislative Review found that these contradictions had negative impacts on women with disabilities.[64] A fuller analysis of these issues are documented in the Office of the Public Advocate Paper on Family Law and people with disability.[65]

Case study

Three children are spending time with their father with orders from the Family Court. During access the father is abusing the children, using severe corporal punishment and grooming them sexually. The eldest of the three girls is a young teenager with a significant intellectual disability. She disclosed the violence to police but was not believed. A 3 week intervention order was taken out against the father. The Magistrate says they cannot do anything more long term to override the family court order. The mother has a pending application for legal aid funding. [66]

Recommendation 44: That the Australian Government make legislative amendments regarding family law to uphold the rights of women and children to justice and safety from family violence.

Evidence Act

Prejudicial assessments are commonly made about the competency, reliability and credibility of women with disabilities, which consequently diminishes the weight of their evidence.[67]

Recommendation 45: That the findings and recommendations pertaining to legislative reform documented in 'Voices Against Violence *Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria'* be considered and responded to by the Attorney-General in consultation with the family violence stakeholders.

[63] Australian Law Reform Commission, 2012, 'Family Violence - Improving Legal Frameworks: Final Report.'
[64] G. Dimopoulos, 2014, 'Voices Against Violence paper 3: A review of the Legislative Protections available to Women with disabilities who have experienced violence in Victoria,' WDV.
[65] Office of the Public Advocate, 'Whatever happened to the village? The removal of children from parents with a disability Report 1: Family law – the hidden issues.' Dec 2013.
[66] Case study provided by EDVOS, 2013.
[67] D. Woodlock Delanie, L. Healey, K. Howe, M. McGuire, et al. 2014, 'Voices Against Violence Paper One: Summary Report and Recommendations.' Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2014.

Family Violence Protection Act

The Victorian jurisdiction recognises that some forms of disability-based violence may constitute family violence as defined in the *Family Violence Protection Act, 2008*. Victoria has recognised the possibility that people in 'family like relationships' (such as carers providing intimate care in an ongoing relationship) might be perpetrators of family violence.

Women with disabilities live in a broad range of settings. The violence they experience where they live is family violence – whether it be in Supported Residential Settings, rooming houses, Community Residential Units, respite, nursing homes or mental health facilities. See Appendix 3 Disability Settings for more information.

Case study of systematic violence against a woman living in a disability service

The charges against Kumar related to sexual assaults that occurred when he was assisting 'Kimberly' with toileting. He threatened her with harm if she disclosed what had happened. He systematically discredited Kimberly to other staff. She lived in fear of him.[68]

Importantly, the violence experienced in these environments does (but not always) include patterns of power and control. For women experiencing this violence to receive appropriate responses, this violence must be recognised as domestic violence to adequately identify the impacts, risks, safety planning needs and other support requirements. Victoria's Family Violence Protection Act should be broadened to recognise that domestic violence affects women with disabilities in diverse settings. Family violence policy should take account of these women's right to safety.

People with Disabilities Australia (PWD) report that the NSW Domestic Violence Act includes violence in settings and relationships of particular relevance to people with disability, in residential and institutional settings (Section 5). It includes 'domestic relationships' with paid and unpaid carers. This section is planned for amendment, and PWD see it as retrograde that the Victorian approach of requiring a 'family-like' relationship looks likely to become the new framing.

Recommendation 46: That the Victorian Government update the Family Violence Protection Act to include violence that occurs in disability and health settings where women and children with disabilities live.
Recommendation 47: That the Australian Law Reform Commission consider a nationally consistent family / domestic violence law which encompasses the central relationships and environments in which women, particularly women with disabilities, live.

[68] Director of Public Prosecutions v Vinod Johnny Kumar, Case No. CR-13- 00419.

d. Perpetrator accountability

With sparse resourcing, Victoria's Men's Behavioural Change Programs (MBCs) and No To Violence have developed a wealth of knowledge, understanding, relationships and experience in the field of perpetrator accountability. As with other aspects of the violence against women system, Victoria must take this opportunity to consider how MBC programs incorporate disability into their policy and practice.

No To Violence understand that group work programs often don't lend themselves to men with cognitive, intellectual and communication disabilities due to the lack of infrastructure to support individuals in this group work structure.

No To Violence have identified that internationally since the 1980s, those who work with sex offenders have developed techniques to work with offenders with cognitive and intellectual disabilities in group and individual based programs. This work has been developing for long enough to allow it to be critiqued and trialed. Nothing in the domestic violence perpetrator response field has been developed.

No To Violence work to address misunderstandings of who is accountable for violence. For example, perpetrators of violence against women with disabilities are sometimes excused as suffering from 'carer stress.' No To Violence and MBCPs recognises that such excuses are variations on the myths that overshadow the reality of abuse of power in relationships. No To Violence have played an important role in WDV's prevention and response work - presenting at forums and training for disability service and advocacy workers.

Recommendation 48: That the Victorian Government provide funding to Men's Behaviour Change Programs to review what has been learned internationally about working with men with disabilities in the sexualized offender field, and for approaches to be adapted to the family violence field and piloted.
Recommendation 49: That No To Violence minimum standards are updated to specify how Men's Behaviour Change Program providers work with men with disabilities, and that the Victorian Government resource Men's Behaviour Change Programs to be accessible to men with disabilities.
Recommendation 50: That Men's Behaviour Change Programs are resourced to ensure people who run programs are provided with foundation studies on the range of tactics perpetrators can use against women with disabilities.
Recommendation 51: That DHHS facilitate roundtables to develop understanding of perpetrator accountability with disabilities sector stakeholders.

e. Coordination of government agencies and community organisations

Cross sector collaboration

Some women in the Voices Against Violence research spoke of being referred from one agency to another, and it was usually only the persistent efforts of the woman herself that resulted in a positive outcome. This experience is shared by many of the women who call WDV for referral information. In many instances, disability services are not able or willing to respond to violence against women, and violence response services are not able or willing to support people with disabilities.

"I initially called a housing service but they couldn't help me… it was like domestic violence ones couldn't help me 'cause of this, and disability couldn't help me with that, so then I'd go to refuges and caravan parks and I was going through everything you know, hotels, motels anything, trying to find [help] and nothing just seemed to be working. I mean I've got an exercise book just full of all these organisations and that that I approached." [redacted][69]

There is a clear need for this discrimination and deficiency to be addressed systemically. This work must happen across portfolios including aged care, disability, mental health, home and community care, family violence, sexual assault, housing, legal services, police and courts must all be engaged.

Governance and policy

The Victorian Government has recognised the importance of representing women with disabilities on advisory groups related to violence against women. This is also so for representatives of Aboriginal and culturally diverse communities. To be effective, this representation has to be resourced. This work is best supported in an inter-departmental context.

In Victoria we are fortunate to have a network of regional committees solely focused on family violence. We can harness this network to share and use information about family violence responses for women with disabilities, and engage a cross section of service types in this local work.

Recommendation 52: That Victoria adopt the Prevention and Response governance structures presented to the Royal Commission by Domestic Violence Victoria and the Women's Health Association of Victoria. This structure imbeds representation of women with disabilities and other key stakeholders.
Recommendation 53: That the Victorian Government continue to consider and address the findings and recommendations of the Voices Against Violence Research Project for a whole of government response.
Recommendation 54: That the Victorian Family Violence Regional Integration Committees facilitate one cross-sectoral forum a year on addressing violence against women with disabilities.
Recommendation 55: That the Royal Commission take account of findings from the Inquiry into Abuse of People with Disabilities in Disability Care.
Recommendation 56: That findings from the Royal Commission into Family Violence inform the development of the next Disability State Plan, and the State of Victoria's input into the roll out of the NDIS, placing a gender lens over all of Victoria's inputs.

[69] D. Woodlock, D. Western, P. Bailey, 'Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities,' WDV, Melbourne, 2014.

Standards

A number of codes of practice, practice standards and guidelines have been developed to support the delivery of family violence services and guide respective agencies in responding to family violence. These form the basis of what services are expected to provide and how the quality of a service is evaluated. In 2008, the *Building the Evidence Report* analysed 8 of these documents and found they had little to say about how best to support women and children with disabilities experiencing family violence. [70]

From this analysis the Building the Evidence researchers developed minimum standards required for documents to be able to effectively identify and respond to women and children experiencing violence. See Appendix 4 Inclusive DV Standards for more information. A summary follows.

Disability Minimum standards:

1. The meaningful participation of WWD to guide professional practice
2. A definition of family violence that is inclusive of disability-based violence
3. The fact that disability is recognised as heightening risk of violence
4. Collecting data that identifies the presence of disability (preferably in victims and perpetrator) and impairment-related needs e.g. the need for a wheelchair, communication assistant etc.
5. Developing physical and programmatic accessibility for WWD to agency services
6. Cross sector collaboration
7. Legislation, human rights and a gendered approach to violence
8. Workforce development in relation to the above.

Good Practice in standards and guidelines

'Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women With Disabilities' identifies minimum standards to support the inclusion of women with disabilities in existing domestic violence sector standards.[71] For the full paper refer to 'Appendix 4, Inclusive DV Standards.'

The Inter-agency Guideline for Addressing Violence, Neglect and Abuse (IGUANA) is a good practice guideline developed by the Victorian Office of the Public Advocate in collaboration with people with disabilities and services across relevant sectors, such as family violence and sexual assault.[72]

Recommendation 57: That DHHS review its Standards with a view to incorporate the Disability Minimum Standards to improve family violence responses to women with disabilities.

[70] L. Healey, K. Howe, C. Humphreys, C. Jennings, F. Julian, 'Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria.' WDV, Melbourne, 2008.

[71] L. Healey, C. Humphreys, K. Howe, ' 2013, 'Inclusive domestic violence standards: strategies to improve interventions for women with disabilities?' Department of Social Work, University of Melbourne, Parkville, Australia.

[72] Office of the Public Advocate, 2013, 'The Interagency Guideline for Addressing Violence, Neglect and Abuse' (IGUANA)'.

f. Research, evaluation and performance monitoring

Monitoring the performance of the family violence response system is important for supporting its development and increasing access for women with disabilities. There is no consistent and inclusive data available on the intersection of gender, disability and violence to enable reliable ongoing trend analysis into the prevalence and incidence of violence against women with disabilities. The Voices Against Violence Research Project highlights the profound inadequacies in the current data collection systems resulting in a failure to disaggregate data on disability and violence. In particular it fails to include methods for collecting and publishing data on violence experienced by women in residential care. Further, police, legal and homelessness data sets reveal very little about the number of women and children with disabilities going through the family violence system.

A crucial source of information often comes from the personal disclosures of women with disabilities. For example, some were recounted during a national roundtable on the subject of violence against women with disabilities held by the UN's Special Rapporteur on Violence Against Women in 2012. Women make disclosures to the peak bodies for women with disabilities and other services (such as Victoria's Office of the Public Advocate's Community Visitors). Without robust data, these disclosures are too easily dismissed as anecdotes and so necessary systemic responses are not met with adequate resourcing.

Key data gaps

The *Stop the Violence* (STV) project found that most services in Australia do not routinely collect data on disability and violence. This includes the three Minimum Data Sets collected by the Australian Institute of Health and Welfare: the Home and Community Care Minimum Data Set, the Disability Services Minimum Data Set and the Specialist Homelessness Services National Minimum Data Set.[73] The latter, the homelessness data set, is used by the majority of family violence services.

Australian crime: Facts and Figures, published by the Australian Institute of Criminology collects no data on disability status.[74]

The Australian Bureau of Statistics' *Crime Victimisation Australia*, which measures crimes reported to and recorded by police, only reports on the links between mental health and crime.[75]

The National Disability Abuse and Neglect Hotline is a potential source of data on violence against women and girls with disabilities but it does not provide publically available data.[76]

The Victorian Department of Health and Human Services reports annually on the number of incidents in their disability services. However, neither the types of incidents that have been reported nor the gender of offenders and victims reported.[77]

Only the most recent of four major Australian surveys into the incidence of interpersonal violence has included ***some*** women with disabilities.[78] ABS' *Personal Safety Survey* (PSS) *2012* excludes people with who require an intermediary to assist with communicating with the interviewer and people living in institutional and service settings.

[73] L. Dowse, K. Soldatic, C. Frohmader, and G. van Toorn, 2013, 'Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia. Background Paper,' Women with Disabilities Australia, Hobart.
[74] L. Dowse, 2015, 'Complex Intersections: disability, gender, violence and criminalization,' Presentation to inaugural Asia-Pacific Conference on Gendered Violence and Violations, UNSW, Sydney, Australia, 10-12 February,
[75] Ibid
[76] Women with Disabilities Australia, 2011, 'Submission to the UN Analytical Study on violence against Women and Girls with Disabilities.'
[77] The Australian Bureau of Statistics, 2013, 'Defining the Data Challenge for Family, Domestic and Sexual Assault', Commonwealth of Australia, Canberra.

While most women with disabilities live in the community in the privacy of their own homes, we know little about the men who target them and choose to use violence against them. We know less about the extent of violence against women living within or attending institutional settings. These include disability residences, day-care services, aged care facilities, detention centres, correctional services and psychiatric inpatient units.

We know that both men and women with disabilities experience disability based violence. We need to better understand how gender intersects with this disability based violence, to know the comparisons of nature and prevalence of violence experienced by women and men with disabilities.

Recommendation 58: That the Victorian Government adopt a consistent and comprehensive approach to the collection of data on women with disabilities who experience violence. This approach should include the collection of data from relevant services, including 'incident reporting' from disability services.
Recommendation 59: That Victoria's Family Violence Index seek data on Applicants and Respondents with disabilities, and expand available sources.
Recommendation 60: That the Australian Bureau of Statistics explore appropriate methods for collecting data on violence experienced by women with disabilities who are not included in the Personal Safety Survey.
Recommendation 61: That ANROWS undertake research to:

- further explore what interventions are effective in preventing and addressing violence against women and girls with disabilities, including best-practice interventions with perpetrators who explicitly target women with disabilities,
- examine violence against people with disabilities in various settings with a view to comparatively analysing the gendered pattern of violence against,
- examine the extent of economic abuse of women with disabilities.

List of appendices

Voices Against Violence research papers - http://www.wdv.org.au/voicesagainstviolence.html (provided in hard copy to the Commission 19.5.15)

Appendix 1 WDV Violence Position Statement

Appendix 2 G&D (WDV Gender and Disability Workforce Development Program)

Appendix 3 Disability Settings WDV Briefing Paper (Lucy Healey, 2015)

Appendix 4 Inclusive DV Standards (L. Healey, C. Humphreys, K. Howe, ' 2013, 'Inclusive domestic violence standards: strategies to improve interventions for women with disabilities?', University of Melbourne)

Prevalence of violence against women with disabilities

- Women and girls with disabilities are twice as likely as women and girls without disabilities to experience violence throughout their lives.[11]
- Over one-third of women with disabilities experience some form of intimate partner violence.[11]
- 45% of women experienced sexual assault during a mental health service inpatient admission and more than 80 per cent lived in fear of being abused.[12]
- 67% of women reported experiencing harassment during mental health hospitalisation.[12]

Good practice examples

Following are examples of good practice across aspects of prevention, service provision and standards. More information on these is available in *Voices Against Violence* Paper 2.[6]

Prevention

- Women with Disabilities Victoria's Gender and Disability Workforce Development Program delivers training to disability workers and peer education to disability service clients. The program is delivered by women with disabilities and professional trainers.
- Barwon CASA and Nelson Park Special School (Geelong) collaborated to implement the Sexual Assault Prevention Program in Secondary Schools. http://www.casa.org.au/barwon/

Information access

- The *Tell Someone* website provides family violence information for people with a mild intellectual disability and for the community. http://www.tellsomeone.org.au/

Service access

- The DHS Disability Family Violence Crisis Initiative assists women and children with a disability, who require disability support, to access a family violence crisis services. http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/family-violence2/disability-and-family-violence-crisis-response

Cross sector collaboration

- Making Rights Reality enhances existing services for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties. http://www.secasa.com.au/services/making-rights-reality-for-sexual-assault-victims-with-a-disability/

Standards and guidelines

- The Inter agency Guideline for Addressing Violence, Neglect and Abuse (IGUANA) is a good practice guideline developed by the Victorian Office of the Public Advocate in collaboration with services across relevant sectors. http://www.publicadvocate.vic.gov.au/publications/539/
- The paper *Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women With Disabilities* (2013) identifies minimum standards to support the delivery of accessible domestic violence services to women with disabilities. http://www.victimsclearinghouse.nsw.gov.au/vocrc/victimsclearinghouse_researchdatabase_disability_healey_humphreys_howe.html

1 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of findings*, 2009, Canberra. 2010.

2 Victorian Government, Victorian State Disability Plan 2013-16, Melbourne, 2012.

3 Victorian Government, *Action Plan to address violence against women and children*, Melbourne, 2012.

4 Brownridge, Douglas, *Violence Against Women: Vulnerable Populations*, Routledge, USA, 2009.

5 Australian Bureau of Statistics, Personal Safety Survey Australia, Canberra, 2006.

6 Healey, Lucy, *Voices Against Violence: Paper 2, Current issues in understanding and responding to violence against women with disabilities*,' WDV, 2014.

7 McGuire, Magdalena, *Voices Against Violence: Paper 4, A review of OPA's records on violence against women with disabilities*, Melbourne, 2014.

8 Woodlock, Delainie, Western, Deborah, Bailey, Philippa, *Voices Against Violence: Paper 6, Raising our voices—hearing from women with disabilities*, WDV, Melbourne, 2014.

9 Lay, Ken, *Victoria Police News*, Melbourne, 2013.

10 *Voices Against Violence launch*, Melbourne, May 2014.

11 Women With Disabilities Australia, University of New South Wales and People with Disabilities Australia, *Stop the Violence: Improving Service Delivery for Women and Girls with disabilities*, Sydney, 2013.

12 Victorian Mental Illness Awareness Council, *Zero Tolerance for Sexual Assault: A safe admission for women*, VMIAC, Melbourne, 2013.

Contributors Our thanks to the women with disabilities who shared their experiences to be quoted in this paper. Thanks also to those who contributed research and advice for this paper.

Publication date: September 2014

Women with disabilities victoria
empowering women

Position statement

Violence against women with disabilities

This paper identifies Women with Disabilities Victoria's position on ways to prevent and respond to violence against women with disabilities. It outlines initiatives, research and women's experiences.

About Women with Disabilities Victoria

Women with Disabilities Victoria is an organisation run by women with disabilities for women with disabilities. Our gender perspective allows us to focus on inequities of particular concern to women with disabilities: access to women's health, women and the National Disability Insurance Scheme (NDIS), and safety from gender based violence.

We undertake systemic advocacy, professional education, empowerment programs and research.

We dedicate particular attention to the issue of violence against women with disabilities, due to its gravity and occurrence in our lives. See our Fact Sheet on violence at www.wdv.org.au with contacts for support and information.

Our research: Voices Against Violence

Voices Against Violence (2014) is a cross-sectoral investigation of women with disabilities who have experienced violence. It was undertaken by Women with Disabilities Victoria, the Office of the Public Advocate and the Domestic Violence Resource Centre Victoria. The research provides data used to develop evidence-based recommendations for legal, policy and service sector reform. The research findings are referred to throughout this paper and can be accessed via http://www.wdv.org.au/voicesagainstviolence.html.

Position statements

Women with Disabilities Victoria recognises that:

1. Violence is not acceptable. Living free from violence is fundamental to quality of life.
2. Active participation of women with disabilities is critical in violence preventions and responses. This is important in policy and management where women with disabilities are vastly under-represented, and at a service level where far too many women are ignored and disbelieved.
3. Violence against women with disabilities must be understood in the context of the intersections between gender and disability, power and marginalisation.
4. Violence is preventable. Due to the high rates of violence against women with disabilities, there is an urgent need to undertake prevention programs. Women with Disabilities Victoria is piloting and evaluating a violence prevention program: the Gender and Disability Workforce Development Program.
5. There must be concerted action to address discriminatory attitudes and practices. Disability is not just a person's condition but the result of the disabling social structures, behaviours and environments.
6. We all have a responsibility to act. The prevalence of violence in the lives of women with disabilities is a community concern, requiring leadership and coordination across departments and sectors (including mental health, aged care, sexual assault, police, courts, family violence and disability).

Women with disabilities are a large and diverse population group in Victoria

- Nearly one in five women and girls have a disability.[1]
- The rate of disability for Victoria's culturally and linguistically diverse population is 22%, slightly higher than in the general population.[2]
- The proportion of Victorians with a disability is higher in rural and regional Victoria than in cities: 22% compared to 17%.[2]
- Nationally, 51% of Indigenous women and girls have a disability.[1]
- Women with disabilities face additional inequalities to men with disabilities; for example women are more likely to be unemployed,[1] have primary caring responsibilities, and be affected by poverty.

Understanding violence against women with disabilities

Violence against women and *disability-based violence* combine to increase the risk of violence against women with disabilities. These types of violence can be experienced differently depending on factors such as age (for example, what can be known as elder abuse), culture (lack of culturally appropriate support services), and location (lack of available support in regional areas).

Violence against women

Violence against women describes forms of violence that are mostly experienced by women and mostly perpetrated by men.[3]

Men who use violence against women are likely to believe in rigid gender stereotypes and male entitlement. Men will often target victims who they perceive are less powerful, such as girls and women who may not be able to communicate to others what has happened to them, and those who may be restricted in their physical movement.[4]

The most prevalent form of violence experienced by Victorian women is family violence. This includes a range of controlling behaviours such as financial abuse, isolation, continual humiliation, psychological abuse, threats to harm children, injury and death.[5]

The Australian 2012 Personal Safety Survey found that women were significantly more likely than men to have experienced:

- an episode of stalking as an adult: 19% compared to 7.8%
- sexual assault since the age of 15: 17% compared to 4%
- physical assault by a male in their home during the last 20 years: 62% compared to 8.4%
- emotional abuse by a partner since the age of 15: 25%: compared to 14%.[5]

Violence against people with disabilities

People who use violence abuse their power over people with disabilities. They may be providers of personal care in a private setting (such as an intimate partner or a family member) or in a service setting (for example, staff, managers, volunteers).[6] More needs to be understood about who uses violence against women with disabilities.

Forms of violence include impairment related violence, denigration and unethical practices in care service settings.

The *Voices Against Violence* review of the files of 100 women with disabilities at the Office of the Public Advocate found that:

- 45 of the 100 women reported experiencing violence at the hands of a total of 89 perpetrators.
- The most common forms of violence reported were psychological, physical, controlling behaviour and economic abuse.
- Impairment-related abuse included withholding medication and disability aids.
- Many women experienced social isolation as both a risk factor for, and a consequence of, violence. Some perpetrators used social isolation as a form of violent behaviour in itself.

