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Inquiry into Domestic and Family Violence—Policy approaches and responses

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Women With Disabilities ACT Inc.

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WWDACT
ABN: 74 908 530 982

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Submission to

Discussion Paper: Domestic and Family Violence – Policy Approaches and Responses

ACT Legislative Assembly Standing Committee on Justice and Community Safety

22 SEPTEMBER 2017

Sue Salthouse
Chair, WWDACT

Women With Disabilities ACT acknowledges and pays respect to the Ngunnawal peoples, the traditional custodians of the ACT Region on whose land our office is located. We pay our respects to their Elders past, present and emerging. We acknowledge their spiritual, social, historical and ongoing connection to these lands and the contribution they make to the life of the Australian Capital Territory.

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Table of Contents

About WWDACT:

Women With Disabilities ACT (WWDACT). WWDACT is a systemic advocacy and peer support organisation for women and girls with disabilities in the ACT. WWDACT follows a human rights philosophy, based on the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of Discrimination against Women (CEDAW). WWDACT is a Disabled People's Organisation (DPO), governed by women with disabilities, and its proposals and recommendations to government are consistent with Article 4(3), and Article 29 of CRPD which outline the imperative for consultation with disabled peoples.

Women With Disabilities in the ACT

The WWDACT constituency is of significant size. In the ACT, there are 32,600 women with a disability, who make up 52.5% of the population of people with disabilities, and 8.5% of the total population of the ACT.[1]

ACT women with disabilities experience violence at approximately twice the rate of non-disabled women. The Report on the 2012 Personal Safety Survey (PSS)[2] showed that 4,100 (9.2%)[3] of ACT women with disabilities had experienced some form of violence in the preceding 12 months. In comparison, 4.9% of non-disabled women (4,800) had some experience of violence. Thus, the incidence of violence against women with disabilities is nearly double that experienced by non-disabled women. In terms of resourcing, the raw numbers of women with disabilities needing specialist services for support against violence are approximately the same as for non-disabled women. It is essential that programs and policies designed to prevent and respond to domestic and family violence have pro-active, targeted components which support women with disabilities.

An additional consideration is the need for policies and programs which address the safety of women with disabilities who are Participants in the National Disability Insurance Scheme (NDIS). At present the Scheme has no funding allocation which would enable a Participant to claim any costs associated with her experience of violence, for example, DFV counselling services, legal fees and court costs. At the end of June 2017, the National Disability Insurance Agency (NDIA) reported that there were 2,342 ACT women participants in the NDIS[4]. We know that NDIS Planners and Local Area Coordination (LAC) staff do not have trauma informed training. This means that there is no recognition of the impact that DFV has in exacerbating impairment or a set of behaviours. Evidence to date is that the NDIA regards DFV and its impact on women to be a mainstream responsibility of the health and justice systems and of community organisations. Certainly, the health and justice systems do need to have a response to DFV for women with disabilities, the NDIS also needs to see the effect of PTSD and DFV on the woman's overall capacity to function as a whole person.

Gender inequality coupled with disability discrimination means that DFV is an integral part of the experience of life for women with disabilities. These intersecting attributes are major contributors to societal and cultural inaction to the high incidence of DFV against women with disabilities. WWDACT argues this example of gender imbalance is being inadvertently perpetuated by the NDIA. Women with disabilities make up about 50% of the ACT population of people with disabilities aged 0-64, but constitute just 40% of the ACT NDIS Participants[5].

In addition, it is essential that policies and programs address the safety needs of women with disabilities irrespective of where they live. In fact, the majority of ACT women with disabilities live in the community with less than 1% living in institutional and residential settings[6]. Therefore it is essential that mainstream policies and programs adequately address the safety of these women. Nevertheless women who live in institutional settings, such as group houses and Residential Aged Care facilities (RAC) also need policies and programs to address their safety.

