# Prevention of violence against women and girls with disabilities

## BACKGROUND PAPER

# Acknowledgement of Country

Our Watch and Women with Disabilities Victoria (WDV) acknowledge and pay respect to the traditional owners of the land on which this resource was developed, the Wurundjeri people of the Kulin Nation.

We also acknowledge the traditional owners and custodians of country across Australia, including those of the many different nations whose lands are home to the Project Advisory Group members and the many people across Australia who contributed to this national resource. We pay respect to all traditional owners, their cultures and their respective Elders, past and present.

Our Watch also acknowledges Aboriginal Community Controlled Organisations, such as First People's Disability Network Australia, who are working to advance and protect the human rights of Aboriginal and Torres Strait Islander people with disabilities.

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The members of the Project Advisory Group were:

- Leona Berrie, WWILD
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- Sue Salthouse, Women with Disabilities ACT and Our Watch
- Rosanna Smith, independent consultant
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- Natalie Tomas, Office of the Public Advocate.

**With thanks to, and in memory of, Sue Salthouse**

We pay tribute to Sue Salthouse, a long-time and prominent advocate, ambassador and leader, who worked tirelessly for the rights of women and girls with disabilities.

In order to advance the work of Our Watch on the prevention of violence against women and girls with disabilities, Sue made a significant donation which funded the development of this background paper and enabled us to start work on the development of *Changing the landscape: A national resource to prevent violence against women and girls with disabilities*. Sue remained a valued member of the Project Advisory Group until her death in July 2020. Her deep knowledge and valuable contributions to the field are truly missed by those who are continuing this work.

# Contents

# Section 1 – Introduction

## About this paper

This background paper examines data and literature on violence against women and girls with disabilities. While it focuses on the Australian situation, it also draws on relevant international literature. It aims to develop an understanding of the underlying drivers of violence against women and girls with disabilities, in order to inform the effective prevention of this violence.

The paper was developed as part of a larger collaborative project between Our Watch and Women with Disabilities Victoria (WDV). This project involved developing *Changing the landscape: A national resource to prevent violence against women and girls with disabilities*. *Changing the landscape* is intended to serve as a companion document to *Change the story: A shared framework for the primary prevention of violence against women in Australia.*[1] This background paper and its analysis of the drivers of violence against women and girls with disabilities informed the development of *Changing the landscape*.

## Notes on language

In line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) definition,[i] this paper uses the term 'disabilities' to encompass the range of physical, cognitive, sensory, psychosocial and other disabilities people experience, including chronic illness.

The terms 'people with disabilities' and 'women and girls with disabilities' are used through the paper, consistent with the Australian custom to use 'person-first' language. However, Our Watch recognises and respects that preferred terminology varies between people and communities, and that some prefer 'identity-first' language such as 'disabled woman'.

The term 'women and girls with disabilities' is used, rather than 'women and girls with disability', so as to be consistent with the language used in international human rights conventions including the UNCRPD and by our partner organisation, Women with Disabilities Victoria (WDV). However, Our Watch acknowledges and respects that some people, communities and organisations prefer the singular form of the term. When directly quoting other sources, the language used in the original text is retained.

The use of contentious and deficit-based terms such as 'vulnerability' or 'at risk' are avoided, as is the use of medical terminology, where possible. This is consistent with human rights principles, the theoretical framework of intersectional feminism and the social model of disability, and is a deliberate use of language to highlight that it is not the impairment or disability that renders women and girls with disabilities more likely to experience violence, but rather the forms of discrimination and oppression they face.

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i    The UNCRPD states that 'persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (Article 1).

The focus of this resource is on women and girls with disabilities of all ages, from childhood to older age, in recognition that gendered and ableist violence can occur at different times and in different contexts across the entire life span. However, this resource does not focus specifically on violence perpetrated against girls *because they are children* or against older women *because of their older age*. While gender inequality and ableism can play a role in driving both these forms of violence, they also need to be understood within the broader context of child abuse more generally and elder abuse more generally. This resource has not drawn on the specific (and significant) bodies of evidence and expertise related to either of these fields. However, it is hoped that this resource can complement and support work to address both child abuse and elder abuse more broadly – and in particular that it may help people in these fields to apply a gender and disability lens to their work.

This resource includes people with disabilities who live as or identify as women (including cis and trans women). The experiences of non-binary people and feminine-identifying people are also recognised; however, the available literature largely does not speak specifically to the experiences of these groups. Available evidence suggests that trans and non-binary people with disabilities may experience disproportionate levels of abuse and violence, face specific forms of discrimination in many social contexts, and may be less likely to access some services due to fear and anticipation of discrimination.[2]

It is acknowledged there are limitations to the use of the terms 'women' and 'men', as these essentialist approaches tend to 'rely on, uphold and naturalise the gender binary'.[3] Both sex and gender are constructed as binary based on the assumption that all people fall into one of two distinct genders (woman and man), which corresponds to their sex assigned at birth (female and male). Binary approaches to prevention can ignore or make invisible people who are intersex and whose bodies do not conform to a binary notion of sex, as well as trans and gender diverse people whose gender identities do not align with a binary notion of gender. Approaches to the prevention of violence should challenge this binary, cisnormative framing.[4]

This resource uses the term 'gender equality' over 'gender equity'[ii] in line with international human rights instruments and because it is a concept that is more widely understood. In this context, the term 'gender equality' is used in the broadest sense – to encompass fairness of access, treatment, opportunities and outcomes. It does not imply sameness. The focus on fairness, and on just outcomes, is important because women and non-binary people may not have the same advantages as men, and therefore equal treatment alone may not actually be fair or just.

## Conceptual approach

Developing a primary prevention approach to violence against women and girls with disabilities means identifying and addressing the underlying drivers of violence – the social conditions that enable and sustain violence – in order to stop it happening in the first place. The prevention of violence against women is an ambitious and long-term approach that aims for widespread social change. It works across the whole population to challenge the harmful attitudes, beliefs, values, practices and power imbalances that drive this violence.[5] Primary prevention is distinct from both early intervention and response efforts, which intervene when there are early signs of violence or respond after violence has occurred. The focus in this background paper is specifically on primary prevention, as it is this approach that is needed to stop violence from occurring in the first place.

This resource is underpinned by the human rights principles enshrined in international instruments and agreements, which recognise that women and girls with disabilities have the same human rights and fundamental freedoms

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ii    **Gender equity** is the state of having equal rights and access to resources and opportunities, regardless of gender, and according to each person's individual needs. It also means valuing different behaviours, aspirations and needs equally, regardless of gender.

as all other people, and that these rights are upheld under international law.[iii] This work is framed by a particular understanding of disability, namely the **social model of disability** ('the social model'), which is embedded in the [United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)](),[6] and which emphasises the barriers created for people with impairments by inaccessible physical and social environments.[7]

This resource also applies an intersectional feminist approach to understanding violence against women and girls with disabilities. 'Intersectionality' is a term introduced in 1989 by Kimberlé Crenshaw to shine a light on the compounding oppression experienced by Black American women as a result of the intersection of sexism and racism. Intersectional feminism has since built on this theory to provide a lens with which to understand the multiple intersecting and reinforcing systems and structures of power and oppression in society.

Intersectional feminism helps us to critically analyse privilege and power. It shows how society's systems and structures, such as health, education, social security, immigration, and legal and justice systems,[8] routinely privilege certain societal groups, while oppressing and disadvantaging others based on factors such as disability, class, gender, ethnicity and sexuality.[9] For example, while women as a group face gender discrimination, dominant social systems favour and privilege women without disabilities over women with disabilities. An intersectional feminist approach helps show that while women as a group face gender discrimination and people with disabilities face disability discrimination, both forms of oppression intersect in the lives of women and girls with disabilities, producing complex and compounding effects. Inequality, discrimination and oppression are not additive;

the particular experiences of women and girls with disabilities cannot be explained by simply adding the effects of gender inequality and ableism. Rather, they are specific effects caused by the intersection of these factors (and others).[10] An intersectional feminist analysis is particularly relevant in the context of this paper, because one of the effects of these intersections is the disproportionate rates of violence that women and girls with disabilities experience.