The numbers found in this review are particularly stark when we consider that violence against women is an under-reported crime.[7]

CONTROL "I've been locked up in the house, basically not allowed to talk to no-one, not allowed to go down the street, not allowed to do what I want to do. I wasn't allowed to talk on the phone, I wasn't allowed to go anywhere unless he was with me." [redacted][8]

THREATS "To go on took a lot of faith and courage, it hadn't worked before. I had been threatened by my dad that if I said anything, I would be put in a home and this was etched in my mind." [redacted][8]

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DENIGRATION "It was a case of, you know, 'you can't cook', 'you'll never be able to look after yourself', 'you're disabled' and it was always an emphasis on the 'dis'… To me it was just, well this is what it's like in families." [redacted][8]

Recommendations for action

1. **Violence is not acceptable** Department of Human Services and National Disability Insurance Agency standards of practice must recognise the dynamics of power and control. Their workforces must be trained in upholding the safety of women with disabilities. Government funded training on risk assessment and violence against women with disabilities is essential.

2. **Listen to women** Government, human services and community organisations must provide avenues for women with disabilities to participate actively in decision-making and planning: individually and systemically.

   It is important to recognise the strength and resilience of women. Living with violence and disclosing personal experiences of violence takes enormous strength and trust, and in turn requires a trust-worthy response.

3. **Understand the causes** Further research and improved data collection is needed to prevent and respond better to violence.

4. **Primary prevention** Violence prevention providers and disability services must ensure general violence against women prevention programs are inclusive of women with disabilities.

   Implementation of tailored prevention programs for women with disabilities is required. Continued funding of the Gender and Disability Workforce Development Program is critical to engaging disability services in gender sensitive practice, as well as providing education programs to women with disabilities.

5. **Access to justice** Government must consider legislative reforms to improve Family Law responses to family violence. Applicant Support Workers should be available at all magistrates' courts. Resources are required for an Office of the Public Advocate Independent Third Person Program referral service. OPA's investigatory powers should be strengthened. Victoria Police must address systemic failures to facilitate justice.

6. **We all have a responsibility** The Victorian Interdepartmental Committee on Violence Against Women and Children should lead a whole-of-government response to the *Voices Against Violence* Research recommendations. It is recommended the Committee consult with women with disabilities and representatives of disability, mental health, aged care, family services, family violence and sexual assault services and statutory and legal bodies as part of its response.

7. **Working together** The Department of Human Services should fund family violence and sexual assault services to provide face-to-face education and resources to disability, mental health and aged care workforces and clients, women's support groups and accessible information on support services, and thereby increase contact and information sharing between sectors.

RESPONSIBILITY
"Every week a woman is murdered by her partner or ex-partner. Our culture is filled with men who hold an indecent sense of entitlement towards women...

...if none of us are saying anything, then this feral atmosphere gets worse, until it becomes an endorsement of violence against women." Ken Lay, Chief Commissioner, Victoria Police[9]

LISTEN TO WOMEN
"...as my 'carer' they'd look to him, oh, and he'd discredit me and then they'd not believe what I'd say. And 'oh, she's just making this up'. The whole community could not believe that this person could do this. It makes it so much harder for the victim to voice something 'cause they know nobody's going to believe them!" [redacted][8]

PREVENTION "Violence against women with disabilities is preventable." Natasha Stott Despoja AM, Foundation to Prevent Violence against Women and their Children[10]

WORKING TOGETHER
"They need to provide information on our rights and support services. Unless you know the systems you don't know what to ask for and you don't have any power." [redacted] WDV member

> "If we could change one thing, it should be to make sure that no violence happens and that if it does, people are safe to talk out about it."
>
> [redacted], **WDV member**

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5. **Access to justice** Government must consider legislative reforms to improve Family Law responses to family violence. Applicant Support Workers should be available at all magistrates' courts. Resources are required for an Office of the Public Advocate Independent Third Person Program referral service. OPA's investigatory powers should be strengthened. Victoria Police must address systemic failures to facilitate justice.

6. **We all have a responsibility** The Victorian Interdepartmental Committee on Violence Against Women and Children should lead a whole-of-government response to the *Voices Against Violence* Research recommendations. It is recommended the Committee consult with women with disabilities and representatives of disability, mental health, aged care, family services, family violence and sexual assault services and statutory and legal bodies as part of its response.

7. **Working together** The Department of Human Services should fund family violence and sexual assault services to provide face-to-face education and resources to disability, mental health and aged care workforces and clients, women's support groups and accessible information on support services, and thereby increase contact and information sharing between sectors.

RESPONSIBILITY
"Every week a woman is murdered by her partner or ex-partner. Our culture is filled with men who hold an indecent sense of entitlement towards women...

...if none of us are saying anything, then this feral atmosphere gets worse, until it becomes an endorsement of violence against women." Ken Lay, Chief Commissioner, Victoria Police[9]

LISTEN TO WOMEN
"...as my 'carer' they'd look to him, oh, and he'd discredit me and then they'd not believe what I'd say. And 'oh, she's just making this up'. The whole community could not believe that this person could do this. It makes it so much harder for the victim to voice something 'cause they know nobody's going to believe them!" [redacted][8]

PREVENTION "Violence against women with disabilities is preventable." Natasha Stott Despoja AM, Foundation to Prevent Violence against Women and their Children[10]

WORKING TOGETHER
"They need to provide information on our rights and support services. Unless you know the systems you don't know what to ask for and you don't have any power." [redacted], WDV member

> "If we could change one thing, it should be to make sure that no violence happens and that if it does, people are safe to talk out about it."
>
> [redacted] WDV member

Prevalence of violence against women with disabilities

- Women and girls with disabilities are twice as likely as women and girls without disabilities to experience violence throughout their lives.[11]
- Over one-third of women with disabilities experience some form of intimate partner violence.[11]
- 45% of women experienced sexual assault during a mental health service inpatient admission and more than 80 per cent lived in fear of being abused.[12]
- 67% of women reported experiencing harassment during mental health hospitalisation.[12]

Good practice examples

Following are examples of good practice across aspects of prevention, service provision and standards. More information on these is available in *Voices Against Violence* Paper 2.[6]

Prevention

- Women with Disabilities Victoria's Gender and Disability Workforce Development Program delivers training to disability workers and peer education to disability service clients. The program is delivered by women with disabilities and professional trainers.
- Barwon CASA and Nelson Park Special School (Geelong) collaborated to implement the Sexual Assault Prevention Program in Secondary Schools. http://www.casa.org.au/barwon/

Information access

- The *Tell Someone* website provides family violence information for people with a mild intellectual disability and for the community. http://www.tellsomeone.org.au/

Service access

- The DHS Disability Family Violence Crisis Initiative assists women and children with a disability, who require disability support, to access a family violence crisis services. http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/family-violence2/disability-and-family-violence-crisis-response

Cross sector collaboration

- Making Rights Reality enhances existing services for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties. http://www.secasa.com.au/services/making-rights-reality-for-sexual-assault-victims-with-a-disability/

Standards and guidelines

- The Inter agency Guideline for Addressing Violence, Neglect and Abuse (IGUANA) is a good practice guideline developed by the Victorian Office of the Public Advocate in collaboration with services across relevant sectors. http://www.publicadvocate.vic.gov.au/publications/539/
- The paper *Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women With Disabilities* (2013) identifies minimum standards to support the delivery of accessible domestic violence services to women with disabilities. http://www.victimsclearinghouse.nsw.gov.au/vocrc/victimsclearinghouse_researchdatabase_disability_healey_humphreys_howe.html

1 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of findings*, 2009, Canberra. 2010.

2 Victorian Government, Victorian State Disability Plan 2013-16, Melbourne, 2012.

3 Victorian Government, *Action Plan to address violence against women and children*, Melbourne, 2012.

4 Brownridge, Douglas, *Violence Against Women: Vulnerable Populations*, Routledge, USA, 2009.

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6 Healey, Lucy, *Voices Against Violence: Paper 2, Current issues in understanding and responding to violence against women with disabilities*,' WDV, 2014.

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11 Women With Disabilities Australia, University of New South Wales and People with Disabilities Australia, *Stop the Violence: Improving Service Delivery for Women and Girls with disabilities*, Sydney, 2013.

12 Victorian Mental Illness Awareness Council, *Zero Tolerance for Sexual Assault: A safe admission for women*, VMIAC, Melbourne, 2013.

Contributors Our thanks to the women with disabilities who shared their experiences to be quoted in this paper. Thanks also to those who contributed research and advice for this paper.

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Position statement

Violence against women with disabilities

This paper identifies Women with Disabilities Victoria's position on ways to prevent and respond to violence against women with disabilities. It outlines initiatives, research and women's experiences.

About Women with Disabilities Victoria

Women with Disabilities Victoria is an organisation run by women with disabilities for women with disabilities. Our gender perspective allows us to focus on inequities of particular concern to women with disabilities: access to women's health, women and the National Disability Insurance Scheme (NDIS), and safety from gender based violence.

We undertake systemic advocacy, professional education, empowerment programs and research.

We dedicate particular attention to the issue of violence against women with disabilities, due to its gravity and occurrence in our lives. See our Fact Sheet on violence at www.wdv.org.au with contacts for support and information.

Our research: Voices Against Violence

Voices Against Violence (2014) is a cross-sectoral investigation of women with disabilities who have experienced violence. It was undertaken by Women with Disabilities Victoria, the Office of the Public Advocate and the Domestic Violence Resource Centre Victoria. The research provides data used to develop evidence-based recommendations for legal, policy and service sector reform. The research findings are referred to throughout this paper and can be accessed via http://www.wdv.org.au/voicesagainstviolence.html.

Position statements

Women with Disabilities Victoria recognises that:

1. Violence is not acceptable. Living free from violence is fundamental to quality of life.
2. Active participation of women with disabilities is critical in violence preventions and responses. This is important in policy and management where women with disabilities are vastly under-represented, and at a service level where far too many women are ignored and disbelieved.
3. Violence against women with disabilities must be understood in the context of the intersections between gender and disability, power and marginalisation.
4. Violence is preventable. Due to the high rates of violence against women with disabilities, there is an urgent need to undertake prevention programs. Women with Disabilities Victoria is piloting and evaluating a violence prevention program: the Gender and Disability Workforce Development Program.
5. There must be concerted action to address discriminatory attitudes and practices. Disability is not just a person's condition but the result of the disabling social structures, behaviours and environments.
6. We all have a responsibility to act. The prevalence of violence in the lives of women with disabilities is a community concern, requiring leadership and coordination across departments and sectors (including mental health, aged care, sexual assault, police, courts, family violence and disability).

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Gender and Disability Workforce Development Program

Increasing women's wellbeing and preventing violence against women with disabilities are strategic priorities for Women with Disabilities Victoria (WDV). A key initiative to support this is the WDV *Gender and Disability Workforce Development Program*, funded through Victoria's Action Plan to Address Violence Against Women and Children.

The need for violence prevention programs tailored for people with disabilities and the disability sector is well supported. The higher risks of violence against women with disabilities is documented in research such as Voices Against Violence and Stop the Silence. Further, the National Community Attitudes Towards Violence Against Women Survey and the Scope 1 in 4 Poll have findings indicating a need for tailored prevention programs on violence against women with disabilities.

The *Gender and Disability Workforce Development Program* is designed to change culture across whole organisations, working with clients, staff, managers and executives. This aim is to increase awareness of how to deliver gender equitable and sensitive services as a strategy for improving women's well-being and status and reducing gender based violence.

WDV piloted all Program packages throughout 2014/2015 alongside an evaluation process to be completed in August 2015.

Program packages

The piloting of the Gender and Disability Workforce Development Program consists of:

1. Train the Trainer Program
2. Delivery of training to:
    - Disability Support Workers Workshops
    - Service Management Leadership Workshop
    - Senior Executive Leadership Workshop
3. Peer Education Programs for women with disabilities
4. Follow up Communities of Practice

The Workforce Development Program on Gender and Disability was funded as part of the Victorian Action Plan to Address Violence Against Women and Children 2012-2015.

Train the Trainer

Fundamental to the program is training women with disabilities to co-facilitate the training with professional trainers from women's health and violence prevention and response services. This model demonstrates equitable professional relationships with women with disabilities.

Gender and Disability Workforce Development Train the Trainer Program Participants

Human Rights and Quality Services: What does gender have to do with it?"

Staff training was piloted with two Victorian disability agencies (Yooralla and Gateways Support Services). As frontline service providers, disability workers are in a key position to support women with disabilities to uphold their right to achieve their goals.

The objective of the program is to improve the quality of gender sensitive practice amongst disability workers by improving their knowledge and skills in regard to:

- Concepts of gender, gender equality, gender relations and sex
- The socio-economic disadvantage of women with disabilities and its impact on social inclusion
- Human rights obligations pertaining to gender and disability
- The relationship between marginalisation, disability, gender stereotypes and violence
- Gender sensitive practice in delivering disability services
- Good practice in health promotion and primary prevention of violence against women

Women with Disabilities: Our Right to Respect

This peer education program allows women with disabilities to build understanding of rights, healthy relationships, what violence is and how to seek support to feel safe. At the same time, participants can build confidence and relationships to improve well being.

Evaluation and business modelling

Following completion of the program and program evaluation in August 2015, an appropriate business model for an expanded roll out of the program is planned.

For more information contact:

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Women with Disabilities Victoria
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State Government Victoria

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The Workforce Development Program on Gender and Disability was funded as part of the Victorian Action Plan to Address Violence Against Women and Children 2012-2015.

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Briefing paper on violence against women with disabilities in disability care

Prepared by Lucy Healey for Women with Disabilities Victoria

May 2015

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1. Introduction

This briefing paper has been prepared in view of escalating media and research reports in recent years exposing systemic failures in disability services, especially residential ones, preventing and responding to violence, abuse and neglect experienced by people with disabilities. A key focus of this paper is the importance of paying attention to gender and its intersecting issues in preventing and responding to violence against people with disabilities. The paper specifically focusses on the problem of violence (including abuse, exploitation and neglect) against *women* with disabilities that occur in disability services. Some of these issues will be relevant to other institutional settings, such as aged care and mental health, but these other sectors are not the primary focus of this paper. Some of the issues will also be relevant to girls with disabilities. Whilst we refer to 'women and girls with disabilities' throughout this paper in order to highlight the gender identity of victim-survivors, the specific issues relating to girls (and children, more broadly) with disabilities are not addressed in this paper.

Inquiries into violence, abuse and neglect of people with disabilities

The high prevalence of violence against women with disabilities in Australia has been the subject of recent UN and civil society reports into human rights violations.[1] In December 2014, the Victorian Ombudsman announced its inquiry into the reporting and investigation of allegations of abuse in the disability sector. In January 2015, the new Labour government in Victoria announced the Terms of Reference for its Royal Commission into Family Violence. In February 2015, the Parliamentary Senate announced a national inquiry into violence, abuse and neglect against people with disability in institutional and residential settings.[2] And, the National Disability Insurance Scheme Senior Officials Working Group is seeking feedback on its consultation paper, *Proposal for a National Disability Insurance Scheme Quality and Safeguarding framework*, following its release in February 2015.

This paper therefore provides information to assist Women with Disabilities Victoria in the preparation for and response to these inquiries and consultations. It provides reasons for why it is important for policy makers, service providers and the community to be knowledgeable about the gendered dimensions of violence against women and girls with disabilities.

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[1] See Australian Human Rights Commission, 2012, *Visit of the UN Special Rapporteur on Violence Against Women: Australian study tour report,* Australian Human Rights Commission, Sydney. www.humanrights.gov.au/about/publications/index.html ; Human Rights Law Centre, 2014, *Torture and Cruel Treatment in Australia: Joint NGO Report to the United Nations Committee Against Torture*, Human Rights Law Centre, Melbourne; S.Browne, 2012, How have global services addressing violence against women with disabilities understood their needs and what are the lessons for the next generation of practice?, The United Nations Women, Global Virtual Knowledge Centre to End Violence against Women and Girls, www.enable.org.tw/iss/pdf/20120925-6.pdf ; *Disability Rights Now: Civil Society Report to the United Nations Committee on the Rights of Persons with Disabilities*, 2012, Compiled by Disability Representative, Advocacy, Legal and Human Rights Organisations, Australia. http://doc.afdo.org.au/CRPD_Civil_Society_Report_PDF

[2] The terms of reference for each of these inquiries can be found at the following sites: (1) Victoria's Royal Commission, are available at: http://www.premier.vic.gov.au/wp-content/uploads/2015/01/150119-Proposed-Terms-of-Reference2.pdf . (2) The national inquiry's Senate Standing Committees on Community Affairs are available at: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Violence_abuse_neglect/Terms_of_Reference. (3) The terms of reference for the Victorian Ombudsman's inquiry are at: https://www.ombudsman.vic.gov.au/News/Media-Releases/Media-Alerts/Media-Release-Reporting-and-investigation-of-alleg

Gendered, disability-informed and human rights approach

This paper is based on a gendered, disability-informed and human rights understanding of violence and abuse in interpersonal relationships. The literature on violence against women with disabilities shows that they experience higher levels of interpersonal violence and are more marginalised than men with disabilities and other women.[3] Aboriginal and Torres Strait Islander women also experience higher rates of disability than non-Aboriginal and Torres Strait Islander women.

Violence against all women is a human rights violation resulting from historically unequal power relations between men and women in public and private life.[4] At the core of violence against women is a culture of inequality between women and men, adherence to rigid gender stereotypes and notions of male dominance, superiority and entitlement over women. Violence against women with disabilities is a result not only of this systemic gender-based discrimination against women but also of disability-based discrimination against people with disabilities. These intersect with other sources of power inequalities such as Aboriginal or Torres Strait Islander identity, ethnicity, citizenship status, sexuality, age and class. It is important to recognise that girls, boys, women and men with disabilities are understood to experience disability-based violence differently because of the different and dynamic interplay of sources of power inequalities between perpetrator and victim-survivor. That said there is much more for us to understand about gendered patterns of perpetration and victimisation involving people with disabilities. Suffice it to say here that relations of power and control are not only gendered but intersect with other forms of discrimination including ability, indigenous identity, ethnicity, sexuality, age, class and spatial location (for example, living in isolated rural communities or in institutions).[5]

[3] C. Frohmader, 2007, *Forgotten Sisters – A global review of violence against women with disabilities.* Women with Disabilities Australia (WWDA) resource manual on violence against women with disabilities, WWDA, Tasmania.

[4] See Office of the United Nations High Commissioner for Human Rights (OHCHR), 2012, *Thematic Study on the Issue of Violence Against Women and Girls and Disability*; United Nations General Assembly, 2006, *In-Depth Study on All Forms of Violence Against Women*, Report of the Secretary General, UN, Doc. No. A/HRC/20/5

[5] Canadian sociologist, Douglas Brownridge, for example, writes about violence in vulnerable populations of women, including women with disabilities. See D. Brownridge, 2009, *Violence Against Women: Vulnerable Populations,* Routledge, New York.

2. Setting the scene: gender and violence in disability services

In November 2013, Vinod Johnny Kumar was found guilty of 12 charges of sexual offences in the County Court of Victoria and given a custodial sentence of 18 years. He had been employed as a casual disability support worker by Yooralla – often working up to full-time hours - since early 2009. There had been a number of occasions when Kumar had been suspected of inappropriate behaviour toward residents and staff before he was finally sacked and disclosures of violence referred to police for investigation. The subsequent County Court of Victoria case (Director of Public Prosecutions v Vinod Johnny Kumar) concerned offences perpetrated against three women and one man between October 2011 and mid-January 2012. All four lived in supported accommodation (three of them in the same small group home of six residents in total). To different degrees, they required assistance for the most basic activities of daily living. Please note, these examples were not chosen to single out an organisation, they are examples of systemic problems. They are chosen because they are some of the few to have been formally investigated.

Disability worker targets group home residents

- 'Ruth'[6] has cerebral palsy, is vision impaired and has been assessed as having borderline intellectual capacity. She uses a motorised wheelchair, and a communication assistant although she has some vocalisation. Ruth's impairments meant she requires full assistance, involving feeding, manual handling and being hoisted from bed to chair to commode for toileting, showering and other personal care. She was assaulted serially. One rape occurred on the night of the residents' Christmas party whilst Kumar was showering her. As the sentencing judge said: *"You told her to stop moving around, when, as you well knew, her movements were involuntary, the product of the cerebral palsy…You told her to behave herself, accused her of acting like a whore, a tart and a slag…She told you to stop but you did not" [paragraph 20].*[7] She was too afraid to complain about being raped owing to Kumar's threats and did not disclose until well after he had been sacked.

- 'Jacqueline' has cerebral palsy, depression, a history of psychotic episodes, and is confined to a wheelchair. She has a congenital scoliosis of the back and a disease involving acute inflammation and thrombosis of the arteries and veins in her feet. She requires similar full time care as Ruth and was living in the same residence. She was assaulted serially. On one occasion, she was left alone on the toilet for an hour and a half, waiting for the night staff to come on duty rather than buzz for assistance from her abuser. She feared not being believed if she disclosed the assaults to anyone although she did divulge to other staff on a number of occasions that she did not want to be assisted by Kumar.

- 'Kimberley' has cerebral palsy, a history of depression and epilepsy, and visual, motor and cognitive impairments. She requires communication

[6] All victims' names are pseudonyms.

[7] The figure in the square brackets denotes the paragraph number of the County Court of Victoria's transcript of the reasons for sentence in the case *Director of Public Prosecutions v Vinod Johnny Kumar*, Case No. CR-13-00419. This case was also the subject of an *ABC Four Corners* program in 2014.

assistance from a person who is familiar with her. Kimberley lived in a different house from Ruth and Jacqueline. The charges against Kumar related to sexual assaults that occurred when he was assisting her with toileting. He threatened her if she disclosed to anyone what had happened, but later returned to say she could tell her counsellor and offered her money. He then told another resident a false story about what had occurred and on the subsequent morning gave a more detailed false account to the home's team leader. This included the revelation that Kimberley had breached the house swearing rules. Accepting the truth of Kumar's story, the team leader chastised Kimberley for inappropriate behaviour toward a staff member without attempting to first hear Kimberley's side of the story. Kimberley's response to being reprimanded was to reveal that Kumar had "*touched her private parts and exposed"* [para 38] himself to her. This was subsequently recorded as "*a sexual harassment allegation made by Kimberley against casual staff member Johnny Kumar"* [para 39] in a client incident report. She was taken to the police station but she did not wish to have a medical examination or make a statement until she had spoken to her sister, which occurred on her return to home. The judge commented that these seemed *"reasonable concerns given her level of intellectual disability"* [para 40]. Yooralla stood Kumar down. Three weeks later senior management heard Kumar's false account and his demand for better support when faced with residents breaching the code of conduct. Management decided Kimberley's "allegation" was not substantiated in the face of Kumar's denial and the lack of independent witnesses. Kumar returned to work the next day. Kimberley's sexual assault by Kumar was not followed up on until a report was made to police relating to other residents.

