# Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

## Women's Health West

## May 2021

### Acknowledgements

Women's Health West recognises that the land on which we work and provide our services always was and always will be Aboriginal land. We proudly acknowledge the Aboriginal and Torres Strait Islander communities across Melbourne's west, their rich cultures, diversity, histories and knowledges, and the contribution they make to the life of this region.

We acknowledge the impacts of colonisation, as well as the strength and resilience of Aboriginal and Torres Strait Islander communities, and express solidarity with the ongoing struggle for land rights, self-determination, sovereignty and recognition of past injustices.



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# Introduction

## About Women's Health West

Women's Health West (WHW) welcomes the opportunity to contribute to this Royal Commission. Since 1988, WHW has worked to redress family violence[1] against women and children in the western region of Melbourne through a combination of direct service delivery, research, health promotion, community development, capacity building, group work and advocacy.

WHW is a member of the Victorian network of women's health services and has been an active contributor to family violence reform at regional and state-wide levels, including integration between family violence, disability and other sectors.

## Disability, gender and violence

We commend the Royal Commission for explicitly citing gender in the Terms of Reference as an issue for consideration. In Australia, nearly one in five women and girls live with a disability (Australian Bureau of Statistics, 2019). Women with disabilities are more likely than men with disabilities to be unemployed, live in poverty, or be the primary carer for children and the household (Women with Disabilities Victoria, 2019). These factors contribute to women's isolation, which is understood to be both a risk factor for and consequence of violence (Women with Disabilities Victoria, 2019). Women with disabilities experience violence with increased severity and for a longer time than women without a disability, and over one third of women with disabilities experience intimate partner violence (Women with Disabilities Victoria, 2019).

The World Health Organisation states that "gender intersects with other factors that drive inequalities, discrimination and marginalisation, such as ethnicity, socioeconomic status, disability, age, geographic location and sexual orientation, among others" (World Health Organisation, 2021). These intersecting forms of oppression can make seeking safety from family violence more complex. We acknowledge the Australian community comprises people from Aboriginal and Torres Strait Islander communities, LGBTIQA+ communities, migrant and refugee communities and people who experience socio-economic hardship. It is our intention that this submission is framed to consider these intersections of experience.

[1] This submission uses the term family violence to express overlapping definitions of violence, abuse, neglect and exploitation adopted by this Royal Commission and definitions of domestic violence, family violence and sexual violence from the 2016 Victorian Royal Commission into Family Violence.

The 2016 Victorian Royal Commission into Family Violence specifically considered issues for women with disabilities (Royal Commission into Family Violence, 2016). The Victorian Government has committed to implementing all recommendations, however many issues facing women with disabilities are yet to be redressed since this inquiry five years ago.

## Women's Health West's work with women with disabilities

For over 30 years, the WHW Sunrise program have been providing social support to women with lived experience of disability and actively redressing the cultural conditions that fuel violence against women. More detail about Sunrise is provided later in the document.

WHW also provides case management support to women experiencing family violence; 12-14 per cent of case management clients have a disability.

Referrals are made between Sunrise and case management, demonstrating the value of linking health promotion programs with family violence support services.

## Overview of submission

This submission highlights instances of violence, abuse, neglect and exploitation of women with disabilities and provides evidence-based recommendations for consideration.

The first part of the submission reiterates the need for more investment in preventing violence from occurring in the first place. It highlights the benefits of evidence-based health promotion programs and their critical role in broader prevention efforts.

The second part shows how governments, institutions and services fail to fully recognise the impact of intersections of discrimination and disadvantage on people experiencing violence. The family violence service system ultimately fails to support all women with disabilities, especially women who experience intersecting forms of oppression, like ableism and racism.

To prepare this submission, we gathered stories from women with disabilities who are clients of WHW, as well as WHW staff who support women with disabilities. Please see Appendix I for more details of the methodology used.

# Recommendations to the Commonwealth Government

1. **Commit long-term funding for evidence-based initiatives to prevent violence against women with disabilities.**

2. **Commit to a long-term funding structure[2] that enables family violence services to meet the additional and more complex needs of women with disabilities.**

3. **Commit long-term funding to review the eligibility criteria and application processes of support services[3] (e.g. NDIS, Maternal & Child Health and Centrelink), to better meet the needs of women with disabilities experiencing family violence.**

4. **Commit long-term funding to improve collaboration and referral pathways between relevant sectors[4], for example family violence, disability, police, court and health sectors.**

5. **Commit long-term funding for specialised training[5] in relevant organisations[6].**

6. **Commit long-term funding for relevant organisations[7] to develop, implement and evaluate Disability Actions Plans that consider multiple and compounding forms of discrimination.**