## Why this paper is needed

In 2018 the Australian Bureau of Statistics (ABS) recorded that 17.8 per cent of women and 17.6 per cent of men in Australia have a disability.[11] Although people with disabilities make up such a significant proportion of the Australian population, they continue to face systemic discrimination, exclusion and significant barriers to accessing many of the places, activities and relationships that contribute to an 'ordinary life':

> *Many people described their lives as a constant struggle – for support, for resources, for basic necessities, for recognition. Over and over participants made the comment that it should not require such extraordinary effort to live an ordinary life.*
>
> — National People with Disabilities and Carer Council (2009)[12]

Recent data shows that only around 60 per cent of people with disabilities in Australia consider their support needs to be fully met, and only roughly 50 per cent of people with disabilities aged between 15 and 64 years are participating in the labour force – compared

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iii   Australia is a signatory to seven core international human rights treaties that are relevant to the issue of violence against women and girls with disabilities. These treaties set out the obligations of states parties to ensure protection from discrimination, exploitation, violence and abuse, and to prohibit torture and cruel, inhuman or degrading treatment or punishment. These human rights instruments include the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and the Convention on the Rights of Persons with Disabilities.

to over 80 per cent of people without disabilities.[13] Stigma associated with disability, and discrimination based on disability, remain prevalent across our communities.[14]

> People with disabilities experience higher rates of violence than people without disabilities,[15] and rates of violence against women and girls with disabilities are even higher.[16] Women and girls with disabilities experience the same forms of gender-based violence[iv] as other women, as well as a range of other disability-specific forms of violence, some of which are normalised or legally sanctioned in society.[17]

Despite the high rates of violence against them, women and girls with disabilities have often been excluded from policy, data collection approaches, community discussions, and responses to violence.[18] Relevant data on this issue are generally limited, and often hard to piece together as different collection methods use different definitions and approaches,[19] and reports of violence made by people with disabilities are often not believed or acted upon,[20] meaning the prevalence of such violence is likely to be far higher than existing data suggests.

*There is a high incidence of violence against women with disabilities. It is extensive and of a pervasive nature. Yet until recent years, there has been a profound silence around the experiences of violence among women with disabilities.*

*The issues for women with disabilities have largely been excluded from most generic policies and from responses to the issue of women and violence. Women with disabilities are largely invisible in both the disability and women's movements.*

*All these factors combine to produce a situation where women with disabilities are relegated … to a position of extreme marginalisation and consequently, to increased risks and experiences of violence.*

— Salthouse and Frohmader (2004)[21]

While the issues Salthouse and Frohmader referred to in 2004 are still relevant today, there has been increasing community and government recognition of the prevalence and impact of violence against people with disabilities in Australia over the past decade.[22]

The *National Disability Strategy 2010–2020* acknowledges the higher rates of violence, and calls for people to be safe and have their rights upheld.[23] Various media exposures of violence and abuse in institutional settings or by disability support workers have also drawn public attention, most notably, the abuse exposed in Yooralla services in Victoria,[24] and the death of Ann Marie Smith in Adelaide in 2020 in 'disgusting and degrading circumstances' as a result of neglect by her support worker.[25]

Following significant pressure from disability advocates and the community, in 2015 the Senate Community Affairs References

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iv    Gender-based violence is 'violence that is directed against a woman, because she is a woman, or that affects women disproportionately': United Nations. (1992). Convention on the Elimination of all forms of Discrimination against Women, General recommendation no. 19 (11th session, 1992).

Committee undertook an inquiry into violence, abuse and neglect against people with disabilities in institutions.[26] A number of state-based inquiries and reviews have also been undertaken since 2015,[27] and the Victorian Royal Commission into Family Violence included a range of recommendations to better support women with disabilities who experience family violence.[28] The Commonwealth Royal Commission into Institutional Responses to Child Sexual Abuse also included a specific focus on the experiences of people with disabilities.[29]

In early 2019, the Commonwealth Government announced the establishment of a Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission). The aim of the Disability Royal Commission is to investigate the current and historic experiences of people with disabilities across the country, with the aim of establishing recommendations to prevent and better respond to violence, abuse, neglect and exploitation against people with disabilities.[30]

The Disability Royal Commission was initially scheduled to run for three years. However, due to delays associated with COVID-19, the Disability Royal Commission has been extended until 2023.

The Disability Royal Commission prompted the reanalysis of the 2016 ABS Personal Safety Survey (PSS) data to identify specific trends and experiences regarding people with disabilities, which was undertaken by the Centre of Research Excellence in Disability and Health (2021). Separately, the Australian Institute of Health and Welfare (2020) also undertook analysis of this data to investigate the patterns of violence against people with disabilities.

The disability policy environment has also undergone significant changes in recent years, most notably in relation to service delivery with the implementation of the National Disability Insurance Scheme (NDIS), as well as the establishment of the NDIS Quality and Safeguards Commission – an independent agency designed to monitor and improve the quality and safety of NDIS supports and services.

The growing focus on violence and abuse against people with disabilities in Australia reflects a broader international movement. Various high-profile scandals such as the Winterbourne View case in the United Kingdom[31] have drawn attention to widespread, systematic violence in institutions, prompting numerous government strategies and responses.[32] There has also been increased consideration of women with disabilities in domestic and family violence sectors and specific responses in a number of countries.[33]

Most recently, in the context of COVID-19, some work has been undertaken in Australia and in other countries to identify and address the specific needs and experiences of people with disabilities regarding safety and access to services and supports during the pandemic.[v]

However, despite these developments, there remains a lack of substantive progress from governments to address the high rates of violence experienced by people with disabilities, and there is relatively little research that considers what effective primary prevention approaches would entail. Many of the existing approaches to violence against people with disabilities focus on *responding* to this violence, rather than stopping it from occurring in the first place. Some international research has examined prevention approaches, but these are generally smaller scale and often targeted towards particular groups of people, rather than being universal or whole-of-population approaches. An international systematic review of the effectiveness of prevention initiatives conducted in 2014 found only ten titles that met the review's inclusion criteria, all of which received a weak rating on the quality of evidence.[34] Overall, this is a relatively new field that requires significant further research and investment.

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v    See, for example, Women Enabled International. (2020). Covid-19 at the intersection of gender and disability: Findings of a global human rights survey (March to April 2020); or the Covid-19 Statement of concern – COVID-19: Human rights, disability, and ethical decision-making and the Open letter to National Cabinet  – Immediate actions required for Australians with disability in response to coronavirus (COVID19), both signed by numerous Disabled People's Organisations and disability organisations in Australia.

# Section 2 – Violence against women and girls with disabilities – the current picture

This section provides a brief overview of the data that is currently available concerning the prevalence and forms of violence against women and girls with disabilities in Australia. This paper uses the United Nations definition of violence against women:

> *any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.*[35]

Women and girls with disabilities experience the same forms of gender-based violence as other women and girls, as well as various disability-specific forms of violence, some of which are normalised or legally sanctioned through systemic ableist practices and norms.[36]

Violence against women and girls with disabilities also occurs in many different contexts. It occurs in institutional and service-related settings and is also perpetrated in domestic or private contexts, by intimate partners, family members and carers, as well as in public settings by strangers, support workers, service providers or workplace colleagues.

Types of violence experienced by women and girls with disabilities can include:

- physical violence
- sexual violence, including sexual harassment
- psychological and emotional abuse
- financial abuse and exploitation
- medical exploitation, including non-consensual sterilisation or contraception; forced or coerced psychiatric interventions; and withholding of, or forced, medication
- restrictive practices,[vi] such as restraint and seclusion
- denial of essential care and equipment, such as mobility or communication aids
- neglect
- violations of privacy, humiliation and harassment.[37]

Bullying is also a form of violence and abuse. Its prevalence and impacts have been particularly studied for children and young people with disabilities,[38] with almost half of the respondents to a 2019 national education survey of children and young people with disabilities reporting they had been bullied.[39]

Taking an intersectional approach allows us to understand the ways in which the intersection of different factors and systems influences people's lives and contributes to their experiences of discrimination and violence.[40] This approach shows that violence against women and girls with disabilities is both gender- and disability-based,[41] and that it can be compounded by other forms and systems of discrimination, oppression and marginalisation, including those based on race, religious background, sexuality, age, and socioeconomic status.