- 'Phillip' has cerebral palsy, intellectual impairment, and limited speech. He walks with a walking frame and uses a light writer to communicate, as he has limited speech ability. Described as having "*unmodulated and loud*" [para 44] speech, Phillip was the target of Kumar's remorseless teasing, which was all the more humiliating as it occurred in front of Jacqueline, one of his co-residents and herself a target of Kumar's sexual assaults. Phillip was returning to the group home after a day out. Each time he rang the bell or knocked, Kumar would open it only to close it in his face before he could come in. Once inside, Kumar repeatedly pulled his pants down, partially exposing his buttocks, teasing him that they were falling down. Phillip tried pulling his pants up and getting beyond Kumar's reach.

Violence and abuse in disability care needs to be understood as a complex interplay of factors stemming from differences of ability, gender, sexuality, ethnicity, etc. The violence and abuse also occurs within the context of extreme power inequalities between staff and residents and in settings where, in the absence of appropriate safeguarding practices and resourcing, it is easy to isolate and denigrate residents with impunity. For example, Kumar was the only staff member on duty at the time that all of the sexual assaults against the three women occurred. His role was to assist women in the most intimate of daily functions. These women depended on carers and yet the organisation's

practices virtually trapped them in their own home beyond the support and services designed to respond to such violence and abuse. The organisation failed to pursue rumours from other staff about Kumar's questionable behaviour and failed to provide a safe and supported space within which the women could communicate in their own way either to senior staff or independent services what was going on. By virtue of his ability to communicate with ease, Kumar could call into question anything the women disclosed and manipulate the veracity of their words. Kumar targeted his victims' impairments but also in gender-specific ways. The targeting of Phillip may have been opportunistic but in all of the other cases, Kumar assaulted, taunted and terrified the women when assisting them in the toilet or in the privacy of their bedrooms. The targeting of Phillip was different, but no less gendered, and made fun of his poor mobility and possibly of his speech and lower intellectual functioning. Phillip was 27 years old at the time of the offence. In effect, he was emasculated and cruelly humiliated in front of a female co-resident, herself a victim of Kumar's sexual violence. As the judge said to Kumar,

> *The language you used to all three female victims as you sexually assaulted them was disparaging, degrading and belittling, and indicates a serious disrespect for their dignity, their rights and their autonomy. It is impossible on the materials before me to know whether it is indicative of a more pervasive misogyny, or was confined to a contemptuous disrespect for these three profoundly disabled women* [para 54].

Poorly managed institutional and residential services provide opportunities not only for staff to abuse their power over residents but also for fellow residents to do so. This is a significant issue of concern. The Office of the Public Advocate (OPA) presented a report into disclosures of sexual assault of residents of Supported Residential Services.[8] Two of the four studies report cases of a male assaulting a female co-resident (in the third case, the perpetrator's relationship to the victim was not clear). 'Betty' was one of the cases in this report.

Sexual assault by a co-resident

- 'Betty', was an elderly resident of a Supported Residential Service (SRS), who was allegedly sexually assaulted by a young male co-resident, whilst they were attending a day centre in 2009. Police attended the day centre but despite witnesses, including staff, did not investigate owing to the fact that Betty was unable to communicate verbally with them. Betty was distressed on subsequent visits to the day centre and staff were concerned that the alleged perpetrator was still living in the same SRS. The SRS proprietor did not believe a sexual assault had occurred but she did evict the alleged offender two weeks later. She was aware that he had exposed himself in public on occasion and his case manager found alternative accommodation in another area. In the meantime, the day centre service provider notified the Department of Human Services of the alleged assault. The day centre staff continued to be concerned about Betty's safety and the police response to the allegation. They also contacted the OPA Advice Service who investigated. Betty was subsequently moved to an aged care facility following the involvement of OPA who sought a temporary guardianship order to look into her safety and best interests.

[8] See L. Bedson, 2012, *Sexual assault in Supported Residential Services: Four case studies, Office of the Public Advocate*, Carlton, Victoria, www.publicadvocate.vic.gov.au .

OPA's report highlights several key challenges, some of which are illustrated by Betty's experiences:

- Inappropriate or delayed responses by managers and proprietors of Supported Residential Services to disclosures of sexual assault, which further exposes victims to future assaults.
- A lack of capacity to provide a safe environment for women and men living in SRS.
- Poor identification of risks to women and men living in SRS by the regulating body.
- Inadequate and delayed responses to disclosures of sexual assault regardless of who makes the disclosure.
- The challenge for police in gathering evidence from non-verbal victims and thus the challenge for a woman such as Betty to see justice done.
- Failures in reporting alleged assaults to the regulator.
- Failures in providing support for victims of sexual assault.
- Accountability for response to allegations of sexual assault.

Multiple forms of abuse, multiple perpetrators over a lifetime[9]

- 'Gina' came to Australia from Italy with her parents soon after she had a pregnancy terminated and was diagnosed with schizophrenia. The pregnancy was the result of a rape by a neighbour. She was 13 years old. She married at 17 years old. Her husband, who was later imprisoned for criminal offences, was also violent towards her and stole her savings. Now in her 60s, Gina lives in a Supported Residential Service. A taxi driver sexually assaulted her in recent years. Recently, her brother sold her Italian apartment without her consent. He kept the money for himself. Gina wanted to take legal action but had difficulty in remembering the details of her apartment. Gina's Advocate/Guardian was unsuccessful in obtaining information about the apartment but emphasised to Gina that the theft of her property constituted economic abuse by her brother. Although Gina had no legal redress, she felt validated by her Advocate/Guardian's belief in what had happened to her and that it was wrong.

Gina's experiences illustrate that some women who experience violence early in life can continue to do so. It also illustrates how easy it is for family members to exploit women's disabilities. In Gina's case, redress for the economic abuse was beyond her owing to the fact that the theft occurred overseas.

These experiences of violence show that whilst women with disabilities experience the same forms of interpersonal violence as experienced by other women, there is an added dimension. This is a result of disability-based discrimination against people with disabilities. Women with disabilities may

[9] Gina's experiences were drawn from one of the hundred, randomly selected, Advocate/Guardian case files involving women that were audited by the Office of the Public Advocate for the Voices Against Violence research project. See M. McGuire, 2013, *Voices Against Violence Paper 4: A Review of the Office of the Public Advocate's Records on Violence Against Women with Disabilities*, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne.

thus experience domestic and family violence, sexual assault and, as it is called in the literature, disability-based violence.

The Victorian jurisdiction recognises that some forms of disability-based violence may constitute family violence as defined in the *Family Violence Protection Act, 2008* (Vic). Victoria has led the way in recognising the possibility that people in 'family like relationships' (such as carers providing intimate care in an ongoing relationship) might be perpetrators of family violence. Not all violence and abuse that occurs in disability care settings will be family violence. It begs a number of questions; had Ruth and Jacqueline been abused by their carer in the privacy of their homes in the community and not in a disability services' small group home, might the sexual offence crimes committed by Kumar been identified as part of the coercive control that is recognised as family violence? Could Gina's brother have been found guilty of economic abuse under family violence legislation had the theft of Gina's apartment occurred in Victoria? Is there a spatial dimension to how violence is identified and attracts different kinds of legislation and thus different responses from the disability services than in other services involved in responding to women who have experienced violence? Does justice for women with disabilities 'enable the truth to be told, the harm repaired, and the social conditions that created and sustained the injustice in the first place to be changed'?[10]

[10] The late Ellen Pence who championed the Duluth model of responding to perpetrators and victims spoke of organising around the notion of justice (not violence) and the need for the truth to be told, the harm be repaired and the social conditions changed if justice is to be done and for responding services not to be complicit in the violence; www.youtube.com/watch?v=orZM13MakVM

3. Background

The terms we use for public debate are important but they are often contentious in terms of who or what is included and excluded. Each inquiry has its own Terms of Reference, for example, and will enable discussion about the depth of the problem to greater or lesser extents, depending on how they are articulated.[11]

Definitions of 'disability' and 'violence' (and related terms) matter because they determine what counts as violence, which people with disabilities have access to which services and entitlements, as well as what demographic information is enumerated by data collectors for the purposes of understanding the extent of the social problem of violence and for planning services. More profoundly, the ways in which we describe violence against women and children shapes our understanding of what we recognise as violence, abuse and neglect, where we recognise it as occurring, and who we recognise as perpetrators or abusers. If, as research tells us, we are to understand that most violence against women occurs in the privacy of 'home', how do we understand the concept of 'home' for women with disabilities living in institutional or residential settings provided by a public authority or service organisation? Why is it so difficult to identify violence and abuse in institutional or residential settings and respond to it by drawing on the services of specialist domestic and family violence-sexual assault services, the police and courts?

Definition of disability

There are many definitions of 'disability', many of which are contentious and have a long history depending on who is defining it and for what purposes. Many disability theorists and people with disabilities, including Women with Disabilities Victoria, view 'disability' within a human rights framework and as a social construct created by the interaction of a person's ***functional impairment*** with a ***disabling environment***.

Functional impairments include one or more of sensory, physical, mental or cognitive (the latter includes cognitive impairments, intellectual disability, acquired brain injury and dementia).

Disabling environments create structural, attitudinal and behavioural barriers; for example, by preventing people with functional impairments from accessing housing, education, work opportunities, transport and services. Disabling environments are also created through negative stereotyping of people with disabilities as inherently frail, stupid, or vulnerable regardless of the functional impairment. Other disabling environments create physical, sensory or cognitive barriers that are specific to a particular physical, sensory or cognitive impairment; the obvious ones are buildings and modes of transport that are physically inaccessible to people who use wheelchairs or poor signage for people with communication or cognitive impairments.[12]

[11] See the discussion of this in L. Healey, 2013, *Voices Against Violence Paper 2: Current Issues in Understanding and Responding to Violence against Women with Disabilities,* Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre, Melbourne, www.wdv.org .

[12] These are discussed in detail in the *Voices Against Violence* papers (2013 and 2014) available at: www.wdv.org.au . The Voices Against Violence Research Project was a cross-sectoral partnership undertaken between Women with Disabilities Victoria, the Office of the Public Advocate and Domestic Violence Resource

Models of disability

Women with Disabilities Victoria's (WDV's) understanding of 'disability' as a social construct aligns with the ***social model*** of disability. The social model was developed in response to the ***individual or medical model*** of disability, a much older view of disability as a 'problem' of the individual requiring professional intervention to rectify, fix or manage 'the person'. In its most insidious use, the medical model constructed women as 'mad', 'deviant' or 'pathological', even requiring institutionalisation as punishment or in need of therapeutic intervention.[13] Usage of the social model dates from the 1960s and the growth of self-advocacy movements and it was articulated in influential publications by Mike Oliver. [14]

WDV's understanding of disability is also akin to a newer model called the ***bio-psycho-social model***, one which this paper's author refers to as the ***contextual model*** of disability for simplicity. This model puts greater emphasis on disability as indicative of human variability and on how environmental factors (such as the natural and built environment, attitudes, accessibility of services, systems and policies) interact with personal factors, including health conditions and functional impairments (see boxed text below).

Viewed on a continuum of human variability, 'disability' can also be understood within a ***human rights framework or model*** of disability. A human rights approach is of particular importance because its instruments foreground the rights of people with disabilities to enjoy the full range of human rights without discrimination, which includes discrimination on the basis of disability and the right to life free from violence. Of particular relevance to this paper is the *Convention on the Rights of Persons with Disabilities* (adopted by the Australian government in 2008), the *Convention on the Elimination of All Forms of Discrimination against Women,* and the *Charter of Human Rights and Responsibilities Act 2006* (Vic), Victoria being the only state in Australia to have a bill of rights.[15]

The ***bio-psycho-social model (or the contextual model) of disability*** was proposed as a way of moving beyond the rigid dichotomy of the medical/social models, and as a way of indicating the continuum of human variation as opposed to 'disability' as a 'special' condition of the few. This newer model recognises that impairments, activity limitations and participation restrictions are negatively impacted upon by environmental and personal factors, both of which are treated as 'contextual factors' It thus recognises that functional characteristics of impairments (whether they be

Centre Victoria. The project investigated the circumstances of women with disabilities of any kind (including physical, sensory and cognitive impairments and mentl ill-healh) who have experienced violence.

[13] See H. Clark and B. Fileborn, 2011, Responding to women's experiences of sexual assault in institutional and care settings' *ACSSA wrap* no, 10, Australian Centre for the Study of Sexual Assault, Melbourne.

[14] For example, M. Oliver (1983) *Social Work With Disabled People*; N. Fitzsimons (2009) *Combating Violence & Abuse of People with Disabilities,* Paul Brookes Publishing Co., Baltimore, Maryland, USA.

[15] For a human rights approach to disability, see section 4 in G. Dimopolous with E. Fenge, 2013, *Voices Against Violence Paper 3: A Review of the Legislative Protections Available to Women with Disabilities who have experienced Violence in Victoria,* Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne, www.wdv.org.au .

sensory, physical, cognitive or mental illness), like other characteristics of identity (such as gender, sexuality, indigenousness, citizenship status, socioeconomic status) are all important in shaping life experiences in the context of disabling and discriminatory environmental impacts. It acknowledges the increasing prevalence of disability given aging world populations, the disproportionate presence of disability in people lacking access to preventative measures and/or living in poverty, and the emergence of new disabilities relating to 'lifestyle risks'. This model was developed from the United Nations World Health Organisation's *International Classification of Functioning, Disability and Health* (ICF).[16]

Prevalence of disability in Australia

The population of people with disabilities represents a very significant proportion of the overall population. The latest national survey, the 2012 *Survey of Disability, Ageing and Carers* (SDAC), estimated that 4.2 million Australians (of a total population of over 22.8 million Australians) or 18.5 per cent of the population had a disability, the latter defined as any limitation, restriction or impairment which restricts daily activities and has lasted or is likely to last, for at least six months.

People with disabilities by gender

Overall, the national proportion of men with disability is smaller than women with disability (eighteen per cent compared with nineteen per cent). This gender difference increases markedly with age. Forty per cent of women with profound or severe core activity limitations are aged 75 years and over compared to twenty-six per cent for men.[17]

Aboriginal and Torres Strait Islander people with disabilities

Half of Australia's Aboriginal and Torres Strait Islander population aged 15 years and over were recorded as having a disability in ABS' previous SDAC. For those living in cities, rural and regional areas (i.e. not in remote communities) the Indigenous adult population was one and a half times more likely than non-Indigenous to have a disability and twice as likely to have profound or severe core-activity limitations. Starkly, Indigenous children were twice as likely as non-Indigenous children to have a disability (14 per cent compared to 7 per cent).[18]

Victorians with disabilities

Victoria's prevalence of disability mirrors national prevalence. In addition, the proportion of Victorians with a disability is higher in rural and regional Victoria than in the major cities (22 per cent

[16] WHO, 2011, *World Report on Disability*, WHO, Geneva, www.who.int; Accessing Safety Initiative of the Vera Institute of Justice and the US Department of Justice, www.accessingsafety.org; L. Healey, K. Howe, C. Humphreys, C. Jennings, and F. Julian, 2008, *Building the Evidence: A Report on the Status of Policy and Practice in Responding to Violence Against Women with Disabilities in Victoria*, Melbourne, Victorian Women With Disabilities Network Advocacy Information Service, www.wdv.org .

[17] Australian Bureau of Statistics, 2013, *Survey of Disability, Ageing and Carers, Australia: Summary of Findings, 2012,* Commonwealth of Australia, Canberra, No. 4430.0. http://www.abs.gov.au/ausstats/abs@.nsf...

[18] Australian Bureau of Statistics, 2010, *Survey of Disability, Ageing and Carers, Australia: Summary of Findings, 2009,* Australian Bureau of Statistics, Canberra, Cat. No. 4430.0.

compared to 17 per cent) and of those requiring assistance for a core activity, five per cent were residing in rural and regional Victoria compared to 4.3 per cent in metropolitan Melbourne.[19]

Social and economic participation of people with disabilities

On all measures of social and economic participation (education, employment, income and home ownership) people with disabilities are on the margins of society. This is particularly so for women – and even more so for Aboriginal and Torres Strait Islander women - with disabilities, who are more likely to live in poverty. The vicissitudes of poverty are more likely to expose them to violence and poor access to mainstream services and public resources for a range of reasons, cultural and otherwise.[20]

Definitions of violence and abuse in interpersonal relationships

In the literature, violence against women and girls is referred to as violence against women, gender-based violence, or sexual and gender-based violence. It includes, but is not limited to, physical violence, emotional abuse, sexual violence, forced marriage, and denial of resources. Because it has become increasingly apparent that women with disabilities experience forms of violence that relate to their impairment as well as their gender, we now also speak of disability-based violence that intersects with gender-based violence.[21]

It is important to note that there are no common definitions of the types of violence and abuse in interpersonal relationships and that what may be considered sexual violence in one context may also be considered as disability-based violence. For example, involuntary sterilisation is a form of sexual violence but if the victim is a woman or girl with disability, it may also be described as disability-based violence. Therefore, women with disabilities in institutional and residential settings may experience overlapping forms of violence: domestic and family violence, sexual assault and impairment-related violence and abuse.

Sexual assault (such as sexual abuse, rape, sexual harassment, sterilisation, involuntary termination of pregnancy

The National Council to Reduce Violence Against Women and Their Children defines sexual assault as unwanted behaviour or activity of a sexual nature directed towards a woman that makes her feel uncomfortable, distressed, frightened or threatened or which causes harm or injury to her to which she has not, or is unable to, give consent. It involves behaviour that involves coercive physical, emotional, psychological or verbal behaviour against her in a single incident or is part of an ongoing pattern of assault. It also includes sexual harassment, stalking, forced or deceptive sexual exploitation, indecent assault and rape.[22]

In Victoria, the *Crimes Act 1958* (Vic) defines sexual offences to include rape and assault with intent to rape, indecent assault, incest, administering drugs to enable sexual penetration, sexual offences against young people and offences against people with impaired mental functioning. This Act does

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[19] State of Victoria, 2012, *Victorian State Disability Plan 2013-2016 Companion document*, Victorian Government Department of Human Services, Melbourne, Victoria.,

[20] See discussion of this in L. Healey, 2013, *Voices Against Violence Paper 2: Current Issues in Understanding and Responding to Violence against Women with Disabilities,* Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre, Melbourne, www.wdv.org.au .

[21] See Voices Against Violence papers; L. McLain, 2011,*Women, Disability and Violence: Strategies to Increase Physical and Programmatic Access to Victims' Services for Women With Disabilities*, from The Barbara Waxman Fiduccia Papers on Women and Girls With Disabilities, Centre for Women Policy Studies.

[22] The National Council to Reduce Violence Against Women and Their Children, 2009, *Background Paper for Time for Action: The National Council's plan for Australia to reduce Violence against Women and their Children, 2009-2021,* Commonwealth of Australia, pp 11-12.

not include sexual harassment, which is described as a wide range of unwelcome behaviour of a sexual nature, which could reasonably be expected to make a person feel offended, humiliated or intimidated. Under the *Equal Opportunity Act 2010* (Vic) and the *Sex Discrimination Act 1984* (Cth), sexual harassment is unlawful in the workplace.[23]

Domestic and family violence[24]

The National Council to Reduce Violence Against Women and Their Children defines domestic violence as follows:

> *"Domestic violence refers to acts of violence that occur between people who have, or have had, an intimate relationship. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and non-criminal. Domestic violence includes physical, sexual, emotional and psychological abuse."*[25]

In Victoria, the *Family Violence Protection Act 2008* (section 5) includes as family violence:

> *"(a) behaviour by a person towards a family member of that person if that behaviour-*
>
> *(i) is physically or sexually abusive; or*
> *(ii) is emotionally or psychologically abusive; or*
> *(iii) is economically abusive; or*
> *(iv) is threatening; or*
> *(v) is coercive; or*
> *(vi) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person."*

'Family violence' under Victorian law acknowledges a broad range of relationships within which violence occurs. It recognises that violence occurs between family members (not just 'intimate partners') and across the range of kinship relationships in Aboriginal and Torres Strait Islander communities.[26] Importantly, for this paper, the Act (section 8) defines 'family member' to include people regarded "…as being like a family member". It therefore includes carers.

Disability-based violence

Disability-based violence involves a diverse range of behaviours that includes impairment-related violence and abuse; physical, sexual, emotional, economic and reproductive violence, hate

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[23] See www.business.vic.gov.au/operating-a-business/employing-and-managing-people/employer-responsibilities/equal-opportunity/sexual-harassment; The National Council to Reduce Violence Against Women and Their Children, 2009

[24] 'Domestic and family violence' (DFV), 'domestic violence' and 'family violence' are used interchangeably in this paper depending on the phrase used in the particular reference.

[25] COAG, 2013, *National Plan to reduce violence against women and their children: Including the first three-year Action Plan*, from https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf

[26] COAG, 2013, *National Plan to reduce violence against women and their children: Including the first three-year Action Plan*, from https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf

crimes, ongoing neglect, the use of constraint or restrictive practices and ***institutional violence***.[27]

> ***Institutional violence*** often involves rigid regimes, poor quality care; unethical or unauthorised practices in response to challenging behaviours and mental ill health needs and breaches of professional boundaries by staff. This understanding of violence and abuse is well documented in the literature on disability but it is less likely to be informed by a gender lens.

The violence is often experienced over long periods of time and inflicted by multiple perpetrators, including male co-residents and those providing personal care. Personal care may be provided in the context of an intimate relationship in the privacy of a person's home or in institutional, public or service settings, such as hospitals, aged care accommodation, small group homes, and larger disability residential accommodation.[28]

Examples of disability-based violence include:

- Hate crimes – hostility expressed through theft, property damage, bullying and cyber bullying; criminal assault; infanticide (particularly of girls with disabilities)
- The use of physical constraints or chemical restraints
- The wilful administration of poisonous substances or inappropriate medication
- Neglectful withholding of medication
- Withholding food, water or heat
- Rough handling when undertaking care work
- Withholding equipment, medication or transportation
- Refusal to provide assistance with essential daily care
- Confinement
- Social isolation
- Alteration, destruction or inappropriate use of aids and assistive equipment
- Neglect, abandonment and deprivation, which is often cumulative
- Demanding sexual activity or expecting sex in return for care
- Taking advantage of an impairment and inaccessible environment to force sexual activity
- Sexual assault under the pretence of 'sex education'
- Leaving a woman naked or exposed and other violations of privacy
- Denying a woman or girl's sexuality
- The denial of impairments

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[27] Sources for studies that discuss perpetrators' use of physical, sexual, emotional, economic and reproductive violence and hate crimes can be found in L. Healey, 2013, *Voices Against Violence Paper 2: Current Issues in Understanding and Responding to Violence against Women with Disabilities,* Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre, Melbourne, www.wdv.org.au .