Women with disabilities are less financially secure than their male counterparts or non-disabled women, being over-represented in the lowest two income quintiles. They have lower levels of employment, lower levels of home ownership and a higher level of reliance on private rental accommodation[7]. Many women with disabilities have higher living costs arising from their disabling condition, such as

equipment maintenance and disability-related health costs. As a result they lack resources to respond to DFV, or to relocate to avoid a situation of violence.

Women with disabilities are subject to a higher incidence of cyber-crime. The 2017 RMIT report into 'revenge pornography'[8] found that more than half of the respondents (56.1%) who needed assistance with tasks of daily living reported experiencing at least one form of image based sexual abuse compared to those with disabilities who reported not needing assistance (17.6%)[9]. Despite significant levels of poverty, smart phone ownership levels are high amongst women with disabilities. These provide both a measure of security and a potential avenue for abuse. Any policies and programs which address cyber-crime need to have a component targeted at women with disabilities.

Disability is a cross-cutting issue. It affects the nature and experience of violence across all groups of women including Aboriginal and Torres Strait Islander women, those in the LGBTIQ community, and women from Culturally And Linguistically Diverse Communities (CALD). Therefore all programs targeted to these groups need to have a disability component which takes into account the additional constraints and barriers which their disabled members may experience.

Domestic and Family violence is also a major cause of disability for women. Both physical and sensory injuries are common. Women are particularly susceptible to Acquired Brain Injury (ABI) arising from a single or repeated blows to the head during DFV incident/s. Unfortunately head injuries are not always recognised by women who have been abused or by clinicians[10]. (The resultant spectrum of skills deficit has in some cases ultimately lead to removal of children.) Blows to the head have also resulted in blindness and hearing impairment, Deafness and vision impairment. DFV also accounts for exacerbations of other physical conditions.

When the high incidence of psychosocial disability and Post Traumatic Stress Disorder (PTSD) is taken into account, it is clear that all DFV responses need to take disability into account.

There are a number of specific issues that need to be addressed. They are in areas which encompass several of the Inquiry Terms of Reference (ToR), so the ToR have not been addressed individually. A number are essential actions which warrant consideration even no not specifically covered by the ToR.

Leadership cultural change

We need to broaden the picture of women with disabilities in the community. The vast majority are in the community in a full range of partnerships and family relationships. Most are not NDIS participants, and are not users of any specific disability services. Significant numbers are also carers of children, including children with disabilities, and the elderly. However, when DFV occurs they are acutely aware of the additional barriers they face in finding a pathway to safety. This knowledge is a major barrier to them leaving. There are disability-related constraints on the number of hours of work that can be managed. This is coupled with the higher costs of disability (taxi travel, equipment purchase/repair etc.). These economic barriers are even greater than for her non-disabled counterpart, and prevent her considering leaving. In addition, there is a dearth of accessible and affordable housing. WWDACT has heard from constituents who have returned to their violent partners because an accessible house could not be found post-crisis.

There is a need for leadership at the political level to articulate these issues publicly. Actions to address gender inequality need to have a component which recognises disability inequality. There is a similar

need to foster role modelling from within the community of women with disabilities. At the same time the needs of women with disabilities in institutional settings need to be addressed.

Sector leaders and advocates are excellent key informants, and their input can reduce the need to re-traumatize women who have experienced violence by requiring them to retell their stories in order to drive policy change. In addition, having the public profile of a spokesperson can increase the risk for women who have recently left, or are still living in a violent domestic setting.

Prevention and early intervention

Primary prevention strategies need to integrate concepts about the different nature of violence and abuse which is related to disability. It can be said that women with congenital disabilities have lived in a continuum of violence, bullying, harassment and abuse throughout their lives. Bullying and harassment programs in schools need to have 'inclusion of all' as a primary component. The 'Everyone Every Day' inclusion promotion program for ACT Schools[11] needs to have ongoing funding even if it is integrated into a Respectful Relationships or Safer Schools program. The Our WATCh 'Change the Story' initiatives need to be updated to include a scenario of a woman with disabilities. Similarly the 'Stop it at the Start' campaign could only depict a non-disabled scenario, and the public did not get any opportunity to consider inclusion or difference. Society needs to broaden its 'no-tolerance to violence' stance to include no-tolerance to bullying and harassment of people with disabilities.