> **Intersectional analysis:** an analysis of the ways in which different and multiple systems and structures of oppression and discrimination intersect and reinforce each other, rather than operating separately. This analysis focuses particularly on the negative consequences and complex impacts for those people who are positioned at the intersection of two or more of these systems of oppression.[42]

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vi   The Australian Law Reform Commission defines restrictive practices as 'involv[ing] the use of interventions and practices that have the effect of restricting the rights or freedom of movement of a person with disability' (Australian Law Reform Commission, 2014).

# Data limitations

There are significant gaps and limitations in the available data about the lives and experiences of people with disabilities in Australia, particularly with regards to the specific experiences of women and girls with disabilities.[43] There are some discrete datasets about particular population groups, but their differences mean it can be difficult to combine them. While Sutherland et al. (2021) have identified '25 national, state-based, administrative and research datasets that include information about disability and violence', they conclude that '[t]his signals not a lack of data, but data that are fragmented and under-utilised.'[44]

People with disabilities have historically been marginalised and often excluded from research and policy. For example, data collection methods often focus on private dwellings, which can exclude people living in supported accommodation and institutional environments,[45] where people with disabilities are disproportionately represented.[46] Additionally, data collection may be undertaken using methods that are not accessible for some people with disabilities.[47] Several key national surveys, including the ABS triennial Survey of Disability, Ageing and Carers (SDAC), the Personal Safety Survey and the National Community Attitudes towards Violence against Women Survey, do not include those who use communication aids or who need communication assistants to convey information, which means the experiences of these people are omitted.

Another challenge for data analysis is the use of different definitions of 'disability' and 'impairment' in various surveys and data collection methods.[48] Many methods of data collection in Australia and internationally use the World Health Organization's International Classification of Functioning, Disability and Health[49] to identify disability, but the way that this is implemented and the depth to which it is used can vary.[50] Data collection in disability settings in Australia has also historically been state-based, which can limit the way that data can be matched and compared across the country.

Specific data on violence against people with disabilities is limited, and even more so for women and girl's experiences.[51] There are significant barriers to reporting experiences of violence for people with disabilities and for women and girls generally, and for women and girls with disabilities specifically.[52] Different methods of data collection and definitions of what constitutes 'violence' against people with disabilities can limit data analysis.[53] For example, the PSS is a key resource for violence prevention work in Australia, but the ABS acknowledges that limitations to the survey methodology mean it is likely to underestimate the prevalence of violence against people with disabilities.[54] Furthermore, reporting requirements for services vary across jurisdictions, and there is a tendency for the violence and abuse experienced by people in institutional and service settings to be hidden and/or renamed or reclassified as workplace incidents or misconduct.[55]

In recognition of these data gaps, the Centre of Research Excellence in Disability and Health undertook work to provide up-to-date population-level estimates of violence and abuse against people with disabilities in Australia.[56] This is extremely valuable work that uses data from the 2016 PSS to demonstrate the extent and nature of violence experienced by people with disabilities in Australia, including how experiences of violence vary depending on gender, age and impairment type.[57] While the PSS is 'currently the only instrument in Australia that captures data on the experiences of violence for people with disability at the population level … the extent to which they can inform meaningful policy and practice responses is curtailed by its limitations in relation to sampling and measurement.'[58]

These notable limitations include significant gaps in understanding about:

- Intersectional experiences of violence – for instance, the experiences of Aboriginal and Torres Strait Islander people with disabilities, and transgender and non-binary people with disabilities.

- The broad range of forms of violence experienced by women and girls with disabilities, particularly disability-related forms of violence that are not captured by the PSS.
- Experiences of violence for people with communication support needs or language barriers.
- The violence experienced by people with disabilities in settings other than private dwellings, such as disability care facilities and institutions.[59]

Ongoing work in this area is needed in order to develop more inclusive data collection methods and to address the underestimation of violence against people with disabilities. This work must be longitudinal, gender-disaggregated, and consider the full range of types of violence experienced by women and girls with disabilities.

## The prevalence of violence against women and girls with disabilities

Despite the data limitations discussed above, international and Australian data clearly show that people with disabilities experience higher rates of violence than people without disabilities.[60] A 2014 systematic review of international literature found that 'the increased risk of persons with disabilities of having experienced violence in the last year for adults is approximately 50%.'[61] Researchers at the University of Melbourne who analysed the 2016 PSS data also confirmed that violence against women with disabilities in Australia is common, stating that two in three women with disabilities (65%) report having experienced at least one incident of violence since the age of 15, including physical, sexual and intimate partner violence, emotional abuse and/or stalking.[62] For young women with disabilities, this figure is even higher, with 67% having experiencing at least one incident of violence since age 15.[63]

Australian and international research finds that violence against women and girls with disabilities tends to occur more frequently, over a longer period of time, across a wider range of settings than violence against women and girls without disabilities, and also tends to be perpetrated by a greater range of people.

Experiences of violence can differ for people with different types of disabilities – in particular, studies find higher rates of violence against people with psychosocial disabilities, intellectual disabilities, and complex communication needs.[64] Similarly, children with disabilities are three to four times more likely to experience violence than children without disabilities, and prevalence rates appear even higher for children with psychosocial and intellectual disabilities.[65]

International and Australian data show that women with disabilities are more likely to experience various forms of violence than either men with disabilities or people without disabilities.[66] Recent ABS data found that an estimated 5.9 per cent of women with a disability or long-term health condition had experienced violence in the previous 12 months, compared to 4.3 per cent of women with no disability or long-term health condition,[67] and that 3.9 per cent of women with a disability or long-term health condition had experienced intimate partner violence in the last two years, compared to 2.2 per cent of women without disabilities.[68]

Analysis of the 2016 PSS data by the Centre of Research Excellence in Disability and Health (2021) determined the following:

- Women with disabilities are twice as likely to report an incident of sexual violence since the age of 15, compared to women without disabilities.
- One in three women with disabilities (36 per cent) report at least one incident of intimate partner violence, compared to 21 per cent of women without disabilities, 15 per cent of men with disabilities and 7 per cent of men without disabilities.

- One in two women with disabilities (52 per cent) report experiencing physical violence (occurrence, attempt or threat) by a person either known or unknown to them.

While more than 95 per cent of Australians with disabilities live in households,[69] people with disabilities also live and receive support in different and more diverse environments than people without disabilities, including group homes, supported residential settings, and various health services.[70] In 2018, 4.3 per cent of Australians with disabilities were living in 'cared accommodation'.[71] Further, people with disabilities are overrepresented in various institutional environments, including prisons and out-of-home care systems.[72] Data on violence in these settings is likely to underestimate its prevalence,[73] but even so, evidence shows that people with and without disabilities who live in institutional and residential environments experience higher rates of violence, abuse and neglect.[74]

As with violence against women generally, violence against women and girls with disabilities is usually perpetrated by cisgender men who are known to them.[75] The evidence shows that it is overwhelmingly men without disabilities that perpetrate this violence.[76] Most commonly, the perpetrator is their intimate partner, although other men in women's lives – including other family members as well as personal carers, support and transport staff, service providers and peers – also perpetrate violence.[77] Although the number of women who perpetrate violence against women and girls with disabilities is significantly smaller – for example, ABS data show that 39,200 women with disabilities experienced physical assault by a female in the two years prior to the 2016 PSS, compared with 136,800 who experienced assault by a male[78] – violence perpetrated by women should not be overlooked in prevention efforts.