7. **Commit long-term funding for capital infrastructure grants to make organisations more accessible and inclusive for people with disabilities.**

[2] For example, the funding structure could provide increased service time for clients with disabilities.
[3] This should include, at a minimum, all organisations involved in phase one of Victoria's Family Violence Risk Assessment and Management Framework.
[4] Ibid
[5] Training should be delivered by specialists in women with disabilities and preventing family violence. Topics should include: Prevention of violence against women with disabilities; Experiences and needs of people with disabilities; Accessibility; Intersectionality; Navigating family violence and related sectors; and Anti-oppressive practices that strengthen client trust in services.
[6] This should include, at a minimum, all organisations involved in phase one of Victoria's Family Violence Risk Assessment and Management Framework.
[7] Ibid

# Investing in preventing violence against women with disabilities

As evidenced in Australia's national framework, Change the Story, and the National Plan to Reduce Violence against Women and their children, we must invest long-term and tackle the underlying drivers of this violence (Link to Recommendation 1).

WHW, like the other Victorian women's health services, has not received an increase in recurring health promotion funding (including to prevent violence) in more than 30 years since the service started, other than annual indexation, which is less than the minimum wage increases.

Along with mainstream prevention efforts, targeted initiatives to prevent violence against women with disabilities are also imperative. For women with disabilities, a recent ANROWS study found that "violence occurs through a diverse range of incidents, consistently as part of everyday experiences and through the operations of family structures, relationships, institutions, service delivery and policy settings" (Maher et al., 2018). The study found that legislative frameworks played a crucial role in diminishing women's legal capacity; capacity was routinely denied or inhibited; reproductive and sexual autonomy were compromised; women's decisions about treatment and desired outcomes were not respected; and appropriate communicative methods and approaches were not offered. Overall, women with disabilities were denied the agency to act as full participating citizens in our society.

Health promotion programs that enhance women with disabilities' confidence and self-determination to make decisions are critical to redressing this problem.

## Health promotion programs with women with disabilities

WHW's Sunrise program is the only health promotion program of its kind in our region, and since its inception in 1990, is also the longest running.

Sunrise enables women with disabilities access to opportunities which can redress the social determinants that put women with disabilities at risk of violence.

In 2018-19 Sunrise participants were asked to reflect on the impact the program has had on their lives. Of the respondents:

- 100 per cent said they had increased social connections
- 83 per cent felt they were more able to access their local community
- 100 per cent said they knew more about local health services
- 70 per cent were more confident to participate civically in their community

### Social connection and confidence

Women in the program told us that reducing isolation by connecting with other women living in similar situations has given a boost to their confidence.

***Quote from Sunrise participant, 2018***

*"[Since joining Sunrise] I'm feeling like I've got more confidence now. I'm getting out and talking to a few more people. I've been getting to try different things that I haven't done before. It's made me feel better within myself, trying different things."*

***Quote from Sunrise participant, 2019***

*"It's a huge problem to feel isolated. I felt like I was on my own and I couldn't get out of the house. My confidence was low. I'm very happy now. Twelve months ago I didn't know who I was, I was so overwhelmed, I didn't know what made me happy anymore. Sunrise has given me my identity back. I've still got a way to go, but at least I know what makes me happy now. As time goes on, I'll be able to do more."*

### Health and safety

Participants in Sunrise told us they have experienced improved mental and overall health outcomes since joining the program.

***Quote from Sunrise participant, 2019***

*"I still have anxiety and depression but I'm sort of on the road to recovery now. Sunrise has made a hell of a difference."*

***Quote from Sunrise participant, 2019***

*"I feel good at Sunrise, I enjoy the activities, they take me away from the bad and I feel a lot better for the rest of the day once I've attended Sunrise. It makes a lot of difference, it's even helped me with regulating my breathing."*

***Quote from Sunrise participant, 2019***

*"I don't really have so much anxiety anymore since joining the group, Sunrise plays a big part in terms of keeping me well."*

# Barriers for women with disabilities in accessing family violence support

Women with disabilities represent 20 per cent of the Victorian population (Australian Bureau of Statistics, 2019) and are twice as likely to experience family violence compared to women without a disability (Women with Disabilities Victoria, 2019). However, only 12-14 per cent of WHW case management clients report having disability.

This part of the submission explains some of the systemic barriers experienced by WHW clients (women with disabilities experiencing family violence) when accessing the service system and offers recommendations to increase access and culturally safety.