[28] International Network of Women With Disabilities, 2010; M. Saxton, M.A. Curry, L.E. Powers, S. Maley, K. Eckels and J. Gross, 2001, 'Bring My Scooter so I Can Leave You: A Study of Disabled Women Handling Abuse by Personal Assistance Providers', *Violence Against Women*, 7, (4), 393–417; G. Hague, R. Thiara, P. Magowan and A. Mullender, 2008, *Making the Links: Disabled Women and Domestic Violence*, Women's Aid Federation of England, Bristol, UK; and C. Frohmader, 2007, *Forgotten Sisters – A global review of violence against women with disabilities.* Women with Disabilities Australia (WWDA) resource manual on violence against women with disabilities, WWDA, Tasmania.

- Threats to withdraw care or services
- Ignoring requests for assistance
- Threats to institutionalise, punish or abandon
- Denial of rights
- Restricting access to services
- Being angry when 'gratitude' is not expressed in exchange for care
- Controlling the use of funds for impairment-related needs
- Theft of disability-related payments
- Bank fraud
- Abuse of enduring Power of Attorney
- Structural problems in the benefits system
- Controlling menstruation by sterilisation
- Terminating pregnancy, particularly of women and girls with intellectual disabilities
- The denial of sex education
- The denial of appropriate reproductive health care

Gendered perpetration and victimisation patterns of violence and abuse

The dominant perpetration and victimisation pattern of violence and abuse in interpersonal relationships around the world is remarkably similar with men more likely than women to perpetrate violence against women and other men.[29] Women are more likely to be physically assaulted or murdered by someone they know, most commonly by a current or former intimate partner, whereas men are more likely to be assaulted or murdered by strangers. And women are at greater risk than men of being sexually abused in childhood, adolescence or adulthood.[30] A recent World Health Organisation review of the prevalence of violence against women found that gendered violence by partners or non-partners affected more than 1 in 3 women globally.

We do not know if this pattern applies to the same extent for people with disabilities because, as there are no large-scale studies that include women living in institutional or residential disability services, we do not know enough about violence and abuse occurring in institutional and residential settings. And, whilst the literature and recent Victorian research indicates that intimate partner violence (domestic and family violence) is the most common form of violence for women with disabilities living in the community,[31] we do not know if this applies to women who are disability service users or living in residential care.

[29] See the systematic review of reviews of evidence on reducing the victimization or perpetration of violence against women and girls in D. Arange, M. Morton, F. Gennari, S. Kipslesund and M. Ellsberg, 2014, 'Interventions to Prevent or Reduce Violence Against Women and Girls: A systematic review of reviews', *Women's Voice and Agency Research Series,* no. 10, Gender Equality and Development, The World Bank; www.worldbank.org/gender/agency; also, see information sourced from the Australian Bureau of Statistics produced by Our Watch and ANROWS as a fact sheet on rates of violence against women and men in Australia; www.ourwatch.org.au and www.anrows.org.au

[30] D. Arange, M. Morton, F. Gennari, S. Kipslesund and M. Ellsberg, 2014, 'Interventions to Prevent or Reduce Violence Against Women and Girls: A systematic review of reviews', *Women's Voice and Agency Research Series,* no. 10, Gender Equality and Development, The World Bank; www.worldbank.org/gender/agency .

[31] For example, the Office of the Public Advocate's audit of 100 randomly selected case files of women found that of the 45 whose experiences of violence were recorded, intimate partners were the most common type of perpetrator reported. However, only 4 of the 45 incidents recorded involved women living in residential disability care.

Gender symmetry is a myth

There has been increasing debate in academic and popular culture about the purported gender symmetry of adult victims and perpetrators of violence. [32] In fact, there is no 'symmetry' between men and women's dominant patterns of victimisation or perpetration. Men are more likely to perpetrate any kind of violence against both men and women.[33]

Evidence from Australia's 2012 Personal Safety Survey shows that:

- 17 per cent of women (around 1 in 6) compared to 5 per cent of men (1 in 20) have experienced physical or sexual violence from an opposite gender partner in their lifetime since the age of 15.
- 39 per cent of women compared to 14 per cent of men have experienced physical or sexual violence from the opposite gender, not necessarily a partner, since the age of 15, over the lifetime.
- 16 per cent of women compared to 3 per cent of men have experienced sexual violence from a known person, over the lifetime.
- 5 per cent of women compared to 2 per cent of men have experienced violence from an unknown person, over the lifetime.[34]

Research shows that women with disabilities experience higher rates of violence over their lifetime, and for longer periods of time in comparison to their male counterparts and women in the general population, and at the hands of a greater number of perpetrators.[35]

Whilst the full extent of the prevalence and incidence of violence against women and girls living in institutional and residential settings is unknown there is every reason to surmise that gendered asymmetries of perpetration and victimisation may be more pronounced in institutional settings. This is likely to be owing to a number of factors, such as discriminatory community attitudes about violence against women and about people with disabilities. Women and girls with disabilities living in institutional settings are also more socially isolated than those living in the community, and

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[32] C. Atmore, 2001, *Men as Victims of Domestic Violence: Some issues to Consider,* Domestic Violence and Incest Resource Centre, Melbourne; M. Flood, 2006, 'Violence Against Women and Men in Australia: What the Personal Safety Survey can and can't tell us'*, DVIRC Quarterly,* Edition 4, domestic Violence and Incest Resource Centre, Melbourne.

[33] See the systematic review of reviews of evidence on reducing the victimization or perpetration of violence against women and girls in D. Arange, M.Morton, F.Gennari, S. Kipslesund and M.Ellsberg, 2014, 'Interventions to Prevent or Reduce Violence Against Women and Girls: A systematic review of reviews', *Women's Voice and Agency Research Series,* no. 10, Gender Equality and Development, The World Bank; www.worldbank.org/gender/agency; also, see information sourced from the Australian Bureau of Statistics produced by Our Watch and ANROWS as a fact sheet on rates of violence against women and men in Australia; www.ourwatch.org.au and www.anrows.org.au

[34] Australian Bureau of Statistics, 2012, *Personal Safety Survey, Experience of Partner Violence*, at http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0Chapter7002012; and *Experience of Emotional Abuse by a Partner*, at http://www.abs.gov./au/ausstats/abs@nsf./Lookup/4906.0Chapter8002012

[35] For example,K. Hughes, M.A. Bellis et al, 2012, 'Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies,' Lancet, doi:10.1016/S0410-6736(11)61851-5, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61851-5/abstract; R. B. Hughes, E. M. Lund et al, 2011, 'Prevalence of Interpersonal Violence Against Community-living Adults with Disabilities: A Literature Review', *Rehabilitation Psychology*, 56, 4: 302-319; H. Khalifeh, L. Howard et al, 2013, 'Violence Against People With Disability in England and Wales: findings from a National Cross-Sectional Survey', *PLOS ONE*, 8,2, e55952; S-B. Plummer and P. Findley, 2012, 'Women with Disabilities' Experience with Physical and Sexual Abuse: Review of the Literature and Implications for the Field, *Trauma, Violence and Abuse*, 13, 1: 15-29; D. A. Brownridge, 2009, *Violence Against Women: Vulnerable Populations*, Routledge, New York.

experience greater challenges in communicating and protecting themselves owing to their impairments. Therefore, the opportunities for abusers to take advantage of those to whom they provide assistance for daily care (such as showering, toileting, dressing etc) and transportation are considerably raised.[36]

Examples from recent research:

- A large Canadian population-based dataset of just over 7,000 heterosexual women, including women with disabilities living in the community, found that perpetrator characteristics alone accounted for the elevated risk of women with disabilities being targeted. It suggests that perpetrators' use of coercive control (such as controlling access to medication, mobility and external supports) is fuelled by compounding ablest and sexist views, which leads them to seek out partners they view as submissive or deserving of abuse because of their disability.[37]

- Australian studies into access to justice for women with disabilities, including those living in disability care settings with cognitive and/or communication impairments and/or mental health illness indicate exceptional under-reporting of violence and abuse to police and other authorities. Instances are often under-recorded and under-investigated when it does come to the attention of managers.[38] Further, violence and abuse is often described in the disability sector as 'incidents', albeit 'serious' with little further detail of what happened, when physical harm or damage to property has occurred, and the literature on safeguarding at-risk adults in disability services typically describes a victim (or advocate on their behalf) as making an 'allegation' of violence and abuse rather than a 'disclosure'.[39]

Distinctive features of violence against women and girls with disabilities

It is useful to think about women with disabilities' experiences of violence and abuse in terms of:

1. The perpetrator's use of violence and abuse constituting an *attack on the victim's impairment.*
2. The broad range of *relationships* within which violence is perpetrated against women and girls with disabilities going well beyond those typically regarded as pertaining to women in general.
3. The diverse, broad and complex *settings* in which violence occurs.
4. The high *numbers of violent perpetrators* a woman is likely to encounter in a lifetime.

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[36] As the examples provided in Section 2 show.

[37] D. Brownridge, 2009, *Violence Against Women: Vulnerable Populations,* Routledge, New York; and L.C. Copel, 2006, 'Partner Abuse in Physically Disabled Women: A Proposed Model for Understanding Intiate Partner Violence Perspectives, *Psychiatric Care,* 42, doi: 10.1111/j.1744-6163.2006.00059.

[38] See M. Camilleri, 2009, *[Dis]Abled Justice: Why reports of sexual assault made by adults with cognitive impairment fail to proceed through the justice system,* PhD thesis, School of Education, University of Ballarat; and Victorian Equal Opportunity Human Rights Commission, 2014*, Beyond doubt: The experiences of people with disabilities reporting crime – Research findings*, State of Victoria, Melbourne. The Office of the Public Advocate's Community Visitors annual reports indicate that serious incidents are not always recorded let alone reported.

[39] For examples, see disability Services Commission, 2012, *Safeguarding People's Right to be Free from Abuse: Key considerations for preventing and responding to alleged staff to client abuse in disability services,* Learning from Complaints Occasional Paper No. 1, Disability Services Commissioner, Sate of Victoria, www.odsc.vic.gov.au ; A. Faulkner and A. Sweeney, 2011, *Prevention in adult safeguarding,* Adults' Services Report 41, social Care Institute for Excellence, UK.

An attack on the victim's impairment

Violent behaviours that target the victim's impairment often involve a range of behaviours that, in addition to sexual assault and domestic and family violence, take on added poignancy for women with disabilities. This is because the power and control that is exercised over the victim often occurs in subtle ways that are easily hidden or passed off being the result of a woman's agitated mental state or uncontrolled movement leading to bruising or other physical injury. Much violent behaviour is experienced in profoundly gendered ways (for example, a woman being roughly handled or sexually assaulted during toileting by a male support worker). The impacts of such violence are also especially acute for women with disabilities from Aboriginal, refugee, asylum-seeker, gay, lesbian, bisexual, transgender and intersex communities, or those living in rural communities, for whom there are additional barriers to disclosures of violence and abuse.

Evidence from recent Australian research:

- The Victorian Office of the Public Advocate's audit of 100 randomly selected Advocate/Guardian Program case files of women found that of the 45 whose experiences of violence were recorded, the most common were reported to be psychological violence, physical violence, controlling behaviour, and economic abuse. Impairment-related abuse was reported in some of the women's cases with references to denying women medication and withholding disability related aids. Of the 78 perpetrators whose gender was recorded in the case files, 68 were men. It is significant to note that many of the women suffered from social isolation, which functioned as both a risk factor for, and a consequence of, the violence. The research thus revealed that some perpetrators used social isolation as a form of violence and abuse in itself. [40]

- A key finding of the interviews conducted with 20 women with disabilities during the Voices Against Violence research in 2013 was the frequency with which women described perpetrators targeting their impairments in order to assault and abuse them. In particular, women's mental health was used to discredit them and as a way of instilling the fear that they would not be believed should they seek help for the abuse.[41]

The relationships within which violence is perpetrated against women with disabilities

There is a broad range of relationships through which violence is perpetrated against women with disabilities compared to women without disabilities. Aside from intimate male partners,[42] personal assistants working in both institutional and private residential settings are a significant perpetrator

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[40] M. McGuire, 2013, *Voices Against Violence: Paper 4: A Review of the Office of the Public Advocate's Records on Violence Against Women with Disabilities*, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne. Office of the Public Advocate's Advocate/Guardians are appointed by the Victorian Civil and Administrative Tribunal to make health and lifestyle decisions on behalf of adults with cognitive impairments (including intellectual disability, mental ill health, acquired brain injury and dementia).

[41] D. Woodlock, D. Western and P. Bailey, 2014, *Voices Against Violence: Paper 6: Raising Our Voices - Hearing from with Women with Disabilities,* Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne.

[42] J. Cockram, 2003, *Silent Voices: Women With Disabilities and Family and domestic Violence,* People With Disabilities (WA0 Inc, Perth, W.A.; R. Martin, SN. Ray, D. Stres-Alvarez et al, 2006, 'Physical and Sexual Assault of Women With Disabilities' *Violence Against Women,* 12, (9), 823-837, doi: 10.1177/1077801206292672; S. Milberger, N. Israel, B. LeRoy et al, 2003, 'Violence Against Women with Physical Disabilities', *Violence and Victims,* 18, (5), 581-590; D. Smith, 2008, 'Disability, gender and Intimate Partner Violence: Relationships from the Behavioural Risk Factor Surveillance System', *Sexuality and Disability*, 26 (1), 15-28.

group.[43] Women with disabilities are also at risk of experiencing violence by other support staff, service providers, medical and transportation staff, taxi drivers, peers and male residents of a shared residential home.[44] Indeed, opportunities for male co-residents of mixed residential homes and psychiatric units to sexually or physically assault female residents are a significant issue identified in Office of the Public Advocate's Community Visitor reports. Sometimes, violence in the form of sexual assault or verbal denigration is opportunistic but sometimes the violence may occur over many years.

Perpetrators, whether disability staff, ancillary staff (such as transport drivers or medical staff) or family members, exercise power and control in overt and subtle ways, often within the intimacy of personal care relationships. But opportunities for sexual and physical assaults can also occur within the context of routine or repeated service provision, such as during transportation. These instances are profoundly gendered in that it is predominantly *men* using fear, manipulation and coercion against women with disabilities, and is not necessarily overtly physical.

Multiple perpetrators of violence in different kinds of relationship

- 'Moira' is a young woman who lives in rural Victoria. She has a cognitive disability and has experienced multiple forms of violence throughout her life at the hands of numerous perpetrators. Her mother was abusive towards her, which prompted Moira to be removed from her care and placed with a foster family. But her mother's boyfriend also sexually assaulted her when she was young and threatened to kill her if she told anyone. She also spent some time living in residential care as a teenager. During this time, three males sexually and physically assaulted her: one was a disability worker, one was a co-resident, and another was the father of a resident.[45]

Importantly, the Voices Against Violence research found that whilst some family members were perpetrators of violence, some family members were also women's greatest allies in identifying and

[43] P. Cambridge, J. Beadle-Brown et al, 2006;, *Exploring the Incidence, Risk Factors, Nature and Monitoring of Adult Protection Alerts,* Tizard Centre, Canterbury, UK; G. Hague, R. Thiara and A. Mullender, 2011, Disabled Women, Domestic Violence and Social Care: The Risk of Isolation, Vulnerability and Neglect' *British Journal of Social Work,* (41), 148-165. Doi: 10.1093/bjsw/bcq057; J.S. Oktay and C.J.Tompkins, 2004, 'Personal Assistance Providers' Mistreatment of Disabled Adults', *Health and Social Work,* 29, (3), 177-188; M. Saxton, M.A. Curry, L.E. Powers, S. Maley, K. Eckels and J. Gross, 2001, 'Bring My Scooter so I Can Leave You: A Study of Disabled Women Handling Abuse by Personal Assistance Providers', *Violence Against Women*, 7, (4), 393–417; D. Sobsey, 1994, *Violence and Abuse in the Lives of People With Disabilities: The End of Silent Acceptance?,* Paul H Brookes Publishing Co, Baltimore, Maryland.

[44] B. Frantz, A. Carey and D.N. Bryen, 2006, 'Accessibility of Pennsylvania's Victim Assistance Programs', *Journal of Disability Policy Studies,* 16, (4), 209-219, doi: 101177/10442073060160040201; D. Sobsey, 2000, 'Faces of Violence Against Women with Developmental Disabilities', *Impact,* 13, (3), 2-4, 25-27.

[45] See D. Woodlock, D. Western and P. Bailey, 2014, *Voices Against Violence Paper 6: Raising Our Voices – Hearing from Women with Disabilities,* Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne.

drawing attention to the violence that they experienced.[46] However, we must not assume that family is always a positive support.

Settings in which violence against women with disabilities occurs

Violence against women with disabilities occurs in a potentially greater number of intimate settings than is commonly experienced by women in the general community. Whilst most women with disabilities live in the community in the privacy of their own homes, the inquiries will focus on the institutional and residential or disability care services in which a smaller proportion of the overall population of women with disabilities is living or using. These could include such diverse settings as: disability residences, group homes, supported accommodation, day-care services, aged care facilities, respite care services, detention centres, juvenile justice centres and prisons, and psychiatric inpatient units.

Evidence from Victoria's Office of the Public Advocate:

- The latest *Community Visitors Annual Report 2013-2014*, reports a rise in incidents of violence, abuse and neglect over several years in Supported Residential Services. These include reports of sexual assault where it has been unclear what action staff has taken. It is also clear that some staff are unsure of what their response should be when disclosures and allegations are made. In one country region, a female resident reported that a male resident exposed himself to her at her bedroom door. A report was made to the SRS manager who took a range of actions but no report was prepared until after Community Visitors raised the issue of its absence.[47]

The high number of perpetrators of violence in the lives of women with disabilities

It is well established that women with disabilities experience violence from many usually male perpetrators over the lifetime.

Evidence from recent research in Victoria:

- Victoria's Office of the Public Advocate's audit of 100 randomly selected Advocate/Guardian Program case files of women found a total of 89 men perpetrated violence against the 45 women whose experiences of violence were recorded. Whilst most women had one perpetrator of violence recorded in their file, some had experienced violence from between two to six perpetrators and one woman had reportedly had 15 perpetrators in the course of her life.[48]

- Researchers counted 37 perpetrators in the lives of the 20 women interviewed for the Voices Against Violence research project.[49] Most of the women interviewed were living in the community at the time of the interview. It is likely that most experienced the violence

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[46] See M. McGuire, 2013, *Voices Against Violence Paper 4: A Review of the Office of the Public Advocate's Records on Violence Against Women with Disabilities*, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne. www.wdv.org.au

[47] Office of the Public Advocate, 2014, Community Visitors Annual Report 2013-2014: Residential Services, Mental Health, Disability Services, Melbourne, pp 18-19; www.publicadvocate.vic.gov.au

[48] See note M. McGuire, 2013, *Voices Against Violence: Paper 4: A Review of the Office of the Public Advocate's Records on Violence Against Women with Disabilities*, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne. www.wdv.org.au.

[49] See D. Woodlock, D. Western and P. Bailey, 2014, *Voices Against Violence Paper 6: Raising Our Voices – Hearing from Women with Disabilities,* Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne.

whilst living in the community but at least four of the 37 perpetrators were either co-residents or care workers in disability residences.

The prevalence and incidence of violence against women and girls

The problem of violence against women and girls is worldwide and endemic. A recent World Health Organisation study of the prevalence of violence against women in over 80 countries estimated that more than 1 in 3 women have experienced physical or sexual violence by an intimate partner or sexual violence by a non-partner at some stage in their lives. [50]

Prevalence and incidence of violence against women and girls with disabilities

A recent UN Women report describes the global evidence on prevalence and incidence of violence against women and girls with disabilities as "lacking".[51]

The available data only looks at the extent of violence against non-institutionalised women with disabilities. For women living in the community, international studies consistently find that women with disabilities are at greater risk of violence than men with disabilities and experience violence at up to double the rate in comparison with women without disabilities. Women with intellectual, mental ill health, severely limiting impairments, communication impairments, and living in institutional settings are at greater risk of sexual assault, in particular.[52]

There is no consistent and inclusive national data available on the intersection of gender, disability and violence across all spatial domains (institutional and community living) to enable reliable ongoing trend analysis into the prevalence and incidence of violence in disability services, or in relation to domestic and family violence and sexual assault.

The Australian Bureau of Statistics (ABS) has been working on this issue but it is only the most recent of four major Australian surveys into the incidence of interpersonal violence that has included ***some*** women with disabilities, which is of limited use without further analysis.[53] ABS' *Personal Safety Survey* (PSS) *2012* excludes people with disabilities who are the most marginalised and therefore the most likely to be exposed to violence and abuse. Furthermore:

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[50] World Health Organization (WHO), 2013, *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*, Geneva, Switzerland, World Health Organization, London School of Hygiene and Tropical Medicine and South African Medical Research Council.

[51] See S.Browne, 2011, *How have global services addressing violence against women with disabilities understood their needs and what are the lessons for the next generation of practice?* The United Nations Women, Global Virtual Knowledge Centre to End Violence against Women and Girls, p.21.

[52] The challenges in gathering data that puts gender, violence and disability and findings from significant studies in Australia together as well as findings from the major international and Australian studies on the extent of violence against women with disabilities are extensively discussed in L. Healey, 2013*, Voices Against Violence Paper 2: Current Issues in Understanding and Responding to Violence Against Women with Disabilities*, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne, pp 28-41. See also K. Hughes, M.A. Bellis, L. Jones et al, 2012, *Prevalence and Risk of Violence Against Adults With Disabilities: A Systematic Review and Meta-analysis of Observational Studies,* Lancet*,* http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61851-5/abstract; Office of the United Nations High Commissioner for Human Rights (OHCHR), 2012, *Thematic Study on the Issue of Violence Against Women and Girls and Disability*. All of these studies, however, are about women with disabilities living in the community.

[53] See The Australian Bureau of Statistics, 2013, *Defining the Data Challenge for Family, Domestic and Sexual Assault,* Commonwealth of Australia, Canberra.

- People with communication impairments who require an intermediary to assist with communicating with the interviewer are excluded because of the fear that the intermediary might be the perpetrator.[54]
- People living in institutional settings are excluded because the survey is based on individual households.
- Definitions of 'gender' and 'violence' that inform legislation and professional codes of practice or practice guidelines provide the bases for further exclusions. For example, people with disabilities who identify as transgender or intersexed may not be identified as experiencing violence. Types of violence, such as forced sterilisation, forced contraception, coerced psychiatric interventions, or lack of financial control may not be recognised as forms of violence in relation to a woman with a disability.

Whilst it should be possible to conduct quantitative analysis of 'like' sites (such as group homes in which people with disabilities live) to understand the gendered nature and incidence of violence against people with disabilities in institutional settings, standard quantitative measures, such as those employed by ABS to conduct the Personal Safety Surveys, are inadequate to the task of capturing the spatial complexity of gendered violence in institutions.[55] We may also need to make greater use of a range of qualitative methodologies.

