

AWAVA

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Submission to Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Violence and Abuse of People with Disability at Home

Australian Women Against Violence Alliance

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Thank you for the opportunity to make a submission in response to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Violence and Abuse of People with Disability at Home.

About Australian Women Against Violence Alliance

Australian Women Against Violence Alliance (AWAVA) is one of the six National Women's Alliances funded by the Australian Government to bring together women's organisations and individuals across Australia to share information, identify issues and contribute to solutions. AWAVA's focus is on responding to and preventing violence against women and their children. AWAVA's role is to ensure that women's voices and particularly marginalised women's voices are heard by Government, and to amplify the work of its member organisations and Friends and Supporters. AWAVA's members include organisations from every State and Territory in Australia, representing domestic and family violence services, sexual assault services, services for women in the sex industry and women's legal services, as well as organisations representing Aboriginal and Torres Strait Islander women, young women, women educators and other groups. AWAVA's contract manager is the Women's Services Network (WESNET).

We acknowledge the work and expertise of specialist women's services and pay tribute to those who have experienced violence.

List of Acronyms

AWAVA	Australian Women Against Violence Alliance
DFV	Domestic and family violence
NDIS	National Disability Insurance Scheme
WWDA	Women with Disabilities Australia

Summary of Recommendations:

That the Australian Government:

1. Ensure adequate funding flows to specialist women's service services.
2. Proactively builds the capacity of specialist women's services as demand for services rises, including for their crisis response, early intervention and prevention work, not only through resourcing but also by supporting meaningful and intersectional structures that enable coordination across jurisdictions and communication with other sectors.
3. Funds the development of age-appropriate and evidence-based sexuality education and respectful relationships education to all primary and secondary school children. This education should employ a gender transformative approach and simultaneously disassemble disability stigma, stereotypes and ableism as well as other forms of discrimination (e.g., surrounding race or sexual orientation), that intersect with disability and gender.
4. Ensure that this education is being tailored to the accessibility needs and experiences of people with disability through a co-design process (i.e. people with disability of all genders and their representative organisations should be included in the design and development of the educational modules/curriculum).
5. Develop and promote comprehensive resources for people with disability as well as training to the community, professionals, carers, parents, and friends on how to identify, respond to and prevent violence against women and children with disability (this should include promoting the use of the existing resources and projects that aim to build knowledge and enhance support for women with disability, such as WWDA's and 1800RESPECT's Sunny app and WWDA's Our Site website.)
6. Ensure programs, policies and plans surrounding disability and gendered violence are made available in the following formats:
 - a. Sign language
 - b. Braille
 - c. Large print
 - d. Audio
 - e. Easy English
 - f. Plain and/or non-technical language
 - g. Captioned video
 - h. In languages other than English and / or Easy Read
 - i. The provision of accessible and usable websites and digital resources.
7. Allocate additional funding to the 'Stop it at the Start' campaign to include women with disability in its execution. This campaign should include bystander capacity-building for carers, family members, professionals and other people with disability in a way that is

accessible and challenges and highlights the role of ableism in silencing and sustaining the abuse of survivors/victims with disability.

8. Make a commitment to an intersectional, society-wide effort to end violence against women with disability through expanding secure, long-term funding for both prevention and response services.
9. Take all necessary measures to abolish the harmful practices of forced sterilization, abortion and contraception, as a part of efforts to reduce violence against women.
10. Prohibit the use of substitute decision-making regimes that where they are not absolutely essential; and instead implement the use of supported-decision making processes, where children and adults with disability are given the support, information and resources they require to make an informed and autonomous decision.
11. Improve and simplify information about family law proceedings to make it accessible (this includes the provision of information in Plain and Easy English and a wide range of translated materials).
12. Ensure that all family court professionals are trained on questions of disability to ensure that parents with disability do not have unjust court outcomes.
13. Remove the presumption of equal shared parental responsibility from the family law system.
14. Ensure sufficient supports within the justice system for women with disabilities in their parenting and right to self-determination and referrals to relevant organisations.
15. Improve the physical accessibility of court buildings and general accessibility of court information.
16. Work with State and Territory Governments and relevant stakeholders to revise Federal and State and Territory family and domestic violence strategies, including the redevelopment of the National Disability Strategy and other relevant legislations to include the specific needs and experience of women with disability.
17. Expand the criteria of the NDIS to provide access to more women and girls with disability, including those residing on temporary visas.
18. Ensure access to adequately resourced, culturally safe, accessible and responsive specialist women's services, including crisis services responding to violence against women.
19. Train emergency services and disaster relief personnel so they are able to undertake a safety/risk assessment when working with potentially vulnerable persons and situations.
 - a. This includes understanding the indicators of family violence/violence against women and children and being able to identify the indicators and respond appropriately whilst in the field.

