



Victorian Parliamentary Inquiry into Abuse in Disability Services (Stage 1)

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**Family and Community Development Committee
Parliament House
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WHW welcomes the opportunity to provide evidence and recommendations for the Inquiry into Abuse in Disability Services and commend the Victorian Government for initiating this inquiry. The following is a summary of our recommendations:

Recommendation 1: Sex disaggregated data regarding incidence of abuse within disability services must be collected and analysed in order to develop a true picture of the nature of this problem and establish mechanisms and strategies to prevent it.

Recommendation 2: The Victorian Government look to the evidence base for preventing violence against women as a critical priority for regulation of and prevention of abuse within the disability service system. This should also be incorporated into Victoria's position on appropriate quality and safeguards for the National Disability Insurance Scheme.

Recommendation 3: The Victorian Government adopt the recommendations of the Voices against Violence project on the need for targeted primary prevention, early intervention and tertiary response initiatives for women with a disability.

Recommendation 4: WHW endorses Women with Disabilities Victoria's submission to this enquiry and recommends that the government adopt the recommendations of their submission.

Recommendation 5: Conduct a state-wide gender audit of disability services.

Recommendation 6: Provide funding and incorporate requirements for disability service providers to implement workplace primary prevention strategies in the transition to NDIS guidelines.

Recommendation 7: Provide dedicated funding to the primary prevention sector to inform the development of workplace activities and expand the work of preventing violence against women into disability services.

Recommendation 8: Fund primary prevention programs that have a strong and clear focus on redressing the key drivers of violence against women and working towards long term outcomes to prevent abuse in disability services.

Recommendation 9: The Victorian Government establish protocols and compulsory training for services and staff regarding initial responses to disclosures or suspicion of abuse, and extend the NDIS safeguards to incorporate an independent and specialised response team.

INTRODUCTION

Women's Health West (WHW) has actively contributed to the health, safety and wellbeing of women in the western region of Melbourne since 1988 through a combination of direct service delivery, research, health promotion, community development, capacity building, group work and advocacy. Our health promotion, research and development unit offers a range of programs and projects targeted to prevention and early intervention strategies to improve outcomes for women's health, safety and wellbeing. We are leaders in the development of regional strategies to further our work, seeing partnership within and outside the sectors in which we work as crucial for bringing about effective and sustainable outcomes for women and children.

In 1994 we expanded our organisation to encompass delivery of family violence services for women and children ranging from crisis outreach and court support, to housing establishment and crisis accommodation options, to counselling and group work programs. WHW has been an active and strong supporter of family violence reform at a regional and statewide level, integrating and coordinating family violence services in our region, and ensuring the integration of those services with a range of related sectors, including the housing sector.

These two main arms of the service place WHW in a unique position to offer a continuum of responses from prevention to early intervention to crisis response. WHW's strategic plan sets out our approach to partnership and our client-centred approach to service delivery and outcomes that support women to take control over decisions that affect their lives.

Women's Health West's service provision experience and expertise in working with women with a disability and their carers

WHW has a long history of working with and employing women with a disability and their carers to enhance their health, safety and wellbeing. Our response to this enquiry draws from expertise gained from the following specific program areas:

- Intensive case management for women with a disability who experience family violence/abuse: WHW provide intensive case management support for between six months and two years, working collaboratively with other agencies to assist women to achieve their goals. This includes identifying when levels of risk require action to increase a woman's safety by working closely with the police and other agencies.
- Sunrise Women's Groups: Women come together to connect and overcome the barriers associated with having a disability in this strengths-based

program that offers safe, inclusive and supportive fortnightly groups, and is underpinned by a participatory approach driven by the women who attend.

- **Power On:** A 12-week program designed for women who experience mental illness. The program is comprised of modules that women have identified as key to enhancing their health and wellbeing. One of the strengths of Power On is the peer education approach that recognises women as experts in their own health. Participants continue to attribute significant changes in their lives to the program.
- **Power On for Carers:** An 8-week peer education program for women who are carers of a person who experiences mental illness, designed to enhance their own wellbeing.
- **WHW** is the lead agency for Preventing Violence Together, a regional partnership to prevent violence against women in Melbourne's western metropolitan region. From 2012 to 2015 we will implement strategies to prevent violence against women driven through the regional partnership. Examples of primary prevention strategies within partner workplaces include implementation of gender audits of workplaces, and development of resources and training to build understanding of the drivers of violence against women.