Admittedly the NDIS is for all Australians and aims to change community attitudes to disability, with a resultant increase in community inclusion. There is an assumption, that greater community inclusion will result in a corresponding decrease in disability-related violence and hate crimes against people with disabilities, an effect which hopefully will continue into the confines of the home. Thus both gender inequality and disability discrimination need to be addressed simultaneously.

Economic insecurity is a major barrier to women with disabilities leaving a violent situation. It is imperative that targeted steps are taken to address the employment disadvantage experienced by women with disabilities. Addressing this inequality will help in primary prevention of violence against women with disabilities.

Information sharing/Collaboration and Integration

Disability Awareness Training needs to be included as a part of setting up the Family Safety Hub and integrated in any information sharing initiatives. Disability Awareness Training also needs to be part of the upskilling of businesses, religious organisations, etc. It is really important that the constraints on employment and the costs associated with disabilities are understood.

Perpetrator detection

All recommendations of the 2015 Senate Inquiry into Violence, Abuse and Neglect of People With Disabilities in Institutional and Residential Settings[12] need to be considered in the development of more general ACT anti-violence policies and programs. They are applicable to women with disabilities in the wider community. For example any complaints mechanism set up for people experiencing violence needs to have a disability component. The Quality and Safeguards Framework which will be set up under the NDIS will similarly need a component to consider situations of DFV, rather than a narrow viewpoint of quality of paid services.

Of great importance are the recommendations that the Senate Inquiry report lists for the training, monitoring, and prosecution of people who work in disability services. The potential for support workers to exploit and violate the women they are paid to care for is considerable.

Crisis Intervention

The ACT Crisis Services Scheme was developed in 2015 under the auspices of the ACT Human Rights Commissioner for Disability Services. It enables a woman with disabilities who has personal care or specialized equipment support needs to get crisis response to her DFV situation. To a certain extent, the CSS is a wrap-around service for a woman with disabilities. The Domestic Violence Crisis Service (DVCS) is the central intake point and, through its coordination of all services needed, forms a variety of one stop shop for a woman with disabilities who fits the eligibility criteria outlined above. The Scheme has been under-utilized. Women with disabilities who used the scheme in 2015, have returned to the situations of violence because of the economic constraints outlined above. Obtaining long-term accessible accommodation is virtually impossible. Affordability is a secondary factor. In many cases a woman cannot increase her work hours to enable the family to exist on a single parent income. A woman with dependent children has a further drain on her energy let alone her finances.

Evidence is that the pathway post-crisis is difficult for non-disabled women. The 2016 Australian Network for Research on Women's Safety (ANROWS) report on DFV and long term economic security[13] identified a range of policy interventions that are needed post-crisis. It also identified that there are added difficulties for women with disabilities. In the study women who experienced repeated or prolonged episodes of violence had higher demand on welfare agencies, but were less able to access these services. Preventing violence and intervening early to reduce the exposure would help protect women from extreme levels of financial hardship and stress as well as reduce demands on welfare services. In particular women with intellectual disabilities, ABI or psychosocial impairment may have limited control over their financial affairs.

Support Services – long term & wrap around

As part of wrap-around services we need to improve Centrelink capacity to identify and respond to women's needs. Also at a national level, we need to ensure the NDIA response to a request for an emergency plan review can be instantaneous, or that the NDIA instate a mechanism for retrospective claiming of additional support costs which are incurred while a Plan is under review. Alternatively the national government may need a mechanism to meet the costs incurred while a plan is under review.

Women with disabilities need adequate levels of income support which take into account the cost of her disability. This is not entirely the responsibility of the NDIA, and other mainstream services need to have this response. There needs to be improved access to options for immediate and long-term housing so that women with disabilities will see that long-term housing security is possible. For this to be effective, there needs to be a housing strategy which improves the availability of accessible and affordable homes in the private rental market in the ACT[14].