The size of the problem of violence in disability services

The simple answer is that we do not know the full extent of the violence and abuse in disability services and institutional and residential settings in which women with disability live in Australia. There is every reason to conclude that cultures of violence persist in present-day private and public institutions where women and girls with disabilities live. As Victoria's Public Advocate, Colleen Pearce, wrote after the announcement to hold a Parliamentary inquiry into abuse of people with disabilities,

> *"…what has been reported [by Nick McKenzie and Richard Baker in 'The Age' and on ABC's 'Four Corners'] is just the tip of the iceberg. Abuse of people with disability is not confined to one service provider. Yooralla is merely the most visible aspect of a far more widespread problem in the system. For many years, my office's volunteer Community Visitors have reported on serious cases of abuse and neglect of people with disability or mental illness in group homes, supported residential services and mental health facilities."*[56]

Evidence from recent reports:

- 45 per cent of women experienced sexual assault during a mental health service inpatient admission; 67 per cent of women reported experiencing harassment during mental health hospitalisation; and more than 85 per cent of study participants who were women were fearful of being abused during hospitalisation.[57]

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[54] It would be possible but expensive (and therefore unlikely) to train survey interviewers to fulfil the role of such an intermediary.

[55] I am grateful to Karen Soldatic of UNSW for explaining the methodological premises of the Personal Safety Survey's exclusions based on 'methodological individualism'; a spatial focus on 'individual households'; and problems in identifying and therefore counting 'gender' and 'disability' (Personal communication with Dr Karen Soldatic, 15th May 2015).

[56] C. Pearce, 2014, 'Bipartisan stance sends clear message about abuse of citizens with disability', *The Age,* December 9, Melbourne.

[57] Victorian Mental Illness Awareness Council, 2013, *Zero Tolerance for Sexual Assault: A Safe Admission for Women*, Victorian Mental Illness Awareness Council, Melbourne. This study involved an online survey of 50 female in-patients in Victorian psychiatric wards undertaken in 2012.

- A Civil Society Report to the UN Committee on the Rights of Persons with Disabilities (CRPD) reported on a NSW Ombudsman's report that reviewed deaths of people with disability in residential disability accommodation. It expressed serious concerns about the circumstances of premature deaths (the average age upon death was 54), cases involving neglect in providing assistance with eating, in seeking timely medical assistance, and others in which 'do not resuscitate' directives were indicated on files with no record of informed consent from the person. The report also found that contrary to mandatory reporting requirements for 'unexpected' and 'accidental' deaths, most deaths of younger people with disability living in residential aged-care facilities went unreported. Of a total of 210 deaths in June 2007, the report cited an average of 21 deaths per year amongst people with disability less than 50 years of age living in residential aged care in Victoria. Little is known about the causes of these deaths but three, which were not reported to the coroner, were described as "preventable".[58]

- In Victoria, 62 of the women whose case files were audited by the Office of the Public Advocate as part of the Voices Against Violence project, lived in an institutional setting (39 in aged care accommodation, 14 in Supported Residential Services, 9 in group homes managed by human services) whilst a further 28 lived in private accommodation, and the remaining 10 in public or community housing, or critical care or psychiatric units) at the time of the file review. Given that the Advocate/Guardians are appointed to make health and lifestyle decisions on behalf of people with cognitive impairments, this range of settings is not surprising but also revealing in terms of where prevention and intervention must be improved. The review found that violence was a current issue for 28 women, meaning that the violence was current when the guardianship case went to VCAT or when it was being dealt with by OPA. The remainder were historical (in 15 cases) or unclear (in 2 cases).[59]

Data: the missing component

We have very limited public access to information about violence and abuse occurring in institutional settings involving people with disabilities.[60] Data does not consistently record:

- The gender of either perpetrator or victim.
- The relationship between perpetrator and victim (for example, if staff to resident violence or vice versa, or if between co-residents).
- The spatial location of where the violence and abuse occurs.
- The clear type of violence.

Much of our current knowledge comes from small-scale case audits of files, case study reports, and annual reports compiled by the Office of the Public Advocate (OPA) or complaints to the Disability Services Commissioner. OPA reports rely on information gathered through their Community Visitors Program.[61] As the latest annual report indicates, Community Visitors have sometimes been denied

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[58] Disability Representative, Advocacy, Legal and Human Rights Organisations, 2012, *Disability Rights Now: Civil Society Report to the United Nations Committee on the Rights of Persons with Disabilities*, August. At: http://www.ahrcentre.org/news/2012/10/19/433

[59] See M. McGuire, 2013, *Voices Against Violence Paper 4: A Review of the Office of the Public Advocate's Records on Violence Against Women with Disabilities*, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne.

[60] See discussion of this in relation to the sexual assault of women with disabilities in different institutional settings (psychiatric units, detention centres, correctional facilities, disability residential care, and aged care facilities in H. Clark and B. Fileborn, 2011, 'Responding to women's experiences of sexual assault in institutional and care settings', *ACSSA wrap,* No. 10.

[61] Community Visitors are appointed by the Governor in Council and, empowered by legislation to visit residential services, mental health facilities and disability services, are responsible for reporting to the

access to records of incidents or been unable to find a record of an incident they know has occurred. This latest report also indicates a continuing rise in reports of violence, abuse and neglect since 2011.[62]

Examples of missing disability data:

- The Victorian Department of Health and Human Services reports annually on the number of incidents in their disability services. However, neither the types of incidents that have been reported are described nor the gender of offenders and victims enumerated.[63]

- Most services in Australia do not routinely collect data on disability and violence. This includes the three Minimum Data Sets collected by the Australian Institute of Health and Welfare that includes the Home and Community Care Minimum Data Set, the Disability Services Minimum Data Set and the Specialist Homelessness Services National Minimum Data Set.[64]

- The National Disability Abuse and Neglect Hotline is a potential source of data on violence against women and girls with disabilities but do not provide publically available data.[65]

- *Australian crime: Facts and Figures,* published by the Australian Institute of Criminology, collects no data on disability status.[66]

- The Australian Bureau of Statistics' *Crime Victimisation Australia*, which measures crimes reported to and recorded by police, only reports on the links between mental health and crime.[67]

Victorian Parliament each year. For example, see: M. McGuire, 2013, *Voices Against Violence Paper 4: A Review of the Office of the Public Advocate's Records on Violence Against Women with Disabilities*, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne; Office of the Public Advocate, 2014, Community Visitors Annual Report 2013-2014: Residential Services, Mental Health, Disability Services, Melbourne; L. Bedson, 2012, *Sexual assault in Supported Residential Services: Four case studies, Office of the Public Advocate*, Carlton, Victoria; J. Dillon, 2010, *Violence Against People with Cognitive Impairments: Report from the Advocacy/Guardianship Program at the Office of the Public Advocate,* OPA, Melbourne. All available at: www.publicadvocate.vic.gov.au

[62] See *Community Visitors Annual Report 2013-2014: Residential Services, Mental Health and Disability Services,* at www.publicadvocate.vic.gov.au

[64]See L. Dowse, K. Soldatic, C. Frohmader, and G. van Toorn, 2013, *Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia. Background Paper,* Women with Disabilities Australia, Hobart. This project was a national research project that included an online survey of disability, violence, human service and justice organisations about the work they do with regard to identifying and responding to violence experienced by women and girls with disabilities.

[65] Women With Disabilities Australia, 2011, *Submission to the UN Analytical Study on violence against Women and Girls with Disabilities, Rosny Park, Tasmania.*

[66] L. Dowse, 2015, *Complex Intersections: disability, gender, violence and criminalization*, Presentation to inaugural Asia-Pacific Conference on Gendered Violence and Violations, UNSW, Sydney, Australia, 10-12 February, available: www.gvrnconference.arts.unsw.edu.au

[67] L. Dowse, 2015, *Complex Intersections: disability, gender, violence and criminalization*, Presentation to inaugural Asia-Pacific Conference on Gendered Violence and Violations, UNSW, Sydney, Australia, 10-12 February, available: www.gvrnconference.arts.unsw.edu.au

A crucial source of information often comes from the personal disclosures of women with disabilities. For example, some were recounted during a national roundtable on the subject of violence against women with disabilities held by the UN's Special Rapporteur on Violence Against Women in 2012. One of the women abused by Vinod Johnny Kumar also appeared on ABC's *Four Corners* documentary. And women make disclosures to the peak bodies for women with disabilities and other services (such as Victoria's Office of the Public Advocate's Community Visitors and the National Disability Abuse and Neglect Hotline).

Challenges in collecting and counting data on gender and disability violence

There are many challenges and difficulties in establishing the extent of the problem of violence against women and girls with disabilities. These include:

- Under reporting of crimes to police and other authorities.
- Under-recording due to procedural variations in recording incidents by authorities and services.
- Hidden reporting where a victim seeks assistance but does not disclose violence as the reason.
- Different recording requirements across the country's states and territories.
- Fear of asking questions about sensitive and personal issues.[68]

Yet, if we do not ask women and girls about their experiences, how can we know how common it is and the true size of the problem?

The barriers to disclosure by women with disabilities are formidable and well documented in Australian and overseas research.[69] These barriers are clearly compounded by the nature of the impairment, attitudes to that impairment or disability, and attitudes to other aspects of a woman's identity (her cultural background as an Aboriginal woman, for example). But, most importantly, they are compounded by the fact that at the core of the perpetrator's behaviour is the use of fear, control and manipulation over a woman's life (as the examples in Section 2 demonstrate).

Added to the problems in measuring 'violence' and 'disability' because definitions of what is being measured vary widely, there is the difficulty for many women and girls to recognise that what they have experienced is violence. This is a particularly acute problem for women with developmental or intellectual impairments or those who have been socially isolated in an institution and dependent on carers. The features of controlling, abusive relationships are such that

[68] Reproduced from L. Healey, 2013*, Voices Against Violence Paper 2: Current Issues in Understanding and Responding to Violence Against Women with Disabilities*, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne, p.37.

[69] See M. Camilleri, 2009, *[Dis]Abled Justice: Why reports of sexual assault made by adults with cognitive impairment fail to proceed through the justice system,* PhD thesis, School of Education, University of Ballarat; Victorian Equal Opportunity Human Rights Commission, 2014*, Beyond doubt: The experiences of people with disabilities reporting crime – Research findings*, State of Victoria, Melbourne; G.Dimopoulos with E. Fenge, 2013, *Voices Against Violence Paper 3: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria,* Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre.

4. Community attitudes to violence and disability

Community attitudes are important in understanding the conditions in which violence and abuse flourish in relation to women with disabilities. Poor knowledge of the problem of violence against women with disabilities and attitudes to it contribute to the problem itself, for it perpetuates the invisibility of women with disabilities, their concerns about violence as the number one issue facing them,[70] and thus the lack of action in addressing the problem itself. Community attitudes are shaped by understanding and knowledge of pertinent issues, in this case, violence and disability, as well as an understanding of how both of these are experienced and responded to in gendered ways by individuals, organisationally, and in the broader community.

Ablest attitudes (negative views of people with disabilities) support other attitudes, such as men's sense of entitlement in relation to women and children and adherence to rigid gender stereotypes. In this way, entrenched hierarchies of social, economic and political power are consolidated. These hierarchies are manifest in inequitable gender relations, ethnic and cultural relations, and homophobia. Within the disability service sector, where there is poor understanding of the gendered phenomenon of violence, such attitudes can encourage controlling behaviours and for carer resentment to become institutionalised and invisible.[71]

A particularly contentious community attitude is that women with disabilities are inherently vulnerable to violence and abuse. This is patronising and insulting to women with disabilities for it is a version of the old 'victim-blaming' discourse and a throwback to the view that people with disabilities inherently need protection. Women with disabilities are an extremely diverse population, thereby such a generalisation of vulnerability is inappropriate. Framed as a human rights issue, women with disabilities – like others - have a right to live in safety, regardless of their living arrangements. Risks of violence depend on multiple, intersecting forms of discrimination that go beyond merely the type of impairment (though this is a factor in the type of violence *perpetrators'* choose to use) to include age, race, ethnicity, class, gender, sexuality, citizenship status and so on. The rebuttal here is surely to hold perpetrators of violence, abuse and neglect to account, whether they be individual perpetrators or organisations that fail to address the conditions in which the injustice was created and sustained and fail to repair the harm.[72]

Evidence of poor community knowledge of the problem of violence against women with disabilities:

- The most recent National Community Attitudes Survey (NCAS) into Australians' attitudes to violence against women, conducted in 2013, found that only 41% of survey respondents

[70] See S. Browne, 2012; 'How have global services addressing violence against women with disabilities understood their needs and what are the lessons for the next generation of practice? The United Nations Women Global Virtual Knowledge Centre to End Violence against Women and Girls, summer, www.enable.org.tw/iss/pdf/20120925-6.pdf

[71] L.Healey, C.Humphreys and K.Howe, 2013, 'Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women with Disabilities,' *Violence and Victims,* 28,1,50-68; L.Healey et al, 2008, *Building the Evidence:* ; L.McLain, 2011, *Women, disability and violence: Strategies to increase physical and programmatic access to victims' services for women with disabilities,* The Barbara Waxman Fidducia Papers on Women and Girls with Disabilities, Center for Women Policy Studies, Washington, D.C.

[72] See discussions of this in C. Frohmader, 2007, *It's Not OK – It's Violence. Information about domestic violence and women with disabilities*, Women with Disabilities Australia (WWDA), Tasmania, Australia; S. Browne, 2012; 'How have global services addressing violence against women with disabilities understood their needs and what are the lessons for the next generation of practice? The United Nations Women Global Virtual Knowledge Centre to End Violence against Women and Girls, summer, www.enable.org.tw/iss/pdf/20120925-6.pdf

recognised that women with disabilities face a greater risk of violence than other women.[73] Of surveyed respondents who identified as having a disability, it was men with disabilities and women with disabilities over the age of 65 years who were more likely to hold violence supportive attitudes.[74] These are attitudes that justify, excuse, or trivialise violence against women, or minimise the impact on women or shift blame from the perpetrator of the violence to the victim.

The implications of men with disabilities and older women with disabilities having poor understanding of violence against women with disabilities are important for future prevention endeavours. We might surmise that it is these gender and age cohorts who have been most exposed to rigid gender stereotypes, notions of male entitlement, and to experiences of violence over the lifetime. Oppressive behaviours and attitudes can become internalised (particularly for those who may have directly experienced institutional violence and abuse in disability services) and particularly in circumstances where education about safe and respectful intimate relationships has not been available.

Community attitudes toward disability itself are tellingly bleak.

Evidence from recent Australian research:

- The Scope 1 in 4 Poll of 761 Australians with a disability found that 94% of surveyed respondents do not have their need for meaningful participation in their community met; 90% do not feel valued; 90% do not have their need for access to services met; and 91% do not have their need for social contact and support met. The single biggest improvement to increase social inclusion of people with a disability was regarded as the attitudes of others in the community.[75]

The denigrating attitudes to women with disabilities reflect a broader set of negative attitudes to 'disability' and 'women'. These are often expressed through emotional and psychological abuse that targets a woman's impairment ("My ex-husband was always playing mind games with me…and kept telling my children I was psychotic"). Women with disabilities, particularly those with cognitive impairments or mental health issues, are often regarded as liars, unreliable witnesses (poor memory recall or highly suggestible), attention seekers, unworthy of being believed, and blameworthy because of so-called sexual promiscuity.[76] As a result, professional responses to disclosures of violence, abuse and neglect from women with disabilities may not be believed, may be inadequately investigated, and perpetrators able to continue with impunity.

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[73] K. Webster et al, 2014. *Australians' attitudes to violence against women: Full technical report, Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS),* Victorian Health Promotion Foundation, Melbourne, Australia, p.1.

[74] K. Webster et al, 2014. *Australians' attitudes to violence against women: Full technical report, Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS),* Victorian Health Promotion Foundation, Melbourne, Australia, p.4.

[75] Scope and Deakin University, 2012, 1 in 4 Poll.

[76] Such attitudes have particularly become the focus of research into access to justice for women with disabilities. For the Australian context, see J. Goodfellow and M. Camilleri, 2007, *Beyond belief: Beyond justice. The difficulties for victim/survivors with disabilities when reporting sexual assault and seeking justice,* Final report of the Sexual Offences Project Stage One, Disability Discrimination Legal Service, Melbourne, Australia; Victorian Equal Opportunity Human Rights Commission, 2014*, Beyond doubt: The experiences of people with disabilities reporting crime – Research findings*, State of Victoria, Melbourne.

These important findings are extremely useful in developing community campaigns to raise the understanding about violence against women with disabilities in the general community. They indicate the potential worth of working with men with disabilities in reshaping their knowledge and attitudes about the rights of women with disabilities to live free from violence and abuse.

It is important to know that attitudes can change, for example, through legislation, peer pressure, professional development, and media, which, in turn, can lead to changes in professional, organisational and personal practice, such as in the disability sector as well as attitudes held by people with disabilities.

5. Institutional living and violence

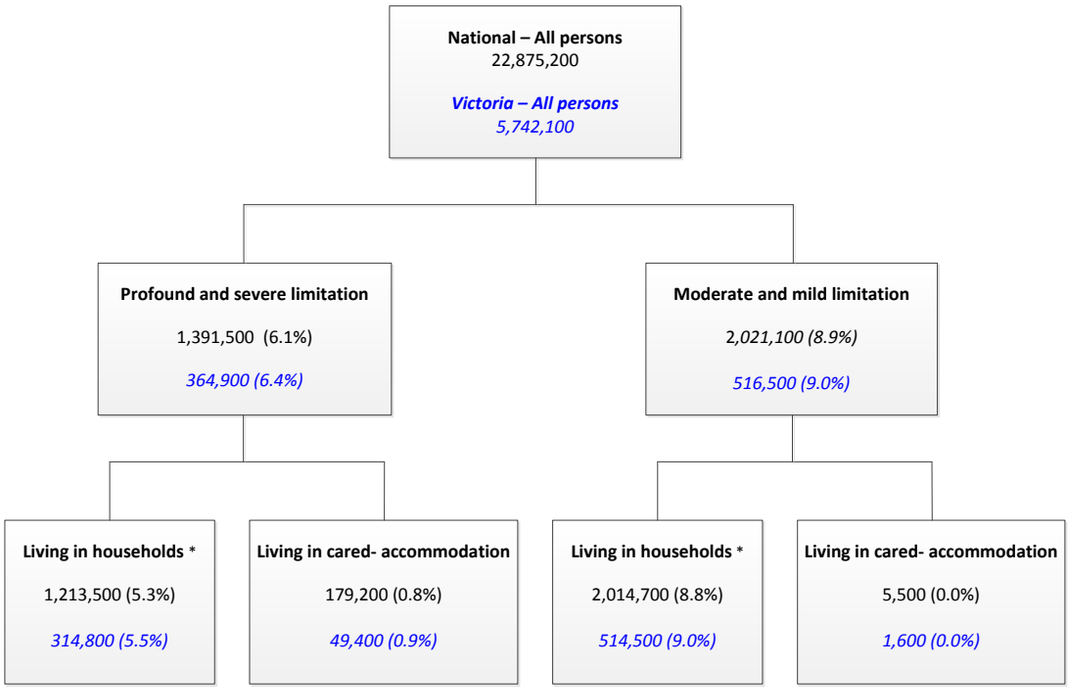
Institutional living circumstances

Statistical data on where people with disabilities live are not easy to access or encapsulate. The following provides some indication of the institutional living circumstances. Unfortunately, disaggregated data (for example, by age, gender, indigenous and other status) is not easily available:

- Diagram 1 shows that 49,400 people with profound and severe core-activity limitations (or 0.9 per cent of Victoria's total population of 5,742,100) and 1,600 with moderate and mild core-activity limitations (or 0.0 per cent of Victoria's total population) live in 'cared-accommodation' according to the latest national census data (see Diagram 1).[77] ABS does not disaggregate living arrangements by gender nor enumerate the number of people with disabilities living in small group homes of less than 6 people (the latter are counted as 'living in households').

- 1 per cent of Victorian people with disabilities live in a non-private dwelling such as a group home.[78]

Diagram 1. National and Victorian living arrangements of people with disabilities by core-activity limitation



* 'Living in households' comprises all private dwellings and non private dwellings (e.g. group homes) apart from care-accommodation
Source: ABS (2012) *Survey of Disability, Ageing and Carers*

[77] This data comes from the Australian Bureau of Statistics, 2012, *4430.0 Survey of Disability, Ageing and Carers,* and the author has adapted an ABS diagram to that shows national data so that it also includes Victorian data (highlighted in italics and blue). Note that 'living in cared-accommodation' does not include people with disabilities living in group homes of 6 persons or less. These are counted within the 'Living in households' enumeration.

[78] State of Victoria, 2012, *Victorian State Disability Plan 2013-2016 Companion document,* Victorian Government Department of Human Services, Melbourne, Victoria, p.18.

The Victorian Ombudsman's Terms of Reference for the inquiry into reporting and investigating allegations of abuse in the disability sector notes the following:

- 14,593 Victorian people with a disability have an Individual Support Package.
- 5,041 supported accommodation beds are managed by disability service providers, of which 52 per cent are directly provided by the Department of Health and Human Services (DHHS) and 48 per cent are provided by community service organisation.
- 4,930 beds are provided in 143 Supported Residential Services for whom 91 per cent of residents were reported as having a disability in 2013.
- 296 organisations are funded to provide disability services across Victoria.
- There are 124 facility-based respite services and 1,701 disability advocacy clients.
- There are approximately 1,000 high care clients of the Transport Accident Commission and WorkSafe Victoria. [79]

It is also important to note that between 1.3 per cent and 2.5 per cent of Victoria's prison population are estimated as having an intellectual impairment and up to 42 per cent of male prisoners and 33 per cent of female prisoners have cognitive impairments, such as an acquired brain injury.[80]

Exposure to violence and abuse in institutions

Institutionalisation is likely to increase the risk of exposure to violence, abuse and neglect owing to the fact that it constitutes a form of isolation, there is inadequate reporting and recording of incidents as observed by the Office of the Public Advocate's Community Visitors program, and the fact that we know women and girls experience higher rates of violence.[81]

A recent report notes that 'at risk adults', including those receiving accommodation and supported living from disability and aged care services, are not supported by current state social policies in relation to protection from violence, abuse, exploitation and neglect.[82] In exploring the powers and functions of various public authorities and service organisations, John Chesterman points out that Australia has never had a protection 'system' for 'at risk adults' within the disability and aged care sectors.[83] Instead, there have been ever-evolving disability and aged care services, according to each state and territory's legislation, policies and mechanisms.

With full implementation of DisabilityCare (the National Disability Insurance Scheme) in 2019-20, however, the federal government will have increased its role in determining the policy and service sphere of the disability sector. Its consequence for the aged care sector is yet to be determined. Of necessity, it will have increased regulatory involvement, and the consultation paper about the need for a quality and safeguarding framework explicitly states the need for national consistency.[84]

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[79] The original source of this data is unspecified. The Terms of Reference are available at: www.ombudsman.vic.govau

[80] See State of Victoria, 2012, *Victorian State Disability Plan 2013-2016 Companion document,* Victorian Government of Department of Human Services, Melbourne, p.24.