TERMINOLOGY

In line with current evidence and best-practice approaches to preventing and responding to violence against women, our submission is informed by the following definitions:

Primary prevention: Initiatives that aim to prevent violence before it occurs by redressing the underlying causes such as gender inequity (VicHealth, 2007)

Early intervention (sometimes referred to as secondary prevention): Action targeting individuals or population sub-groups who are showing early signs of violent behaviour (VicHealth, 2007)

Tertiary response: Initiatives that aim to reduce the effects of violence once it has occurred and prevent its reoccurrence (VicHealth, 2007)

Violence against women: Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (United Nations, 1993)

Family violence: Physical, emotional, sexual, social, spiritual, cultural, psychological, and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities (Victorian Department of Planning and Community Development, 2008)

Abuse (as per terms of reference for this enquiry): Abuse of people with a disability can include:

- Physical, emotional abuse and /or neglect
- Financial abuse
- Sexual abuse offences, such as rape or indecent assault under the Victorian Crimes Act 1958
- An incident that results in a serious outcome, such as a client death or severe trauma
- Forced treatments and interventions
- Violations of privacy and wilful deprivation

Terms of Reference addressed in this section:

Are Victoria's Human Service Standards adequate to prevent abuse in disability services?

What changes or improvements, if any might be required?

WOMEN WITH A DISABILITY'S EXPERIENCES OF VIOLENCE AND ABUSE

Violence against women with a disability in the home and in institutional and residential care settings continues to occur at unacceptably high rates, undermining their health and wellbeing, and their ability to participate as full and equal citizens in Australian society (WHW, 2014; WWDA, 2011; Office of the Public Advocate, 2010; Healey et al, 2008).

Case Study

Valerie is a single woman with a mild intellectual disability. She has been in and out of abusive relationships since she was 14 years old. She is now 37 and living with her partner of 8 months who regularly beats her. She and her partner are receiving commonwealth benefits and are living in a private rental property under her partner's name.

Valerie is referred by police to Women's Health West Crisis Coordination and Intake Service. Valerie wants to leave the relationship but there are few housing options available to her because:

1. She has no rental history
2. Boarding houses are unsafe and she is scared to go as 'bad things happen' there
3. She is not eligible for shared community housing or a group home because she is considered high functioning
4. She is unable to access transitional or public housing as she has no dependants living with her

Valerie is referred to a women's refuge that accepts clients with a disability and who will provide longer term support into permanent housing.

Regardless of age, race, ethnicity, sexual orientation or class, women with a disability are assaulted, raped and abused at a rate at least two times greater than women without disabilities. They are often forced to live in situations in which they are vulnerable to violence and they are more likely to experience violence at work than other women, men with disabilities or the population as a whole. The more severe the disability, the higher the risk of abuse or violence' (WHW, 2002; Frohmader, 2002; Sobsey, 1994; Sobsey and Doe, 1991).

A recent survey of 367 women and girls with disability, led by Women With Disabilities Australia (WWDA), found that 22 per cent had experienced violence in the past year (WWDA, 2013). Current evidence also indicates that 90 per cent of women with an intellectual disability have experienced sexual assault, compared to 20 per cent of Australian women in general (Frohmader, 2002). There is no systematic collection of data in Australia, at either state or national level, that accurately captures the prevalence of violence experienced by women with a disability (WDV, 2014).

It is important to note that disability induced by violence against women is also substantial. A report by the Victorian Health Promotion Foundation on intimate partner violence found that IPV is the largest single cause of disability and death among Australian women aged 15-44 (VicHealth, 2004). The multitude of injuries and permanent disabilities sustained by women include acquired brain injury and post-traumatic stress disorder, and other forms of mental illness resulting from childhood sexual assault and family violence (Jennings, 2008).

Disability services operate within this broader context. The definition of 'abuse of people with a disability' stipulated in the terms of reference for this enquiry include physical, emotional, financial and sexual abuse including rape. Such abuse is gendered in nature (Frohmader, 2007). Sex disaggregated data regarding the incidence of abuse within disability services must be collected and analysed in order to develop a true picture of the nature of this problem and to identify and establish mechanisms and strategies to prevent it. WHW, along with other experts (WDV 2014) recommend the Victorian Government turn to the evidence base for preventing violence against women as a critical priority for regulation of the disability service system. This should be incorporated into Victoria's position on appropriate quality and safeguards for the National Disability Insurance Scheme.