In addition we need to improve Family Court Outcomes for women with disabilities experiencing violence. Women with disabilities need to see evidence that their experiences in the justice system will warrant their taking the risk of leaving. This includes access to appropriate legal representation and

support. All facets of the justice system as well as financial counselors need to have the disability awareness training described above.

Data

At present we do not know enough about the living arrangements or the degree of personal safety of the ACT women with disabilities who live in the community. The majority do not identify with any specific disability/diagnostic or cross-disability organisations. Therefore it is essential that community organisations and health services have some uniform method of identifying where and how their services and activities are catering for women with disabilities.

Conclusion

The ACT response to DFV needs to fully integrate services for women with disabilities. The need for additional resources for responses for women with disabilities needs to be recognised. We need to develop a more robust picture of women with disabilities in the community, their employment and recreation and the services they use. This means that data collection across mainstream services needs to routinely ask for disability status as well as Indigenous or CALD status. Thinking about accessibility and inclusion is the key across all DFV policies and programs. Use of the international symbol of accessibility (ISA) on documents could be a way of showing that they have been scrutinized for inclusion.

Endnotes

[1] Australian Bureau of Statistics, Survey of Disability Ageing and Carers, 2015, Cat. No. 4430.0

[2] Australian Bureau of Statistics, Personal Safety Survey, 2012, Cat.No. 49060DO016_2012, *Personal Safety, Australia 2012.*

[3] Data errors arise from comparison of population numbers between different surveys.

[4] National Disability Insurance Scheme, COAG disability reform council quarterly report, Q4, June 2017 ACT

[5] *Comparison of SDAC and NDIS data consistently shows a disparity between population data and access to government services. This perpetuates the situation which was found in the Commonwealth, State and Territory Disability Agreement (CSTDA) and through the National Disability Agreement (NDA). The SDAC population figures for people aged 0-64, living in households show that there are approximately the same numbers of men with disabilities (20,500) as women with disabilities (19,600). NDIS figures show that only 40% of Participants are women. This arises partly because 21% of Participants have a diagnosis of Autism, where diagnosis in boys outnumbers diagnosis in girls, and because 51% of Participants are under 18 years of age. SDAC data shows that women start to outnumber men in all age groups and across all levels of disability severity from age25 and above.*

[6] This figure is calculated from the Survey of Disability, Ageing and Carers 2015 and the Annual Report 2016 of the Official Visitors for Disability Services.

[7] Australian Bureau of Statistics, 2015, *Survey of Disability Ageing and Carers,* Cat.No. 4430.0, 2015

[8] Henry, D., Powell, D., & Flynn, D. (2017). *Not Just 'Revenge Pornography': Australians' Experiences of Image Based Abuse*. Melbourne: RMIT University.

[9] Snell, K., 2017, Submission to the ACT Greens Discussion Paper: *Invasions of Privacy & Technology-Facilitated Abuse,* WWDACT 2017

[10] Ryan, J. *Calls to better support women with acquired brain injuries caused by domestic violence,* ABC News, March 2015, accessed online on 10 September 2017 at: http://www.abc.net.au/news/2015-03-15/calls-to-help-domestic-violence-victims-with-hidden-injuries/6320504

[11] https://www.education.act.gov.au/teaching_and_learning/curriculum_programs/everyone-everyday-program

[12] Commonwealth of Australia, Senate Community Affairs References Committee, *Inquiry into Violence, Abuse and Neglect of people with disabilities in institutional and Residential Settings etc.* November 2015.

[13] Cortis, N., & Bullen, J. (2016). Domestic violence and women's economic security: Building Australia's capacity for prevention and redress: Final report (ANROWS Horizons, 05/2016). Sydney: ANROWS.

[14] WWDACT submission to the Housing Strategy Discussion Paper (available on request)