Responses to the Terms of Reference:

Question 2: What are the specific experiences of violence and abuse in the home for:

Women and girls with disability?

- Women with disability are more likely to experience more severe and frequent violence, by a wider array of perpetrators. They are additionally likely to encounter more barriers in seeking protection and justice.¹ Girls and young women with disability are exposed to a broad range of violence perpetrated by carers, parents, guardians, peers, educators, service providers, and others, including dating partners. Violence can take many forms, including structural and institutional forms of gender-based violence related to law, the state and culture.²
- Data in this area is lacking, but disability support services report that “women and girls with disability were 36 per cent more likely than women and girls without disability to experience some form of intimate partner violence, with 19.7 per cent reporting a history of unwanted sex compared to 8.2 per cent of women and girls without disability.”³ Twenty-two per cent of women and girls with disability who had made contact with service provider respondents in 2012 identified as having been affected by violence.⁴
- The social marginalisation and discrimination that women with disability experience can be compounded, for some, by reduced mobility, which limits capacity to escape violent situations. As a result, women with disability “also experience forms of violence that are particular to their situation of social disadvantage, cultural devaluation and increased dependency.”⁵

It is important to recognise that perpetrators of violence against women with disability may use specific forms of violence such as:

- Denial of care or denial of assistance with essential activities of daily life;
- Destruction or withholding of adaptive equipment;
- Tampering with technology (e.g., perpetrators who impersonate women with disability to health providers or monitor women with disability through hacking into their assistive technology);
- Withholding food or medication, including contraception;

¹ Women with Disabilities Australia (2011) Submission to the UN Analytical Study on Violence Against Women with Disabilities.

² Disabled People’s Organisations Australia (DPO Australia) and the National Women’s Alliances, 2019. The Status of Women and Girls with Disability in Australia: Position Paper to the Commission on the Status of Women (CSW) Twenty-Fifth Anniversary of The Fourth World Conference on Women and The Beijing Declaration And Platform For Action (1995). Available at: <https://awava.org.au/2019/03/29/submissions/submission-on-terms-of-reference-for-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability>

³ Women with Disabilities Australia et al (2013) National Symposium on Violence against Women and Girls with Disabilities: Background Paper, p.28, Op Cit.

⁴ Dowse, L. et al, Women With Disabilities Australia (2013) Stop the violence: addressing violence against women and girls with disabilities in Australia. Background paper.

⁵ Ibid.

- Limiting access to communication devices;
- Taking or controlling money, including NDIS funding
- Threats of institutionalisation;
- Threats to report to Community Services, meaning a fear of losing children;
- Manipulation of medication; and
- Forced sterilisation, forced pregnancy, or forced contraception of women⁶.
- Along with other forms of violence and abuse such as rape and other sexual assaults, physical and emotional abuse.

At the same time, barriers specific to women with disability needs to be recognised and dismantled. These include:

- Fear of being institutionalised in a nursing home or rehabilitation centre;
- Fear of loss of self-autonomy;
- Not recognising their experience as abuse;
- Blaming themselves for the abuse;
- Having no other options;
- Not trusting agencies to respond effectively;
- Fear of losing care or supports;
- Fear of losing their independence; and
- Fear of losing their children.⁷

Lastly, women with disability who live in rural and remote communities and have less access to services, information and education are particularly at risk of domestic violence and other forms of gender-based violence. Aboriginal and Torres Strait Islander people are 2.2 times more likely than non-Indigenous Australians to live with a disability. Aboriginal and Torres Strait Islander women with disability are therefore at a higher risk of gendered violence.⁸

Question 5: How do domestic and family violence services and disability services work to prevent and respond to violence and abuse of people with disability, including children, in their homes? Please describe any gaps as well as promising practices, for example codesigned models or creating communities of practice.