## Inadequate funding model for family violence services

WHW staff report that women with disabilities experiencing family violence often require more complex support, compared to women without disabilities. For example, it has been difficult to:

- Support women with intellectual disabilities over the phone, and generally in building rapport.
- Engage with women who are experiencing significant mental health concerns[8] because of repeated cancellations of appointments, difficulty processing information, mood and behaviour changes, difficulty planning, and difficulty problem solving.
- Accommodate the needs of women with disabilities when they do not present in ways that women without disabilities typically do.

These complexities mean staff often need more time (per client) and flexibility to provide complex case management support (Link to Recommendation 2).

[8] Family violence can be both a cause and risk factor for increased mental health concerns for women, particularly women experiencing multiple, intersecting forms of disadvantage. Mental health conditions (such as post-traumatic stress disorder, anxiety, depression) can make it more difficult for women to access support. For example, it might take more time for women to seek help, or it might be more difficult for women to follow through with referrals or leave violent situations.

***Quote from WHW staff member, 2020***

*"Women [with disabilities] don't fulfil services'/society's expectations of 'the perfect victim', e.g. if they want to reunify [with the perpetrator], their service engagement is not viewed as 'co-operative', their responses are not seen as 'appropriate' (such as not being sad/angry 'enough', making decisions that are not based on worker recommendations), they are considered to not have 'capacity' to understand their own safety and risk."*

## Inaccessible eligibility and application processes

In preparing this submission, several WHW staff and clients highlighted how eligibility criteria and application processes for various supports did not meet the needs of women with disabilities experiencing family violence.

WHW clients and staff who had applied for the NDIS on behalf of clients, reported that the application process was complex to navigate and time consuming. Multiple applications for the same woman were often required, as applications were rejected for various reasons. The process often took more than six months, which exceeds the period we are funded to support a client, preventing case managers from taking on new clients. WHW staff recognised that the barriers increased for women with limited English language skills or cognitive difficulties.

***Quote from WHW staff member, 2020***

*'NDIS is incredibly difficult to navigate, particularly for CALD people and people with low literacy.'*

***Quote from WHW staff member, 2020***

*'Perpetrators of violence [were] sent communication letters by NDIS despite being informed of the presence of IVO and requests sent to have their name removed from the file.'*

WHW staff members have supported women who have escaped family violence and due to this crisis, have disengaged from maternal child health checks where their children would have been assessed for any disability/developmental delay. Once the woman and her children are safe and in a recovery phase, the child(ren) is often then too old to be eligible for early intervention support and publicly funded autism spectrum disorder assessments.

This leaves the woman and children without support and an increasingly complex care situation at home.

WHW staff reported that women with disabilities had experienced frustrations and distress with Centrelink after their disability support pensions had been revoked. Further, when they were not able to access a pension because they did not understand how to navigate the Centrelink system, they were unsupported by Centrelink to do so. Given the ways that financial stress can exacerbate family violence or prevent women from fleeing violent situations, inability to access financial support creates a significant barrier for women with disabilities.

These barriers could be addressed through:

- More flexibility in eligibility criteria and more simplified application and intake processes to make these essential support services more accessible for women with disabilities experiencing family violence (Link to Recommendation 3).
- Initiatives to improve collaboration and referral pathways in relevant sectors, for example family violence, disability, police, court and health sectors (Link to Recommendation 4).
- Training for relevant sectors[9] on the needs of women with disabilities experiencing violence and how to access supports (e.g. family violence workers better understanding the NDIS application process) (Link to Recommendation 5).

## Distrust in services

Some women with disabilities told us they did not feel comfortable reporting family violence to a government organisation for a variety of reasons, for example, fear of children being removed due to the woman with disability unable to undertake all caring responsibilities.

WHW staff also described how perpetrators of family violence have been successful in the past in manipulating police responses to family violence because the victim-survivor had a disability.

> ***Quote from WHW*** client ***with disability, 2019***
> "*I think being re-directed through bureaucracy…is not good. I worry that some policemen don't know what they're doing, or care about lots of things. DHHS aren't really helpful*."

[9] This should include, at a minimum, all organisations involved in phase one of Victoria's Family Violence Risk Assessment and Management Framework.

***Quote from** WHW **client with disability, 2019***

"*I had a problem with my family in the past, and now I will go to the community centre and talk to the council worker to ask about the best place to go or to a trusted person who would direct me to the service. Because they are people I know and I feel safe talking about any issues that arise.*"

***WHW client** with **disability, 2019***

*"[When I was experiencing family violence at home] It was preferable to go to a trusted person rather than a government body [like police or DHHS]. I don't find government bodies to be trusted places*."