For women with disabilities who reported experiencing violence from a male perpetrator in the 12 months prior to the 2012 ABS Personal Safety Survey, approximately 92 per cent had experienced more than one incident of violence. This is significantly higher than the average across all women (around 81 per cent).[79] These Australian data mirror many international studies that reveal similar experiences of violence for women and girls with disabilities.[80]

## The impact of violence against women and girls with disabilities

Violence, abuse and neglect have significant impacts on people's health and wellbeing, and can have a cumulative impact when multiple forms of violence are experienced, or when violence is experienced over time.[81] People who have experienced violence, whether in childhood or adult life, face increased rates of a range of negative health outcomes, including anxiety and depression, chronic disease, behaviours associated with risk, and suicidal ideation, suicide attempts and suicide.[82] Women with disabilities are more likely than others to experience 'negative psychological consequences' (including anxiety and depression) due to the impacts of violence and/or the barriers and discrimination they face when reporting or disclosing violence, or seeking access to justice and support.[83] Violence against women also has broader effects on families, communities and society as a whole.[84] In economic terms, the cost of violence against women and their children in Australia has been estimated at over $21 billion per year.[85]

In addition to these multiple impacts of violence, violence against women and girls with disabilities can exacerbate pre-existing disabilities, and can also cause or result in new disabilities.[86] For example, acquired brain injury is common among victim-survivors of domestic and family violence.[87] A 2018 report found that roughly 40 per cent of victim-survivors of family violence who attended Victorian hospitals between July 2006 and June 2016 had sustained a brain injury.[88]

*[W]omen's narratives illustrated complex experiences of abuse, leading to intense vulnerability and dependence on their abusive partners-carers for everyday tasks. Their location in society as disabled women, marked by issues of gender, 'race'/ethnicity, age and sexuality, commonly dictated the responses they received from helping professionals and agencies along with the absence of educational or employment opportunities.*

'We're forced to become dependent to a certain extent because the facilities aren't there. You don't have the educational opportunities that other people have and training and job opportunities.'

*In turn, these structural barriers accentuated the personal and psychological impacts of the abuse on women, who recounted at length the chronic depression and anxiety they suffered as well as losing their sense of self-worth, often ongoing.*

– Thiara et al. (2011)[89]

## Barriers to reporting and provision of support

There are a wide range of barriers that prevent anyone who has experienced violence from disclosing and/or reporting the violence, and from accessing appropriate support and justice. These include social and emotional barriers, physical and logistical barriers, and people's (often well-founded) fear that they will not be believed or supported. It can often take a long time for people to disclose violence and abuse, and disclosure is best thought of as a process

rather than a one-off event. Victim-survivors of child sexual abuse who testified to the Royal Commission into Institutional Responses to Child Sexual Abuse took an average of 23.9 years to disclose the abuse.[90] All these barriers to reporting violence and seeking support are compounded for women without disabilities, and for people with disabilities – and further compounded for women with disabilities.[91]

Key barriers faced by women, and by people with disabilities, in reporting violence and abuse include:

- risk and/or fear of not being believed, or of negative consequences
- the emotional toll of reporting
- lack of information about where to report
- lack of information about what constitutes violence and/or abuse
- risk and/or fear of their children being removed, especially for women with disabilities.[92]

People with disabilities face additional barriers, including:

- inaccessible reporting mechanisms and support services
- risk and/or fear of jeopardising existing or future support
- discrimination, including stereotypes and assumptions being made about capacity
- distrust of government and/or institutions.[93]

For women and girls with disabilities, gender inequality and ableism intersect and compound, intensifying the barriers to reporting violence.

*The application of paternalistic tropes about women with disability is common, along with victim blaming, an unwillingness to investigate allegations and to recognise violence as something other than a 'service incident', and to regard the victim with credibility.*

– Maher et al. (2018)[94]

Other, intersecting forms of discrimination and oppression also mean that some women and girls with disabilities face further, compounded barriers to reporting and receiving appropriate support.[95] The history, ongoing legacies and contemporary manifestations of colonisation and systemic racism in Australia mean that a range of other factors may affect the willingness and capacity of Aboriginal and Torres Strait Islander women with disabilities to report violence. These include:

- widespread poverty and financial constraints
- lack of access to education and employment
- lack of culturally safe and appropriate housing options
- compounded negative experiences with government agencies.[96]

Families, friends and carers of people with disabilities also face a range of barriers to reporting violence and abuse, such as:

- a lack of knowledge and skills to identify violence and abuse
- concern about the potential negative impact of reporting on the victim-survivor
- concerns about risking ongoing support and other repercussions.[97]

These can also be factors preventing support workers from reporting violence, such as concern about jeopardising their own job and/or organisation.[98]

Finally, even when women with disabilities do report violence and seek assistance, appropriate support may not be available or accessible due to systemic barriers to service access. Many domestic and family violence support services are physically inaccessible, because of their infrastructure and built environment, or their failure to meet clients' communication access requirements. Staff may have limited understanding of, and experience with, women with disabilities.[99] Women with disabilities also report that – in line with common stereotypes about the vulnerability of people with disabilities – workers can often be too focused on 'protecting' them, which can mean they miss out on relevant information, supports or services.[100] Additionally, significant systemic issues, including limited cross-sector support for clients and a severe lack of accessible housing options, create critical barriers for women with disabilities.[101]

# Section 3 – Understanding violence against women and girls with disabilities

The prevalence of violence against women and girls with disabilities is particularly high because they experience multiple forms of violence, including:

- various forms of gender-based violence, like other women and girls
- various forms of disability-based violence, like other people with disabilities
- specific forms of gendered violence that are perpetrated against women and girls with disabilities at significantly higher rates.[102]

This section of the paper explores violence experienced by women and girls with disabilities both as part of these broader patterns of violence and as a specific phenomenon driven by the intersection of ableism and gender inequality.

## Violence against women and girls with disabilities as part of a broader pattern of gender-based violence

Violence against women and girls with disabilities in Australia occurs in a specific social context, and can be experienced in different ways, but it shares many commonalities with violence experienced by women and girls without disabilities. It includes a wide spectrum of violent, abusive and controlling behaviours, including:

- physical, sexual, psychological or emotional violence
- financial abuse and control
- cultural or spiritual violence
- threats and coercion.[103]

Violence against all women, including women with disabilities, is usually perpetrated by men who are known to them.[104] It is most likely to occur within an intimate partner relationship, but can be perpetrated by other men in women's lives, including family members and workplace colleagues. On average, one woman a week is murdered by her current or former partner,[vii] [105] and one in three Australian women have experienced physical violence since the age of 15.[106]

*While all violence is unacceptable, regardless of the sex of the victim or perpetrator, there are distinct differences in the ways in which men and women perpetrate and experience violence. The vast majority of violent acts – whether against men or women – are perpetrated by men. Men are more likely to experience violence by other men in public places, while women are more likely to experience violence from men they know, often in the home.*

– Our Watch et al. (2015)[107]

In these ways, violence against women and girls with disabilities can be understood as part of a broader pattern of gendered violence experienced by women and girls across Australia, and around the world. International and national research on gendered violence, and frameworks for the prevention of violence against women collectively, such as *Change the story*,[108] can therefore provide useful insights to inform approaches to the prevention of violence against women and girls with disabilities.

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vii   The 2017 National Homicide Monitoring Program report by the Australian Institute of Criminology showed that over a two-year period from 2012–13 to 2013–14, there were 99 female victims of intimate partner homicide. Women continue to be overrepresented as victims of intimate partner homicide, accounting for 79 per cent of all intimate partner homicides.

## Violence against women and girls with disabilities as part of a broader pattern of violence against people with disabilities

In addition to experiencing gender-based violence, women and girls with disabilities can experience disability-based violence.[109]

Disability-based violence can include, for example, restrictive practices,[viii] medical exploitation, denial of essential care and equipment, threats to institutionalise, and hate crimes.[110] Specific forms of physical violence can include withholding food, water, medication or support services, misusing medication as a restraint, using physical restraints, and destroying or withholding disability-related equipment.[111] Specific forms of emotional violence can include denying or trivialising the disability, humiliating the individual, threatening violence, institutionalisation, or the withdrawal of care, and threatening to hurt guide dogs, pets or other family members.[112]

People with disabilities who live in institutional environments, including group homes, prisons and the out-of-home care system, experience even more disproportionate rates of violence than other people with disabilities.[113] Institutional violence can often be perpetrated with 'relative impunity', which can further contribute to a perception of people with disabilities as powerless and exploitable.[114] Some forms of institutional violence are legally sanctioned and even considered 'therapeutically necessary', such as the use of restrictive practices and compulsory treatments or interventions.[115] The use of restrictive practices in schools and educational settings is particularly common for children and young people with disabilities.[116]

There has been growing pressure in Australia for governments to take specific action to address the disproportionately high rates of violence against people with disabilities, leading to the establishment of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in 2019.[117]

*These are not isolated stories. We hear stories like these every single day – not once a week, not once a month, but every single day.*

*– Frohmader (2015)[118]*

Both women and men, and children and young people with disabilities experience these types of disability-based violence. As well as being part of a broader pattern of violence against all women, violence against women and girls with disabilities can therefore also be understood as part of the broader pattern of violence against people with disabilities – violence that is often normalised.