⁶ NSW Police (2018) Code of Practice for the NSW Police Force Response to Domestic and Family Violence. https://www.police.nsw.gov.au/_data/assets/pdf_file/0016/165202/Code_of_Practice_for_the_NSWPF_response_to_Domestic_and_Family_Violence.pdf

⁷ Ibid.

⁸ Ibid.

Women with disability are systemically excluded from sexual and reproductive health care services; have little access to information regarding DFV specialist services and receive “wholly inadequate” education on respectful relationships and sexuality.⁹

Further, even if women with disability gain access to services, many DFV providers are not adequately trained in understanding and/or responding to the experiences of women with disability. Unfortunately, studies also indicate that specialist disability services lack the training, resources and funding necessary to provide ongoing support to women with disability who experience violence, leaving this group particularly vulnerable to further exploitation and abuse.¹⁰

These gaps indicate the need for long-term Government funding to develop more competent and responsive services, as well as consultation and coordination with organisations that are led by women with disability. This includes funding the development and promotion of accessible information resources and materials for women with disability themselves; frontline workers and other professionals; family, support persons, advocates and friends; and the broader community. Specialist women’s disability services should ultimately be supported by, and collaborate with, specialist violence against women services.

In developing these services and resources we recommend adopting AWAVA’s eight “[Good Practice Principles in Addressing Sexual and Gender-Based Violence](#)”.¹¹ These principles emerged from the [2019 Survey](#), in which AWAVA asked victims/survivors what principles they thought should underpin any services there to support them. While these principles originate from the specialist women’s services, and they can be replicated in other service provision that supports victims/survivors of violence. These good practice principles are underpinned by a gendered understanding of violence. They are:

- Principle 1: A human rights-based approach;
- Principle 2: An intersectional and equitable feminist approach;
- Principle 3: A victim/survivor centred practice and empowerment approach;
- Principle 4: Safety and risk focus;
- Principle 5: Trauma-informed practice;
- Principle 6: Perpetrator accountability;
- Principle 7: Confidentiality, organisational accountability and service responsiveness; and
- Principle 8: Interagency collaboration.

⁹ Anrows. (2017). “Whatever it takes”: Access for women with disabilities to domestic and family violence services: final report. https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/Disability_Horizons_FINAL-1.pdf.

¹⁰ UNFPA. (2018). Women and Young Persons with Disability: Guidelines for Providing Rights Based and Gender-Responsive Services to Address Gender Based Violence and Sexual and Reproductive Health and Rights. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf.

¹¹ AWAVA. (2020). Good Practice Principles in Addressing Sexual and Gender-Based Violence. https://awava.org.au/wp-content/uploads/2020/12/AWAVA_Good-Practice-Principles-brochure_2020-Update_final.pdf.

It is vital that these eight principles are being employed in a way that is fully accessible to women with disability. In doing so, these principles should be used as a foundation to foster improved collaboration between the disability and DFV sector and ensure women with disability are being placed at the forefront of service design and implementation.

Recommendations:

That the Australian, State and Territory Governments:

- Ensure adequate funding flows to specialist women's service services.
- Proactively build the capacity of specialist women's services as demand for services rises, including for their crisis response, early intervention and prevention work, not only through resourcing but also by supporting meaningful and intersectional structures that enable coordination across jurisdictions and communication with other sectors.

Question 8: Have any national, state or territory government policies, plans or programs helped reduce the risk of violence and abuse in the home for people with disability? If so, in what ways? How could these policies, plans and programs be strengthened?

The Fourth Action Plan of the National Plan to Reduce Violence Against Women and Their Children

The [Fourth Action Plan of the National Plan to Reduce Violence Against Women and Their Children \(2010-2022\)](#) has made a commitment to strengthening the primary prevention of violence against women and girls. Despite this, many of these efforts have not been inclusive of women with disability.