[81] For an overview of the history of disability institutions in Australia, see H. Clark and B. Fileborn, 2011, 'Responding to Women's Experiences of Sexual Assault in Institutional and Care Settings', *ACSSA Wrap,* No.10, Australian Centre for the Study of Sexual Assault, Australian institute of Family Studies, Melbourne.

[82] J.Chesterman, 2013, *Responding to violence, abuse, exploitation and neglect: Improving our protection of at-risk adults,* Report for the Winston Churchill Memorial Trust of Australia, Office of the Public Advocate, Melbourne, available at www.publicadvocate.vic.gov.au

[83] 'At risk adults' is his preferred term to that of adults with disabilities or cognitive impairments in order to denote that not all people with disabilities are at risk of violence, abuse, exploitation and neglect and not all 'at risk adults' are people with disabilities or cognitive impairments.

[84] NDIS, 2015, *Proposal for a National Disability Insurance Scheme Quality and Safeguarding framework* p.4.

Conditions in which institutional violence occurs

There are a number of conditions in which institutional violence and abuse flourish. These are well documented in the disability literature, although this literature tends not to focus on the difference that gender makes. It can involve rigid daily regimes that militate against providing quality care from the perspective of residents, unethical or unauthorised practices in response to so-called challenging behaviours and mental health needs, and breaches of professional boundaries by staff. Whilst there is a diverse range of institutional and residential settings in which people with disabilities reside, they share common features with regards to their governance and responsibility to residents. They also, inevitably, and to varying degrees, control or curtail residents' autonomy in some way, either voluntarily or by order of a public authority.[85]

The following characteristics of violence and abuse have been identified as common in the literature on institutional violence:[86]

- Extreme power inequalities exist between staff and residents.

- The prevailing subculture of violence, should it exist, is typically collective by nature with more than one perpetrator and more than one victim involved. Perpetrators may move easily between agencies where there is poor monitoring and checks.

- There is overt and subtle covering up of the abuse. This involves describing residents as having 'behaviours of concern' and using euphemistic terms to describe 'incidents', 'maltreatment', 'misconduct' and 'allegations'. Such terms can easily lead to investigation being event-based, thereby hiding the long-term nature of coercive control that perpetrators of repeated sexual assault and family violence rely on, and which may have the effect of rendering the service responders complicit in the violence. When a woman makes a 'disclosure' of violence to a specialist domestic and family violence or sexual assault service, there is an implicit acceptance that there is most likely a complex narrative involved. This has the desirable effect of shifting the focus of attention so that the woman's experience is believed and validated and that to get to the truth the investigation must be conducted in such a way as to avoid compromising the victim's safety and wellbeing. An example of this can be found in the 2015 consultation paper, *Proposal for a National Disability Insurance Scheme Quality and Safeguarding framework*, which refers to 'allegations' of abuse.

- There is often overcrowding, a lack of private space for residents, and poor resourcing in terms of essential items and same-sex shared residences.

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[85] See H.Clark and B.Fileborn, 2011, 'Responding to women's experiences of sexual assault in institutional and care settings', *ACCSA wrap,* No.10, Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies, Melbourne, Australia. At www.aifs.gov.au/acssa

[86] For example, see: H.Brown, 2011; C. Bigby, M. Knox, J. Beadle-Brown et al, 2012, 'Uncovering Dimensions of Culture in Underperforming Group Homes for People with Severe Intellectual Disabilities', *Intellectual and Developmental Disabilities,* 50, 6: 452-467; P. French, J. Dardel and D. Price-Kelly, 2009, *Rights Denied: Towards a national policy agenda about abuse, neglect and exploitation of persons with cognitive impairment,* People with Disability Australia; D. Marsland, P. Oakes and C. White, 2007, 'Abuse in care? The identification of early indicators of the abuse of people with learning disabilities in residential settings', *The Journal of Adult Protection,* 9, 4: 6-20; S. Robinson and L. Chenoweth, 2011, 'Preventing abuse in accommodation services: From procedural response to protective cultures, *Journal of Intellectual Disabilities*, 15, 1: 63-74; D.Sobsey, 1994, *Violence and Abuse in the Lives of People with Disabilities: The end of silent acceptance?* Paul H.Brookes Publishing Co, Baltimore, Maryland.

- Staff management is often authoritarian and personnel is typically hierarchical and understaffed, thereby rendering many staff powerless within the organisation's administration and management but also open to establishing control where they can, namely over residents, particularly women. Whistleblowing is particularly difficult under such circumstances.

- Violent behaviours are remarkably similar across geographically dispersed institutions.

Recent Australian media:

- ABC News, reporting on the abuse inquiries by the Victorian Ombudsman and Victorian Parliament into the disability sector, quoted President of People with Disability Australia, Craig Wallace, who spoke of "horror stories of abuse" within disability institutions and residential care going back decades as saying that "…Abuse against disabled people festers in institutions where people are close together and closed to the community" and that "many of those places and practices haven't really changed". The Health and Community Services Union state secretary Lloyd Williams spoke of the inadequate industry employment standards and poorly professionalised workforce: "In our sector, there is high casualization, high part-time work, low pay, which has led to the de-professionalisation of the sector".[87]

- The CEO of a large rural and regional disability service provider called for improved "consistent national rules and criminal history checks on staff in the disability care sector…If people are moving interstate from other states, or organisations do not take the matter to the authorities so that a record gets recorded against a perpetrator, then the problem is that perpetrator can move interstate or even within the state without that screening…an organisation's culture must be right to report abuse."[88]

Gender: the missing component

Gender is the missing component in understanding violence and abuse as it occurs in institutional and residential settings. A gendered understanding of violence and abuse allows us to identify a fuller range of types of behaviours used by perpetrators of violence. It allows us to understand the patterns of perpetration and victimisation and therefore enables us to devise effective responses both in terms of prevention and interventions. It is especially important to increase gender awareness as DisabilityCare is rolled out nationally so as to rectify the "current inequities in accessing disability support systems." [89] If we do not pay attention to gender, there is a

- Failure to recognise its importance in compounding the power imbalance between disability workers and clients
- Failure to involve women's specialist domestic and family violence and sexual assault services in supporting victims of violence

[87] ABC News, 3 March 2015, 'Abuse inquiry into Victorian disability sector to reveal 'problems on a national scale', www.abc.net.au/news/2015-03-03/inquiries-into-abuse-in-victorias-disability-sectorto-begin/6276272
[88] ABC News, 28 November 2014, 'Disabled abuse report sparks local policy review', www.abc.net.au/news/2014-11-28/disability-client-abuse/5924840
[89] ACT National Disability Insurance Scheme (NDIS) Taskforce, 2014, *Considerations of Gender and the NDIS: How can gender awareness and sensitivity be embedded into the new NDIS landscape? A Background Paper*, Community Services Directorate, ACT Government, Canberra.

- Potential miscarriage of justice and a failure to uphold the human rights of women and girls with disabilities when police are not involved in a sufficiently timely way for evidence to be gathered that would lead to possible civil if not criminal proceedings
- Failure to take account of sexist attitudes which might influence the way workers respond to violence against women and men; for example, the rape of women with disabilities may not be taken as seriously as violence against men with disabilities owing to the practice of not listening to women who disclose. We do not know the impact of gender on this because it is an unexplored area
- Failure to take account of sexist attitudes that might influence disability workers' differential treatment of men and women with disabilities. Again, we do not know without further research whether women with disabilities are more restricted, 'protected' or 'controlled' compared to men with disabilities in institutional and residential settings

6. Approaches to preventing and responding to violence

Human Rights approach

Women with disabilities are at particular risk of having their human rights breached. This is compounded by age, sexual orientation, homelessness, indigenous status, cultural background and English language proficiency. Framing violence against women with disabilities and disability as a human rights issue is a useful and important way of focussing on the inherent worth of every human with the right to enjoy equality of opportunity and effective participation in society. This means that the right to live free from violence must be upheld. This right is enshrined in various human rights instruments, including *the Convention on the Rights of Persons with Disabilities*, the *Convention on the Elimination of All Forms of Discrimination against Women* and in the following Commonwealth and state laws:

- Disability Discrimination Act (Cth)
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Equal Opportunity Act 2010 (Vic)
- Disability Act 2006 (Vic)

A human rights approach to violence against women and girls with disabilities enables advocates leverage in calling for the protection of those rights. This could include, for example, calling on governments and service responses to provide equitable access to the justice system for women with disabilities who have experienced violence and for swift, effective sanctions against perpetrators of violence.[90]

Ecological approach including cross-sector and cross-policy approaches

An ecological approach to interpersonal violence and abuse has been instrumental in devising measures to prevent and address violence against women and girls, on the one hand, and people with disabilities, on the other.[91] At the heart of this approach is an understanding of violence that is multi-factorial. It has been helpful for policy makers in the two sectors of violence prevention and disability to develop strategies that target individual, (variously) interpersonal or organisational, community and societal level factors.[92]

An ecological approach to the problem is ideally sustained and coordinated across different service sectors and thus encourages the different sectors to cross-fertilise and support each other. For example, multi-sectoral work means developing responses and strategies that inform and engage with each other across service sectors, such as disability, specialist family violence-sexual assault services, and the justice system (police, courts, legal services and corrections). It also means that

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[90] See G. Dimopoulos with E. Fenge, 2013, *Voices Against Violence: Paper 3: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria,* Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne; C. Frohmader, 2010, *Women with Disabilities and the Human Right to Health: A Policy Paper,* Women with Disabilities Australia, Tasmania. CHECK; S. Browne,

[91] For example, see VicHealth, 2007; and L. Fergus, 2012 for WHO approaches to tackling violence against women and girls and D. Sobsey, 1994 and P. Fitzsimons, 2009 for the integrated ecological theory of abuse in relation to violence against people with disabilities.

[92] VicHealth, 2007, *Preventing Violence Before It Occurs: a Framework and Background Paper to Guide the Primary Prevention of Violence Against Women in Victoria,* Victorian Health Promotion Foundation, Melbourne.; N. Fitzsimons, 2009, *Combating Violence and Abuse of People with Disabilities: A Call to Action,* Paul H Brookes Publishing Co, Baltimore, London & Sydney; L. Michau, J. Horn, A. Bank, M. Dutt, C. Zimmerman, 2014, 'Prevention of violence against women and girls: lessons from practice', The Lancet Online, November 21, http://dx.doi.org/10.1016/S0140-6736(14)61797-9

policies relating to violence prevention and responses in different sectors cross-fertilise and support each other; for example, by having a common and broadened understanding of violence in the context of disability and gender.

Intersectional gender approach

Recent approaches to violence are trying to develop a more sophisticated and dynamic analysis of power differentials, termed intersectionality.[93] This approach (by no means clear) permits broader consideration of the multiple bases of discrimination alongside of which more specific targeted actions to prevent and intervene might need to take place. For example, women with disabilities who experience violence are hard-pressed to identify whether they felt targeted because of attitudes and behaviours relating to their gender, impairment, poverty, cultural background, citizenship status, their dependence on someone else for assistance, or a mix of some or all of these attributes.

There is now considerable consensus that preventing violence against women and girls is possible and that there can be positive improvements in some programmatic areas that occur in a relatively short time period. However, the prevailing evidence shows that successful prevention depends on holistic approaches that involve multiple stakeholders adopting a number of approaches, all of which must aim to address the underlying conditions that enable and perpetuate violence. This means not only addressing gender inequity but also other underlying conditions of violence, such as disability discrimination, that intersect with gender discrimination.[94]

Implications for prevention and intervention

These findings have very clear implications for current efforts in the disability sector to develop 'abuse prevention' and 'safeguarding' strategies for adults with disabilities that are gender-sensitive, disability-sensitive and culturally-sensitive to issues of diversity in terms of race, ethnicity, gender identity, sexuality, age etc.

We need to assess the content of the approaches to violence prevention and anti-violence interventions that are currently used and being planned for in the Australian disability context and we need to further develop them in such a way that gender and other sources of inequality are thoroughly embedded in them.[95]

For example, the consultation paper, *Proposal for a National Disability Insurance Scheme Quality and Safeguarding framework* released in February 2015, provides an example of a "serious incident", as "allegations of, or actual, sexual or physical assault of a participant", but does not make reference to the problem of family violence or demonstrate understanding of the predominant gendered pattern of men's violence against women. Under Victorian legislation, family-like relations, such as occur in the intimacy of daily care provided by a disability support worker, and financial abuse, both of which are experienced in higher numbers by women with disabilities, are forms of family violence and

[93] See discussion in L. Healey, 2013, pp26-7. . Briefly, intersectionality involves envisaging four intersecting modalities where the multiple identities of individuals, the complexity of emerging social groups (e.g. a woman who is lesbian with a disability), markers or categories of difference (e.g. race, ethnicity, disability, sexuality, class, gender etc), and systems of domination (racism, disablism, homophobia etc.) 'collide'. How to use this analysis for practical purposes is less clear.

[94] L. Michau, J.Horn, A.Bank, M.Dutt, C.Zimmerman, 2014, 'Prevention of violence against women and girls: lessons from pracitce', The Lancet Online, November 21, http://dx.doi.org/10.1016/S0140-6736(14)61797-9

[95] ACT National Disability Insurance Scheme (NDIS) Taskforce, 2014, *Considerations of Gender and the NDIS: How can gender awareness and sensitivity be embedded into the new NDIS landscape? A Background Paper*, Community Services Directorate, ACT Government, Canberra

could occur within the context of institutional and residential settings. If this is not named in such frameworks, the problem of family violence remains invisible for women with disabilities.

The following documents are further examples of the invisibility of gender in considering the violence that may be experienced by people with disabilities:

- Disability Services Commissioner's *Safeguarding People's Right to be Free from abuse: Key considerations for preventing and responding to alleged staff to client abuse in disability services* (2012), at http://odsc.vic.gov.au/public/editor_images/annual%20reports/dsc_occ_paper_no_1.pdf
- Queensland Department of Communities' *Preventing and Responding to the Abuse, Neglect and Exploitation of People with a Disability: Tips and Resources for Disability Service Managers and Staff*, (2012) at http://www.qld.gov.au/disability/service-providers/specialist-disability-serviceproviders/
- SADA's *Sexual Assault in Disability and Aged Care Residential Settings* (2007), at http://www.sadaproject.org.au/index.html
- The Nucleus Group's *Abuse Prevention Strategies in Specialist Disability Services* (2002), at http://www.nucleusgroup.com.au/downloads/abusePrevention2002.pdf

The neutered language of these documents is framed in terms of 'safeguarding' adults with disabilities from abuse, neglect and exploitation. They contain important tools and strategies for addressing violence prevention and anti-violence interventions. However, none of them examine the significance of the gender of abusers and victims or the nature of the relationship between abuser and victim for the strategies in doing so. They do not recognise that family violence may occur in the lives of women living in disability care. Nor do they suggest how collaborative work across the different sectors of family violence-sexual assault services, disability, mental health, aged care and justice services might be beneficial for improving responses to victims of interpersonal violence living in institutional and residential settings.

Principles to guide effective prevention of and responses to violence

The following are broad principles that guide effective prevention of violence against women and girls drawing on lessons from practice.[96] We believe that they can equally be used to guide responses to violence against women and girls, which goes hand in hand with violence prevention. With the inclusion of the principle about using an intersectional gender-power analysis, they are also relevant in terms of violence experienced by women with disabilities in all their diversity:

- Advancing the human rights of women and girls with disabilities
- Working across the ecological model (individual, interpersonal, community and societal)
- Using an intersectional gender-power analysis
- Sustained, multi sector, coordinated efforts
- Theory and evidence-informed approaches
- Programming that encourages personal and collective critical thought (including encouraging learning and critically reflective cultures within organisations)
- Aspirational programming that inspires individual and collective empowerment.

These principles are integral to each of the key responses outlined in the next section. These responses are not exhaustive but drawn from promising practices that we identified during the

[96] These principles were taken from Figure 1 in L. Michau, J. Horn, A. Bank, M. Dutt, C. Zimmerman, 2014, 'Prevention of violence against women and girls: lessons from practice', The Lancet Online, November 21, http://dx.doi.org/10.1016/S0140-6736(14)61797-9; Figure 1. Human rights were added to the principles.

Voices Against Violence research project. The strategies outlined provide more specific, targeted examples of a key response.

7. Key responses and strategies to prevent and respond to violence

Key responses

Empowering WWD

Women with disabilities need to have their voices heard, be able to participate meaningfully and to have their right to social, economic and political inclusion supported at all levels of response, from the global arena to local community campaigns to prevent violence. It means women with disabilities having meaningful work and relationships. For this to be possible, women with disabilities need spaces within which they can talk together before engaging with a formal body and they need to be informed about violence and what can be done should they experience it. Programs on healthy relationships and gender equality need to target specific population groups so that they are appropriate according to gender, cultural background, and age (or stage of development).

Changing community attitudes to 'disability', 'gender' and 'violence'

Community education campaigns about 'gender' and 'violence' need to be inclusive of the issues facing women with disabilities and people with disabilities, more broadly. They need, therefore, to counter prevailing negative cultural norms and stereotypes about 'disability' and other sources of discrimination as these feed men's sense of entitlement and superiority over women with disabilities. Targeted programs are also necessary. For example, given the findings of the most recent national community attitudes to violence against women survey, men and boys with disabilities need a better understanding of the human rights of women and girls with disabilities to live free from violence and abuse and of the impacts of such violence on their lives.

Legislative reform and improving justice responses

Many women and girls with disabilities receive poor responses from the justice system or are denied any response at all. The systemic challenges may be compounded for women living in disability care services. Internal organisational reporting practices into 'serious incidents' can lead to delays in reporting to the police, which can compromise effective evidence gathering for criminal and/or civil proceedings. It is important for women who experience violence to have confidence in a swift, just response from police when their safety and/or personal property are under threat. For women and girls living in disability care, this will only happen when:

- The justice responses are better able to communicate with women and girls with disabilities and police skills in investigating disclosures are improved.
- Disability workers make better use of police and specialist family violence-sexual assault services when disclosures of violence are made or violence is suspected.

As the Voices Against Violence project found, there is significant scope for improvement to existing laws in order to improve legal responses to women with disabilities who experience violence and to improve their access to the justice system. Women and girls with cognitive and communication impairments, can be discriminated against through the *Evidence Act 2008* (Vic). In Victoria, the *Crimes (Sexual Offences) Act 2006,* the *Family Violence Protection Act 2008* (Vic) (FVP Act) and subsequent amendments relating to police powers to issue a Family Violence Safety Notice, and the *Personal Safety Intervention Orders Act 2010* (PSIO Act) offer important avenues to safety. In particular, police are able to remove alleged perpetrators from premises through the use of orders and notices without waiting for criminal proceedings to take place. However, the extent to which such orders are used in relation to women living in institutional settings is unknown. Much hinges on

whether the Court would determine that a carer working in a disability residential service could be reasonably 'regarded as being like a family member' as to the speed with which a potential perpetrator might be removed. Much also hinges on the response of the disability agency responsible for the residence.[97]

The barriers faced by women with disabilities in seeking justice and legal services are broader than the current deficiencies in the legislative protections. Court support and raising the skills of those working across the justice system (police, courts, legal services and corrections) are fundamental. In Victoria, none of the courts have expertise in engaging with issues of disability, and police identification of women with disabilities, capacity to communicate effectively with women with communication and cognitive impairments, and ability to exercise prosecutorial discretion to pursue complaints and lay charges, are highly variable.[98] Whilst the Independent Third Person (ITP) program offers a unique opportunity to provide targeted referrals and support to women with disabilities who present before the police, the program does not currently have the capacity to follow up on clients' needs once the police interview has concluded. This limits the potential of the ITP program to ensure victims receive more holistic support from the Office of the Public Advocate.[99]

Policies, protocols and standards across sectors that address and respond to violence

There is a most urgent need for policies, protocols and practice standards, relevant to the staff of institutional and residential settings in which women with disabilities live, to address violence, including family violence, sexual assault, and disability-related violence in its gendered dimensions. It requires a range of cross-sectoral input (including from specialist family violence-sexual assault and justice sectors) and understanding to ensure just and effective responses to victims, perpetrators and whistle-blowers.

The National Disability Insurance Scheme is a key policy area that needs to address the gendered dimensions of violence and needs to address the inequities that exist in accessing disability support services.[100] Yet, there is no acknowledgement of the gendered phenomenon of violence as it relates to women and men with disabilities in the proposed draft of its *Quality and Safeguarding framework*, nor is there acknowledgement of the fact that women with disabilities may experience family violence and highly gendered specific forms of impairment-related violence (including pregnancy terminations and menstrual suppression) when living in disability care services. It should also be noted that in further developing this framework and providing the links to other sectors that

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[97] See G. Dimopoulos with E. Fenge, 2013, *Voices Against Violence Paper 3: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria,* Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne; C. Frohmader, 2010, *Women with Disabilities and the Human Right to Health: A Policy Paper,* Women with Disabilities Australia, Tasmania. See also J. Chesterman, 2013, *Responding to violence, abuse, exploitation and neglect: Improving our protection of at-risk adults,* Report for the Winston Churchill Memorial Trust of Australia, Office of the Public Advocate, Melbourne, available at www.publicadvocate.vic.gov.au

[98] For example, women interviewed in the Voices Against Violence project reported being perceived as offenders of violence when they were, in fact, victims of violence. Leanne Dowse has concluded there is a blurring of the boundaries between victim and offender with experiences of victimisation and criminalisation frequently combined for women with cognitive and psychosocial disability. See L. Dowse, 2015, *Complex Intersections: disability, gender, violence and criminalization*, Presentation to inaugural Asia-Pacific Conference on Gendered Violence and Violations, UNSW, Sydney, Australia, 10-12 February, available: www.gvrnconference.arts.unsw.edu.au

[99] See *Violence Against Violence Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate*.

[100] ACT National Disability Insurance Scheme (NDIS) Taskforce, 2014, *Considerations of Gender and the NDIS: How can gender awareness and sensitivity be embedded into the new NDIS landscape? A Background Paper*, Community Services Directorate, ACT Government, Canberra.

will be important in responding to victims and perpetrators within institutional settings, there may be considerable challenges in working across the different Commonwealth and different state and territory legislations. It will be important to resolve these challenges, however, if nationally consistent guidelines for identifying and responding to violence are to be developed.