## Violence against women and girls with disabilities as a specific phenomenon

While violence against women and girls with disabilities is part of these broader patterns of violence against women and violence against people with disabilities, it should also be understood as a specific phenomenon. Because gender inequality and ableism intersect and compound, women and girls with disabilities experience violence that tends to occur more frequently, over a longer period of time, across a wider range of settings, and to be perpetrated by a greater range of people, than violence against women and girls without disabilities.[119] The intersections between gender inequality and ableism are further discussed in later sections of this paper.

Women and girls with disabilities also experience some forms of gendered violence at much higher rates. This can include:

- reproductive coercion – medical interventions to control women and girls' fertility and reproductive health, including practices such as forced or coerced sterilisation, abortion or contraception[120]
- specific forms of emotional violence, such as threatening to have children removed.[121]

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viii   Refer to National Disability Services. (2017). Recognising restrictive practices: A guide for further information about restrictive practices.

There is relatively little research available that examines perpetrators' attitudes and motivations in committing violence against women and girls with disabilities. However, a key study from Canada in 2006 suggested that perpetrators' use of coercive control (such as controlling access to medication, mobility devices and external supports) and violence towards their female partners with disabilities is fuelled by compounding ableist and sexist views.[122]

This study found that 'perpetrator-related characteristics alone accounted for the elevated risk of partner violence against women with disabilities',[123] identifying these characteristics as patriarchal dominance, sexual possessiveness, and sexual jealousy. Specifically, the study found that male partners of women with disabilities were 2.5 times more likely to behave in a patriarchal dominating manner and 1.5 times more likely to behave in a sexually proprietary manner than male partners of women without disabilities.

> *A perpetrator who chooses a woman or child with a disability or disabilities understands he will probably get away with the behaviour and perhaps thinks he is entitled to inflict it.*
>
> *This is a choice based on understandings of power relationships and it encompasses social attitudes to women and children with disabilities. In turn, these attitudes limit the means of protection or redress that are open to women and children.*
>
> *– Olle (2006)[124]*

Much of the research to date treats women and girls with disabilities as a homogenous group. However, other forms of oppression such as racism, homophobia and classism can intersect with gender inequality and ableism to increase the prevalence and influence the nature and dynamics of violence perpetrated against women and girls with disabilities. These forms of oppression interact and intersect,

so that not only are women and girls with disabilities perceived as being unequal to men, and to people without disabilities, but there are also a range of inequalities among women and girls with disabilities.[125]

For example, data indicate that 'Aboriginal and Torres Strait Islander people with … disability are approximately twice as likely as Aboriginal and Torres Strait Islander people without disability to have been either threatened with or exposed to violence within the past year.'[126] Given that almost half of Aboriginal and Torres Strait Islander women report having disabilities,[127] it is likely that there are high numbers of Aboriginal and Torres Strait Islander women with disabilities experiencing violence that is shaped and compounded by, and targeted at them because of, the intersecting forms of oppression they experience – specifically sexism, ableism and the ongoing impacts of colonisation and intergenerational trauma.[128]

## Sexual and reproductive violence

Sexual and reproductive coercion and violence are particular types of violence experienced at high rates by women and girls with disabilities. The sexual and reproductive lives of people with disabilities have historically been tightly controlled in Australia and across the world,[129] and both men and women with disabilities have been subject to medical controls over their sexuality, fertility and reproductive health.[130]

> *In many ways, disabled peoples' bodies are not their own, their very existence is at best constrained by 'well-meaning' but often misguided family, friends, caregivers, colleagues, healthcare professionals, and politicians, and at worst directly violated by those who have power over them.*
>
> *– Rembis (2010)[131]*

Historical stereotypes regarding the sexual capacity and desires of people with disabilities continue to limit the provision of accessible and appropriate education and services. As noted in evidence provided to a Victorian Parliamentary Committee inquiry, 'there is a great assumption that people with disabilities, physical or in fact intellectual, are asexual and [sexual education] will not be an issue for them.'[132] Other common stereotypes regarding people with disabilities' sexual lives include impotence and/or incompetence and a lack of desirability, as well as a perceived lack of parenting capabilities.[133]

> *[People with disabilities'] inability to perform gender and sexuality in a way that meets dominant societal expectations is seen as an intrinsic limitation, an 'unfortunate' but unavoidable consequence of inhabiting a disabled body.*
>
> *– Rembis (2010)[134]*

For people with intellectual disabilities there are strong community and historical stereotypes which drive ongoing approaches and contribute to the lack of appropriate services. People with intellectual disabilities, particularly women, are often seen to be either childlike and innocent (and therefore vulnerable and in need of protection), or promiscuous and hypersexual (and therefore in need of control).[135] As noted by Mays, 'this is a restatement of Summers' (1975) "Madonna whore" dichotomy.'[136] Parents with intellectual disabilities also face particularly high rates of child removal.[137]

Forced or coerced sterilisation, abortion and contraception continue to be legally permitted and practised in Australia. These practices continue despite being internationally recognised as forms of violence, and despite serious concern expressed by people with disabilities, advocates, the UN Committee on the Rights of Persons with Disabilities and the UN Committee on the Elimination of Discrimination against Women.[138]

The right to make free and informed decisions and have access to age-appropriate information and education about one's own fertility and sexual and reproductive health is identified in Article 23 of the UNCRPD, but for many people with disabilities in Australia this right is not upheld. There are currently very few programs that educate and empower people with disabilities about these rights, and those that exist tend to have a limited focus on 'the dominant discourse of biology, protectionism and didactic rules-based content',[139] especially for women with intellectual disabilities. Deakin University's peer-led Sexual Lives and Respectful Relationships program and Women with Disabilities Victoria's Enabling Women Leadership Program are notable exceptions.[140]

Although some cisgender men and boys with disabilities experience controls over their sexual and reproductive health, these are gendered practices, as women and girls with disabilities experience these forms of violence and violations of their sexual and reproductive rights at significantly higher rates than men or boys.[141] These forms of violence include forced or coerced sterilisation, pregnancy, abortion, contraception and menstrual management, and exclusion from, or limits on access to, information about contraception, medication and sexual and reproductive health. Assumptions and stereotypes about the sexuality and capacity of women with disabilities can contribute to these forms of violence being perpetrated against them. Howe notes that 'the current stereotype of women with disabilities is that we're compliant and submissive and the research would suggest that men who have strong, dominant sex roles, [and] stereotypical traits do target women with disabilities.'[142]

# Section 4 – Exploring the underlying drivers of violence against women and girls with disabilities

Understanding violence against women and girls with disabilities and its drivers means understanding the way that our society constructs concepts of gender and disability, and the structural features of both gender- and disability-related inequality. This section of the paper explores the gendered factors and the factors related to ableism that underpin and drive violence against women and girls with disabilities and its current acceptance or normalisation in society.

## Gender inequality, and its relationship to violence against women

Substantial research examining the drivers of violence against women has been undertaken internationally and in Australia. The Australian framework for the primary prevention of violence against women and their children is *Change the story*.[143] *Change the story* reviewed the available Australian and international evidence and identified the factors that most consistently predict higher levels of violence against women. These factors, termed the 'gendered drivers of violence', are:

- condoning of violence against women
- men's control of decision-making and limits to women's independence in public and private life
- rigid gender stereotyping and dominant forms of masculinity
- male peer relations and cultures of masculinity that emphasise aggression, dominance and control.[144]

These drivers, and relevant approaches to primary prevention, are discussed in further detail in *Change the story*.

*The gendered drivers arise from gender discriminatory institutional, social and economic structures, social and cultural norms, and organisational, community, family and relationship practices that together create environments in which women and men are not considered equal, and violence against women is tolerated and even condoned.*

– Our Watch et al. (2015)[145]

It is critical that the drivers are considered alongside other forms of oppression, social discrimination and disadvantage. For example, *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children*, explores the way that the gendered drivers interact with the impacts of colonisation and ongoing racism to drive violence against Aboriginal and Torres Strait Islander women.[146] For women and girls with disabilities, the gendered drivers intersect with ableism to drive multiple and specific forms of violence.