This exclusion is partly due to the Plan's predominant focus on "family and domestic violence" (i.e., intimate partner/spousal violence). This narrow conception works to conceal and render invisible, structural and institutional forms of violence that women with disability not only experience but are more at risk of including:

- Forced sterilisation
- Forced abortion
- Forced contraception
- Denial of legal capacity
- Forced treatment
- Restrictive practices
- Seclusion
- Restraint

- Indefinite detention
- Forced and coerced pregnancy
- Forced and coerced adoption, care and kinship care
- Forced and coerced marriage.

At the same time, the Plan's focus on DFV excludes many of the spaces and settings that women with disability (and other marginalised groups) experience violence, including prisons, hospitals, and detention settings.

Additionally, although designed as a whole-of-government approach, the National Plan has been criticised for its "lack of coordination, information vacuums, governance issues and horizontal tension between agencies".¹² Further, according to WWDA, the Commonwealth Agencies, although designed to promote shared outcomes and coherent policy development have tended "to operate in 'silos'", ultimately failing to collaborate towards measurable, outcome's focused goals and information sharing.¹³ It is, thus, important that the prevention and responses to all forms of violence that women with disabilities are subjected too is addressed in the next National Plan.

Gendered based violence and ablism are not being tackled as intersecting issues

In order to meet the needs of women with disability, primary prevention programs and policies must embrace intersectionality from their inception. In eliminating the abuse of women and girls with disability, prevention programs and activities must challenge paternalistic and ableist attitudes, address problematic stereotypes and disassemble deep-rooted modes of discrimination that currently sustain inequality and violence against women and girls with disability.

Preconceived and outdated beliefs that women with disability are not (and/or should not be) sexually active, excludes this cohort from receiving education and information on protective behaviours, healthy relationships and gendered violence. This ultimately denies women with disability "the opportunity to learn how to develop healthy relationships, understand what constitutes appropriate touch, and how to avoid, recognize, and report instances of exploitation, violence, and abuse".¹⁴ In a similar vein, women with cognitive disabilities or dementia may be viewed as poor witnesses due to memory and comprehension problems, and oftentimes will require another witness to the abuse to bring the case forward.¹⁵ With a limited understanding of their rights within the legal system, women with disability are particularly at risk to perpetrators who may feel immune to the consequences of their abuse.

¹² WWDA. (2020). Submission to the House Standing Committee on Social Policy and Legal Affairs inquiry into family, domestic and sexual violence.

¹³ Ibid.

¹⁴ UNFPA. (2018). Women and Young Persons with Disability: Guidelines for Providing Rights Based and Gender-Responsive Services to Address Gender Based Violence and Sexual and Reproductive Health and Rights. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf.

¹⁵ Law and Justice Foundation. (2009). Cognitive Impairment, legal need and access to justice. [http://www.lawfoundation.net.au/ljf/site/article/Ds/2EDD47C8AEB2BB36CA25756F0018AFE0/\\$file/J110_Cognitive_impairment.pdf](http://www.lawfoundation.net.au/ljf/site/article/Ds/2EDD47C8AEB2BB36CA25756F0018AFE0/$file/J110_Cognitive_impairment.pdf).

Recommendations:

That the Australian Government:

- Funds the development of age-appropriate and evidence-based sexuality education and respectful relationships education to all primary and secondary school children. This education should employ a gender transformative approach and simultaneously disassemble disability stigma, stereotypes and ableism as well as other forms of discrimination (e.g., surrounding race or sexual orientation), that intersect with disability and gender.
- Ensure that this education is being tailored to the accessibility needs and experiences of people with disability through a co-design process (i.e. people with disability of all genders and their representative organisations should be included in the design and development of the educational modules/curriculum).
- Develop and promote comprehensive resources for people with disability as well as training to the community, professionals, carers, parents, and friends on how to identify, respond to and prevent violence against women and children with disability (this should include promoting the use of the existing resources and projects that aim to build knowledge and enhance support for women with disability, such as WWDA's and 1800RESPECT's Sunny app and WWDA's Our Site website.)
- Ensure programs, policies and plans surrounding disability and gendered violence are made available in the following formats:
 - Sign language
 - Braille
 - Large print
 - Audio
 - Easy English
 - Plain and/or non-technical language
 - Captioned video
 - In languages other than English and / or Easy Read
 - The provision of accessible and usable websites and digital resources.