By way of example (although it did not require consideration of Commonwealth legislation), the Victorian Office of the Public Advocate developed an *Interagency Guideline for Addressing Violence, Neglect and Abuse* (IGUANA) with reference to the *Personal Safety Intervention Orders Act 2010*, the *Family Violence Protection Act 2008*, and the *Crimes (Sexual Offences) Act 2006*. This guideline is general and aimed to be of use to all Victorian organisations providing services to adults with disabilities (cognitive and/or communication impairments) or mental illness. It calls on services to take a proactive response in responding to client-to-client abuse and it recognises the significance of the roles that families and unpaid carers play as advocates of people with disabilities.[101]

Systems monitoring

It is vital that an independent watchdog, such as the Victorian Office of the Public Advocate, is adequately resourced to safeguard the interests of people with a disability in residential services, disability services and mental health facilities in every state and territory.

Workforce development in the disability services

Recognition of the ways that norms and stereotypes about 'gender', 'ability' and other sources of discrimination perpetuate men's entitlement to use violence against women with disabilities needs to be built into current efforts to 'safeguard' adults at risk in disability services. Disability workers need training that deepens their understanding of violence and improves the recording and reporting of violence. Records need to include the actions taken to respond to disclosures and the outcomes of such responses. This training needs to ensure that the records reflect the gender of victim and perpetrator, the relationship between them, and details about where the violence and abuse occurs. These records need to be accessible to independent monitors and enumerated in such a way that the volume and type of violence and perpetrator characteristics can be tracked and analysed over time.

Sustained, bipartisan commitment to resourcing violence prevention and responses

Bipartisan government leadership is critical in addressing violence against women with disabilities at state and territory and national levels. The Australian Government has now linked the National Plan to the evidence in the Stop the Violence Project and to the National Disability Strategy, thus reflecting the reality that women with disabilities are at high risk of family violence. However, it has a further role in coordinating the states and territories in resourcing responses to the high rates of violence against women with disabilities and in ensuring consistency of standards, legislative reform and ensuring that independent monitoring systems are in place.

Representation

Women with disabilities also need to be resourced to be involved at all levels of decision making regarding their goals and needs, including, most importantly, representation in DisabilityCare structures. This means at a policy and service design level and at the level of service delivery. It needs to be understood that women with disabilities, like other community groups, require adequate timeframes within which to participate meaningfully and collaboratively in planning and developing violence prevention and responses.

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[101] L. Bedson, 2013, *Interagency guideline for addressing violence, neglect and abuse (IGUANA): Background and discussion paper,* Office of the Public Advocate, Melbourne, Victoria.

Collecting and analysing data

We need to collect and analyse data on incidents of violence that shows the gender of perpetrator and victim, the relationship between them, and where the abuse occurs. If we do not do this there will continue to be a poor understanding of the issues of violence for this population living in disability care and thus continued poor responses to justice. This data needs to inform the design of legislation, policies, and services relating to violence prevention and intervention and not merely be regarded as a function required by funding bodies.

Strategies

Strategies may be quite specific in who and what they target but they can have exponential impacts when they operate across communities and organisational sectors, as the following do. Whilst many of the women involved in the following existing initiatives do not live in disability care services, there is no reason why they could not be accommodated or targeted in similarly structured strategies.

Training about 'gender' in the disability sector

Women with Disabilities Victoria developed *the Gender and Disability Workforce Development Program* as a way of improving the quality of gender sensitive practice amongst disability workers. Most importantly, it is a way of empowering women with disabilities. It is also a way of changing community attitudes to disability, gender and violence. Fundamental to this approach is the engagement and training of women with disabilities and professional trainers from women's health and violence prevention and response services to co-deliver the program to disability services, including senior managers of workers.[102] The program aims to improve the quality of gender sensitive practice amongst disability workers by improving their knowledge and skills in regard to: concepts of gender, gender equality, gender relations and sex; the socio-economic disadvantage of women with disabilities and its impact on social inclusion; human rights obligations pertaining to gender and disability; the relationship between marginalisation, disability, gender stereotypes and violence; gender sensitive practice in delivering disability services; and good practice in health promotion and primary prevention of violence against women.

An unexpected benefit of the program has been the invaluable social and learning opportunities that have arisen between women with disabilities, sexual assault services and women's health services in the course of the work undertaken together. The program is being piloted in two disability services, Yooralla and Gateways Support Services. It consists of the Train the Trainer Program; training delivered to disability support workers' workshops, service management leadership workshop, and senior executive leadership workshop; peer education programs for women with disabilities; and follow up 'communities of practice'. This program was funded as part of the Victorian Action Plan to Address Violence Against Women and Children 2012-2015 and the pilot evaluation report is due to be completed in August 2015.

Training WWD for leadership

Women with Disabilities Victoria developed a leadership program for women with disabilities, called *Enabling Women*. It is funded through the Portland House Foundation. It provides training for women with disabilities to become leaders of change within their communities. It is primarily based in local areas so women can establish links with local groups and other women. The eight two-hour facilitated modules cover topics including the social model of disability, self-identity, human rights and advocacy. The program has delivered some positive results with graduates moving into advocacy roles and employment. The program encourages personal and collective critical thought as well as inspiration for future individual and collective activism.

[102] See wdv.org.au

Community education about safe intimate relationships

The *Living Safer Sexual Lives* program is an example of primary violence prevention in which people with an intellectual disability learn about sexuality, rights in relationships, respectful and safe relationships, gender-based violence in relationships, violence prevention, sexual assault and accessing supports and services. It has now developed into a community-based, cross-sectoral educational program. It uses a 'train the trainer' approach so that people with intellectual disabilities are trained to become peer educators working with co-facilitators who are people working in disability, sexual health or educational services.[103]

Information about violence for women with disabilities

Providing information about violence in accessible formats is essential for empowering women with disabilities. Simple measures include information available through the internet. Examples of these include: the *Tell Someone Program* website and video (DVD) resource that is aimed at educating people with a mild intellectual disability, their families and the broader community about family violence and which explains the gendered nature of this form of interpersonal violence. It was developed by one of the Victorian integrated family violence regional networks (the Southern Integrated Family Violence Executive) in 2011. The website provides information about going to the police, courts and specialist family violence services, and in so doing aims to provide information to people with disabilities about how, and to whom, to disclose their experience of violence.[104] Domestic Violence Resource Centre Victoria also provides internet-based information and stories for and about women with disabilities who have experienced family violence and sexual assault at www.dvrcv.org.au . It also provides information about where to go for help for women with disabilities living in Victoria.

Access to justice for women with cognitive disabilities who have been sexually assaulted

The *Making Rights Reality Pilot Program* aims to increase access to the criminal justice system for people who have been sexually assaulted and who have a cognitive impairment (such as ABI, intellectual disability, dementia) or mental ill health issues or communication difficulties. It is coordinated by the Federation of Community Legal Centres Victoria, South Eastern Centre Against Sexual Assault (SECASA) and Springvale Monash Legal Service (SMLS) and is an 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.[105] The first evaluation found that SECASA and SMLA were identifying clients and provided appropriately skilled staff, such as counsellors, sexual assault counsellors and legal advocates, which enabled them to access Victims of Crime Assistance Tribunal and be supported during court appearances. The second evaluation explores the degree to which the model supports justice for people with cognitive and/or communication impairments.[106]

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[103] P. Frawley, C. Barrett and S. Dyson, 2012, *Real People – Core Business. Living safer sexual lives: Respectful Relationships. Report on the development and implementation of a peer led violence and abuse Prevention Program for People with Intellectual Disabilities,* Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

[104] At www.tellsomeoone.org.au

[105] For example, see J. Goodfellow and M. Camilleri, 2007, *Beyond belief: Beyond justice. The difficulties for victim/survivors with disabilities when reporting sexual assault and seeking justice,* Final report of the Sexual Offences Project Stage One, Disability Discrimination Legal Service, Melbourne, Australia; Victorian Equal Opportunity Human Rights Commission, 2014*, Beyond doubt: The experiences of people with disabilities reporting crime – Research findings*, State of Victoria, Melbourne.

[106] P. Frawley, 2013, 'Adopting a mainstream approach: Effective violence and abuse prevention strategies for people with an intellectual disability,' Summary.

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Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women With Disabilities?

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Women with disabilities experience violence at greater rates than other women, yet their access to domestic violence services is more limited. This limitation is mirrored in domestic violence sector standards, which often fail to include the specific issues for women with disabilities. This article has a dual focus: to outline a set of internationally transferrable standards for inclusive practice with women with disabilities affected by domestic violence; and report on the results of a documentary analysis of domestic violence service standards, codes of practice, and practice guidelines. It draws on the *Building the Evidence* (*BtE*) research and advocacy project in Victoria, Australia in which a matrix tool was developed to identify minimum standards to support the inclusion of women with disabilities in existing domestic violence sector standards. This tool is designed to interrogate domestic violence sector standards for their attention to women with disabilities.

Keywords: women with disabilities; domestic violence; intimate partner violence; standards; codes of practice

> *The (police) Code of Practice has had a dramatic effect on significantly improving response for victims of family violence*.—Victorian Government (2010)

The centrality of the Victoria Police's (2004) *Code of Practice for the Investigation of Family Violence* is widely acknowledged as critical in strengthening police responses to domestic violence and as integral, if not a driver, of the domestic violence reforms that have been underway in the state of Victoria, Australia since early 2000 (see Ross, Frere, Healey, & Humphreys, 2011). The aim of this article is to explore the potential for strengthening domestic violence practice standards, guidelines, and codes of practice as a strategy to support organizational change in the domestic violence service system with respect to women with disabilities who experience domestic violence. To this end, we have developed a matrix tool to identify minimum standards to support the inclusion of women with disabilities within existing domestic violence sector standards.

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Although not a change strategy in, and of themselves, standards, codes and guidelines can provide a platform from which dedicated managers and workers can lead, train, and shift practice in and across organizations.

Women with disabilities are particularly targeted by perpetrators of violence because they often live in situations that heighten the risk of experiencing violence owing to poverty, social isolation, lack of economic independence, and dependence on others (Brownridge, 2009b). Acknowledging this group of women within policy and practice documents signifies their visibility and highlights the particularity of their needs and rights to service inclusion.

This article outlines a two-step process through which a set of standards were identified and a matrix was developed. Eight Victorian domestic violence policy documents were then analyzed to interrogate the inclusion of women with disabilities. The structure of this article is not that of a traditional research paper. There is a dual focus to this article: to outline a set of potentially transferrable standards for inclusive practice with women with disabilities affected by domestic violence; and report on the results of a local domestic violence policy documentary analysis. To avoid repetition, a brief outline of the literature and critical thinking, which sits behind each standard, and hence, the rationale for the standard, is incorporated into the discussion and findings. The results of the documentary analysis are then reported briefly within the discussion of each standard.

ISSUES OF LANGUAGE AND TERMINOLOGY

All terminology both includes and excludes. A digression to clarify language recognizes that language is contextual and often requires explanation. In Victoria, "family violence" is the preferred terminology used to respect the preferences of aboriginal people in Victoria who feel strongly that family violence recognizes the wider family relationships in which violence may be perpetrated and not just the intimate partner relationship. However, in writing for an international audience, the term "domestic violence" is more commonly used, particularly by those (including ourselves) who hold a gendered understanding of the patterns of violence in domestic relationships in which hierarchies of power are manifest through intersecting discriminatory attitudes and practices. The exception in this article is when reference is made to documents, which refer to family violence in the Victorian context.

Defining disability and the associated terminology is also a contentious issue. The disability advocacy organizations in Australia (including the organizations involved in this study) adopt a social model of disability that describes disability as the interaction between a person's impairment and the disabling (negative) social and physical context (Nixon, 2009). Historically, and still evident in some areas, disability has been largely understood in the context of the medical (individual or impairment) model, locating disability as a problem within the person that required intervention to address individual "pathology." Notwithstanding the impact of individual impairment, the contrasting social model (itself open to numerous interpretations and critique) understands disability as a social construct stemming from disabling social structures, attitudes, and behaviors that create disabling environments in which we are all embedded. Disabling environments prevent people with disabilities from accessing human, health and justice services, transport, housing, employment, education, and social networks (Australian Government, 2009).

Although some advocacy organizations in other countries prefer the terminology of "disabled people" to highlight this disabling social context (Hague, Thiara, & Mullender, 2011a), in Australia, the preference has been to "put the person before" the disability and impairment, using the term "people/women with disability." The intersections of gender, violence, disability, and structural disadvantage create the lens, which informs this discussion (Nixon & Humphreys, 2010).

BACKGROUND TO THE RESEARCH

The first World Health Organization (WHO; 2011) *World Report on Disability* aggregated findings from different sources of research to show that on all measures of social and economic participation, people with disabilities in developed and developing countries are significantly disadvantaged. Furthermore, they demonstrated that the problem was particularly acute for women and girls with disabilities who experience gender discrimination, heightened and coupled by the risks of poverty and violence (Australian Government, 2009; Sykes, 2006; Thompson, Fisher, Purcal, Deeming, & Sawrikar, 2011; WHO, 2011; Women With Disabilities Australia [WWDA], 2011). Despite this, there is still a dearth of awareness and knowledge in Australia and overseas about the nature and prevalence of violence against people and especially women with disabilities. Yet, it is estimated that almost 20% of Australia's total population (of nearly 21 million) live with a disability, approximately half of whom are women and 6% of whom are living with severe disabilities that render them entirely dependent on others for assistance with daily living (Australian Bureau of Statistics [ABS], 2009). This data is of similar proportions to that of the United States where one in five people have a disability, although the proportion of people with severe disabilities (although not all dependent on others for daily assistance) rises to 12% (Brault, 2008). There are significant challenges involved in accurately measuring not only disability but also violence against women with disabilities (Milberger et al., 2003; WHO, 2011). Some studies now suggest that they experience as much as twice the rate of violence as other women (Brownridge, 2009b; Cockram, 2003; Nosek, Hughes, Taylor, & Taylor, 2006, for Canada, Australia, the United Kingdom, and the United States, respectively).

With these challenges in mind, Women with Disabilities Victoria (WDV) committed to addressing violence against women with disabilities as one of its core tasks. WDV is an advocacy organization run by and for women with disabilities to achieve their rights in Victoria. Their advocacy is based on the principle of "nothing about us without us." The organization's agenda was set within the context of a wider domestic violence reform agenda in Victoria, which began with a wave of progressive changes in the early 2000s with a state government committed to reform alongside dynamic leadership in the domestic violence sector.

The development and/or revision of practice standards, guidelines, and codes of practice (such as the Victoria Police's *Code of Practice for the Investigation of Family Violence*) was an aspect of the reforms designed to establish a common philosophical understanding and policy approach to the complex issue of domestic violence. In 2005, when the Victorian Government officially released its report, *Reforming the Family Violence System in Victoria*, codes of practice were seen as one of the core components of the reform's goal of "integration":

> Integration . . . is a whole new service. Co-location of agencies, agreed protocols and **codes of practice** [emphasis added], joint service delivery, agencies reconstituting or realigning their core business to confront the challenges posed by a broadened conception of the problem [of addressing family violence]. . . . (Domestic Violence and Incest Resource Centre, as cited in Office of Women's Policy, 2005, p. 18)

In general, professional standards and protocols are developed to guide the responses of a wide range of professionals including police, community lawyers, homelessness staff, community and social workers supporting families and children, and specialist domestic violence workers involved in working with victims of domestic violence or perpetrators of violence. In Australia, as elsewhere, standards, protocols, and professional guidelines are not legally binding tools or secondary legislation. They are "soft laws" which guide professional conduct and the development of institutional responses across both human services and justice (Campbell & Glass, 2001). Where protocols, codes of practice, and standards are meant to be adhered to by practitioners under all circumstances, guidelines are designed to aid decision-making processes and therefore used to assist professional judgment (Appleton & Cowley, 1997).

The argument in this article for inclusive domestic violence sector standards is informed by the principles of social justice and human rights to develop policy and practice for all populations. This means that the structural inequalities that flow from power differentials—shaped by differences of gender, ability, the long-term impacts of colonization, residency status, ethnicity, sexuality, and socioeconomic status—need to inform key policy and practice standards and thus shape service responses.

RESEARCH METHODOLOGY

In 2007, WDV secured a philanthropic grant with additional funding from the state government, Department of Human Services (DHS), to undertake a research project to "build the evidence" about the status of policy and practice in responding to violence against women with disabilities. The strength of the project, *Building the Evidence* (*BtE*; Healey, Howe, Humphreys, Jennings, & Julian, 2008), was that it was driven in all its stages by women with disabilities who drew on extensive personal and professional experiences of violence against women with disabilities, and whose participation was vital in shaping the research (and employing the researchers), its findings, and recommendations. The perspective of women with disabilities occurred through the very active participation of the WDV executive officer and chair, its board and "ordinary" members, and the participation of others in the project's reference group who were representatives of other disability advocacy agencies, government and nongovernment.

The *BtE* project (Healey et al., 2008) involved a range of research strategies including a national and international literature review; interviews with women with disabilities who had experienced violence (with ethics clearance from the University of Melbourne); consultations with key stakeholders in domestic violence and disability services; an audit of current training programs about violence and disability; gathering information about positive developments in service provision, particularly in relation to cross-sector collaboration; analysis of interviews undertaken prior to the commencement of the *BtE* project, with 15 family violence workers conducted by WDV; and documentary analysis of data, legislation, and professional codes. It is this latter element of documentary analysis that provides the basis for this article.

A limitation of the documentary analysis was that it explored all the policy documents, which applied to the Victorian domestic violence sector and did not search for a parallel analysis of the documents to guide practice about domestic violence in the disability sector. Nor has the research sort to evaluate the extent to which workers use the documents to inform their practice or any changes that have occurred through this project's identification of minimum standards.

The research question that guided the documentary analysis was, "To what extent do Victorian family violence sector documents (service standards, codes of practice, and practice guidelines) construct a framework, which can provide active support for women with disabilities experiencing violence?" This question was devised in keeping with the decision to embed issues facing service provision to women with disabilities within existing documents rather than create a separate policy.

The documentary analysis involved a two-step process. Unlike some other forms of documentary analysis in which themes emerge from a grounded theory analysis of the documents (Bowen, 2009), this content analysis has similarities with the approach of Appleton and Cowley (1997) and their analysis of clinical guidelines for health visitors. In this approach, the research tool needs to be constructed prior to the analysis of the documents.

For the purposes of the *BtE* project, the predetermination of categories involved an analysis drawn from the literature and the interviews with workers and women with disabilities who had experienced violence and the expertise of the WDV advocates who formed a reference group to the research team. An initial set of 14 categories of minimum standards were proposed and "tested," with their veracity confirmed through a process of synthesis and consensus in reference group discussions between the research team and women with disabilities. Through this process, the support needs and issues facing women with disabilities who experience violence were identified and translated into a set of minimum standards against which documents could be analyzed. The research team further distilled the original 14 categories into 8 overarching issues with some subcategories within them (Table 1 indicates the movement from the original 14 minimum standards to the revised 8 minimum standards). Included within the revised categories (Column 2 in Table 1) is one of the key recommendations of the *BtE* report about the need for the "voices of women with disabilities" to be heard and be acted upon in policy and practice. These eight minimum standards were tested through further consultation and refined post the publication of the original *BtE* report (Healey et al., 2008) as part of the iterative consultation process.

Step 2 in the research process involved the development of a matrix in which documents were analyzed against the minimum standards, which had been identified and synthesized by the research team. This initial document analysis was conducted by one researcher. In general, the analysis was straightforward, given that the categories were predetermined; however, where there was ambiguity, checking occurred with the three other researchers examining the data and reaching a consensus. A "tick" or a "cross" against each criteria or minimum standard was made to indicate whether the latter was "explicitly discussed" (✓) or not (✗) or "with limitations" (✗/✓) in each standard, code, or guideline (see Appendix for the full Matrix of Family Violence Sector Documents). The criteria for "explicitly discussed" required that at least some of the major issues facing women with disabilities were not merely identified but were discussed in some detail in relation to the standard. This means that the presence of a tick does not necessarily indicate that all aspects of the criterion are sufficiently elaborated in the document. In instances where an issue was mentioned but neither discussed nor a directive given to a companion document, an equivocal rating was given. There were a few instances in which it was not deemed reasonable to assess a document against our criteria; for example, where another document was explicitly cited as a further reference, where the intention to develop guidelines in relation to women with disabilities was stated, or where the document was written in the language of human rights without citing foundational human rights documents (see Appendix).

TABLE 1. The Original and Revised Minimum Standard Categories

Original 14 Categories	Revised 8 Categories
1. Definition of family violence	1. Voices of women with disabilities (WWD)
2. Presence of disability in risk assessment	2. Inclusive definition
3. Disability data	3. Disability as a risk
4. Disability "needs" data	4. Disability data Identification Needs
5. Physical accessibility 6. Inclusive communication/information 7. Information on WWD/children throughout 8. Dedicated section on WWD/children 9. Dedicated section about other population groups	5. Access Physical Programmatic Information throughout document Dedicated info: disability Dedicated info: other population groups
10. Cross-sector collaboration	6. Cross-sector collaboration
11. Awareness of relevant legislation 12. Human rights/social justice perspective 13. Gender perspective	7. Incorporating human rights Legislation Human rights Gender perspective
14. Workforce development to include disability	8. Workforce development

The matrix developed provides a graphic tool, which makes explicit the strengths and weaknesses of the different codes in relation to their attention to women with disabilities. It is designed to provide a clear feedback to organizations involved in the development of policy and with potential transferability beyond the localized project.

Eight documents comprising all domestic violence codes, standards, and guidelines currently in use in Victoria were identified and analyzed for this research.

As indicated in Table 2, three documents were developed by domestic violence community sector peak bodies; respectively, the peak bodies for services to women and children (Domestic Violence Victoria [DVVic], 2006), workers in men's behavior change programs (No To Violence [NTV], 2005), and for practice lawyers assisting women in applying for Court Based Intervention Order (Federation of Community Legal Centres [FCLC], 2007). In consultations between community sector and government workers, two of the five codes that were developed by government and statutory bodies were drivers of, or integral to, the reform phase. They are the aforementioned Victoria Police's *Code of Practice* (recently revised and into its second edition) and the *Family Violence Risk Assessment and Risk Management Framework* (Department for Victorian Communities [DVC], 2007). The other three were developed by the government's human services department and are relevant to services provided to women and children who have experienced family violence (DHS, 2003, 2006, 2008).

TABLE 2. Domestic Violence Sector Standards in Victoria

Community Sector / Peak Body	Government / Statutory Sector
Men's Behaviour Change Group Work: Minimum Standards and Quality Practice (No To Violence, 2005)	*Towards Collaboration: A Resource Guide for Child Protection and Family Violence Services* (DHS, 2003)
Code of Practice for Specialist Family Violence Services for Women and Children (Domestic Violence Victoria, 2006)	*Code of Practice* (Victoria Police, 2004)
Code of Practice for Family Violence Applicant (Court Based Intervention Order) Programs (Federation of Community Legal Centres [Victoria], 2007)	*Homelessness Assistance Service Standards* (DHS, 2006)
	Family Violence Risk Assessment and Risk Management Framework (DVC, 2007)
	Practice Guidelines: Women and Children Family Violence Counselling and Support Programs (DHS, 2008)

Note. The eight documents analyzed in the *Building the Evidence* project. The police's *Code of Practice* has since been revised and published (Victoria Police, 2010). DHS = Department of Human Services; DVC = Department for Victorian Communities.