In 2014 Women with Disabilities Victoria, in partnership with the Office of the Public Advocate and Domestic Violence Research Centre Victoria (DVRCV), launched a comprehensive research project on the nature and impacts of violence against women with a disability. The *Voices Against Violence* project found that 'gender-based and disability-based discrimination intersect and increase the risk of violence for women with disabilities' (WDV, 2014: 5). The final report makes numerous

recommendations on the need for targeted primary prevention, early intervention and tertiary response initiatives for women with a disability. WHW urges the state government to take up the recommendations in this report, and fund expert services to undertake an analysis of how these strategies can best be implemented within the specific context of disability services. We also support and direct government's attention to the submission and recommendations made by Women with Disabilities Victoria in response to this inquiry.

Recommendation 1: Sex disaggregated data regarding incidence of abuse within disability services must be collected and analysed in order to develop a true picture of the nature of this problem and establish mechanisms and strategies to prevent it.

Recommendation 2: The Victorian Government look to the evidence base for preventing violence against women as a critical priority for regulation of and prevention of abuse within the disability service system. This should also be incorporated into Victoria's position on appropriate quality and safeguards for the National Disability Insurance Scheme.

Recommendation 3: The Victorian Government adopt the recommendations of the Voices against Violence project on the need for targeted primary prevention, early intervention and tertiary response initiatives for women with a disability.

Recommendation 4: WHW endorses Women with Disabilities Victoria's submission to this enquiry and recommends that the government adopt all recommendations of their submission

THE KEY DRIVERS OF VIOLENCE AGAINST WOMEN: THE KEY TO PREVENTING ABUSE IN DISABILITY SERVICES.

The relationship between high rates of violence against women and high levels of gender inequity between women and men is well established (VicHealth, 2007; Wall, 2014). Violence against women is a complex and multifaceted social phenomenon. Research shows that the underlying causes of violence against women are:

- Unequal power relations between women and men
- Adherence to rigid gender stereotypes (VicHealth, 2007)

Evidence shows that the level of violence against women is lower in countries where a higher level of gender equity has been achieved. For example, the Global Gender Gap Report identifies Iceland as the most gender equitable country in the world and its rate of violence against women is 19 percent over a lifetime. In comparison,

Australia’s estimated rate of violence against women is 33 per cent and ranks 25 of 135 countries listed (World Economic Forum, 2013). Research conducted by the United Nations Development Fund for Women (UNIFEM) on the link between national gender equality measures and the prevalence of violence found similar results. The graph below draws on four major international surveys, which measure factors such as employment, education, income, health, leadership, political participation and representation (figure 4).

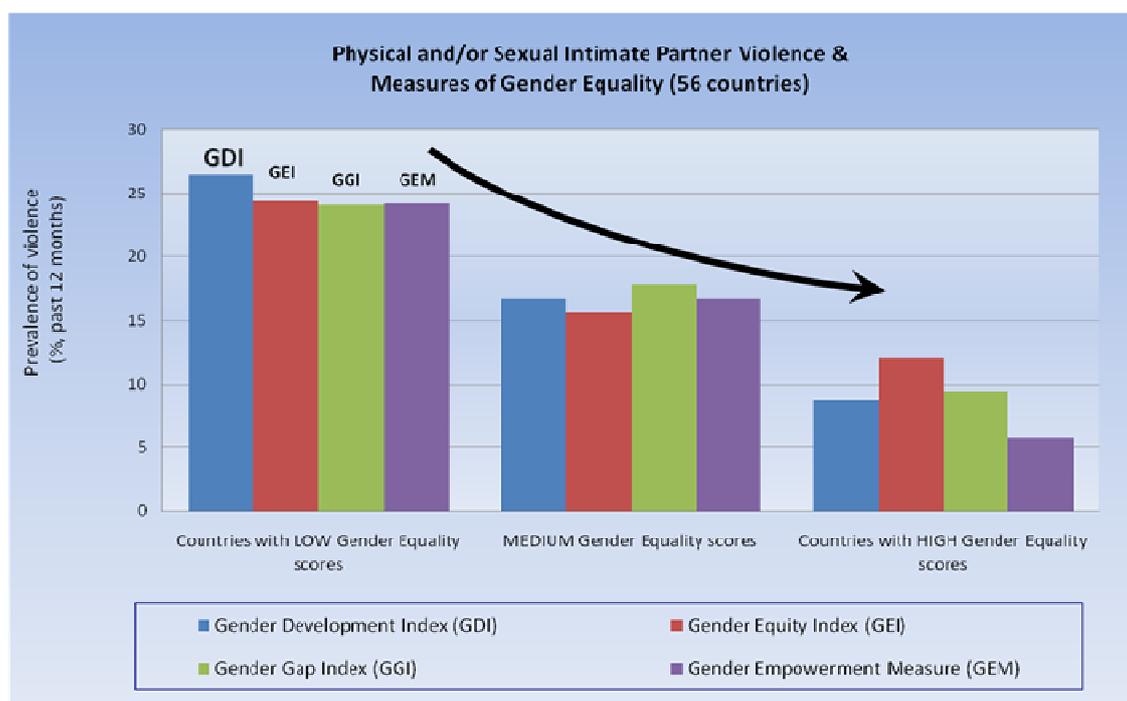


Figure 1: UNIFEM (2010) Investing in Gender Equality: Ending Violence against Women and Girls