## Ableism, and its relationship to violence against people with disabilities

Gender inequality manifests in various attitudes, practices, norms and structures to drive violence against women. In a similar way, ableism – the belief that people with disabilities are less worthy or valuable than people without disabilities, and the practices that result from this belief – underpins violence against people with disabilities. The concept of ableism encompasses 'the practices and dominant attitudes in society that denigrate, devalue, oppress and limit the potential and rights of people with disability.'[147]

An ableist society is one in which the default position, or person, is able-bodied or otherwise without disability, and this contributes to the 'pervasive societal devaluation' of people with disabilities.[148] As Australian Cross Disability Alliance advocates note, 'people with disability, by virtue of the exceptional status of falling away from this norm, are often treated as less than fully human.'[149]

> *Ableism plays out insidiously in everyday situations. The sense that an interaction or relationship between a person who does and a person who doesn't experience disability is somehow benevolent on the part of the non-disabled person; the frequently unquestioned inaccessibility of places, events and materials; patronising interactions such as the often cited congratulatory remarks that a person who experiences disability may receive from strangers for simply being out and about – these are all examples of ableism.*
>
> – Cologon (2019)[150]

Ableism has informed the treatment of people with disabilities throughout history. In colonial Australia and across Europe and North America, people with disabilities have historically been segregated from the rest of the population, and often forced to live in institutions. The shift towards deinstitutionalisation happened as late as the 1990s and early 2000s in Australia,[151] around 20 years later than in North America and Europe.[152] While this shift was intended to be a move towards community living, with governments establishing alternative living arrangements for people with disabilities, living arrangements that are segregated and have institutional characteristics remain common for people with disabilities in Australia.[153]

For decades, government and community approaches to supporting people with disabilities have been welfare-based and

informed by the medical model of disability, where disability has been treated as an illness or injury to be managed. In the 1980s, the disability community adopted the social model, which maintains that disability occurs in the interaction between a person with an impairment and their inaccessible environment.[154] This understanding is codified internationally in the Convention on the Rights of Persons with Disabilities, although wider understanding and implementation in service systems and across the community remains limited. More recently, understandings of disability have shifted towards a broader model which takes biological and social factors into account.[155]

Ableism, and the medical model of disability, have also informed the legal frameworks and policy and planning decisions that continue to govern the lives of people with disabilities in Australia, including where people live, their access to public spaces, and how decisions about their lives are made. This level of control and limits to independence contribute to the establishment of an environment that accepts violence against people with disabilities,[156] and that even explicitly sanctions some forms of violence,[157] as discussed earlier in this paper.

> *People with disability in Australia are not regarded or treated as subjects of human rights law on an equal basis as others. Rather, people with disability continue to be subject to the effects of an ableist society and ableist practices that denigrate, devalue, oppress and limit their potential and their rights.*
>
> – Frohmader and Sands (2015)[158]

Community attitudes and expectations and social norms of 'ability' can also contribute to an environment that tolerates and condones violence against people with disabilities,[159] one that 'designate[s] certain types of bodies and lives as less valuable and worthwhile'.[160] These attitudes and norms can also directly contribute to, and motivate, the perpetration of interpersonal violence. As McGowan and Elliott note, 'by demarcating some lives as

less worthy than others, disablist discourses contribute to the trivialisation of violence while simultaneously obscuring the prejudice that motivates such violence.'[161]

Ableist attitudes and norms are also visible through a range of cultural and community stereotypes commonly held about people with disabilities, specifically those 'constructing disability as child-like, burdensome, tragic, dangerous, incapable, extraordinary, sexless, genderless or hypersexual'.[162] Pity and paternalism are key features of community attitudes towards people with disabilities.[163] These stereotypes demonstrate a lack of fundamental respect for people with disabilities, and are reinforced by the misrepresentation and invisibility of disability in mainstream media and cultural influences.[164] Where people with disabilities are represented in film, television and other media, they are often portrayed as helpless victims, villains, or figures of inspiration.[165]

Stereotypes about disability are also gendered. 'To be a disabled man,' reflects Morris, 'is to fail to measure up to the general culture's definition of masculinity as strength [while] to be a disabled woman is to fail to measure up to the definition of femininity as pretty passivity.'[166] For women with disabilities, stereotypes of dependency – in contrast to stereotypical female roles of carer and nurturer[167] – can contribute to beliefs and assumptions that women with disabilities are a burden on their carers. These are stereotypes that are not applied to men with disabilities, as they are typically not expected to fulfil caring or nurturing roles. The dominance of ableist norms can also lead to internalisation of these messages for people with and without disabilities.[168]

These negative stereotypes can enable the perpetration of violence[169] and also have a negative impact on the responses and support provided. For example, the perception of women with disabilities as childlike and in need of protection can affect police responses as well as the support provided by family violence services – information may be censored by workers or kept from victim-survivors in an attempt to protect them, or it may be assumed that women with disabilities do not wish to pursue charges or experience a trial.[170] Media responses to violence against women and other people with disabilities are often reflective of the 'burden' narrative, which limits perpetrators' accountability and can act to excuse men's violence.[171]

Microaggressions – smaller, regular instances of discrimination – are another way that ableism is practised and perpetuated in contemporary Australian society. A 2019 paper notes that 'microaggressions are daily reminders of the stigmatized condition of disability. When discrimination is systematized, it leads to oppression. Ableism is the systemization of oppression against people with disabilities.'[172]

In addition to informing social norms, ableism also has systemic and structural aspects. A Senate Committee report from 2015 which called for the establishment of a Royal Commission into violence against people with disabilities found that:

> *[A] root cause of violence, abuse and neglect of people with disability begins with the de-valuing of people with disability. This de-valuing permeates the attitudes of individual disability workers, service delivery organisations and, most disturbingly, government systems designed to protect the rights of individuals.*
>
> – Senate Community Affairs References Committee (2015)[173]

The systemic devaluing of people with disabilities contributes to the normalisation and acceptance of various forms of violence perpetrated against them. Women with Disabilities Australia points to the way in which violent crimes against people with disabilities, particularly those occurring within service or institutional environments, are often reclassified, using euphemisms such as 'abuse', 'misconduct', 'neglect', 'maltreatment' and 'incidents'.[174] This trivialises and sterilises the violent acts, limiting accountability and leading to the acceptance of behaviours and actions

that would not be permitted against people without disabilities.[175] Further, as noted above, some forms of violence within institutional environments are specifically condoned and legally sanctioned – such as restrictive practices including chemical and physical restraint.[176]

Historical and contemporary ableism in social structures, practices and norms has also contributed to a significant level of inequality, disadvantage, and marginalisation for people with disabilities, with evidence suggesting this is particularly acute in Australia. A 2011 report found that people with disabilities in Australia are 2.7 times more likely to be at risk of poverty than those in other OECD[ix] countries, with 45 per cent of people with disabilities in Australia living either near or below the poverty line – more than double the OECD average of 22 per cent.[177] Women with disabilities are also underrepresented in the workforce in Australia,[178] especially in decision-making and leadership roles.[179]

Data from the ABS in 2019 shows the proportion of people with disabilities aged 15 and over who report experiencing discrimination because of their disability.[x] It shows that one in ten (10.3 per cent) of women with disabilities experienced discrimination, which is an increase from 8.9 per cent in 2015. Rates of discrimination against men with disabilities were at 8.8 per cent, similar to the 2015 level of 8.3 per cent. For people aged between 15 and 34 years, almost one in five have experienced discrimination. Of the people with disabilities who experienced discrimination, the most common reported sources of discrimination were service and hospitality staff (36.3 per cent), followed by family and friends (21 per cent) and their employer (20.7 per cent).[180]

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ix    OECD stands for the Organisation for Economic Cooperation and Development and is an association of 37 typically high-income nations that represent 80% of the world trade: OECD. (2021). OECD Secretary-General's report to ministers 2021. OECD Publishing.

x    This data is limited to people with disabilities who are living in households, rather than supported accommodation. This statistic is therefore likely to underestimate the true rate of discrimination against people with disabilities in Australia.

# Section 5 – Opportunities for the prevention of violence against women and girls with disabilities

As discussed earlier in this paper, awareness of violence against people with disabilities, while still low, has begun to increase in Australia, with a number of recent initiatives – notably the Disability Royal Commission – emerging in response to pressure from activists and advocates, and heightened public concern. Such initiatives are bringing welcome attention to this issue.