In summary, the eight domestic violence standards, codes of practice, and guidelines relate to key areas of professional practice involved in responding to domestic violence and were the subject of analysis.

FINDINGS AND DISCUSSION

This section reflects aspects of the two-step process. First, the rationale for the construction of each standard in relation to supporting intervention with women with disabilities experiencing domestic violence is outlined. Alongside this discussion is placed the findings about the evidence of each standard in the Victorian documents analyzed in the research. Text is placed in italics to highlight the latter findings.

Minimum Standard 1: The Voices of Women With Disabilities

A central tenet of the disability movement and the violence against women movement has been to ensure that those with the lived experience are supported in safe and respectful ways to participate in service development (Hague & Mullender, 2006). The professionalization and the involvement of mainstream organizations such as the police and court services has not always brought with it the inclusion and consultation with survivors, including women with disabilities (FCLC, 2007; Nixon & Humphreys, 2010; Sullivan, 2011).

Ensuring that women with disabilities who have a gendered perspective on violence against women are resourced as advocates and are provided with avenues to actively participate in and be represented on domestic violence decision making, advisory, and planning bodies at all levels of policy formulation is an essential standard derived from both disability and feminist perspectives. This includes their involvement in research processes (Curry et al., 2009) and the development of professional codes of practice. *As indicated in the Matrix of Family Violence Sector Documents, of the eight documents analyzed, only half actively involved participation and feedback from women with disabilities* (see Appendix).

Minimum Standard 2: An Inclusive Definition

Definitions matter, and services in an integrated service system require a common understanding of domestic violence that is inclusive of all population groups. Domestic violence is most commonly understood as violent and abusive actions perpetrated by intimate partners or ex-intimate partners, family in the woman's home, or within the context of community when it is experienced by aboriginal women and their children (the current preferred term for indigenous people in Victoria). However, these understandings are challenged in relation to women with disabilities, particularly those who have different experiences and understandings of intimacy and communication compared to other women (McClain, 2011).

Women with disabilities live in a diverse range of environments, which could be considered domestic. For some, many people may be involved in caring activities, which involve intimate touching and contact. Within any of these settings, there is the potential for carers (whether intimate partners or personal care assistants) to be perpetrators of violence against women with disabilities (Nosek, Foley, Hughes, & Howland, 2001). Indeed, women with disabilities are vulnerable to being abused by carers in diverse domestic and residential arrangements in which unrelated people may be living together in intimate (not necessarily sexual), family, and/or care arrangements. These include private residential homes in which an intimate partner or another carer (paid or voluntary) provides personal assistance and other residential and care settings, such as aged care facilities, psychiatric and mental health institutions, and other group homes or activity day centers (Cockram, 2003; Hague et al., 2011a; Saxton et al., 2001, for Australia, the United Kingdom, and the United States, respectively). A common understanding of domestic violence needs to include the recognition that people with disabilities (especially women) can be targets of violence from a diverse range of potential known perpetrators.

Since the completion of the *BtE* project, the *National Council's Plan for Australia to Reduce Violence Against Women and Their Children* (National Council to Reduce Violence Against Women and Their Children [NCRVWC], 2009) and, indeed, new legislation in Victoria (the Family Violence Protection Act [2008]) has recognized that the definition of domestic and family violence must be broad and allow for the complexity of intimate relationships. The Act now recognizes "carer abuse" in the context of families and familylike arrangements, specifically stating that "A relationship between a person with a disability and the person's carer may over time have come to approximate the type of relationship that would exist between family members . . . " (Family Violence Protection Act [2008]).

Although this understanding neither goes far enough in recognizing the diversity of perpetrators' identity nor the diverse domestic locations of violence used against people with disabilities, it does broaden the definition and signals that people with disabilities have rights to access services regardless of where they live and, therefore, that service

providers may be liable under the Act. Using the new legislation as a baseline, analysis reveals that *four of the eight Victorian family violence sector standards acknowledge the diverse domestic arrangements in which domestic violence occurs.*

Minimum Standard 3: Disability as a Risk Factor

The third standard draws attention to the understanding outlined in the introduction, namely that having a disability may render women at greater risk of experiencing domestic violence. The longitudinal, population study by Brownridge (2009b) found that women with disabilities are two to five times more likely to report experiences of severe violence (choking, hitting, and beating) than other women (p. 252). Women with disabilities are also at risk of experiencing disability-specific violence such as denial or overdosing of medication, denial of food and water, confinement and restraint, alteration or control of assistive equipment, sexual violence, threats to withdraw care, or to institutionalize or remove children (Milberger et al., 2003; WWDA, 2007).

There is a growing evidence that women with disabilities are at increased risk of intimate partner violence relative to other women, and that perpetrator-related characteristics (as opposed to victim-related characteristics or the characteristics of the relationship itself) are instrumental (Brownridge 2009b; Curry et al., 2009). Establishing an ongoing atmosphere of power and control is central to the definition of intimate partner violence. Research suggests that intimate partners' use of controlling behaviors and violence is fuelled by compounding disablist and sexist views (where men with dominating characteristics seek out partners seen by them as submissive and deserving of abuse because of their disability; Brownridge, 2009b; Copel, 2006).

Although intimate partners of women with disability are the most common perpetrators (Cockram, 2003; Martin et al., 2006; Milberger et al., 2003), the recent nationwide U.K. research found that violence from personal assistants was a significant and distressing form of abuse experienced by women with disability (Hague, Thiara, & Mullender, 2011b). U.S. research has long indicated that personal assistants working in both institutional and private residential settings are a significant potential perpetrator group (Oktay & Tompkins, 2004; Saxton et al., 2001; Sobsey, 1994). A Victorian study of survivors of sexual assault who have disabilities affecting their cognitive capacity found women reporting high levels of abuse (Goodfellow & Camilleri, 2003), whereas a recent Victorian investigation into guardianship case files found disturbing levels of violence, some involving years of systematic abuse and sexual violence, against women with cognitive impairments (Dillon, 2010). Such long-term experiences of abuse have been noted elsewhere (Nosek et al., 2001).

Indeed, it would appear that women with disabilities are at greater risk of violence at the hands of a greater number of potential perpetrators than other women—not only family members and personal assistants but also support staff, service providers, medical staff, transportation staff, foster parents, peers, and male residents of shared residential homes—for people with intellectual disabilities (Frantz, Carey, & Bryen, 2006).

In summary, it appears that compared to other women, women with disabilities experience violence not only more frequently but also for longer periods by a greater number of potential perpetrators. While they experience forms of violence similar to that of other women, they also experience unique forms of violence related to their disability. *Yet only one document acknowledges disability as a risk factor which increased the likelihood of experiencing domestic violence, and one other is equivocal.*

Minimum Standard 4: Collecting Disability Data

The fourth minimum standard relates to the data that needs to be collected—data that identifies that a woman seeking support has a disability, and data that identifies, where relevant, her care, mobility, and communication needs in order for workers to support her safely and meaningfully (as illustrated by the subcategories of "identification" and "needs" in this minimum standard in Table 1 and the appended matrix). The requirement for information about women with disabilities affected by domestic violence serves dual, although interrelated purposes of making visible this group of women as well as gathering information for policymakers and policy implementers at all levels about planning, sustaining, and budgeting for flexible, responsive, and universally accessible services.

The significance of data is based on the old adage, "You can't manage what you don't measure" (Reh, 2011). Collecting data that links domestic violence and disability is fraught with challenges, not the least of which is the fact that all forms of violence against women are underreported crimes, and ones which may not be "heard" or believed when reported by women with disabilities (French, 2007; Goodfellow & Camilleri, 2003; Victorian Law Reform Commission [VLRC], 2006). When statistics about disability and violence are collected, the data is not always robust, timely, or disaggregated, making it difficult for women with disabilities to be visible. Data collection can suffer from a lack of consensus about what constitutes "disability" or domestic violence. The reclassification of crimes (euphemistically renamed "misconduct," "neglect," "maltreatment," and "incidents") as they relate to women with disabilities further hides the extent of the "problem" (Sobsey, 1994; WWDA, 2007).

There are many disabilities that are invisible and remain so unless workers specifically ask people to disclose. Many women with disabilities may choose not to answer questions about the disability, particularly if they have previously experienced discrimination or negative responses (Curry et al., 2011). Nevertheless, systematic recording of whether a woman has a disability and about her "accessibility needs" provides an essential avenue for creating a responsive service (Frantz et al., 2006). For instance, it can be critical to the conditions on a protection order application to know if her home has been modified, if she has mobility aids, requires personal assistance or supported decision making, and her communication requirements, including the comprehension of information (e.g., a need for sign language interpretation, agency materials to be available online, in large print, on audiotape, in braille, via teletypewriter [TTY] or relay system, or simply additional time to facilitate comprehension). Such information is central to workers being able to assist with safer outcomes and in supporting women's autonomy and dignity.

It should also be noted that good data collection is vital for furthering knowledge about the complexity and intersection of violence against women with disabilities. For example, not enough is known about the difference between violence perpetrated by intimate partners as opposed to nonintimate partner providers of personal assistance to women with disabilities. Brownridge (2009a) cautions against conflating the two because it is conceivable that if more attention were paid to identifying perpetrators of violence against women and children with disabilities, we might learn more about the characteristics, dynamics of, and thus, responses to carer abuse by intimate partners as opposed to personal care assistants.

Only one of the eight documents indicated that data about a client's disability status were to be collected, and none of the eight documents required the collection of data about the type of impairments clients have or their support needs in relation to their impairments.

Minimum Standard 5: Access

The "access" minimum standard represents a constellation of issues, as illustrated in the subcategories listed under this minimum standard in the matrix (see Appendix) and in the second column of Table 1. Access needs to be understood in the broadest sense of the word—where women with disabilities not only know about services but are also able to make use of them and obtain benefit from them (Cattalini, 1993). First, access means having services and programs that are physically accessible, so that women and children with disabilities can reach, enter, and use essential facilities (such as refuges), taking with them their personal care, whether that means their wheelchair, assistant dog, or personal carer.

Second, it means having services and programs that cater for individuals' information needs. It means providing the quiet space and means with which to communicate information and knowledge in ways that are accessible to all victims regardless of their abilities. It is not yet common practice for services to make information available—and to communicate actively—in alternative formats (such as sign interpreters, braille, audio, plain English, communication assistant, the use of e-mail, and telephone access relay services) that are suitable for women with a range of support needs. The internalization of oppression, shaped by cumulative experiences of discrimination and prejudice, make it difficult for women with disabilities to speak about violence (Sobsey, 1994; WWDA, 2007). For this reason, it can take time to assist women with disabilities to understand that what they are experiencing is violence as well as to understand that they should not have to endure it (Copel, 2006; Curry et al., 2011).

Thirdly, access entails aligning the policy of inclusion with actual practice (or shifting toward an inclusive policy if it has not already been articulated). This requires workforce development and cross-sector collaboration in order for individual staff and agency philosophies to change their attitudes, endorse, and enact a social model of disability to support values of respect, equality, inclusivity, and autonomy. It will also require restructuring of budgets, however long term, to secure universal accessibility and for agencies to become proactive in supporting women with disabilities (McClain, 2011), given that most women with disabilities simply do not know about the existence of services that might be helpful to them in dealing with the violence (Frantz et al., 2006; WWDA, 2007).

These last two issues (of catering to individuals' information and communication needs and embedding an inclusive policy in practice) relate to "programmatic accessibility" (Frantz et al., 2006) in line with relevant antidiscrimination disability legislation (in Australia, this is the Commonwealth's Disability Discrimination Act 1992 and Victoria's Disability Act 2006). They are referred to in the access minimum standard as "programmatic" in the matrix (see Appendix). Access to information is not only important for potential clients but is also important to workers and arguably plays a significant role in reshaping community attitudes to people with disabilities. How information is conveyed in each professional code needs to reflect this shift. Information needs to be provided "throughout" each document as well as provided in a "dedicated" section to this particular population group; that is, in the same way that the support needs of other population groups that are at heightened risk of experiencing domestic violence are highlighted (see Appendix).

Given the previous text, it is of concern that only two of the eight documents contained reference to women and children with disabilities throughout the document, whereas four contained a dedicated section in this population group. In contrast, seven of the eight documents had specific sections on two other key population groups (indigenous and culturally and linguistically diverse [CALD] populations). *Five documents noted, in limited form, the need for communication practice to be tailored to individual women's communication needs*,

such as the use of communication aides or sign language interpreters. And, although some note the importance of providing information in a diverse range of formats—such as plain English, accessible Websites, or audiotapes—to take account of diverse information needs, *only one document identified the need to provide physical access to premises*.

Minimum Standard 6: Cross-Sector Collaboration

The literature on building a coordinated community response indicates that a tight multiagency system is necessary as a counterbalance to perpetrators' actions (Pence & Shepard, 1999). Yet, lack of cross-sector collaboration, notably between domestic violence and disability sectors, has frequently been flagged as a significant barrier in responding adequately to women with disabilities experiencing violence (Chang et al., 2003; Zweig, Schlichter, & Burt, 2002).

The *BtE* project established that domestic workers had minimal or no links with disability services or disability advocacy organizations. As one said, "the disability services don't crop up in the networks" (Healey et al., 2008, p. 66), with another acknowledging that it took her hours to find the resources needed to accommodate a woman with a disability with a personal alarm and arrange transport when a disability services worker would have efficiently and swiftly arranged it. Although there are significant positive developments involving partnerships between disability and domestic violence services in Australia and overseas, such collaborations are hard to sustain (McClain, 2011). Indeed, representatives of agencies involved in the four positive initiatives involving cross-sector collaborations showcased in the *BtE* research were loath to describe their collaborations in terms of "best practice" (Healey et al., 2008).

In responding to complex and multilayered service needs, agencies need expertise in working with many different organizations and across sectors. *Only one of the documents explicitly noted the importance of working with local and regional disability services and advocacy groups*.

Minimum Standard 7: Incorporating Human Rights

This standard (with its subcategories as indicated in the second column of Table 1 and the appended matrix) relates to the importance of reflecting human rights conventions and legislation in the pursuit of gender and disability equity within domestic violence service delivery and reflects the concerns of WDV's advocates and those of its national counterpart, WWDA (WWDA, 2011). Legislation and human rights are important instruments that workers need to be reminded of through their professional codes so they understand not only that violence against people with disabilities is a fundamental ethical and social justice issue but that they may also be held to account for continuing disablist attitudes that devalue, marginalize, and discriminate against people—including women and girls—with disabilities. Disablist attitudes in the community support other attitudes, which consolidate established hierarchies of power and influence manifest in gendered relations, ethnic relations, and homophobic attitudes. Within the disability arena, where the intersection of gender and violence is often not prioritized (McClain, 2011), such attitudes can encourage controlling behaviors and even for carer resentment to become institutionalized and invisible. Such a culture feeds social inertia and lack of awareness about the need to respect the autonomy and dignity of all (Cockram, 2003; VLRC, 2006) and to articulate the social model of disability. The intersections of structured hierarchical attitudes and practices particularly within gender and disability relations combine to damage the

self-esteem of women living in violent circumstances with the consequence being the perpetuation of isolation and powerlessness (Hague et al., 2011a).

It is important to remind domestic violence workers of the relevant instruments (in Australia, this includes the United Nations [UN] Convention on the Elimination of All Forms of Discrimination Against Women [1979], the Convention on the Rights of Persons with Disabilities [2006], and the Victorian Charter of Human Rights and Responsibilities Act 2006) that need to guide their approach to understanding gendered violence in the context of disability. These human rights instruments provide the foundations for empowering marginalized individuals, communities, and groups; developing holistic legislation and public and social policy; promoting respectful, safe, and humane services; and improving social inclusion.

Analysis of current codes demonstrated that *six of the eight are explicitly informed by a gender and human rights perspective on domestic violence and disability, but only two of them note relevant legislation*.

Minimum Standard 8: Workforce Development

Many domestic violence workers in Victoria, as elsewhere, indicate that they have had minimal or no formal training in disability awareness; many also express frustration with this situation (Healey et al., 2008; McClain, 2011). They lack the knowledge to support women with disabilities who experience violence, including information about local disability services, the intersection of domestic violence and disability, and training across sectors to support collaboration (McClain, 2011). There is also a poor understanding of the fact that programmatic accessibility, including awareness of, and attitudes to disability are part of providing an accessible, inclusive, and supportive service to women with a disability who experience violence (Frantz et al., 2006; Hague et al., 2011a; Healey et al., 2008). Other workers such as court staff, judges and lawyers, police, and disability and health workers also need greater awareness about the intersection of domestic violence and disability (Cockram, 2003; Zweig et al., 2002).

Some progress has been made under the Victorian state government's family violence reform initiatives in establishing workforce development programs that have become available to some domestic violence workers and court staff, and it is a key strategy of Victoria's *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010–2020* (Department for Victorian Communities, 2009). Yet, ***none*** *of the eight codes discusses the specific need for workers to have training in the needs of women and children with disabilities experiencing domestic violence*.

CONCLUSION

The aim of the *BtE* research was to establish the current status of Victoria's policy framework in supporting women with disabilities who experience domestic violence. Eight minimum standards for provision of an inclusive model of practice for these women were developed to influence and guide organizational change in agencies involved in the domestic violence intervention system. The documentary analysis of eight domestic violence codes of practice, standards, and guidelines contributed to the key finding that there are major gaps in knowledge, policy, and processes that will require significant resourcing to improve services to women with disabilities.

The development of codes of practice, standards, and professional guidelines does not ensure that they are "living documents," which actually change policy and practice. It requires senior management endorsement and frontline supervision of the standards at agency levels for this to occur and be sustained. In Victoria, strong cross-sector collaboration and the championing of the police's *Code of Practice* (Victoria Police, 2004) by the female police commissioner have been influential (Ross et al., 2011). They have provided some optimism in the use of standards and guidelines to lift the frontline and strategic response (Deighan & Hitch, 1995) and to create an authorizing environment for reform and continuous improvement. Nevertheless, the extent of their implementation of the document standards outlined in this article is not known and was not an aspect of this research.

In the United Kingdom, United States, Canada, and Australia, significant attempts have been made to address the issue of violence against women with disabilities. This matrix, and the documentary analysis method that sits behind it, form a simple tool for interrogating documents that should and could inform practice when working with women with disabilities who have experienced domestic violence. The minimum standards identified here represent principles that are transferable across service sectors and internationally. They are also supported by the recommendations of the recently released *World Report on Disability*, which provides clear, broad directions as to why, what, and how disabling barriers need to be addressed, naming inadequate policies and standards as just one of the areas requiring attention (WHO, 2011).

The findings of this study indicate several avenues for further research and advocacy. First, the extent to which workers use their professional standards, codes of practice, and guidelines, having undertaken such an analysis as outlined in this study, is an instructive element in improving practice. Second, although there is growing recognition that violence against women and girls with disabilities requires domestic violence services to develop tailored responses that mainstream ability (based on the recognition that women are differentiated according to ability, along with other critical differences such as indigeneity, ethnicity, and sexuality), there is a commensurate lack of commitment to mainstreaming gender within disability services (WWDA, 2011). A parallel analysis of documents that guide the practices of disability support workers across a range of support services, including residential and private care arrangements, is therefore the most important corollary area of research. Third, it is feasible that further research into the difference between violence perpetrated by intimate partners as opposed to nonintimate providers of personal care may indicate the need to revise the minimum standards.

The development of a set of minimum standards is one important means through which women with disabilities are made visible to policymakers, managers, and practitioners through their incorporation into the relevant professional codes. They are potentially a tool for advocacy, a tool for performance management, and thus for funding eligibility. The construction of these standards provides a codification of knowledge from women with disabilities, workers, and research, which we would like to think, can be deployed more generally to guide policy and practice. It is but one of many strategies through which the voices of women with disabilities can be heard.

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APPENDIX. Matrix of Family Violence Sector Documents: Supporting Women and Children With Disabilities Experiencing Family Violence

	Name of Document							
	Child Protection (2003)	Police (2004)	MBCP (2005)	DV Specialist (2006)	Housing (2006)	Risk Assessment Framework (2007)	Court Applicant (2007)	Counselling & Support (2008)
	Type of Document							
Minimum Standard or Criterion	Resource Guide	Code of Practice	Minimum Standards	Code of Practice	Standards	Framework	Code of Practice	Practice Guidelines
1. Voices of WWD	✗	Check	✗	✓	✗	✓	✗/✓	✓
2. Inclusive definition	✗	✗	✗	✓	✗	✓	✓	✓
3. Disability as risk	✗	✗	✗	✓	✗	✗/✓	Refers to CRAF	Refers to DVVic and CRAF
4. Disability data								
Identification	✗	✗	✗	✗	✗	✓	✗	✗
Needs	✗	✗	✗	✗	✗	✗	✗	✗

(*Continued*)

APPENDIX. Matrix of Family Violence Sector Documents: Supporting Women and Children With Disabilities Experiencing Family Violence (Continued)

	Name of Document							
	Child Protection (2003)	Police (2004)	MBCP (2005)	DV Specialist (2006)	Housing (2006)	Risk Assessment Framework (2007)	Court Applicant (2007)	Counselling & Support (2008)
	Type of Document							
Minimum Standard or Criterion	Resource Guide	Code of Practice	Minimum Standards	Code of Practice	Standards	Framework	Code of Practice	Practice Guidelines
5. Access								
Physical	✗	✗	✗	✗/✓	✗/✓	✓	✗	✓
Programmatic	✗	✗/✓	✗	✓	✗	✓	✓	✓
Information	✗	✗	✗	✓	✗	✓	✗	✗
throughout document	✗	✓	✗	✓	✗	✓	✓	✗/✓
Dedicated info: disability	✓	✓	✓	✓	✓	✓	✓	✗/✓
Dedicated info: other population groups								
6. Cross-sector collaboration	✗	✗	✗	✗	✗	✓	✗	✗
7. Incorporating human rights	✗	✗	✗	✓	✗	✗	✓	✗
Legislation	Implicit	Implicit	✓	✓	✓	✓	✓	✓
Human rights	✓	✗	✓	✓	✗	✓	✓	✓
Gender perspective								
8. Workforce development	✗	✗	✗	✗	✗	✗	To be developed	✗

Note. Names of documents abbreviated to fit the table: MBCP = Men's Behaviour Change Programs; DV = Domestic Violence; CRAF = Common Risk Assessment Framework; DVVic = Domestic Violence Victoria; ✓ = the document explicitly discusses the criterion; ✓ = the document does not explicitly discuss the criteria; ✗/✓ = equivocal rating because of limitations or omissions in coverage of issues of concern for WWD.