Improving Primary Prevention Campaigns

The Fourth Action Plan's commitment to increasing primary prevention campaigns through the 'Stop it at the Start' campaign is commendable, however findings from [AWAVA's Submission on the Development of the Fourth Action Plan](#) indicate that this campaign has failed to adequately boost the voices and experiences of women with disability:

"There has been greater emphasis on primary prevention advertising campaigns which is fantastic – [...] [however], the primary prevention advertising campaigns only focus on heteronormative, Western-Anglicised understandings of gender, relationships and power & control. A diverse and intersectional lens is vitally needed." [R185]

Recommendations:

That the Australian Government:

- Allocate additional funding to the 'Stop it at the Start' campaign to include women with disability in its execution. This campaign should include bystander capacity-building for carers, family members, professionals and other people with disability in a way that is accessible and challenges and highlights the role of ableism in silencing and sustaining the abuse of survivors/victims with disability.

A lack of long-term funding for specialist women's services

Prevention of violence against women is a long-term project requiring ongoing resourcing and firm commitment over many decades. AWAVA's ['Primary Prevention of Violence Against Women: A Survey of Activities in Australia'](#) (2019) found that limited funding is the key difficulty noted by commin doing prevention work, affecting 80 per cent of respondents:

"Short-term funding is the most significant constraint. Primary prevention aims to achieve long-term social and cultural change and requires sustained funding. Short-term grants lead to stress, loss of expert staff and loss of momentum, and mean we need to spend significant time applying for funding rather than getting on with the work"
(AWAVA, p.18)

To strengthen primary prevention efforts and reduce violence against women with disability it is therefore recommended to move away from ad hoc grants and project financing towards integrated and ongoing funding.

Additionally, according to ['Our Watch's Counting on Change Guide to Prevention Monitoring'](#), demand for response services is expected to increase in the medium term as improvements to prevention infrastructure and programming raise community awareness of disability abuse, challenge violence condoning attitudes and encourage reporting of incidents in homes and institutions.

Recommendations:

That the Australian Government:

- Make a commitment to an intersectional, society-wide effort to end violence against women with disability through expanding secure, long-term funding for both prevention and response services.

Question 10: What is the experience of people with disability with legal systems or processes when they have been subject to violence and abuse at home? Consider experiences with courts and tribunals, Apprehended or Domestic Violence Orders or parenting orders. How could legal systems and processes be improved for people with disability?

Within the Australian legal system, many women and girls with disability are denied the right to self-determination and autonomous decision making. This issue stems primarily from ableist and discriminatory attitudes that deem people with disability as “lacking the capacity” to make choices in their own interest.¹⁶ Instead, a third party is often employed to make decisions for women and girls with disability based on their ‘best interests’. This is particularly the case for women with disability who are incarcerated, hospitalised or living with intellectual disabilities and/or in institutional or semi-institutional settings.

These beliefs and practices continue in the legal system despite Australia having ratified the International Covenant on Civil and Political Rights in 1980, a convention that highlights the freedom to make one’s own choices and control one’s own life as a fundamental human right as well as the Conventions on the Rights of Persons with Disabilities.

Often this lack of self-determination manifests itself in the denial of women’s rights to have and maintain custody over their own children. An example of the consequences of this belief includes the forced sterilisation of women and girls with disability, an ongoing practice that remains legally sanctioned by the Australian Government.