In Australia, gender inequity is evident across a number of significant indicators. The visibility of women in leadership, in both government and non-government settings, is recognised as an important step toward gender equity. Progressive action in this area also plays a role in challenging gendered stereotypes concerning appropriate roles for women in society. Hence, ensuring equal numbers of women and men in leadership roles is essential for the prevention of violence against women. Yet we continue to see disparity between women and men in senior leadership positions at all levels of government and the private sector. Data from the Workplace Gender Equality Agency’s (WGEA) *Australian Census of Women in Leadership* revealed:

- Women make up only 12 per cent of the boards for ASX 200 companies
- Women make up only 9 per cent of executive key management personnel of the ASX 200 companies
- Women held only 35 per cent of the 3,960 board positions on government boards and bodies (WGEA, 2012).

In the current federal parliament, only 2 of the 19 cabinet ministers is a woman. In total, there are more than twice as many male federal parliamentarians, compared to women (69 per cent male compared to 31 per cent female). The disparity is even wider in the number of men compared to women holding ministerial positions (83 per cent male compared to 17 per cent female). In the current Victorian parliament, there are almost two males for every one female member (63 per cent males and 38 per cent females).

Data collected by the inter-parliamentary union shows significantly higher levels of female representation in parliament across Nordic countries, including Sweden, Norway, Iceland and Denmark, where quota systems (40 – 50 per cent) are in place. It is important to note that in these countries that have strong gender equity measures in parliament, the prevalence of violence against women is comparatively lower than Australia (IPU, 2012; Quota Project, site accessed 18 July 2014).

Equal access to education, employment and income is recognised in international literature as vital to the prevention of violence against women. Gender inequities in employment, pay and working conditions continue to disadvantage Australia women. For example:

- Women in Australia who work full-time earn on average 17 per cent less than their male peers (WGEA, 2013)
- Women are more likely to engage in part-time and casual work in roles characterised by high demands and little control over conditions. In Australia, women account for over half (55 per cent) of all casual employees, and 43 per cent of women are employed part-time compared to 13 per cent of men (ABS, 2011)
- Women retire with less than half the average superannuation payouts received by men and 2.8 million women compared to 1.6 million men aged 15 years and over are not covered by superannuation (WGEA, 2013)
- Female graduate salaries are 90 per cent of male graduate salaries

Women's access to equal employment is partly determined by the inequitable division of domestic labour and caring responsibilities. For example:

- Women undertake more unpaid domestic labour, 35 per cent of women do 15 or more hours per week, compared to 12 per cent of men
- More women than men undertake unpaid care for a person with a disability
- Women are more likely than men to undertake unpaid care work for children or relatives who are elderly or who have a disability
- 82 per cent of Australian single parents are women (ABS 2011)

THE NEED FOR PRIMARY PREVENTION

A primary prevention approach seeks to prevent men's violence against women before it occurs by redressing the key determinants or causes of violence, as described above. Violence against women occurs and is perpetuated across all levels of society, which includes:

- Institutional and systemic level
- Organisational and community level (including disability services)
- Individual, family and peer group level (VicHealth, 2007)