One former client who has a disability and migrant refugee background told us about her experience of receiving support from WHW. Her goal was to leave her husband who had been perpetrating violence against her, in the forms of physical, emotional and financial abuse, for several years. She had chosen to stay with him for several reasons which are commonly reported: threats of claiming sole custody of their children given her disability meant she might not be able to undertake all parenting tasks; she would be ostracised from her community; and she would not be able to cope financially. She told us:

***Quote from** WHW **client with disability, 2019***

"*There is not an easy pathway or an obvious service to ask for help. When I was referred to WHW I had to drive a long way which made me additionally anxious…They told me I had to go to the police station, in my culture we don't want to involve the police in our lives, we feel shame if the police are in our lives. I wouldn't go to police for help if something was going on at home. I felt as though being placed in a hotel or motel wasn't the right because it made me more isolated and worried. Having an interpreter would have made it easier. Financially I didn't feel I could leave. I can't leave with my kids because I don't have the finances, I want to get a job. I want help to make myself more independent. He has financial control, and says the house doesn't belong to me, I have to beg him for everything."*

Introducing or strengthening Disability Action Plans in relevant organisations[10] (Link to Recommendation 6) as well as sector-wide workforce training (Link to Recommendation 5) would assist organisations to re-build client trust.

[10] This should include, at a minimum, all organisations involved in phase one of Victoria's Family Violence Risk Assessment and Management Framework.

## Gaps in workforce knowledge and skills

Along with the examples mentioned earlier, clients and staff highlighted these experiences where workers were not equipped with the knowledge and skills to support women with disabilities experiencing violence:

- General Practitioners (GPs) incorrectly diagnosing children's autism spectrum disorder symptoms as a response to trauma. This results in children not receiving early intervention support and increasing pressures on women caring for their children while fleeing or recovering from family violence.
- Services neglecting to arrange interpreters where women required them, for example during court hearings.
- Services not believing women with disabilities and instead tending to believe the perpetrator of family violence.

Relevant sectors[11] require more training on the needs of people with disabilities experiencing violence (Link to Recommendation 5).

## Inaccessible infrastructure

Inaccessible infrastructure is a widely reported issue which prevents some women with disabilities accessing services as well as being part of the family violence workforce.

Along with Disability Action Plans, capital infrastructure grants would assist organisations to become more accessible and inclusive for people with disabilities (Link to Recommendation 7).

# Conclusion

Violence against women with disabilities in Australia is a significant challenge for our society.

More long-term investment in specialised family violence prevention initiatives will help promote a more inclusive society, allowing people with disability to be independent and live free from violence. In the meantime, we also need improvements to the service system to better support people with disability experiencing violence, abuse, neglect and exploitation.

[11] This should include, at a minimum, all organisations involved in phase one of Victoria's Family Violence Risk Assessment and Management Framework.

# References


Australian Bureau of Statistics (2019). *Disability, Ageing and Carers, Australia: Summary of Findings.* https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release

Maher, JM., Spivakovsky, C., McCulloch, J., McGowan, J., Beavis, K., Lea, M., Cadwallader, J., Sands, T. (2018). *Women, disability and violence: Barriers to accessing justice. Key findings and future directions*. ANROWS. https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/Maher-et-al-Compass-Policy-to-Practice_1.pdf

Royal Commission into Family Violence (2016). *Volume V: Report and Recommendations.* http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-V.pdf

Women with Disabilities Victoria (2019). *Fact Sheet 03: Violence against women with disabilities.* https://www.wdv.org.au/wp-content/uploads/2019/07/fact-sheet-3_Jul19_P2.pdf

Women with Disabilities Victoria (2019). *Position statement – violence against women with disabilities*. https://www.wdv.org.au/wp-content/uploads/2019/07/position-statement_Jul19_P2.pdf

World Health Organisation (2021). *Health Topics: Gender.* https://www.who.int/health-topics/gender

# Appendices

## Appendix I: Methodology

The data for this submission was collected via mixed methods including:

- Qualitative narratives collected in consultation with three women with disabilities living in the western metropolitan region of Melbourne who have experiences of family violence
- Quantitative data and written reflections collected from WHW program evaluations
- Surveys and semi-structured workshop with WHW staff who work with women with disabilities who are experiencing family violence
- Evidence based quantitative population data

Women with disabilities shared their stories through semi-structured phone interviews in which we asked them to describe their experiences of reporting family violence. We asked them about barriers they faced and what they imagine would be the best possible response from services.

WHW staff completed a survey and semi-structured workshop with WHW policy coordinators which asked about the barriers for both clients and staff in family violence and related services (for example, Police, National Disability Insurance Scheme (NDIS), community health), and recommendations for what the ideal service would look like.

Written reflections of the Sunrise Women's Group program compiled by the health promotion coordinator responsible for Sunrise were also included.