Another example of the harmful results of substitute decision making regimes includes the presumption of equal shared parental responsibility that remains embedded in the Family Law Act 1975 (Cth). This states that the court must apply a presumption that it is in the best interests of the child for the child’s parents to have equal shared parental responsibility for the child. Although the presumption is not meant to apply in cases of domestic and family violence, women and children are still negatively impacted as it is often hard to identify or prove this violence to the standard required by the Courts. This difficulty is exacerbated for mother’s with disability, as disability remains equated with a lack of parental capacity and as a result, children are often left in the care of a violent father.¹⁷

Importantly, women with intellectual disabilities in particular have disproportionately high rates of child removal, despite findings from the Law Council of Australia affirming that there is no evidence that intellectual disability causes parental inadequacy.¹⁸

It is therefore simultaneously jarring, yet unsurprising that both the Office of the Public Advocate and Women’s Legal Services Australia have deemed family report writers as having “limited or no expertise in disability” and called for urgent improvements in the intersectional training of family legal staff.¹⁹

The fact that substitute decision making regimes and mechanisms (including guardianship laws), rely on the assumption that it is in the “best interest” of women with disability to be sterilised against their will and/or for children to be left in the custody of violent fathers,

¹⁶ Werner, S. (2012). “Individuals with intellectual disabilities: a review of the literature on decision-making since the Convention on the Rights of People with Disabilities (CRPD).” *Public Health Reviews* 34, no.14. <https://doi.org/10.1007/BF03391682>.

¹⁷ AWAVA. 2020. Submission to Joint Select Committee on Australia’s Family Law System. https://awava.org.au/wp-content/uploads/2020/03/Final-AWAVA-submission-Joint-Select-Family-Law_31Jan2020.pdf.

¹⁸ Lamont, A., and L. Bromfield. (2009). Parental Intellectual Disability and Child Protection: Key Issues. *NCPC*, no.13. <https://aifs.gov.au/cfca/publications/parental-intellectual-disability-and-child-protection-key-i>.

¹⁹ Ibid.

demonstrates the extent to which Australia's legal system is steeped in ableism and highlights the urgent need for structural reform.

More information on gendered violence and the Family Law System can be found [here](#).

Recommendations:

That the Australian government:

- Take all necessary measures to abolish the harmful practices of forced sterilization, abortion and contraception, as a part of efforts to reduce violence against women.
- Prohibit the use of substitute decision-making regimes that where they are not absolutely essential; and instead implement the use of supported-decision making processes, where children and adults with disability are given the support, information and resources they require to make an informed and autonomous decision.
- Improve and simplify information about family law proceedings to make it accessible (this includes the provision of information in Plain and Easy English and a wide range of translated materials).
- Ensure that all family court professionals are trained on questions of disability to ensure that parents with disability do not have unjust court outcomes.
- Remove the presumption of equal shared parental responsibility from the family law system.
- Ensure sufficient supports within the justice system for women with disabilities in their parenting and right to self-determination and referrals to relevant organisations.
- Improve the physical accessibility of court buildings and general accessibility of court information.

Question 11: What crisis support, and accommodation is available to people with disability, including children, when they experience violence and abuse? Consider domestic and family violence crisis support, NDIS and disability or mental health service responses, homelessness services, or other types of crisis support and accommodation.

In response to this question, we are commenting on the access to NDIS. The NDIS does not currently have the capacity to prevent and respond to violence against women and girls with disability. Reasons for this include:

- The current policy and program design of the NDIS is not equipped to respond swiftly to women and/or children with disability who are separated by violence from their normal supports (whether that be housing, support workers, medications and/or assistive technologies.) This means that women may be left in

debt and/or without supports and may ultimately return to abusive environments due to delays in NDIS reimbursement.²⁰