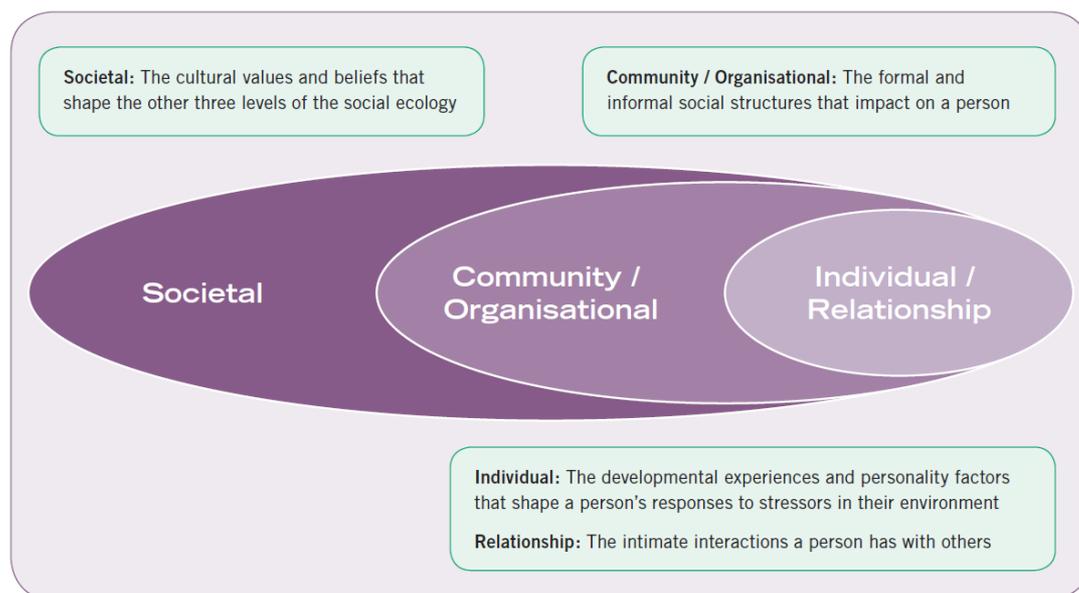


Figure 2: VicHealth (2007) *An ecological approach to understanding violence*

Women who participate in the Women's Health West Sunrise program concur with evidence available when they tell us that this inequity is compounded for women with a disability, outlining the additional barriers they face to achieving employment, securing housing and influencing decisions that affect their lives. An analysis of how this inequity affects women within disability services, including women who use these services and female staff, is an important first step to the primary prevention of abuse within disability services. This can be achieved through a gender audit that includes an analysis of numbers of women and men who access services, participate in decision making and have their individual needs met. The results of such an audit would enable the implementation of appropriate workplace strategies to promote equity and undermine the key drivers of violence against women.

Recommendation 5: Conduct a state-wide gender audit of disability services.

Recommendation 6: Provide funding and incorporate requirements for disability service providers to implement workplace primary prevention strategies in the transition to NDIS guidelines.

Recommendation 7: Provide dedicated funding to the primary prevention sector to inform the development of workplace activities and expand the work of preventing violence against women into disability services.

Recommendation 8: Fund primary prevention programs that have a specific focus on redressing the key drivers of violence against women and working towards long term outcomes to prevent abuse in disability services

Terms of Reference addressed in this section:

What improvements could be made to internal practices for recruiting and training disability services worker?

THE NEED FOR AN INDEPENDENT SPECIALISED RESPONSE TO ABUSE WITHIN DISABILITY SERVICES

WHW recommend that responding to allegations of abuse requires specialised skills, which are yet to be adequately provided to all support staff within disability services. Our experience of interacting with disability services suggests that service responses to women who disclose abuse tend to reflect the attitudes and understanding of staff, which in turn establishes the service culture (WHW, 2013)

While professionals in the disability and family violence sectors have a common commitment to the safety and wellbeing of women, there are considerable differences in their philosophies and practices. The lack of agreed protocols, frameworks, and even common definitions of family violence, indicated that significant professional development and organisational capacity building was required to respond appropriately to women who experience family violence (WHW, 2013). This experience can be easily extrapolated to women who are abused in disability services.

Our 2013 report into family violence and women with a disability outlines recommendations that could equally be tailored for this enquiry:

- Develop protocols for reciprocal secondary consultations between disability and family violence and sexual assault services

- Train all disability workers to use the family violence risk assessment and risk management framework
- Provide training for disability service workers to develop their skills to ask women who have limited communication or cognitive capacities whether or not they feel safe
- Develop a protocol for situations where a disability worker has concerns about violence that are difficult to substantiate
- Develop a risk management protocol for situations where women are at immediate risk of violence and who are subject to a guardianship order
- Promote awareness among disability workers about the Office of the Public Advocate's capacity to provide advice and direction when there are concerns about violence for a woman who cannot advocate for herself
- Management support for developing new ways to respond to violence in the disability sector is critical to improved service responses

WHW recommends that the Victorian government establish protocols and compulsory training, taking into account the recommendations outlined above, in order to enable and guide all staff to respond appropriately to disclosures or suspicion of abuse. WHW also recommend that the government extend the NDIS safeguards to incorporate an independent and specialised response team.

Recommendation 9: The Victorian Government establish protocols and compulsory training for services and staff regarding initial responses to disclosures or suspicion of abuse, and extend the NDIS safeguards to incorporate an independent and specialised response team.

SUMMARY

Women's Health West commends the Victorian Government in undertaking this enquiry and would be pleased to provide any further evidence in support of this submission.

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