However, two aspects of this issue remain underacknowledged. First, recognition and understanding of the gendered dynamics of this violence, and of the particular issues faced by women and girls with disabilities, remains limited. Second, to date there has been relatively little research focused on the prevention of violence against women or other people with disabilities – especially on the effectiveness of prevention initiatives.[181] However, some relevant work does exist and this is explored in this section.

> *There are many reasons to prevent violence against women and their children. It takes a profound and long-term toll on women and children's health and wellbeing, on families and communities, and on society as a whole …*
>
> *Above all, violence against women is a fundamental violation of human rights, and one that we have an obligation to prevent under international law.*
>
> *– Our Watch et al. (2015)[182]*

Internationally and nationally, much of the limited literature available on prevention focuses on individual-level interventions conducted with people with intellectual disabilities, often women, or with service staff. Typically, these interventions involve education for people with disabilities about how to recognise and respond to violence; personal safety and self-advocacy skills; or sexuality and relationships.[183] Several key reviews note the significant lack of data available about the experiences of people with disabilities or the effectiveness of interventions in lower- and middle-income countries.[184]

Australian work to date identifies a number of key elements of effective prevention work. A 2016 Victorian Parliamentary Family and Community Development Inquiry report included a chapter specifically examining gender and the prevention of abuse in the disability service system, and recommended increased investment in prevention programs that address the needs of women with disabilities, as well as making support services more accessible.[185] Evidence presented to Victoria's Family and Community Development Committee for this inquiry also highlighted the need for increased gender-sensitivity in the disability service sector, which has historically been relatively 'gender ignorant'.[186] A key focus of discussion in the chapter is the need for women with disabilities to have greater control over their own lives, including, for example, recognition of their preference for support workers of a particular gender.

The implementation of a violence prevention approach to the work of disability services was further explored in a recent report from the Victorian Disability Services Commissioner's office. Taking a socio-ecological approach, the report identifies factors that either facilitate or constrain the provision of safe and respectful cultures in disability services. It finds 'increasing knowledge of human rights' at a community level to be one of the key facilitators of safe and respectful cultures.[187]

The importance of a strong understanding of, and action to uphold, human rights is also identified by the Victorian Equal Opportunity and Human Rights Commission in its 2014 report examining barriers for people with disabilities in reporting crime. The report recommends taking a prevention approach by 'empowering people to know, pursue and

achieve rights, and to take proactive steps to ensure quality safeguarding and monitoring are in place, and sit within a human rights framework'.[188]

Additionally, collaborative research undertaken with children and young people with disabilities in Australia identified a number of key elements that are important to promote safety and prevent harm, including:

- a fundamental respect for each person's 'dignity and humanity'
- the active inclusion of people with disabilities in social groups and communities
- people with disabilities having a voice and being believed
- a multi-level approach to prevention – 'in individuals, within organisations, at the community level, and at a broad structural/ societal level'.[189]

Robinson (2012) and the Disability Services Commissioner's 2019 report (Robinson et al. 2019) both note the importance of greater resourcing for prevention activities at the community level, as does recent work from the Equality Institute, which highlights the importance of prioritising inclusivity and working across settings.[190]

Similar to the recognition of the need to change community attitudes and stereotypes around gender in order to prevent violence against women,[191] there is emerging research around current community attitudes towards people with disabilities that could be used to inform the development of prevention campaigns.[192] For example, a 2018 study of community attitudes towards people with autism found that the majority of Australian community members had heard of autism and reported having a connection to a person with autism, but that deeper understanding of people with autism was limited (for instance, how autism might affect someone's behaviour). Further, more negative attitudes towards the inclusion of people with autism were demonstrated. For example, there were gaps in knowledge around the application of human rights, and more negative attitudes associated with the idea of adults with autism performing various roles in respondents' lives (such as being appointed as their boss, or marrying a relative).[193]

While this research does not focus on women or examine the intersections of disability and gender, it provides a starting point to understand current community attitudes and identify particular gaps and strong stereotypes around people with disabilities. Future work could explore the connections between this research and existing work around community attitudes towards gender equality and violence against women, to inform prevention activities. Work is also needed to identify and address the drivers and reinforcing factors of violence against women and girls with disabilities, across all socio-ecological levels (individual, community, institutional and societal).

# Conclusion

This paper reviews existing literature and data on violence against women and girls with disabilities, focusing on the Australian context. Key findings from the review, and opportunities for future work, are outlined below.

People with disabilities experience higher rates of violence than people without disabilities, and for women and girls with disabilities these rates are higher still. For some women and girls with disabilities, multiple forms of oppression can intersect and compound the prevalence and nature of the violence perpetrated against them.

Violence against women and girls with disabilities shares many of the characteristics of violence against all women, and of violence against people with disabilities. However, for women and girls with disabilities, gender inequality and ableism, in the form of structural inequality, ongoing discrimination, and persistent norms and stereotypes, intersect to drive this violence.

The primary prevention of violence against women and girls with disabilities – and against people with disabilities more broadly – is an emerging field, and there is limited evidence available about what works. Public awareness of the nature and extent of violence against people with disabilities has been increasing in Australia in recent years, which provides an opportunity for additional investment in prevention.

The ongoing work of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in Australia provides a unique opportunity to influence policy and generate stronger action from government to address and prevent violence against people with disabilities. It is vital this includes a focus on recognising, understanding and responding to the unique circumstances of women and girls with disabilities, and the drivers of the violence they experience.

As noted in the introduction, this background paper was produced as part of a larger collaborative project between Our Watch and Women with Disabilities Victoria (WDV), to develop *Changing the landscape*, an evidence-based national resource to guide the primary prevention of violence against women and girls with disabilities in Australia. The research conducted for this background paper confirmed the need for:

- more research on violence against women and girls with disabilities, to understand how their experiences are shaped by the intersection of ableism and gender inequality
- a clearer conceptual model of what drives violence against women and girls with disabilities that analyses the intersection of different forms of oppression, and that can understand this violence as part of broader patterns of gendered and disability-related violence, *and* as a specific phenomenon.

Both of these gaps are addressed by *Changing the landscape*.

Additionally, this background paper and the review of literature that informs it suggest an ongoing need for:

- better data, including data disaggregated by both gender and disability
- more research into prevention initiatives and what works
- more funding and support for implementing primary prevention initiatives that focus specifically on preventing violence against women and girls with disabilities
- more work to ensure initiatives focused on preventing violence against women and girls generally are intersectional – that is, that they acknowledge the intersection of gender inequality and ableism in driving violence against women and girls with disabilities
- greater investment in empowering women and girls with disabilities and greater focus on their inclusion and leadership within the prevention sector
- stronger commitments to upholding the human rights of people with disabilities in Australia.

# Glossary of terms

**Ableism** – The system of beliefs, processes and practices that privilege people without disabilities, and disadvantage and exclude people with disabilities.[194] These beliefs include dominant ideas and expectations about typical abilities of people's bodies and minds. Society applies these standards to determine who is worthy, able or 'normal', and discriminates against and disadvantages people who fail to meet this imaginary standard.[195]

**Asexual** – A person who experiences minimal or no sexual attraction to other people.

**Cisgender** – A person whose gender identity aligns with the sex assigned to them at birth. The term 'cis' is often used as an abbreviation.

**Cisnormative** – Refers to a general perspective that sees cisgender experiences as the only, or central, view of the world. This includes the assumption that all people fall into one of two distinct and complementary genders (man and woman) which corresponds to their sex assigned at birth, or what is called the gender binary. It also relates to the systemic and structural privileging of the social models of binary sex and gender.

**Class** – A system of structured inequality based on unequal distributions of power, education, wealth and income that determine social position and status.

**Classism** – The system of beliefs, processes and practices that disadvantages and discriminates against people in particular social classes (typically the lower and middle classes).