- In addition to this, although designed as an independent monitoring and safeguarding body, the NDIS Quality and Safeguards Commission is both drastically under-resourced and does not have a clear focus on the gendered dimensions of violence, abuse, neglect and exploitation; nor any strategy to identify at risk individuals.
 - As a result, we emphasise the recommendations of WWDA (2021) and highlight the need for increased resourcing and monitoring programs within the NDIS Quality and Safeguards Commission. This may include the development of an external monitoring body to address the risk of un-monitored NDIS funded supports for women and girls with disability.
- There is currently no national plan in place regarding the role of the NDIS in working with state and territory systems to ensure women with disability escaping violence maintain access to their supports. Implementing a national plan will increase coordination and cross-sector collaboration and drastically improve these women's safety and wellbeing.
- The NDIS is not equipped to support the needs of many women and girls with disability, even if they are living in environments free from violence. Across Australia, the NDIS covers only 10 per cent of all participants and within this, women and girls make up less than 37 per cent overall, and less than 30 per cent of participants under 14 years. To address this inequality, we support [WWDA's long-standing recommendation to the NDIA](#) that the Agency act to develop an NDIS Gender Strategy, in consultation with women with disability and their representative organisations.
- The NDIS is also not designed to support women who acquire a disability as a consequence of family or gendered violence. It is well documented that gaining access to the scheme is difficult, burdensome and lacking in accessibility. Even once an individual is considered eligible for supports, data from the 2019-2020 Quarterly Report indicate that it takes an average of 77 days for the completion of an individual's first plan.²¹
- Lastly, the NDIS is only accessible for permanent residents and Australian citizens. This excludes women on temporary visas who have a disability or acquire a disability as a result of gendered violence. Expanding the eligibility criteria to include people on temporary visa's is therefore recommended to ensure all women with disability have access to supports.

²⁰ Kennedy, M., and J. Hargrave. (2020). What does the NDIS mean for women and girls? Considering the Implications of our Market-Based System for Gender Equality. <http://www.powertopersuade.org.au/blog/what-does-the-ndis-mean-for-women-and-girls-considering-the-implications-of-our-market-based-system-for-gender-equality/10/3/2020>.

²¹ Productivity Commission. 2020. Quarterly Report. <https://www.ndis.gov.au/about-us/publications/quarterly-reports>.

Recommendations:

That the Australian Government:

- Work with State and Territory Governments and relevant stakeholders to revise Federal and State and Territory family and domestic violence strategies, including the redevelopment of the National Disability Strategy and other relevant legislations to include the specific needs and experience of women with disability.
- Expand the criteria of the NDIS to provide access to more women and girls with disability, including those residing on temporary visas.²²

Question 12: How has the COVID-19 pandemic, the recent bushfires and other emergencies affected people with disability experiencing violence and abuse at home? What would help people with disability experiencing violence and abuse in their homes who are impacted by emergency situations?

Women with disabilities who were already in social isolation and reliant upon their carer were at risk of escalating violence during natural disasters and the pandemic. There have been reports of women with disabilities in group home settings (and other forms of supported accommodation) being locked in their rooms and not allowed to come out.²³ Violence against women with disabilities in the healthcare settings also escalated as decision making powers were reduced.²⁴ In addition, people with disability were not being given the treatment they needed because resources were focussed on COVID-19 related healthcare. For more information on the impact of COVID-19 for women and children with disability experiencing violence please see [here](#).

Recommendations:

That the Australian Government:

- Ensure access to adequately resourced, culturally safe, accessible and responsive specialist women's services, including crisis services responding to violence against women.
- Train emergency services and disaster relief personnel so they are able to undertake a safety/risk assessment when working with potentially vulnerable persons and situations.
 - This includes understanding the indicators of family violence/violence against women and children and being able to identify the indicators and respond appropriately whilst in the field.

²² By using the term temporary visa, we are referring to a substantial visa (not a tourist visa for example).

²³ <http://wwda.org.au/wwdas-submission-to-the-senate-select-committee-on-covid-19/>

²⁴ See more: <http://wwda.org.au/media-release-covid-19-statement-of-concern-human-rights-disability-and-ethical-decision-making/>; Women Enabled International (2020) COVID-10 at the Intersection of Gender and Disability. Findings of a Global Human Rights Survey, March to April 2020, available from: <https://womenenabled.org/pdfs/Women%20Enabled%20International%20COVID-19%20at%20the%20Intersection%20of%20Gender%20and%20Disability%20Executive%20Summary%20May%202020%20Final.pdf>.

Lastly, we also draw your attention to the following available materials on the issue:

- [Position paper: The Status of Women and Girls with Disability in Australia](#)
- [More Than Just a Ramp: A Guide for Women's Refuges to Develop Disability Discrimination Act Action Plans](#)

Once again, we thank you for the opportunity to provide input to this inquiry. If you would like to discuss the contents of the submission further, please contact Tina Dixson, Acting AWAVA Program Manager, using the details below.

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