**Colonisation** – Refers to the historical act of the British invading and claiming the land now called Australia, thereby dispossessing the Aboriginal and Torres Strait Islander people who had previously lived on and been custodians of this land for thousands of years. It also refers to the ongoing settlement and establishment of British colonies, and later the Australian nation. It is not only a historical act but also an ongoing process, in particular because there has been no treaty or other form of settlement or agreement, and because many contemporary laws, policies and practices fail to recognise the specific status and human rights of Aboriginal and Torres Strait Islander people as Indigenous or First Nations peoples; but also because colonisation continues to have significant impacts for Aboriginal and Torres Strait Islander people today.

**Disability** – There is no single definition or model of disability. This resource uses the CRPD definition which defines disability as long-term physical, cognitive, sensory and psychosocial impairments, including chronic illness, which in interaction with various barriers hinder an individual's full and effective participation in society on an equal basis with others.[196]

**Drivers of violence** – The factors that are most strongly and consistently correlated with violence against women; in other words, those that both lead to violence and cause it to continue.

**Gender** – The socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men and women; gender defines masculinity and femininity.[197] Gender expectations vary between cultures and can change over time.[198]

**Gender-based violence** – Violence that is specifically 'directed against a woman because she is a woman or that affects women disproportionately'.[199]

**Gender binary** – A system of gender classification in which all people are categorised as belonging to one of two distinct sexes (woman or man) and in which everyone is assumed to be 'cisgender'; that is, that their gender identity corresponds to their sex assigned at birth (female or male).

**Gender diverse** – People whose gender expressions differ from what is socially expected. This includes individuals who identify as agender (having no gender), as bigender (both woman and man) or as non-binary (neither woman nor man), genderqueer, or as having shifting or fluid genders. See also **Non-binary**.

**Gender equality**[200] – Involves equality for people of all genders. This term is used in the substantive sense to mean not only equality of opportunity but also equal or just outcomes (sometimes also called equity). It requires the redistribution of power, resources and responsibilities between men and women in particular, and the transformation of the underlying causes and structures that create and sustain gender inequality.

**Hypersexual** – Exhibiting a level of interest or involvement in sexual activity that is higher than the norm.

**Inclusion** – In this context, inclusion means phasing out segregated environments and making the structural and systemic changes that are necessary to integrate people with disabilities into mainstream environments. Inclusion is a process of systemic reform which involves changes and modifications to settings, policies and structures to remove barriers and create environments that provide equality of opportunities and experiences.[201]

**Institutionalisation** – The act of placing people with disabilities in facilities (such as residential facilities) with policies and practices of segregation, control and confinement.

**Intellectual disability** – The functional impacts which may be experienced by someone with an intellectual impairment (for example, an impairment that affects how they learn or process information) when their impairment interacts with environmental, attitudinal, communication and institutional barriers.

**Intergenerational trauma** – A form of historical trauma transmitted across generations. Survivors of the initial experience who have not healed may pass on their trauma to further generations. In Australia, intergenerational trauma particularly affects Aboriginal and Torres Strait Islander people, especially the children, grandchildren and future generations of the Stolen Generations.[202]

**Intersectionality** – Describes the interactions between multiple systems and structures of oppression (such as sexism, racism, classism, ageism, ableism, transphobia, heteronormativity and cisnormativity), as well as policy and legal contexts (such as immigration status). It acknowledges that some people are subject to multiple forms of oppression and 'the experience is not just the sum of its parts'.[203] An intersectional approach is 'a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other'.[204] Conversely, intersectionality also highlights the intersection of multiple forms of power and privilege. An intersectional approach is critical for preventing violence against women because patriarchal power structures always intersect with other systems of power. Violence against women occurs in the context of both gender inequality and multiple other forms of structural and systemic inequality, oppression and discrimination. All of these intersect to influence the perpetration of violence, the prevalence, nature and dynamics of violence, and women's experiences of violence. Understanding and addressing these intersections is necessary to effectively address the drivers of violence against women and prevent this violence across the population.

**Intersex** – An umbrella term that describes people who have natural variations that differ from conventional ideas about 'female' and 'male' bodies. These natural variations may include genital, chromosomal and a range of other physical characteristics. Intersex is not about a person's gender identity.

**Lived experience** – The knowledge and understanding a person acquires when they have lived through something.

**Masculinity** – The socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men. These expectations vary between cultures and can change over time.

**Medical model of disability** – The medical model focuses on the person's impairment and views disability as an individual problem that needs to be fixed or treated by medical professionals. It focuses on what a person with disability cannot do and cannot be, assumes people with disabilities have a lower quality of life, and views people with disabilities as objects of charity, medical treatment and social protection.[205]

**Microaggressions** – Smaller, frequent, patronising instances of discrimination.[206]

**Non-binary** – A person who does not identify as belonging to either of the socially expected categories of sex (male/female) and/or gender (masculine/feminine). Some non-binary people identify as genderqueer, or as having shifting or fluid genders. See also **Gender diverse**.

**Normalisation of violence** – Where violence, particularly men's violence, is seen and treated as a normal part of everyday life.

**Norms** – See **Social norms**.

**Psychosocial disability** – The functional impacts which may be experienced by someone with a mental health condition when their condition interacts with environmental, attitudinal, communication and institutional barriers.

**Reinforcing factors** – Factors which become significant within the context of the drivers of violence. These factors do not predict or drive violence against women on their own. However, they each play a role in influencing the occurrence or dynamics of violence against women. Reinforcing factors are context-specific; they have an influence in particular circumstances and at particular levels of the socio-ecological model. See also **Drivers of violence**.

**Restrictive practices** – Any practices or interventions that have the effect of restricting the rights or freedom of movement of a person with disability.[207]

**Segregated** – In this context, segregation means the systems, policies or practices of separating or isolating people with disabilities from people without disabilities.[208]

**Settings** – Environments in which people live, work, learn, socialise and play.

**Sex** – The biological and physical characteristics used to define humans as female or male.

**Sexism** – Discrimination based on gender, and the attitudes, stereotypes and cultural elements that promote this discrimination.[209]

**Sexual harassment** – Any unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated, where a reasonable person would anticipate that reaction in the circumstances.[210]

**Sexuality** – A person's sexual orientation or sexual preferences.

**Sexual violence** – Sexual activity that happens where consent is not obtained or freely given. It occurs any time a person is forced, coerced or manipulated into any sexual activity**.**

**Social model of disability** – The social model of disability considers that disability exists as the result of the interaction between a person's impairment and barriers related to environments, institutions, communication and attitudes. The social model explains that it is these barriers that create disability and restrict a person with disability's equal participation in society.[211]

**Social norms** – The informal, mostly unwritten and unspoken rules that define typical, acceptable and expected actions and behaviours in a social group, setting or society. They are grounded in customs, traditions and value systems that develop over time.

**Socio-ecological approach** – A model used in public health, it is used here to demonstrate how violence is a product of multiple, interacting components and social factors.[212] The model conceptualises how the drivers of violence manifest at different levels – the individual and relationship level, the organisational and community level, the system and institutional level, and the societal level. It illustrates the value of implementing multiple mutually reinforcing strategies across these levels.

**Socioeconomic status** – Refers to people's access to material and social resources and their ability to participate in society.[213] For some people, certain factors such as inequities in access to resources, differences in power and privilege, and the impacts of intersecting forms of oppression can reduce their access to resources and their ability to participate in society on an equal basis to others.

**Sterilisation** – A procedure designed to permanently remove a person's reproductive capabilities so that they cannot have biological children.

**Systemic discrimination** – A pattern of discrimination that is reflected within social norms and reinforced through law, education, the economy, healthcare and politics, and which results in the privileging of certain groups and individuals over others.

**Systems and structures** – Macro-level mechanisms, both formal (policies, institutions and laws) and informal (social norms), which serve to organise society, and create power relationships between different groups of people and patterns of social and political power.

**Transgender** – An umbrella term referring to people whose gender identity and/ or expression is different from cultural expectations based on the sex they were assigned at birth. A transgender person may identify specifically as transgender or as male or female, or outside of these categories. Being transgender does not imply any specific sexual orientation. Transgender people may identify as heterosexual, gay, lesbian, bisexual, pansexual, queer, or in other ways. Also often abbreviated to 'trans'.

**Violence against women** – Any act of gender-based violence that causes, or could cause, physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life.[214] This definition encompasses all forms of violence that women experience (including physical, sexual, emotional, cultural, spiritual, financial, and others) that are gender-based. See also **Gender-based violence**.

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